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A REGION WHERE FEWER CHILDREN ARE BORN

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UNITED NATIONS

ECLAC

Economic Commission for
Latin America and the Caribbean

Family size in Latin America and the Caribbean is shrinking.

Couples choose to have fewer children and use modern contraceptives. For growing numbers of people, education and well-being are increasing, leading many couples to place personal goals ahead of child-bearing.

The decrease in fertility is one of the most important aspects of regional demographic evolution over the past 30 years, occurring in all countries,

independent of economic and social cycles.

But the pace of this trend differs from country to country. Whereas in some countries, including Cuba, Barbados, Puerto Rico, Martinique, and Trinidad and Tobago, births have dropped below replacement levels, (2.1 children per woman), in Bolivia, Haiti and Guatemala, women have an average of four children.

Within countries, too, fertility trends reveal inequalities, with higher rates among the

poor, least educated and indigenous groups.

Improvements in education levels, living conditions, urbanization and the situation of women – including women's entry into the labour force – have increased the social and economic cost of child-rearing and encouraged the option to have fewer children. The decrease in fertility is attributable largely to the inverse relation between fertility and modernization.

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CHALLENGES AND OPPORTUNITIES OF MOVING ELSEWHERE

People leave and never come back. Others depart and then return. Men, women and children cross local, national and regional borders – as well as social and cultural ones. A frenzy of mobility moves people worldwide. Experts are calling it the “era of migration,” as people cross and connect territories despite States, laws and the dangers faced by migrants themselves.

Historically, migratory movements form a part of day-to-day relations between States, communities and families. They did not start with globalization, though this has visibly altered the migratory map.

In a world more interconnected than ever by the increased liberalization of financial, information and trade flows, mobility of people is also stimulated. But this rapidly runs up against powerful obstacles to restrict migration, revealing just how asymmetrical globalization is, and how deep the inequalities of development.

Far from coming to a halt, however, migratory movements spill into irregular channels, increasing the vulnerability that migrants already face for having left their countries of origin.

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THE LATIN AMERICAN AND CARIBBEAN POPULATION CHALLENGE

JOSÉ LUIS MACHINEA

Last 11 July marked the commemoration of World Population Day. This celebration finds Latin America and the Caribbean with a population exceeding 570 million. Taking diversities into account, regional demographic patterns exhibit indicators markedly different from those of past decades, but strong social and ethnic inequalities nevertheless persist. The rapid and profound transformations – unavoidable and, in some respects, predictable – are the product of three forms of transition in constant interaction: demographic, epidemiological and urban.

The demographic transition is the outcome of declines in fertility and increases in life expectancy. The region's population growth rate is dropping, from 2.7% annually in the 1950s to 1.5% today. The most relevant factor behind this change is the turnaround in fertility, which, over just 40 years, has fallen below the world average to 2.4 children per woman. But striking contrasts among countries remain, with average rates ranging from 1.5 children in Barbados and Cuba and 1.6 in Trinidad and Tobago, to 3.5 in Bolivia and Haiti, and 4.2 in Guatemala.

At the same time, the population of Latin America has seen average life expectancy increase over the last half century by an additional 20 years, to 72 years for men and women.

However, profound differences exist, with Chile, Costa Rica and Cuba near or over 78 years, and Haiti and Bolivia at slightly more than 61 and 65 years.

Overall, the region has arrived at an advanced stage of demographic transition.

In this respect, everything indicates that future demographic growth will depend largely on the evolution of fertility. These changes have clearly positive impacts on countries in terms of their capacity to meet the needs of their populations. Nevertheless, this demographic transition is highly heterogeneous, not only among countries but also within them.

The current period is characterized by greater growth, in absolute terms, of age groups in the productive stage, a circumstance that has given rise to the term 'demographic dividend.' But this

“Ageing populations and the process of epidemiological transition pose important challenges for readjusting policies, programmes and infrastructure.”

situation is not indefinite. In fact, some countries are already entering a new stage, with rapid increases in the population of older people. This development obligates countries to prepare to meet growing demands for health care and social provision that require greater resources and investment.

Ageing populations and the process of epidemiological transition – with mortality shifting to chronic and non-communicable diseases – pose important challenges for readjusting policies, programmes and infrastructure to this new demographic reality.

The urban transition, in turn, is quite advanced in Latin America and the Caribbean. In 1950, the population residing in cities stood at 42%; today it exceeds 79%. While urbanization brings benefits in terms of improved quality of life for the general population, it also presents potential dangers that merit the attention of the State, including residential segregation, marginality, pollution and over-crowding.

Another new challenge involves policies on international migration, a factor present throughout the region's history and now increased by the impact of globalization. Current estimates place at more than 22 million the number of people from Latin America and the Caribbean living outside their countries of birth. Consideration must be given to issues concerning the reception of migrants by host countries, their impact on labour markets, links within émigré communities and regional integration. While migration can bring important benefits to some economies, as evidenced by the substantial microeconomic impacts of remittances, population loss can have a negative impact in terms of migrating human capital and family disintegration, among other potential dangers.

Given this scenario, the main challenge for Latin America and the Caribbean lies in the region's ability to take advantage of the positive potential created by the demographic transition to prepare itself opportunely and adequately to face the new requirements emerging from these changes, in order to foster sustainable development with social equity for the region.

The author is the Executive Secretary of ECLAC.



Impacts of Contraceptive Use

A key factor in the decline in the number of children is the use of modern contraceptive methods. According to 2000 figures, contraceptive use is responsible for 55% to 70% of the overall decrease in fertility in the region, well above factors such as per capita GDP, literacy, schooling, degree of urbanization and exposure to mass media.

