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WOMEN AND DEMOGRAPHIC CHANGE: STATISTICS AND INDICATORS *

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Introduction

The implementation in Latin America and the Caribbean of the principles set forth in the Nairobi Forward-Looking Strategies for the Advancement of Women (1985) represents a major challenge for the societies of the region.

In order for these principles to be put into practice, action must be taken to overcome the obstacles that continue to stand in the way of the genuine fulfilment of the objectives of equality, development and peace that were formulated during the United Nations Decade for Women.

One aspect of the efforts being made to attain this objective is the compilation, upgrading and dissemination of up-to-date and reliable statistics which will contribute to the furtherance of knowledge concerning the status of women.

With this aim in mind, this document will address the subject of demographic statistics and indicators. During its preparation, consideration was given to the fact that such statistics, inasmuch as they reflect the demographic characteristics of the female population, often serve in and of themselves as an indicator of changes in the status of women within society. Moreover, demographic statistics and indicators are also an essential input for development planning and for the design of policies concerning women.

Indeed, demographic statistics and indicators play a vital role in helping to ensure that, in the pursuance of the objective of equality, governments take "the relevant steps to ensure that both men and women enjoy equal rights, opportunities and responsibilities so as to ... enable women to participate as beneficiaries and active agents in development". Furthermore, if equality is to be de facto as well as de jure, the infrastructure will have to be created that will permit women to reconcile their participation in all spheres of society with motherhood and their domestic activities.

As was repeatedly stressed during the United Nations Decade for Women, the possibility of achieving equality is closely related to development.

In this connection, the upgrading and dissemination of demographic statistics and indicators can make an important contribution to the achievement of higher levels of development in the region. As was noted at the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, forward-looking strategies for the advancement of women at the regional level should be based on a clear appraisal of demographic trends so as to provide a realistic context for their application.

In Latin America and the Caribbean, the above statement is particularly valid at the present time, when the living conditions of women, as well as

those of the rest of the population, have been severely affected by an extraordinarily serious and prolonged economic crisis. This crisis has compounded the adverse repercussions of the highly concentrative and exclusive development styles existing in the region, whose most glaring manifestation is the fact that vast sectors of the population continue to live in extreme poverty (ECLAC, 1988a).

Taking these considerations into account, the following document sets forth an analysis, based on a review of existing statistics and indicators, of those demographic changes during the period 1950-1980 which have had the greatest bearing on the status of women.

The first chapter deals with the decline of fertility and changes in its age distribution. The significant impact on the region of fertility rates among adolescent women is emphasized; the available data concerning the dissemination and use of methods of contraception are presented; and a warning is given in regard to the inadequate amount of information currently existing on the almost always hidden problem of abortion.

The second chapter concerns mortality among the female population and underscores the great strides made during the period 1950-1980 in increasing women's life expectancy at birth. Emphasis is also placed, however, on the fact that a great deal could still be done by the governments to further reduce mortality in the region. Reference is made in this section to the main causes of death among women, and a number of examples are given in order to illustrate the extent to which the various causes of death have been an influential factor in changes in the life expectancy at birth of the female population.

The third chapter focuses on changes in the age structure of the female population of the region which are chiefly attributable to the decreases in fertility and mortality, as well as on the implications of these changes for the design of policies concerning women. In this regard, the need for more information concerning the status of older women is stressed.

The fourth chapter contains information concerning migration by women, both within countries and internationally.

Finally, recommendations are put forward in regard to the improvement of statistics and indicators concerning the above-mentioned demographic phenomena.

Another aim of this document is to contribute to the necessary dialogue between producers and users of demographic statistics, which include the planning agencies of the governments of the region as well as the non-governmental organizations, whose work is of particular importance in relation to activities that will help make it possible to achieve the above-mentioned objectives.

This document is the outcome of a joint effort on the part of the Economic Commission for Latin America and the Caribbean (ECLAC), the United Nations International Research and Training Institute for the Advancement of Women (INSTRAW) and the Latin American Demographic Centre (CELADE), and is

yet another example of the close co-operation existing among the organizations of the United Nations system as regards the improvement of the status of women in society.

I. WOMEN'S REPRODUCTIVE BEHAVIOUR

One of the most notable events occurring in the region during the past three decades has been the change observed in the reproductive behaviour of women, one of whose aspects is the decline in fertility.

This decrease has been associated with the sweeping transformations that have taken place during the past 30 years in the economic, political, social, cultural and psycho-social spheres of society in the Latin American and Caribbean countries.

These changes, in turn, have had an influence on the variables regarded as being the proximate determinants of fertility, one of the most important of which is the use of contraceptive methods. In point of fact, during the past three decades women in the region have, generally speaking, had greater access to methods for regulating fertility. Indeed, the discovery of such methods constitutes one of the most important scientific/technological advances of the century, inasmuch as the availability of methods of contraception has made it possible to dissociate sexual relations from procreation, thereby expanding human freedom.

The complex interaction existing among factors relating to reproductive behaviour has had a major impact both on fertility as a social phenomenon and on women's lives as individuals. A part of this effect is due to the fact that during the period between 1950 and 1980, it has been possible for vast sectors of the female population to control their fertility, which, as stated in the Nairobi Strategies, "forms an important basis for the enjoyment of other rights".

Statistics and indicators relating to fertility are also necessary for the design of policies aimed at improving the status of women.

The availability of adequate information concerning women's fertility would facilitate the work of the organizations responsible for formulating policies on employment, health, education, housing and, in general, all policy measures whose objective is the creation of conditions of well-being for women. In addition, fertility statistics and indicators are necessary in order to ascertain the extent to which the women of the region have an equal ability to exercise their right to freely decide the number and spacing of the children they will have.

Furthermore, the availability of fertility statistics and indicators is an especially important factor in the design of social policies aimed at

making it easier for women to reconcile motherhood with their participation in all spheres of society as active agents of development.

The main sources of information on fertility are records of vital statistics, population and housing censuses and specialized surveys.

Vital statistics provide data on fertility levels and on the age structure of this variable, as well as on some socioeconomic characteristics of mothers. They have the advantage of being continuous records and therefore provide information on fertility at any given point in time. However, a substantial degree of under-reporting in most of the countries of the region mars the data to be obtained from records of vital statistics.

A second source of information on fertility levels and their age distribution is population censuses. The questions contained in these censuses concerning live-born children and children born during the last year provide an indication of women's past and present fertility levels. This source has the advantage of supplying additional information about the contextual socioeconomic characteristics and personal traits of the women in question and thus contributes to an understanding of the differences among women as regards reproductive behaviour. However, the fact that such censuses are taken only once every 10 years limits the possibility of assessing the situation at any given point in time.