Science and the marketplace are also responsible for increasing contraceptive production, distribution, efficiency and quality, as are the public health programmes that encourage their use. At the same time, values-based barriers to cultural acceptance of contraceptive use are on the wane.

In 2000, more than 60% of Latin American and Caribbean married women (and those in common-law unions) used some sort of pregnancy prevention method. This figure masks marked asymmetries in contraceptive prevalence, from the 28% registered in Haiti, to 84% in Cuba.

Latin America and the Caribbean leads the world in female sterilization, with levels far exceeding those in other regions. In eight of the 13 countries where information is available, sterilization is the contraceptive method most employed by women.

But despite the decrease in fertility, one-third of all pregnancies are unwanted or mistimed. In fact, if women were to give birth to their desired number of children only, the total fertility rate would decrease by nearly one child per woman.

Among the poorest sectors of the population, this results in a vicious circle where high fertility contributes directly to poverty by reducing women's job opportunities, raising the cost of child education and health care, and increasing economic vulnerability.

Couples living in poverty have children earlier, in greater numbers and closer together, contributing to successive generations of poverty. Children brought up in precarious economic conditions reach adulthood with fewer possibilities to obtain the higher-productivity jobs that would help them overcome poverty.

Unmet demand for family planning – women wanting to limit or space the number of children but not using modern contraceptives – is the Achilles' heel of development.



Fertility and Ethnic Groups

Among indigenous peoples, high fertility has distinct characteristics. The historic marginalization of these communities – marked by extreme poverty, low levels of formal schooling and distinct cultural patterns – is reflected in reproductive behaviour.

For example, the average number of children born to indigenous women in Panama is 6.6, as compared with 2.9 among

non-indigenous women. In Ecuador, indigenous women have 5.4 children, compared with 3.0 among non-indigenous women. Average fertility rates among indigenous women in rural areas are even higher.

The impact of ethnic origin on fertility is apparent even when indicators are adjusted for economic and educational factors. In some cases, however, the inverse is true: Aymara women in Bolivia, for example, start childbearing later in life and have fewer children than do non-indigenous women, as they tend to marry later and breastfeed (which extends post-partum infertility) longer.



Teenage Fertility

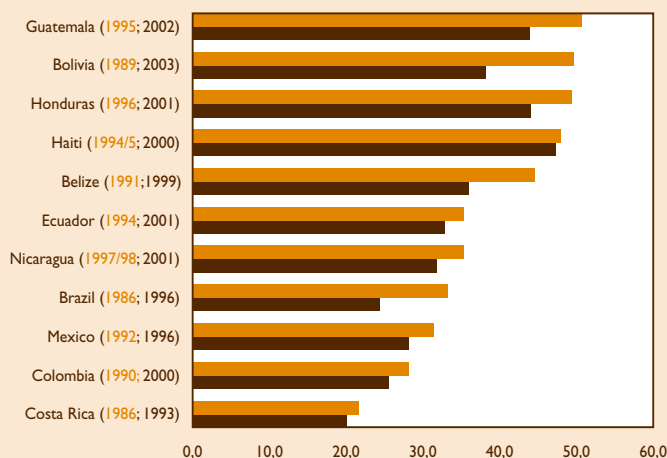
Young women under the age of 20 compose the only group where fertility has not decreased. In fact, fertility has increased among under-18 year olds. In the region overall, 19% of teens are mothers, a number that increases to 25% in El Salvador and Nicaragua.

Given that contraceptive use has surged in this age group, what are the reasons for this paradox? Research points to problems with contraceptive use, including incorrect or irregular use. But contraceptive availability is frequently biased, with teens excluded from reproductive and sexual health services, and only included in family planning programmes once they have given birth to a first child.

FEWER OFFSPRING

Contraceptive use has had a major impact on the number of children born to women in Latin America and the Caribbean.

**Latin America and the Caribbean (selected countries):
Total Fertility Rate, around 1990 and 2000**



Source: DHS and CDC Surveys. For Mexico INEGI, National Survey of Demographic Dynamics, 1992 and 1996, Costa Rica, EFS survey 1986 and 1993.

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This is problematic for the health risks – greater likelihood of childbirth complications, deficient obstetric care and pregnancies ending in abortion – faced by young mothers and their children. Equally problematic is the way teen pregnancy shapes a young woman’s future. For instance, just 3% of upper-class Costa Rican teens, and 10% of Mexicans, abandon their studies after 10 years of schooling. Having a child raises this likelihood to 38% and 70%, respectively.

Teenage pregnancy is concentrated overwhelmingly in low-income sectors. The probability of becoming a mother during adolescence is at least five times higher among the poor.

Education is the factor most relevant to fertility. Women without education give birth to nearly twice the number of children as women with 10 or more years of schooling. In Bolivia, Guatemala and Honduras, uneducated women have three times as many children as their high school and college-educated peers.

As their education increases, women gain greater control over resources and more autonomy to take their own decisions on contraceptive use, marrying age and family size. Education builds confidence, self-esteem and social status.

The educational level of a woman’s partner also has a positive effect, but much less so than that of the woman herself.

Matching aspirations to reproductive behaviour – helping people to have their desired number of children – also rests on strengthening their decision-making capacity.

The 1994 International Conference on Population and Development (ICPD) coined the term “reproductive rights” based on “the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.”

Ignorance of contraceptive methods, sexual violence and abuse, teenage pregnancy, sexual exploitation and sexually transmitted diseases are warning signs that the effective exercise of reproductive rights is still lacking.

✦ Outlook

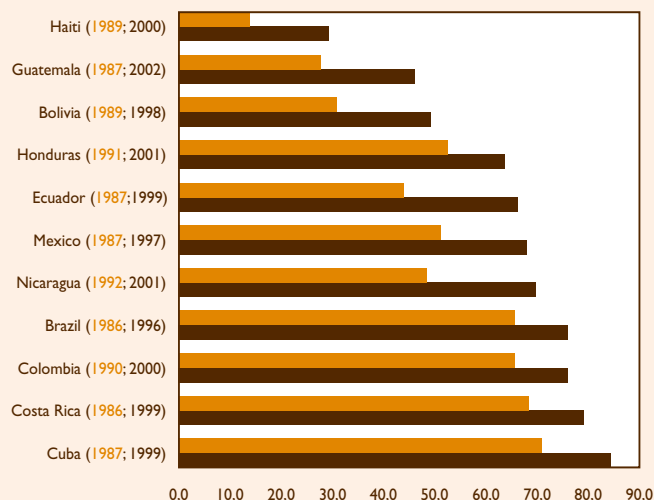
Reducing fertility has positive effects over the short and medium term, stabilizing the population in need of maternal-infant health care and schooling, and freeing resources for other social and economic development projects.

Lower fertility also lessens the demands of child-raising, allowing families to dedicate more resources to the education and care of their children, and giving more options to parents, and especially women.

PREVENTING PREGNANCY

The number of Latin American and Caribbean women using modern contraceptive methods increased significantly in the 1990s, especially in countries where contraceptive prevalence was low.

Contraceptive Prevalence by Married Women, around 1990 and most recent data



Source: CELADE, Regional Monitoring System of ICPD Indicators.

But while the number of children is decreasing, the cost of child-raising has grown, as has family instability. Families still need help in carrying out this responsibility, especially in terms of reconciling child-rearing with women’s work outside the home.

With poor women presenting the highest fertility rates and greatest unmet need for contraceptive methods, the conclusion is clear: more efforts are necessary to make it possible for women to exercise their right to determine family size.

The debt owed to poor women, couples and teens is to expand, improve and focus the availability of reproductive and sexual health services as part of comprehensive health care. At the same time, it is necessary to empower these groups to exercise their rights and provide them with the capacity to do so.

The greatest challenge is to take advantage of the time and resources freed up by lower numbers of children. The creation of jobs compatible with child-raising, for women, and alternative schooling options, for youths, are optimal responses.

Also important is the inclusion of gender equity within policy goals. Men’s participation in child-rearing eases women’s work, reduces the possibility of fertility dropping beneath replacement levels, and offers men an investment that will bear fruit in their old age. ✦

CELADE CELEBRATES ITS 50TH ANNIVERSARY

The Latin American and Caribbean Demographic Centre (CELADE)/ECLAC Population Division celebrates its 50th birthday during 2007.

To commemorate this anniversary, CELADE is holding a series of activities to showcase its contributions to knowledge of regional demographics and the technical aid it provides to its member countries. The celebrations began with an 11 July seminar marking World Population Day and will extend through the end of the year. (See *calendar*, page 12).

Background

CELADE was founded in the 1950s in response to recognition of the knowledge deficit in the study of population. In those years, census surveys were not conducted regularly, nor was analysis available on a variety of demographic dynamics. This contrasted notably with the major demographic changes underway, including accelerating population growth and the surge in rural-to-urban migration.

To address this situation, the United Nations Economic and Social Council proposed and subsequently established regional demographic centers in Santiago, Mumbai and Cairo.

In Santiago, the Agreement between the UN and Government of Chile on the Provision of Technical Assistance for the Establishment of the Latin American Demographic Centre was signed on 13 August 1957 with the University of Chile. In 1971, CELADE became an autonomous entity within the Economic Commission for Latin America and the Caribbean (ECLAC), and continued to broaden and perfect its research, educational and consultancy activities with the countries of the region. CELADE was fully incorporated into the ECLAC system in 1997, as its Population Division.



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From its inception, CELADE's goals have been: provision of training to professionals and technical experts from the region for the application of demography to the understanding and resolution of economic and social problems and development planning; promotion of demographic research applicable to Latin American socio-economic realities; creation of standard demographic data and research techniques as a basis for comparative analysis among countries; and information exchange on population issues.

Areas of Work and Emerging Issues

CELADE's work falls into six priority areas: demographic transformations, their causes and impacts; ageing and development; international migration and development; internal migration and the territorial distribution of the population; socio-demographic information for sectoral and local programming; population and indigenous peoples.



Online Tools, Publications

The CELADE web page – <http://www.eclac.cl/celade/> – offers REDATAM+SP software (free of cost) to process and map census data and surveys for local and regional analysis; systems of socio-demographic indicators for the follow-up of international conferences; and data bases with estimates and projections for population, international migration, internal migration and population distribution and urbanization. CELADE also produces a wide range of publications, some of which are highlighted on page 12 of this issue of *ECLAC Notes*.

A NEW LOOK AT THE POPULATION PYRAMID

DIRK JASPERS-FAJER

Small families. Fewer infant deaths. Couples deciding to delay having children. Increasing numbers of women using modern contraceptive methods to prevent pregnancy. Advances allowing more men and women to live into their eighties, nineties and past even 100. Individuals and families who migrate to the big cities and abroad in search of opportunities.

These developments and others are at the root of a demographic transition that is changing the population structure in ways that obligate us to look at society with new eyes —and to do so opportunely.