In Latin America and the Caribbean, the available information on fertility is becoming more and more reliable thanks to the efforts being made by the countries of the region to incorporate the recommendations made by ECLAC and the United Nations in regard to the censuses for the 1980s and 1990s (United Nations, 1980).

In addition, programmes have been undertaken in the region to carry out specialized fertility surveys which constitute a valuable source of information on the subject.

Based on the data provided by vital statistics, population censuses and specialized surveys, fertility indicators may be calculated for specific research, planning or policy-making purposes.

1. Declining fertility

A decrease in fertility has been associated with the course taken by the development process in the countries of Latin America and the Caribbean. The average number of children per woman thus varies from one country to another in the region, as well as within each country, depending on the level of modernization that has been attained.

One indication of this change is the drop in the average number of children per woman (as measured by the total fertility rate) 1/ which is to be observed in the period 1980-1985 as compared to the period 1950-1955.

In the countries classified as being at an advanced stage of modernization 2/ 3/ (Argentina, Chile, Costa Rica, Cuba, Panama, Uruguay and Venezuela), female fertility had dropped to low or medium levels by the end of the period in question.

Two of them —Argentina and Uruguay— already had low levels of fertility at the beginning of the period. In these two countries, the average number of children per woman was around 3 in both periods (1950-1955 and 1980-1985).

In Cuba and Chile, fertility levels at the beginning of the period were in the middle of the spectrum (4 and 5.1 children per woman, respectively), whereas by the end of the period the average number of children per woman was low: 2.0 and 2.8 children per woman, respectively.

The other three countries at an advanced stage of modernization —Costa Rica, Panama and Venezuela— showed a drop in fertility from high levels for the period 1950-1955 (an average of about 6 children per woman) to medium levels in the period 1980-1985, when the average had fallen to around 4.

In the large countries where modernization has been rapid and uneven (Brazil, Colombia, Mexico), as well as in the small, partially-modernized countries (Dominican Republic, Ecuador, Paraguay, Peru), fertility also dropped from high to medium levels.

In this group of countries as a whole, during the period 1950-1955 the average number of children per woman was over 6.5, whereas in the period 1980-1985, the average was about 4 children per woman and did not exceed 5 in any country in either of the two groups.

In those countries where modernization is still an incipient process (Bolivia, El Salvador, Guatemala, Haiti, Honduras and Nicaragua), fertility rates are still high despite the fact that a slight decrease has been recorded. For these countries as a group, the rate stood at over 6.5 children per woman at the beginning of the period in question; by its end, the average remained above 5 in all of these countries and was still over 6 in most of them.

In addition to these differences in fertility levels from one country to another, reproductive behaviour varies markedly among different groups of women within the same country depending on the socioeconomic stratum to which they belong, whether they reside in urban or rural areas, and their differing personal traits.

In Honduras, a country where modernization is still an incipient process, the fertility rate as of 1980 was still high. In this country, the total fertility rate in areas defined as being major urban centres dropped from 5.6 to 3.7 children per woman between 1960 and 1980. In the rural areas of Honduras, however, the rate held steady at about 8 children per woman during this period. This means that whereas the total fertility rate for women in rural areas was 1.6 times greater than the rate for women in major urban centres at the beginning of the period, by the end of the period this gap had widened to 2.2.

A similar situation was observed in regard to the decrease in fertility among women according to the socioeconomic strata to which they belong. While the total fertility rate for women in the upper-middle stratum declined between 1960 and 1980 from 6.0 to 3.8 children per woman, the rate for women belonging to the low-income agricultural wage-earning stratum remained above 8 children per woman. In other words, the difference between the rates for women in the low-income agricultural wage-earning stratum and those belonging to the upper-middle stratum rose from 1.3 in 1960 to 2 in 1980.

The persistence as of 1980 of such high fertility rates both in rural areas and in the low-income agricultural wage-earning stratum may either be a reflection of the actual state of affairs or may be due to problems associated with the quality of the data or to the use of invalid assumptions as a basis for the own-children method that was employed in estimating the total fertility rate.

It is interesting to note that even in Costa Rica, a country at an advanced stage of modernization in which, as stated earlier, a sharp decrease in fertility has taken place, differences among the reproductive behaviour of the various sectors of women, although they have tended to lessen, continue to exist (Rosero, 1981).

Between the years 1960 and 1979, the fertility rate for women in urban areas fell from 5.9 to 3 children per woman while, during the same period, the total fertility rate for women in rural areas dropped from 9.0 to 4.0 children per woman. This means that whereas in 1960 the fertility rate for women in rural areas was 1.6 times higher than the rate for women residing in urban areas, in 1979 the average number of children per woman in rural areas was 1.3 times higher than that recorded in urban areas.

Information concerning the differences in the average number of children born to women belonging to the various socioeconomic strata is not available for the period 1960-1979 in the case of Costa Rica. Nonetheless, in view of the close relationship between women's educational levels and their membership in given socioeconomic groups, it is useful to compare female fertility rates on the basis of educational levels. The fertility rate for women having less than three years of formal education decreased from 9 to 4.8 children between 1960 and 1979, while the rate for women having over seven years of schooling dropped from 4.4 to 2.8 children per woman during the same period. In other words, whereas women at the lowest educational level had 2.1 times more children than more educated women in 1960, in 1979 women with fewer years of schooling had 1.7 times more children than women having a higher educational level.

A number of other studies also indicate that, generally speaking, the differences in this regard within countries at an advanced stage of modernization, although they still exist, have tended to become less marked. On the other hand, such differences have tended to increase in partially-modernized countries. In particular, this appears to be a consequence of the sharp change to be observed in the reproductive patterns of women living in urban areas who belong to the middle and upper socioeconomic strata. This, in its turn, is a reflection of the existence of different cultural patterns and differing degrees of access to health services and methods of contraception.

2. The fertility structure

In all the countries of the region, the decrease in fertility has been associated with an increase in the proportion of births accounted for by young women, with this group being defined as those under 30 years of age.

This phenomenon in Latin America and the Caribbean is unlike that observed in the developed countries, where the decline in fertility has been associated with a postponement of childbearing.

The above-mentioned phenomenon is the most marked in the group of countries classified as being at an advanced stage of modernization. Within this group, in the period 1950-1955 over 60% of births were already accounted for by women under 30. The only exceptions were Chile and Costa Rica, in which the percentages of births corresponding to young women were 55.1.% and 58.3%, respectively. In the same group of countries, these proportions had risen to 65% or over by 1980-1985, with the highest level being in Cuba (where 78.2% of total births were accounted for by young women).