World population increases by some 78 million people per year, with more than 95% of births taking place in developing countries. But in Latin America and the Caribbean, demographic growth is decreasing, falling from 2.7% per year at the middle of the 1900s to 1.5% today.

The most important turnaround in the region has been the drop in fertility. In just 40 years, the region's reproductive indicators – once among the world's highest – have fallen beneath the global average. Today, at the start of the 21st century, countries like Belize, Colombia, Costa Rica, Dominican Republic, Guyana, Honduras, Mexico, Nicaragua, Peru and St. Vincent and the Grenadines have seen total fertility rates drop to less than half of the 1955 number of 6.7 children per woman.

Greater information, availability and use of modern contraceptives, plus growing access by women to education and employment, are the prime factors behind the drop in the number of children being born.

But the decline in fertility has not affected all countries to equal degrees. Whereas women in Guatemala and Bolivia have an average of four children, women in Barbados, Trinidad and Tobago, Cuba, Martinique and Puerto Rico have less than two, placing fertility rates beneath replacement levels (of 2.1 children per woman).

Fertility has diminished across all age groups. But among young women between the ages of 15 and 19, rates have maintained their level and even, in some instances, tended to increase – a matter of concern for its impact on poverty and the absence of health care for many Latin American and Caribbean youths.

improvements in basic sanitation and modern health care services that have reduced the infectious, parasitic and respiratory diseases that endanger infant health.

Whereas in 1950, death claimed 128 children per 1000 live births, today that number has dropped to 22. Leading this decrease are Cuba and Chile, with death rates of seven and eight, respectively, per 1000 live births for infants under the age of one.

This decline in mortality brought about the accelerated growth of the region's population between 1940 and 1970. It also brought longer life expectancy. Over the past 50 years, Latin Americans have seen life expectancy increase by 20 years, with average life expectancy at birth currently at 72 years for women and men.

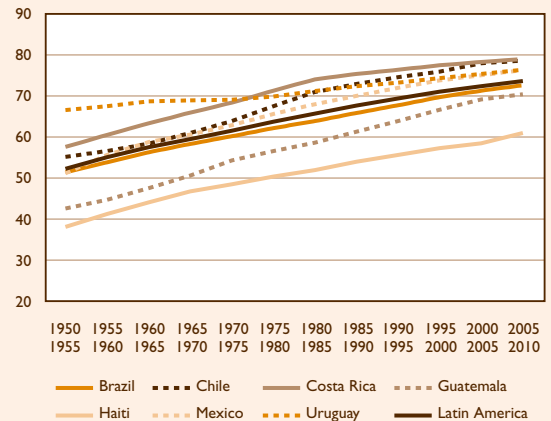
Disparities in terms of life expectancy at birth – seen in the 18-year difference between Costa Rica (78.8) and Haiti (60.6) – also reveal inequities within the region.

As fertility declines and life expectancy remains at constant and increasing levels, the number of elderly people grows while the number of children and teens decreases. This is a gradual process known as population ageing, a phenomenon that increases the average age of the population.

LIVING LONGER

Over the last 50 years, all Latin American and Caribbean countries made notable improvements in life expectancy at birth. The average for the region is currently 72 years.

Latin America: Life Expectancy at Birth in selected countries (1950-2010)



Source: CELADE population estimates and projections, 2000 revision.

Better Health

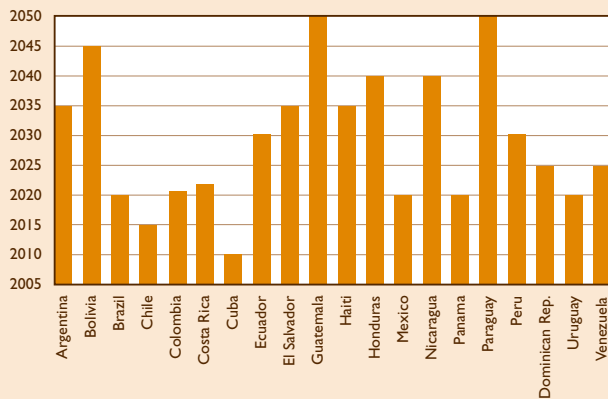
A previous development paved the way for this drop in fertility: the sustained decline in mortality registered since the end of the first half of the 20th century, due to

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A DIVIDEND WITH LIMITS

The working age population outnumbers the dependent one (under age 14 or over 60), bringing a “demographic dividend” to the region. This pattern of age distribution will not last forever and, in some countries, is already drawing to a close.

Latin America and the Caribbean: Year of Greatest Demographic Dividend, by country



Source: CELADE population estimates and projections, 2000 revision.

All of Latin America and the Caribbean is undergoing this process of population ageing, but rates among countries are far from homogenous. In Bolivia, Guatemala, Haiti and Honduras, between 5% and 7% of the population is age 60 or more, whereas in Argentina, Barbados, Chile, Cuba and the Netherlands Antilles, this age group constitutes over 10%.

A Dividend for Development

One characteristic of the demographic transition is that not all age groups increase at the same pace. At present, the greatest growth in absolute numbers is occurring in the 15-to-59 group, which is the most productive stage of life.

This represents a “demographic dividend” for the region, since a more numerous working age population, combined with lower numbers of children and older people, signifies lessened demands on over-burdened maternal-infant health care and school systems.

This has advantages for development, as it allows resources to be redirected to social investment, health care and the fight against poverty. But it also requires that societies prepare for growing numbers of elderly people. Once the demographic dividend expires and the population over age 60 becomes the front-runners of growth, demands for health care and economic security will necessitate more expenditure.

It is urgent to take advantage of the opportunity this demographic dividend represents. Economies must be capable of investing in human capital, generating employment for the growing economically active population, and reducing the insecurity, precariousness and informality that characterize the region’s labour markets.

The ageing of Latin America is inexorable. In absolute terms, by the year 2025 the region will have more than 98 million men and women over age 60, and by 2050, – when the elderly will make up 23.4% of the population – nearly one-in-four Latin Americans will be 60 or older.

The population ageing process in our region is marked by two worrisome trends. Firstly, it is occurring at faster rates than those of developed countries, and will continue to do so.

Secondly, the ageing of the population is occurring within a context of widespread poverty, low social security coverage, inequitable health conditions and intense pressure on families. The possibility for assuring minimum levels of quality-of-life for the elderly requires that these demographic changes be the object of public policy decisions today, before it is too late.




Outlook

Latin America and the Caribbean is undergoing a sustained demographic transition. The developed countries took two centuries to complete this process, whereas Latin America is doing so within a few decades.

The accelerated decline in the total fertility rate in countries where this transition is advanced raises the question of whether rates will follow the path of European countries. Given the continuing unmet demand in Latin America and the Caribbean for family planning methods, likely changes in marriage patterns and the latest data from census and surveys, the United Nations Population Fund forecasts that the decline in fertility will continue over upcoming decades to 1.85 children per woman.

In terms of mortality, while most countries in the region have reached the targets set by the 1994 International Conference on Population and Development (ICPD, Cairo), data reveals growing inequality and the need to stay focused on rural and low-income sectors. The HIV/AIDS pandemic also calls for more profound analysis and greater prevention efforts.

Population ageing poses great challenges, especially in guaranteeing economic security, for governments, civil society, families and the elderly themselves, as the protagonists of this process.

Taking advantage of the window of opportunities that the demographic dividend provides means investing in human capital, increasing coverage for the current labour force and promoting solidarity financing; increasing health care services for older people with trained personnel, appropriate infrastructure and an emphasis on preventive care; and support mechanisms for families with elderly members – these are some of the areas that must be incorporated into the region’s public policies. 

The author is the Director of CELADE-ECLAC Population Division.

New Scenario

International migration is an important factor in demographic change, and has affected population growth in some countries. From the early 1800s and over the next 150 years, Latin America and the Caribbean was the destination of sustained immigration from abroad, especially from Europe, and brought more than 11 million people to the region. This benefitted both the receiving countries and the migrants who came to build new lives. Migration among countries of the region went largely unnoticed, not because of its lesser volume but because it was overshadowed by migration from the countryside to the city.

The scenario has changed considerably since then. The forces of globalization have combined with socio-economic and political changes to draw a new migratory map. The number of immigrants crossing the Atlantic for the “American dream” has declined – from 76.1% of total migrants in 1970 to 41.3% in 2000 – while the number of people in Latin America and the Caribbean seeking new horizons within the region and beyond has jumped. That 20 million people – an unprecedented number – from Latin America and the Caribbean live outside their countries of birth is proof.

The array of destinations for migration has expanded, but the greatest increase corresponds to a particular time – the past ten years – and place – the United States. Between 1990 and 2000, the number of Latin American and Caribbean migrants to the US doubled, reaching 15 million.

Also during this decade, a new pattern began to take shape: many immigrants from the region – including women – are heading for Europe, Japan and Canada. According to available figures, by the year 2000, some 2.8 million Latin Americans (especially Argentines, Brazilians, Colombians, Ecuadorians and Peruvians) and people from the Caribbean were living in Spain, Canada, UK and Japan.

Within the region, migration is felt with special intensity in border areas. People migrate from one side of the border to the other, often seasonally or in cycles based on farm work, major infrastructure construction or trade. These patterns are linked to periods of economic growth and slowdown, as seen by the recent migration of Peruvians to Chile.

Violence of a socio-political nature and internal conflicts also force people to move between countries, producing waves of refugees and returnees in which women and children are the most affected.

Latin America and the Caribbean cannot be classed as a region where out-migration exceeds in-migration. But the intensity of out-migration is raising concerns over how to best take advantage of the opportunities it can present for development, and of the obstacles placed in its way – especially in regards to the conditions that migrants face.

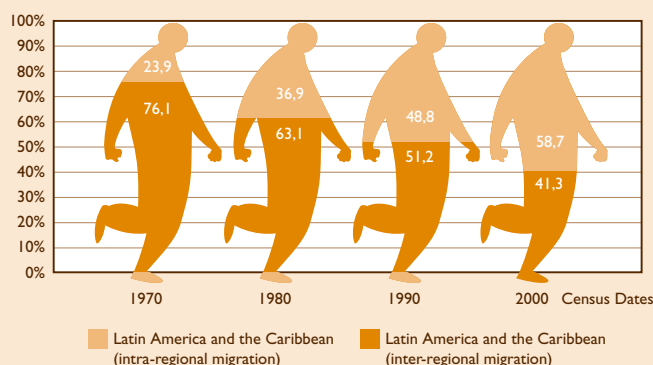
One key factor to consider in analyzing international migration is the emergence of important émigré communities in countries of destination. These constitute an example of the shifting national identities that globalization spawns and that transcend territorial limits.

Networks are a positive strategy by migrant communities to defend cultural traits and support demands for greater civic rights and protection when facing restrictive immigration policies and social exclusion. They also serve as an important source of feedback for migrant flows.

MOBILITY AROUND THE REGION

Over the past 30 years, migration in Latin American and Caribbean countries overall has originated predominantly from within the region.