In all the other countries of the region except the Dominican Republic, El Salvador and Nicaragua, the proportion of births corresponding to women under 30 during the period 1950-1955 was around 50% of the total. In the period 1980-1985, this percentage was higher than in previous years but was still less than 60% of all births.

In view of the fact that, except in Cuba and Venezuela, young women (between 20 and 29 years of age) are the group having the largest proportion of participants in the labour markets of the countries of the region, there would appear to be a need for social policies that would permit women to combine childbearing and motherhood with their right to work on an equal footing with the male population (ECLAC, 1988b).

One of the most notable features of the fertility structure in Latin America and the Caribbean is the high proportion of children born to adolescent women.

It should be pointed out that the information concerning this phenomenon is limited since, in most of the Latin American countries (whose records of vital statistics are relatively inadequate), population censuses, in accordance with the recommendations made by the United Nations, direct fertility-related questions only to the female population over 15 years of age (United Nations, 1980).

This limitation notwithstanding, it should be noted that at the beginning of the period in question the number of births recorded as corresponding to adolescent women represented over 10% of total births in nine countries of the region, while during the period 1980-1985, the number of countries in which this proportion was over 10% had risen to 13. This increase in the percentage of births occurring within the group of adolescent women is partly attributable to the fact that specific fertility rates for women from 15 to 19 years of age have not decreased as much as have those for women in other age groups or as much as the general fertility rate.

One rather surprising fact is that the percentage of births accounted for by adolescent women was greater than 10% of total births in countries at the opposite extremes as regards the levels of development achieved in the region: a) in all the countries at an advanced stage of modernization (and especially in the case of Cuba, where 17.2% of total births correspond to adolescent women); and b) in four of the six countries where the modernization process is at an incipient stage.

The causes of this phenomenon in Latin America and the Caribbean are not very clear. It comes as somewhat of a surprise that the increase in fertility among adolescents would occur during a period in which, as will be discussed later on, there is a greater awareness and use of contraceptive methods. One hypothesis in this connection might be that the greater proportion of births among adolescent women is associated with earlier marriages or with some aspects of the modernization process which promote more interaction among young people. This, in combination with a changeover from more traditional to more modern cultural patterns whereby there would appear to be a greater tolerance for sexual relations among adolescents, is probably part of the reason for the increase in the proportion of births accounted for by adolescent women.

As has been stated by the World Health Organization (WHO), childbearing by adolescent women represents a serious health hazard. It therefore appears necessary to gain a better understanding of the factors associated with adolescent pregnancies, as well as to adopt the appropriate health policies to ensure that special health care is given in cases of such pregnancies and of high-risk births.

3. The control of fertility

At the Nairobi Conference in 1985, as well as at the International Conference on Population, the need was underscored for governments --regardless of the nature of their population policies-- to promote access to family planning services.

In Latin America and the Caribbean, most of the information concerning awareness and use of methods of contraception has been supplied by the World Fertility Survey, specific surveys dealing with contraceptive use and the surveys conducted by Westinghouse Health Systems (Rosero, 1981). Nevertheless, this information is not complete. Data are not available for all the countries, and total agreement has not been reached as to which methods should be included in the definition of contraceptives, with the major point of disagreement being whether traditional methods should be included or not. The information used in this report refers to all contraceptive methods except the prolongation of breastfeeding and postpartum abstinence.

There are grounds for stating that there is a widespread awareness of the existence of contraceptive methods in Latin America and the Caribbean. In most of the countries of the region for which information was gathered by the World Fertility Survey, nearly 100% of women who had ever been married or who had participated in consensual unions had heard of the existence of methods

for controlling fertility. This awareness was lower only in Haiti (85%), Mexico (88%) and Peru (83%).

Nonetheless, actual access to methods for controlling fertility is not equally widespread and appears to differ markedly depending on the degree of development achieved by the country in question (United Nations, 1984).

In the countries at an advanced stage of modernization for which information was available, the proportion of the women who were married or were participating in consensual unions who were using some type of contraceptive method at the time the surveys were taken (around 1980) ranged between 50% and 64%. In the large countries where modernization has been rapid and uneven, this proportion averaged 37%. In the small, partially-modernized countries, the level was around 30%. Finally, in countries where the modernization process is incipient, the level was only about 20%.

In addition, in all the countries of the region for which data could be obtained, marked differences were observed between urban and rural areas as regards the use of contraceptive methods, and these differences were even greater in countries where modernization has been a more recent process.

It might well be argued that the differences existing both between and within countries as regards the proportion of the women who are either married or participating in consensual unions who use methods of contraception should not come as a surprise, it being assumed that this divergence is simply associated with differences in prevailing reproductive patterns. Nevertheless, in attempting to assess the extent to which women in the region are able to avail themselves of their rights, it is important to try to find out whether women, as participants in the human partnership, have access to the necessary means for freely taking a decision as to the number of children they will have.

One way of learning more about this phenomenon is to compare the proportion of women stating that they have had at least as many children as they desire with the proportion of married women or women in consensual unions who use some type of contraceptive method. Since the women using contraceptive methods include not only those who do not want their family to grow any more, but also those who wish to space out the births of their children, it is to be expected that the proportion of women using some type of method of contraception will be greater than the proportion stating that they have had at least as many children as they desire.

However, among the countries for which information was available, this proved to be the case in Costa Rica, Panama and Venezuela belonging to the group described as being at an advanced stage of modernization and in one country where modernization has been rapid (Paraguay).

The difference between the proportion of married women or women in consensual unions who use some type of contraceptive method and the proportion stating that they have had at least as many children as they desire was seen to be greater within countries according to the women's place of residence.

In most of the countries, this difference was positive in the large cities, which would indicate a greater degree of access to methods of contraception. The only exceptions in this regard were Peru and Haiti.

The situation was just the opposite, however, in rural areas. Only in Costa Rica was the proportion of women using some type of contraceptive method larger than the proportion stating that they have already had the number of children they desire.

4. Abortion in Latin America and the Caribbean

A discussion of women's reproductive behaviour in the region would not be complete without mentioning the incidence of abortion.

One of the consequences of limited degree of access to the use of methods of contraception (i.e., women's socio-cultural, economic and geographic possibilities of using contraceptive methods) is the existence in the region of what is almost always a hidden problem: the practice of an undetermined number of abortions, many of which are carried out under conditions that place the life of the woman in question at risk.

Induced abortions are legal only in Cuba. In all the other countries of the region, such abortions constitute an offence which is punishable under the corresponding country's legislation.