Percentage of Migrant Population in Latin America and the Caribbean, by origin



Source: IMILA Project and CELADE

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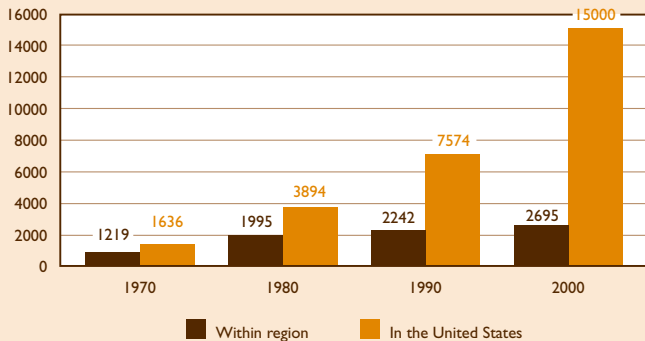
The symbols used in this newsletter represent the various indigenous cultures of the Americas and some of the milestones in the region's history. The symbols are engraved on the outside of the conference rooms at ECLAC headquarters in Santiago, Chile.



HEADING NORTH

The United States receives three-quarters of Latin American and Caribbean migrants, who make up more than half the total number of immigrants to that country.

Migrants in Latin America and the Caribbean and in the United States



Source: IMILA Project and CELADE

Fulfilling Potential

People leave their home countries not simply for jobs and a better quality of life, but also in search of freedom, justice and equal opportunity.

They migrate because restrictions to the exercise of their economic and social rights undermine their right to remain. The possibility of departure is open to those possessing a certain minimum level of personal resources but unable to fulfill aspirations of social mobility in their home countries.

Migration has enormous potential for national economies, given the tremendous macroeconomic impact of remittances (money sent by migrants to families back home). For some countries in the region, remittances are equivalent to over 10% of GDP, over 30% of export earnings, and far surpass the total amount of resources for development provided by the industrialized nations.

At the individual level, the experience of migrating enhances social performance, empowers individuals at home and in public life, and brings substantial improvements in wages.

But migration also brings the threat of “brain drain” – the flight of human capital from home countries. Migrants tend to be better educated than the general populace in their home countries, and their absence limits the availability of human capital that could increase national competitiveness.

Migration also poses more conflictive aspects, such as family disintegration, erratic income and the indefensiveness generated by increasingly controlled and selective immigrant admission policies that contradict policies toward greater integration. This is the main source of the vulnerability manifest in threats to the dignity of migrants and violations of their rights.

Recent migrant flows are characterized by a high incidence of informal forms of labour insertion, lack of documentation, selective educational factors and the growing presence of women – the most recent actors on the migration stage. Latin America is the developing region with the highest proportion of women migrants.

Particularly complex is the situation of undocumented migrants – whose relatively lower educational levels place them in unskilled jobs – and of women, who face greater discrimination on the basis of gender, socio-economic status, ethnic and national origin, in addition to greater danger of sexual abuse and threats to their physical integrity.

Trafficking in persons (including trafficking for purposes of sexual exploitation) – a source of illicit enrichment by individuals and organized crime – is also a threat to the most vulnerable immigrants.

Outlook

Migratory trends have grown increasingly complex in their magnitude, vision and actors – a phenomenon that is unlikely to abate.

While migrant flows within the region have tended to stabilize, there is consensus that migratory movements from developing countries to more developed ones will continue to increase.

Lack of protections for migrants is the greatest challenge in terms of policy-making and is directly connected to the restrictions placed on migration by developed countries. This requires the adoption of measures in this area, and in the areas of integration policies and programmes.

Particular emphasis is needed for measures to protect a growing number of women migrants whose journeys can expand their options but can also perpetuate patterns of gender inequality and expose them to serious violations of their human rights.

Similarly, children – the silent actors of migration – must benefit from measures taken on their behalf to counteract the impact of economic hardship, loss of referents, uncertain family futures, and difficulties related to schooling and integration.

This complexity underscores the urgency of ratifying the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, and of the adoption by States of effective policies for protection and assistance. Strengthening dialogue and cooperation among governments in the region in order to tackle these issues is a first step that can no longer be postponed or avoided.

The issues that international migration places on national agendas must include categorical demands upon developed countries for the integration of migrants, increase of remittance flows, facilitated circulation of skilled workers, and a reduction in immigration asymmetries.



DEATH AND INEQUALITY

The decline in mortality in Latin America and the Caribbean was a starting point of its demographic transition. Improvements in living conditions, medical advances and increased health care coverage have been decisive factors in lowering mortality.

The drop in mortality has occurred primarily in younger age groups, bringing longer lives. Starting in 1950, the population in Latin America and the Caribbean gained an additional average 20 years of life expectancy, to age 72 or more in 2000-2005.

Mortality during the first years of life has dropped markedly. As with life expectancy, however, overall decline has not eliminated disparities determined by place of residence, educational level and ethnic background, factors that underlie unequal progress in reducing death rates.

Throughout the region, women live longer than men. Women have benefitted from the decrease in pregnancy and childbirth-related deaths, and are less prone to heart disease, certain malignant tumours and accidents.

Infant Survival

The factor contributing most to longer life in the region is the decline in infant mortality. This has come about through controlling infectious, parasitic and respiratory diseases through mass vaccination, home-based oral rehydration therapy, and prenatal, childbirth and well-baby services.

In the early 1950s, for every 1000 live births, 128 infants died before their first birthday. Today, the number is 22.

Infant mortality rates are a good indicator of general health in any given area. In this regard, Latin America and the Caribbean give cause for concern. Cuba and Chile have the lowest infant mortality rates for children under age one, with 5 and 7 deaths, (respectively) per 1000 live births. In Haiti and Bolivia, in contrast, this increases to 49 and 46 infant deaths per 1000 live births.