For this reason, it is extremely difficult to ascertain the actual frequency of abortion. There is, however, general agreement as to the fact that the number of induced abortions which take place is high. The various studies conducted on this subject all indicate that a large number of induced abortions are carried out in the region using primitive, dangerous and septic procedures and that the death rate in this connection is four times greater than that associated with pregnancies carried to full term (Weisner, 1986).

Abortions practised under such conditions frequently endanger the life of the mother and usually have a severe emotional impact and serious physical repercussions on the women concerned, along with the resulting family-related and social consequences.

Despite the constraints affecting efforts to ascertain the actual incidence of abortion in Latin American society, there are a number of studies which shed some light on the phenomenon.

Various sources provide information concerning abortion in which no distinction is made between spontaneous and induced abortions. In view of the legal penalties for induced abortion existing within the Latin American societies, it appears reasonable to employ the expression used by Rosero, who refers to "apparent abortion rates", taking into account the fact that many women tend not to report induced abortions.

Bearing the above considerations in mind, the results of surveys on the subject conducted by CELADE around 1970 in four Latin American capital cities will be discussed below (CELADE, 1973).

According to the CELADE surveys, between 10% and 22.5% of all pregnancies ended in abortion in these cities. In Bogotá, 11.5% of the pregnancies of women between 15 and 49 years of age ended in abortion, while the proportion was 22.5% in Lima, 19.7% in Panama City and 21.9% in Buenos Aires. In Costa Rica, a number of research projects on abortion in San José have indicated that the proportion of aborted pregnancies ranges between 8.7% and 11.9%. A survey taken in Managua in 1968 indicated that 10% of all pregnancies ended in abortion (Rosero, 1976; Pérez, 1970).

According to the information gathered in these same surveys, the proportion of pregnancies ending in abortion increases substantially in the case of women aged 30 years and over. In Lima, for example, 40% of the pregnancies of women between 40 and 44 years of age were aborted. The proportion was 50% in Panama City and Bogotá, while in Buenos Aires, 75% of the pregnancies of women of between 40 and 44 years of age were aborted.

The proportion of aborted pregnancies is a useful measurement because it provides information on the frequency of abortions among women exposed to the risk of abortion (i.e., pregnant women). However, since this is a measurement of the risk of abortion in terms of the number of pregnancies and therefore depends upon the frequency of the latter, it does not provide a measurement of the real incidence of abortion.

In order to ascertain the actual incidence of this phenomenon, the ratio of abortions to women of childbearing age should be examined. Based on the above, by analysing the proportion of abortions among women of childbearing age, it may be seen that, in absolute terms, the incidence of abortion is greater during the prime years of the reproductive period (i.e., among women between 20 and 34 years of age), which is the age group in which the frequency of pregnancy is the highest.

The lack of information on this subject and the importance of the problem in view of the consequences of abortion for the women in question, their families and society suggest that an examination of this subject needs to be incorporated in research projects concerning the reproductive behaviour of women.

II. FEMALE MORTALITY

The prolongation and the improvement of the quality of the lives of men and women have always figured among mankind's objectives.

During the United Nations Decade for Women, an awareness of the need to improve health conditions for women led to the incorporation of this subject as one of the priority issues to be addressed in relation to women's participation in development.

As a result of the corresponding discussions, the Nairobi Forward-Looking Strategies for the Advancement of Women called for "the creation and strengthening of basic services for the delivery of health care, with due regard to levels of fertility and infant and maternal mortality and the needs of the most vulnerable groups and the need to control locally prevalent endemic and epidemic diseases". Furthermore, governments which had not already done so were urged to "undertake, in co-operation with the World Health Organization, the United Nations Children's Fund and the United Nations Fund for Population Activities, plans of action relating to women in health and development in order to identify and reduce risks to women's health and to promote the positive health of women at all stages of life".

Efforts to achieve this objective can and should be furthered by upgrading demographic statistics and indicators relating to mortality and by expanding the group of users of such data to include not only government agencies whose job it is to provide health services to the population, but also women themselves, who, as noted in the same document, "must be involved in the formulation and planning of their health education needs".

By providing statistics on mortality, the field of demographics can make a genuine contribution to the achievement of the above-mentioned objectives.

In Latin America and the Caribbean, records of vital statistics are the most direct source of information on mortality. They provide a means of ascertaining mortality levels, trends and differences as well as the causes of the deaths which occur.

The shortcomings of records of vital statistics in the region are well-known. In most of the countries, over 20% of deaths are not reported and in many cases the figure is over 40%. Under-reporting is less than 10% only in the group of countries at an advanced stage of modernization and, even in

this group, the level is above that figure in some of the countries (Chackiel, 1987).

Because of these problems, population censuses are used as an alternative source of data for estimating death rates; the application of indirect techniques to these data make it possible to estimate infant and adult mortality.

1. The decrease in female mortality in the region

During the period between 1950 and 1980, a significant decrease in female mortality was recorded in the region, along with a consequent increase in longevity. This decline in mortality can be detected by means of an analysis of life expectancy at birth.

Two of the countries at an advanced stage of modernization —Argentina and Uruguay— had low female mortality rates at the beginning of the period, with a life expectancy at birth of over 65 years. The decrease in mortality observed during the period in question in these countries resulted in an increase in life expectancy at birth of 9 and 4 years, respectively.

The rest of the countries in this group (Chile, Costa Rica, Cuba, Panama and Venezuela) had moderately low female mortality rates at the beginning of the period, with life expectancies at birth of over 56 years. A relatively large decrease in mortality was recorded in these countries during the period concerned and, as a result, by the end of the period the life expectancies in these cases had risen to over 72 years.

The large countries in which an uneven modernization process has taken place (Brazil, Colombia and Mexico) had moderately high mortality rates at the beginning of the period, with a life expectancy at birth in 1950-1955 of around 52 years. By the end of the period, the life expectancy of the female population had risen to over 66 years, for a gain of more than 14 years in the life expectancy at birth.

The small, partially-modernized countries and those in which the modernization process is incipient had a high female mortality rate at the beginning of the period (with the exception of Paraguay, where the life expectancy at birth for women in 1950-1955 was 64.6 years), with life expectancies at birth of about 45 years. Mortality showed a major decrease in these countries, with gains of over 15 years in the life expectancy at birth. In most of these countries, women's life expectancies at birth are now over 61 years. The only exceptions are Bolivia and Haiti, where the life expectancies at birth for women are 53.0 and 54.4 years, respectively.