Infant survival increases with maternal education, family income and demand for health care services. Mothers with education are more likely to seek medical help for a sick child, vaccinate their children, provide oral rehydration therapy and use contraceptives.

The diseases that cause infant deaths are also responsible for mortality among children age one to five.

Infant mortality is closely related to the number of prenatal consultations, measles vaccinations, maternal education, water

quality and sanitation, and health care infrastructure – variables that reflect socio-economic, family and behavioural factors.

Belonging to an indigenous group is an ethnic factor with a negative impact on mortality. Indigenous women, especially in rural areas, suffer the deaths of infant children at levels far above national averages, despite positive regional trends in breastfeeding.

Despite advances by many developing countries, not all have met mortality reduction goals set by the 1990 World Summit for Children for the year 2000. One objective was to reduce mortality among infants and children under 5 by one-third, to between 50 and 70 deaths per 1000 births, depending on the country. Only 19 countries have met the goal.

Failure to meet these objectives is due to weakened vaccination programmes, armed conflict and civil violence. Mother-to-infant transmission of HIV is also a factor. Breastfeeding practices, in contrast, have improved.

Mothers at Risk

Worldwide, one woman dies every minute from causes related to pregnancy and childbirth. Ninety-nine percent of these deaths take place in developing countries. Women surviving complications of pregnancy and childbirth risk disease and disabilities.

In many places, safe motherhood services cannot satisfy the demand or are inaccessible to women due to distance, cost and other socio-economic factors.

Low priority given to prenatal care can have dire consequences not only for women, but for their children, who face reduced chances of survival and health.

The most disadvantaged countries in the region are Haiti and Guatemala, where less than half of all births are delivered by skilled attendants.

New Causes of Death

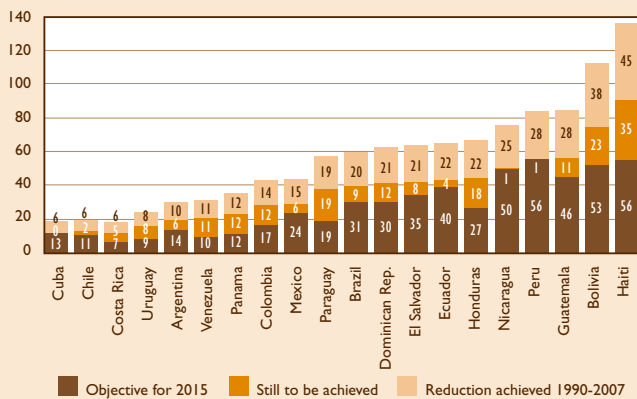
In past years, when mortality was higher, the main causes of infant death were infectious, parasitic and respiratory diseases. Today, deaths are attributable to causes corresponding to older age groups, including chronic and generative disease (circulatory apparatus, malignant tumours), and external causes, such as violence, accidents and trauma.

(continued on page 11 ➡)

MILLENNIUM DEVELOPMENT GOALS

Most countries in the region must maintain or increase the pace at which mortality rates are declining for children under 5 if they are to achieve a two-third reduction before 2015.

Latin America: Child Mortality. Met and unmet MDG objectives for 2015.



Source: CELADE population estimates and projections, 2000 revision.

Among young adult men, mortality has not dropped and has even increased because of violence.

Throughout Latin America, women live longer than men. This difference is associated to prevalence rates differentiated by sex for diseases and circumstances of deaths.

At the regional level, disease control has seen advances and setbacks. The 1990s saw a resurgence of epidemic outbreaks of communicable diseases, including cholera, Hanta virus, malaria, Chagas, tuberculosis and dengue fever. In some of Latin America's biggest cities, air pollution is increasing the prevalence of respiratory system disease.

The persistence of these epidemics is rooted in poverty, overcrowding and lack of environmental sanitation. Not a single country of 23 in the region provides universal access to safe, clean drinking water. The best indicators come from Uruguay (98%), Costa Rica (96%) and Argentina (94%). In Haiti, however, less than 60% of the population has potable water.

Nor has Latin America and the Caribbean escaped the global HIV/AIDS epidemic. By the end of 2002, some 1.5 million people in the region were living with HIV or AIDS, which represents 3.6% of the 42 million cases worldwide.

In 12 countries – including six from the Caribbean Basin (Bahamas, Belize, Dominican Republic, Guyana, Haiti, and Trinidad and Tobago) – HIV prevalence among pregnant women is at 2% and more.

In South America, the HIV/AIDS epidemic is highly concentrated, with Brazil having the highest number of people living with HIV/AIDS.

Similar rates can obscure divergent causes. Death rates in Haiti and Uruguay, for example, are both among highest in the region but for diametrically different reasons. In Haiti's young population, causes of death reflect deficient health care coverage. In Uruguay, population ageing is the most important factor in mortality.




Outlook

At the UN Millennium Summit of 2000, a total of 189 States signed an agreement to achieve the Millennium Goals, eight objectives for development. These include reducing of childhood mortality, improving maternal health, and combating HIV/AIDS, malaria and other diseases.

For Latin America and the Caribbean, accomplishing these goals requires closing the gaps that make this region the most inequitable in the world.

Efforts to meet these goals must be focused on the implementation of effective programmes for infant and child health.