The data referred to above indicate that women's life expectancy at birth has increased more in the countries where mortality rates were very high at the beginning of the period. This increase was made possible by the application of low-cost measures which succeeded in raising the life expectancy of the female population substantially. However, an analysis of female mortality by cause of death provides a number of examples which indicate that many women still die as a result of diseases that could have

been prevented. Governments could still accomplish a great deal, therefore, by implementing health policies designed to further reduce female mortality and thereby increase the life expectancy of women in the region.

In designing policies aimed at creating healthful conditions for women, it is important to consider the fact that the increase in the life expectancy of the female population has been accompanied by a broadening of the gap between the life expectancies of men and women. This gap, which during the period 1950-1955 was approximately three years in most of the countries, is currently about six years.

As will be discussed below, there is some debate as to the reasons why women have a greater life expectancy at birth than men.

On the basis of these differences, it might be mistakenly concluded that women are in a better situation than the male population as regards matters pertaining to their health. However, although women probably do have a genetic advantage in this respect, there are indications that this advantage is not fully manifested, as will be seen later on, due to sex discrimination against women in the field of health care.

2. Causes of death among the female population

As noted above, in designing health policies for the female population it is particularly important to have access to adequate statistics on causes of death.

Information concerning the distribution of causes of death can help guide the efforts of health organizations in the most appropriate direction; furthermore, if these data are available at an appropriate level of disaggregation by age according to area of residence as well as other characteristics which help identify the women belonging to certain socioeconomic groups, then the efforts of such organizations could also be directed towards the most vulnerable groups within the female population.

However, the information available in the region concerning causes of death suffers from severe limitations which hamper its widespread use.

Indeed, in addition to the under-reporting of deaths referred to earlier, in most of the countries many death certificates either define the cause of death poorly or erroneously or fail to provide any information at all as to the cause of death.

The data compiled on causes of death can be described as "very good" in only five of the countries of the region and as "fair" in only three others. In the rest of the countries, the information available in this respect is considered to be unreliable or of poor quality.4/

If the available information is examined with due caution, however, the differences existing among the distributions of causes of death in the various countries of the region as of about 1980 can be detected.

Among the countries at an advanced stage of modernization, the top-ranking causes of death for both women and men are those diseases whose decline is associated with scientific progress, such as malignant tumors. Given the fact that the populations in these countries are older, other main causes of death include degenerative diseases, cerebro-vascular ailments and heart disease.

In contrast, in countries in which the modernization process is not as advanced, the major causes of death include diseases whose decrease is associated with the adoption of environmental health measures or the expansion of basic health care services. Some of these causes are enteritis and other diarrheic diseases, measles and other ailments.

3. Causes of death and their relation to changes in women's life expectancy

If adequate information were available on the causes of death among the female population, it would be possible to gain a more in-depth understanding of the impact of each such cause in terms of changes in life expectancies between any two given periods or between different populations.5/

Purely for purposes of illustration, some of the most significant results obtained by applying the Pollard method in Guatemala City, São Paulo and Mexico City will be discussed below. These findings provide a more detailed picture of how female mortality has changed and point up some aspects of these changes which should be studied more extensively (Pollard, 1986).

In Guatemala City, the life expectancy of women rose by 7.6 years during the period 1969-1979. By applying the Pollard procedure, it can be seen that the most important factor in this increase was the decline recorded in some of the causes of death which are classified as being preventable. For both sexes, the greatest contribution to this increase in the life expectancy at birth was made by the decrease in the incidence of causes considered to be "preventable by environmental sanitation measures" (with the decrease in such causes of death resulting in an increase of 3.4 years in the life expectancy of women at birth); the second most important factor was the reduction in causes of death regarded as being "preventable by vaccination", which accounted for 0.3 years of the increase in women's life expectancy at birth (Díaz, 1987).

On the other hand, however, within the category of preventable causes of death, those considered to be "preventable by early diagnosis" (e.g., breast and uterine cancer, whose frequency increased during the period in question) had an adverse impact on life expectancy, as did those diseases described as "preventable by means of a combination of measures".

In contrast to the situation in Guatemala City, the application of the same procedure in São Paulo showed that all preventable causes of death had had a positive impact as regards the change in the life expectancy of women recorded during the period 1975-1983. These same data indicated that, in this case as well, the greatest contribution to the lengthening of women's life

expectancy —1.6 years— was made by the reduction in deaths that were preventable by means of environmental sanitation measures (Yasaki, 1986).

In the case of Mexico, the life expectancy of women increased by 7.3 years 6/ during the period 1969-1982, with four years of this increase being due to the reduction in deaths attributable to preventable causes. Among these, the factor having the greatest positive impact was the decrease in deaths that could be prevented by the adoption of environmental sanitation measures and by means of a combination of measures designed to reduce the incidence of diseases associated with respiratory infections and pneumonia (Rodríguez, 1988).

In contrast, deaths that could have been prevented by means of a combination of measures during early infancy and deaths by violence had a negative effect as regards the change in the life expectancy of women.

As the above examples indicate, in all three cases the adoption of environmental sanitation measures and the implementation of mass vaccination programmes have helped to reduce mortality among the female population.

Despite the progress made in increasing the life expectancy of women, it is clear that much could still be done to improve the health conditions of the female population and thereby further increase women's life expectancy. This was clearly shown by a hypothetical exercise carried out in Guatemala City in which estimates were prepared of how much the life expectancy of women would increase if certain types of preventable causes of death were to be entirely eliminated. It was calculated that women's life expectancy at birth would rise by 1.53 years if all deaths attributable to diseases that could be prevented by vaccination and preventive treatment were to be eliminated, by 0.44 years if all those that could be prevented by early diagnosis and treatment were to be eradicated, by 4.2 years if all deaths that could be prevented by environmental sanitation measures were avoided, and by 4.8 years if all the causes of death that could be prevented by a combination of measures were eliminated.

4. Differences between the causes of death among men and women

As remarked earlier, women are known to have a greater life expectancy than men.

Even though the experts are not in complete agreement as to the reason for this phenomenon, one major school of thought relates this fact to genetic differences associated with women's reproductive functions.

It is important to be aware of the fact, however, that the lower level of mortality observed among women is not systematic in all age groups and that differences between male and female mortality are not similar with respect to all causes of death.

When the Pollard method was applied in the case of Mexico City to compare the differences between men and women as regards the impact of the various causes of death, it was found that in some age groups female

mortality attributable to preventable causes was higher than that of men. This fact points up the negative impact of cultural factors associated with the ways in which women are discriminated against in society.

While it is true that during the period 1980-1981 women in Mexico City had a life expectancy at birth that was 7.2 years greater than that of men, mortality among girls aged 1 to 4 years was higher than among boys of the same ages as a result of the deaths occasioned by all the preventable causes. If it is assumed that preventive vaccination drives, the available means of early diagnosis, environmental sanitation measures and the possibility of avoiding death by accident or violence are the same for both sexes, then the possibility must be considered that the prevailing cultural patterns within the society are such that families may tend to devote greater attention to male than to female children.

In addition, higher female mortality was also observed from the age of 25 years onward in the case of Mexico City as a result of deaths that could have been prevented by early diagnosis. Unlike the difference observed in the 1-4 year age group, this was due to the impact of diseases that affect only women, such as breast and uterine cancer.

Finally, the causes of death having a negative influence on women's life expectancy as compared to that of men --apart from those particular to women-- include one high-incidence disease --diabetes-- which systematically reduces the life expectancy of women in relation to that of men and which figures among the 10 main causes of death in all the countries of the region.

5. Maternal mortality

Among the causes of death affecting the female population, maternal mortality warrants special attention. This term is understood as designating the death of women during pregnancy or within 42 days after the termination of the pregnancy, regardless of its duration or site, due to any cause related to or aggravated by either the pregnancy itself or the medical care given in connection with it, but not those deaths due to accidental or incidental causes (PAHO, 1986a).

It is difficult to arrive at a clear idea of the frequency of maternal mortality due to the under-reporting which plagues vital statistics record-keeping systems and the limitations referred to earlier as regards the data on causes of death. In the case of maternal mortality, the problem is made more serious by the fact that under-reporting is greatest precisely in those areas where maternal mortality is the highest.

It is generally agreed that most of the deaths associated with pregnancy are preventable. As remarked in a document issued by PAHO, a maternity-related death in the world of today is as anachronistic and illogical as deaths by freezing (PAHO, 1986b).

Nonetheless, high levels of maternal mortality still exist in Latin America and the Caribbean. In fact, for women in their childbearing years,

complications during pregnancy, the birth process and the puerperium are in many cases one of the five main causes of death of women in this age group.

Although maternal mortality did decrease during the period 1950-1980, even the lowest rates of maternal mortality existing in the region as of the period 1980-1984 were substantially higher than those found in the developed countries.

In many Latin American and Caribbean countries, the proportion of such deaths is currently over 30 per 10 000 live births, whereas in Canada and the United States the figure is 0.5 and 0.8 per 10 000 live births, respectively.

The striking differences in the incidence of maternal mortality within the region correspond to the level of modernization achieved by the various countries. Maternal mortality in the region is highest in: 1) countries having high levels of fertility, due to the high proportion of births occurring in high-risk age groups; 2) countries in which relatively few births take place in health care facilities; and 3) countries having high rates of abortion, which, from a clinical standpoint, is regarded as one of the main causes of maternal mortality. Whereas maternal mortality rates in most of the countries that are at an advanced stage of modernization range between 3 and 6 per 10 000 live births, in countries where the modernization process is still incipient these levels vary between 20 and 50 per 10 000 live births.

The greatest decrease in maternal mortality has been seen in three countries belonging to the group classified as being at an advanced stage of social modernization (Chile, Costa Rica and Cuba), where the rate is now one-half of what it was two decades ago.

The refinement of statistics on maternal mortality and related factors can definitely help to facilitate the formulation of appropriate guidelines for institutional policies aimed at expanding health service coverage and to promote the adoption of measures designed to provide greater access, in socio-cultural and economic as well as geographical terms, to health care services in connection with pregnancy and the puerperium.

III. CHANGES IN THE FEMALE POPULATION'S AGE STRUCTURE

As a result of the decline in fertility, in particular, and, to a lesser extent, of the drop in mortality and the type of international migration which has taken place, Latin America and the Caribbean, which has traditionally been regarded as a "young" region, has experienced a change in the age structure of its population, with the tendency being towards the aging of this population.

Sharp differences may be found within the region as a result of the varying rates at which the process of demographic transition has proceeded in each of the countries.

In designing policies geared towards women, it is important to consider the relative size of the female population in the various age groups. In the following discussion, reference is made to the relative size within the countries of the region of the female population from 0 to 19 years of age (equivalent to the pre-school and school-age population), from 20 to 59 years of age (the working-age population) and to those over 60 years of age (old people or the aged).

In terms of the course taken by the demographic transition process, the countries can be classified as falling into one of the four following groups:

a) Countries with very young age structures. Bolivia, Guatemala, Honduras and Nicaragua are in this group. The proportion of the female population which is under 19 years of age is high in these countries, and the proportion of the female population between 20 and 59 years and over 60 years of age is low.

b) Countries with relatively young populations. This group of countries is made up of Ecuador, El Salvador, Haiti, Paraguay and Peru. The size of the female population under 19 years of age is large in these countries as well, and the proportion of the female populations between 20 and 59 years of age and aged 60 years or over is relatively low, but is slightly higher than in the countries in the first group.

c) Countries having relatively old populations. This group is formed by Brazil, Colombia, Costa Rica, Mexico and Panama. In these countries, although the proportions of the female population under 19 years of age and from 20 to 59 years of age are still high and the proportion of the female population aged 60 years and over is relatively low, projections of the future course of

the demographic transition process indicate that, unlike the countries belonging to the above two groups, the populations in this group of countries will be classifiable as "old" in the near future.

d) Countries having old populations. This group includes Argentina, Chile, Cuba and Uruguay. In these countries the female population aged 60 years and over already represented close to or more than 10% of the total female population as of the 1980s.

It is thus clear that in the countries having the largest populations (Argentina, Brazil, Colombia and Mexico), as well as Chile, Cuba and Uruguay, the situation of women over 60 years of age is of particular importance at the present time or will be so in the near future.

This fact underscores the importance of devoting special attention to the status of older women, who, as was repeatedly emphasized during the United Nations Decade for Women, constitute one of the most vulnerable sectors of society. Indeed, the final years of older women's lives are frequently marked by loneliness, abandonment and a failure to fully satisfy their basic needs. It is therefore necessary to compile an adequate pool of information on the living conditions of this sector of the female population so that social policies aimed at improving their living conditions may be formulated.

IV. FEMALE MIGRATION

1. Internal migration

In Latin America and the Caribbean, millions of women who are now residing in the cities have migrated there from rural areas.

Most of them have little schooling, are subject to substandard living conditions upon their arrival and face serious problems in adapting due to separation from their original family units and often from their own children, as well as to the fact that the prevailing cultural patterns in their new environment differ from those they incorporated during their socialization process.