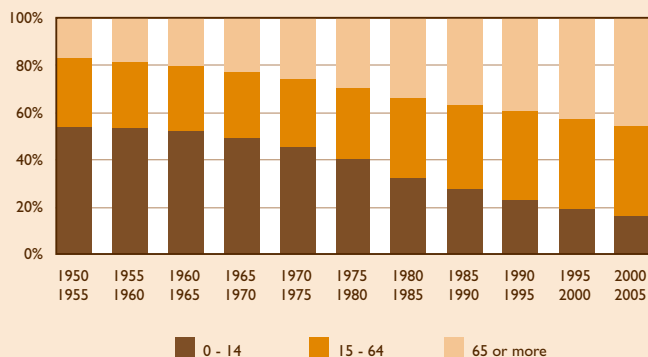
More research – still scarce in the region – is needed on adult mortality, especially in relation to HIV/AIDS and its impact on youth, women and the poor. Awareness and education programmes promoting safe and responsible sexual practices are imperative.

With the ageing of Latin America and the Caribbean, adult death rates will increase and the epidemiological transition will continue, with morbi-mortality profiles shifting from communicable diseases to greater prevalence of degenerative and chronic ones. 

PROFILE OF MORTALITY

The demographic transition is evident in age distribution variables for mortality. The predominance of infant deaths in the 1950s has given way to deaths among the elderly.

Latin America: Distribution of deaths by broad age groups. 1950-2005



Source: CELADE population estimates and projections, 2000 revision.

1 *Notas de Población No.82 (Population Notes No.82)* CELADE. June 2007 (LC/G.2320-P). This issue includes articles on the following: family re-composition in Mexico; changes and trends in migratory processes in Brazil at the end of the 20th century; recent demographic changes in Costa Rica; measurement of diverse forms of poverty within the city of Cordoba, Argentina; a methodology for identifying assembled families (case study from Argentina). [www](#)



2 *Observatorio Demográfico No.2. (Demographic Observatory No.2)* CELADE. October 2006. (LC/G.2337-P) This publication contains estimates of and projections for the economically active population of 20 Latin American countries from 1990 to 2030, organized by urban and rural residency, sex and age groups. The information updates data presented in the *Boletín Demográfico No.64* (1999). Includes an analytical overview and comes with a CD-ROM. [www](#)

3 *Estrategias para abogar en favor de la personas mayores (Advocacy strategies for the elderly)* by Alejandro Morlachetti, José Miguel Guzmán, Mónica Cuevas. April 2007. (LC/L.2739-P) *Serie Población y Desarrollo No.75*. This study supports the design of strategies for political advocacy and promotion of the rights, potentialities and needs of the elderly in Latin America and the Caribbean. Its five chapters offer a framework and general guidelines for advocacy; analyze obstacles to placing the topic of ageing on the regional public

agenda; examine advocacy in terms specific issues related to ageing; and present guidelines for the design of advocacy strategies and tools for working with the media; and conclusions. [www](#)

4 *Tugurios y objetivos de desarrollo del milenio (Slums and the Millennium Development Goals)* by David Candia Baeza. 2007. (LC/L.2654-P). *Serie Población y Desarrollo No.74*. The use of census data to characterize slum neighbourhoods is an important tool in the design of policies and follow-up of Goal 11 of the Millennium Development Goals (MDG). Using information gathered in 2006 by the Chile Barrio programme, this report examines the socio-economic characteristics of shantytown residents; their mobility and migratory situation; use of MDG indicators to verify delays in the fulfillment of national averages; and successful initiatives for future interventions. [www](#)

5 *Derechos humanos en población: Indicadores para un sistema de monitoreo (Human*

rights in population: Indicators for a monitoring system) by Marcela Ferrer Lues. 2007. (LC/L.2653-P). *Serie Población y Desarrollo No.73*. This report proposes a system of indicators to monitor human rights in population. It outlines the importance of addressing this topic; reviews existing literature and consensus criteria for the construction of human rights indicators; explains the methodological steps; proposes human rights indicators for fertility, mortality and international migration; and sets out the considerations necessary for the implementation of a System of Human Rights Indicators in Population. [www](#)

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MONTH	EVENT	VENUE
JULY		
11	CELADE: Opportunities and Challenges in Population Dynamics for Chile in the 21st Century	ECLAC
26	Launch of the ECLAC flagship publication: <i>Economic Survey 2006-2007</i>	ECLAC
30	Subregional seminar on Social Cohesion	Mexico City, Mexico
AUGUST		
1	Subregional seminar on Social Cohesion	Bogotá, Colombia
3	Subregional seminar on Social Cohesion	Brasilia, Brazil
6 - 9	Tenth Regional Conference on Women in Latin America and the Caribbean	Quito, Ecuador
7 - 8	CELADE: International Seminar on Internal and International Migration and Development	ECLAC
13	CELADE: Commemoration of the Signing of Agreement between the United Nations and the Government of Chile for the Creation of CELADE	ECLAC
22	Launch of the ECLAC flagship publication: <i>Latin America and the Caribbean in the World Economy 2006-2007</i>	ECLAC
SEPTEMBER		
25	Second Regional Forum of Stakeholders for Santiago Road Safety	ECLAC
28	Moodle Moot Chile 2007 - Encounter of Users and Developers of Moodle Electronic Learning Platform	ECLAC
OCTOBER		
10 - 11	CELADE International Seminar and 50th Anniversary Commemoration	ECLAC
15 - 26	CELADE: REDATAM+SP course	ECLAC
26	Latin American Industrial Association (AILA) Board of Directors Meeting	ECLAC
DECEMBER		
4 - 6	CELADE Second Regional Intergovernmental Conference on Ageing	Brasilia, Brazil
13 - 14	CELADE Expert Meeting on Vital Statistics	ECLAC