These countries therefore have a societal duty to regard the women involved in internal migration as a group within the female population which deserves special attention. The relevant policies therefore need to be developed in order to help these large sectors of the female population to adapt to their new environment, to enter the labour market, to deal with the housing problems they face and thereby to improve their living conditions.

Between 1950 and 1970, mass migration took place in latin America and the Caribbean from rural areas to urban centres. This process was the result of the structural transformation occurring in the region during that period, which took the form of changes in both the agrarian system and the urban productive structure.

Indeed, the intensification of capitalist production relations in rural areas and the resulting breakdown of the more traditional forms of population settlement, especially in the case of large landholdings, figured among the factors giving rise to mass migration from the countryside to the cities.

Another factor which contributed to this large-scale population shift from rural to urban areas was the diversification of the urban production structure associated with the import substitution process, as the initial stage of industrialization opened up greater apportunities to the rural population for entering the urban labour market. In the case of women, the development of the textile and services industries played a particularly important role in such migration.

It is generally agreed that there were more women than men among the 29 million Latin Americans who migrated from the countryside to the cities during the period 1950-1970. This numerical predominance of women over men

was even greater in the migratory flows towards the larger urban centres (Gatica, 1980).

Migration from rural to urban areas has slowed during the past decade. This overall change in the trend has been much less marked, however, in the case of women.

It is difficult to ascertain the actual status of the women who have participated in internal migration, however, due to the limited statistical information existing in this connection.

Apart from specific surveys on the subject, population censuses ought to be the most complete source of information concerning this phenomenon, which involves millions of women in the region. United Nations organization have recommended that population censuses, in addition to providing information on place of birth, should be used to collect data on the place of residence at a specified date in the past; in this regard, it is felt that it would be particularly useful to include a question on the place of residence five years before the date of the census. Few countries in the region include such a question in their censuses, however, which makes it more difficult to collect data on internal migration and, hence, on the status of migrant women. Nonetheless, despite the lack of the necessary statistical data, it is possible to obtain a reasonable idea of the past and present extent of this phenomenon based on an analysis of the sex ratios existing in rural and urban areas.

One indication that the female population continues to migrate from the countryside to the cities is provided by the extremely high sex ratios existing in rural areas, according to the information furnished by censuses taken around the year 1980. In point of fact, the ratios of men to women within all age groups in the rural areas of the countries of the region are far higher than what would be expected in a population not subject to migration.

For example, the sex ratios in the rural areas of countries at an advanced stage of modernization around the year 1980 were, except in Costa Rica, over 110, with the highest level being in Uruguay (132).

In the other countries of the region, the sex ratios in rural areas are also over 100.

An examination of this index by age group in rural areas shows that higher ratios exist in the older age groups. This could be an indicator of the migratory flows of earlier decades, but the fact that the male population is far larger than the female population in the younger age groups in rural areas as well lends greater plausibility to the hypothesis that women continue to emigrate to the cities.

In addition, rural-rural migration has become a particularly important phenomenon in the case of women during recent decades. This type of predominantly temporary migration involved men almost exclusively in the past. Now, however, women constitute a very sizeable proportion of temporary agricultural workers.

2. International migration by women

While women who migrate from one location to another within their own countries find it difficult to adjust to their new environment, the adaptation process is much more complex in the case of women who move from one country to another.

The Nairobi Forward-Looking Strategies for the Advancement of Women stressed the need to devote special attention to migrant women, who are often the victims of discrimination on two counts: as women and as migrants. In this connection, emphasis is placed on the need to take the necessary steps to safeguard and maintain family unity and to ensure that such women will have access to employment opportunities, health services and social security benefits in general on an equal footing with the rest of the population in the host country.

The formulation of policies for protecting the rights of migrant women is deemed necessary in view of the fact that these women are faced with especially serious problems due, firstly, to the often difficult process of assimilating the way of life prevailing in the host country and, secondly, to the loss of their customary environment when they leave their countries of origin.

The available information on international migration is limited. Population censuses are the most complete source of information on this phenomenon, but they nonetheless have a number of major shortcomings. Firstly, it has been found that there are more omissions in the case of the resident foreign population than is the case for the total population. Obviously, this problem is all the more serious in countries where the number of illegal immigrants is large. Secondly, the fact that censuses record only those migrants who are present at the precise moment that the census is taken represents a major limitation in the case of countries where border crossings by seasonal migrants take place on a large scale.

The analysis of the most prominent features of international migration by women which is presented below is based on the information collected by the IMILA research project on international migration in Latin America conducted by CELADE. As part of this project, the data recorded in each country's census concerning the aliens present at the time of the census has been compiled.

This information indicates that during recent decades there has been both an intensification of intra-regional international migration in Latin America and the Caribbean and an increase in the number of Latin Americans in the United States, Canada, Australia and the European countries.

During the period 1970-1980, increases were recorded in the presence of foreign-born persons in Costa Rica, Ecuador, Mexico, Paraguay and Venezuela; in the number of Argentines, Colombians, Chileans, Paraguayans and Uruguayans who emigrated from their countries; and in population shifts within Central America.

As part of these international population movements, there was a noticeable growth in international migration by women. Indeed, unlike the international migratory flows of earlier periods, which were made up primarily of men, in the 1970s and 1980s women have been a majority in many migrant groups.

The most noteworthy examples in this respect include the predominance of women in virtually all the groups of Latin Americans currently residing in the United States and Canada, as well as two groups of migrants between neighbouring countries in which women are in the majority: Paraguayans in Argentina and Colombians in Venezuela.

Although the above-mentioned cases are the most significant ones in terms of the size of the sectors of the female population involved it should also be noted that women are in the majority among Bolivian migrants in all countries, as well as in a number of other migratory flows.

This increase in international migration by women is associated with various types of quite different factors. In some cases, an important factor is the growth in demand in the labour markets of neighbouring countries for people to perform what are often thought of as "women's" work (one prime example being employment in the personal services sector), while in other cases such increases have been the result of adjustment policies which have motivated women (and often highly qualified ones) to seek better job opportunities in more developed countries. Finally, during the past few decades international migration has been strongly influenced by the existence of armed conflicts and emergency situations in various areas of the region.

One example of the first of these situations is, as mentioned above, that of Colombian women residing in Venezuela. In 1980, according to the census data, 261 519 Colombian women were living in Venezuela, and this figure would probably be substantially higher if it were not for census omissions. This group's activity ratio (44.0%) was considerably higher than that of Colombian women in their home country and that of Venezuelan women. Of this group, 56.3% were working in the personal services sector and 65.9% of the women in this group over 20 years of age had had less than six years of schooling.

A similar situation exists with regard to the 139 769 Paraguayan women who were residing in Argentina as of 1980.

The second factor mentioned above is illustrated by the case of the 1 951 742 Latin American women (mostly Mexicans, Cubans and Dominicans) who were residing in the United States in 1980. As of the time of census, all the various groups of Latin American women residing in that country had high labour force participation ratios (with activity ratios of over 50% in most cases) and, with the exception of the female population from Mexico, were highly educated as well, with most of them having over 12 years of schooling.

The women who have had to leave their countries as a consequence of armed conflicts or emergency situations represent a different case altogether. As stated in the Nairobi Forward-Looking Strategies for the Advancement of Women, "the international community recognizes a humanitarian

responsibility to protect and assist ... refugee and displaced women" who, as is noted in the same document, "are exposed to a variety of difficult situations affecting their physical and legal protection as well as their psychological and material well-being".

While acknowledging that a lasting solution for the problems of refugee women should be sought in the elimination of the causes of their displacement, the above document also underscores the need for programmes aimed at providing legal, educational, social, humanitarian and moral assistance to women in this situation.

Although these factors gave rise to migratory flows in the past as well, in some areas of the region such migration began to take place on a much larger scale in the 1970s and 1980s.

One example of this is pointed up by an analysis of the composition of immigrant women in Costa Rica, where the resident alien population as of 1984 was 93% larger than it had been in 1973. Obviously, this increase coincided with the intensification of armed conflicts in Central America: in 1984, 43 559 alien women were living in Costa Rica, of whom 22 533 were Nicaraguans and 4 674 were Salvadorians. The difference between the status of these women and those described in preceding paragraphs is reflected in the corresponding labour force participation ratios. Thus, for example, in 1984 the activity ratio for immigrant Nicaraguan women in Costa Rica was 18.2%, which was far lower than that of the migrant women discussed earlier (Pellegrino, 1988).

The above-mentioned situations attest to the fact that international migration by women of the region is far from being a marginal phenomenon; appropriate statistics on such migration therefore need to be compiled with a view to facilitating the design of policies to safeguard these women's rights.

V. CONCLUSIONS AND RECOMMENDATIONS

This document has presented a brief discussion of the statistics and indicators which reflect the demographic changes most relevant to a study of the situation of women. This examination has brought out the importance of the changes that have occurred during the period 1950-1980, thereby attesting to the fact, as observed in the opening paragraphs of this document, that demographic data and analyses are of proven usefulness in studying the conditions to which women are subject, as well as being essential for the design of policies aimed at improving their status in society.

The information and analyses available in Latin America and the Caribbean indicate that, despite the magnitude of these changes, improvements in the status of women within society are still both slow and limited.

Furthermore, an examination of the available demographic statistics demonstrates that in many cases they suffer from severe shortcomings which hinder their extensive utilization as a means of gaining an understanding of the situation of women within society and as a basis for designing policies aimed at allowing them to participate fully, on an equal footing, in all spheres of society.

In view of the above, the following recommendations are made:

1. It is suggested that the governments take the necessary steps to upgrade the statistics and indicators relating to the status of women. In this connection, it is recommended that they:

   a) Incorporate, as part of the countries' regular statistical programmes, the compilation and publication of demographic statistics for each sex at an appropriate level of disaggregation by age, area of residence and other characteristics that will permit the identification of those sectors of women requiring priority attention;

   b) Take the necessary action to make effective use of demographic statistics and indicators in the policy planning process as it relates to women.

2. It is proposed that, in order to achieve the above objectives, the following steps be taken:

a) The adoption of appropriate measures for improving statistics and indicators relating to fertility. In this respect, it is suggested that:

i) Special emphasis be placed on the collection of appropriate data on the fertility of women throughout their reproductive years, including adolescents under 15 years of age;

ii) Steps be taken to ensure that statistics on fertility will include information on abortion, as well as on live-born children, stillbirths and children born during the past year;

b) The promotion of action aimed at upgrading demographic statistics and indicators on female mortality as regards:

i) Expanding the coverage of records of vital statistics concerning deaths;

ii) Improving the data on causes of death;

c) The adoption of the relevant measures in order to learn more about internal and international migration by women. To this end, it is suggested that the countries implement the United Nations recommendations concerning the incorporation into population censuses of questions on place of birth and place of residence at a stipulated date prior to the census (preferably, five years before the taking of the census).

3. It is recommended that action be taken in the countries of the region to promote research projects concerning:

a) The fertility of adolescent women and related factors;

b) The possibility of gaining access to family planning methods and their use;

c) The incidence of abortion in the region;

d) The possible existence of patterns of sex discrimination as regards health care for women;

e) Maternal mortality and related factors;

f) The living conditions of the older female population;

g) The status of migrant women.

4. It is suggested that the ongoing dialogue between producers and users of demographic statistics and indicators should continue to be promoted and that the statistical and planning agencies of the region, as well as non-governmental organizations, should take part in this debate.

5. It is recommended that co-operation among United Nations agencies, governments and non-governmental organizations be continued with a view to facilitating the implementation of the above recommendations.

Notes

1/ "The average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of 'age-specific fertility rates'; also referred to as total fertility. It is frequently used to compute the consequence of childbearing at the rates currently observed", Manual X. Indirect techniques for demographic estimation (ST/ESA/SER.A/81), published by the United Nations in English and Spanish in 1983, Sales No.: E.83.XIII.2.

2/ This classification of countries according to their level of modernization is based on Germán Rama, "La evolución social de América Latina (1950-1980): transición y cambio estructural", a paper presented at the Seminar on Development Options in Latin America, Bogotá, 1984.

3/ The classification of Latin American countries in terms of their degree of social modernization proposed by G. Rama includes four categories:

a) Countries at an advanced stage of modernization: Argentina, Chile, Uruguay, Costa Rica, Cuba, Panama and Venezuela.

b) Large countries where modernization has been rapid and uneven: Brazil, Colombia and Mexico.

c) Medium-sized and small partially-modernized countries: Ecuador, Paraguay, Peru and the Dominican Republic.

d) Countries where the modernization process is incipient: Bolivia, El Salvador, Guatemala, Haiti, Honduras and Nicaragua.

4/ The system of classification proposed by J. Chackiel (1987) establishes the following ratings based on the proportion of death certificates lacking information on the cause of death:

Under 15% = very good
15%-24% = fair
25%-39% = unreliable
Over 40% = poor

5/ John Pollard (1986) determined the ratios needed in order to calculate the impact of each cause of death in terms of changes in life expectancy.

6/ These are preliminary findings based on unadjusted data.

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