Population Change in Brazil: contemporary perspectives

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Introduction

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Demographic Evolution of the Brazilian Population during the Twentieth Century

Elza Berquó

The Brazilian demographic transition

During the twentieth century, the country's population increased tenfold. From 17,438,434 people in 1900, it reached 169,590,693 in 2000. This growth did not occur at a uniform pace, as can be observed in Table 1. The questionable quality of the first two censuses of this period, from 1900 and 1920, makes it difficult to interpret the pace of growth in these first twenty years. When studying exhaustively these two surveys, Mortara (1970) concluded that while the 1900 Census under-enumerated the population, the 1920 Census over-enumerated it, explaining to a large extent the discrepancies found in the annual growth rates. Besides, the first census referred to the resident population and the second only to those present at the moment of the census.

Table 1

Average annual growth rate. Brazil, 1900 to 1996

Periods	Annual Growth Rate (% a.a.)
1900/1920	2,9
1920/1940	1,5
1940/1950	2,3
1950/1960	3,0
1960/1970	2,9
1970/1980	2,6
1980/1991	1,9
1991/1996	1,3

Source: IBGE, Demographic Census.

On the other hand, some factors suggest a slight decrease in the growth rate in the 1920-1940 period. The inflow of foreigners to Brazil, that reached 1,446,081 in the 1900-20 period, declined between 1920 and 1940, to 1,146,081. This meant that population increase resulting from the difference between immigration and emigration — 10.1% between 1900 and 1920 — dropped to 6.3% in the following period. Another factor to be considered is the average reduction of one child per woman between the two periods (Table 2). Considering that more than 70% of the population was rural and that fertility was natural, with little or no individual voluntary control, such a reduction would not be expected

unless circumstantial factors were to affect behavior. The world crisis of 1929, which had specific consequences in the Brazilian case, may have contributed to a slowdown in marital unions or even postponed the birth of children. As to mortality, it declined slightly between 1900 and 1920, reducing significantly in 1920–30 as well as in 1930–40 (Table 3), seemingly contradictory considering the great 1930 recession. The silence caused by the absence of the 1930 Census however, makes it difficult to explain the long interval of twenty years.

Table 2

Total fertility rates. Brazil, 1903-1999

Calendar Years	Rates
1903	7,7
1908	7,4
1913	7,1
1918	6,8
1923	6,6
1928	6,4
1933	6,2
1938	6,0
1943	5,8
1950	5,9
1960	6,1
1970	5,8
1980	4,3
1991	2,5
1999	2,2

Source: Frias, L. A de M, Carvalho, J. A M. (1994) Fecundidade nas Regiões Brasileiras e partir de 1903: uma tentativa de reconstrução do passado através das gerações. In: Anais IX Encontro ABEP. IBGE, Demographic Census 1980 and 1991.

Since 1940, the demographic evolution of the Brazilian population has been marked by transitions in mortality and fertility levels (Graph 1), once international migration ceased having influence; the departure of Brazilians to foreign countries only became significant in the mid 1980's.

Between 1940 and 1960, the population experienced an increase in its annual growth rate: from 2.3% a year in the 1940's, to 3% in the next decade (Table 1). This transition was due exclusively to a decline in mortality, explained by a gain of ten years in life expectancy at birth (Table 3), since the total fertility rate remained constant during this period at a rate of 6 children per woman.

From 1960 onward, the pace of annual population growth began to decelerate, from 2.8% to 2.6% in the 1960–70 and 1970–80 decades, respectively. In this period, fertility began to decline, reaching 4.3 children per woman in 1980, while mortality continued its previous descending pace with a gain of 9.4 years in life expectancy. Thus, in this new stage of demographic transition, the responsibility was due to the drop in fertility. In the 1980–96 period, its role continued to be decisive in the reduction of population growth, which reached

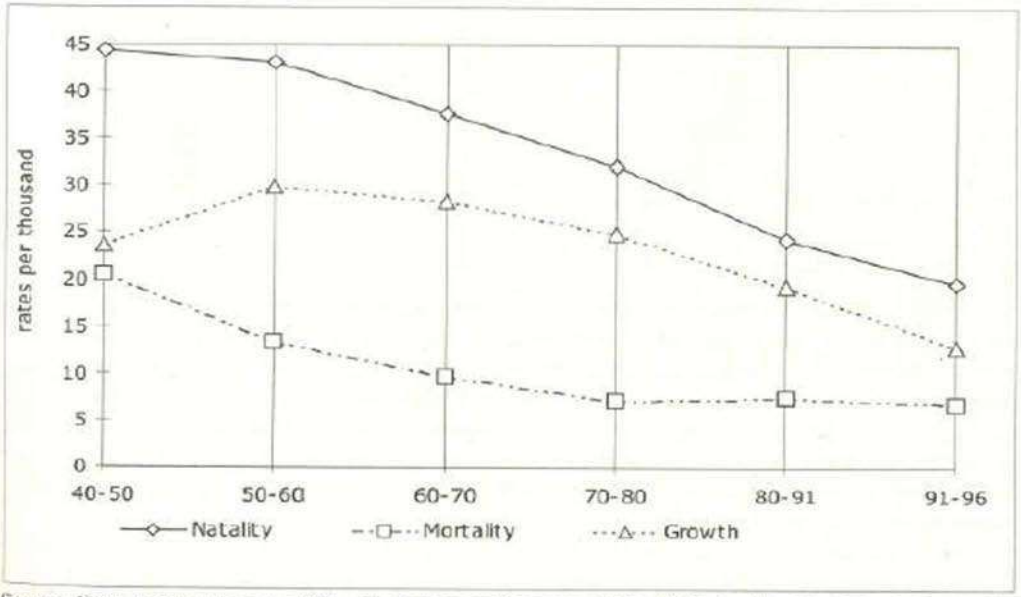
1.3% a year between 1991 and 1996. In fact, in this period, fertility had its greatest reduction, of 50%, from 4.3 to 2.2.

Table 3
Mortality rates (deaths per 1000 inhabitants). Brazil, 1900-1995

Calendar Years	Rates
1900	29,1
1910	28,7
1920	28,4
1930	26,3
1940	24,4
1950	21,4
1960	14,3
1970	11,4
1980	6,3
1991	5,4
1995	5,8

Source: Santos, J. L. (1978) Medidas de fecundidade e mortalidade para o Brasil no século XX. In: Demografia: estimativas e projeções. IBGE, Demographic Censuses 1980 and 1991. SIM - DATASUS/FNS, 1995.

Graph 1
Brazilian demographic transition, 1940 – 1996



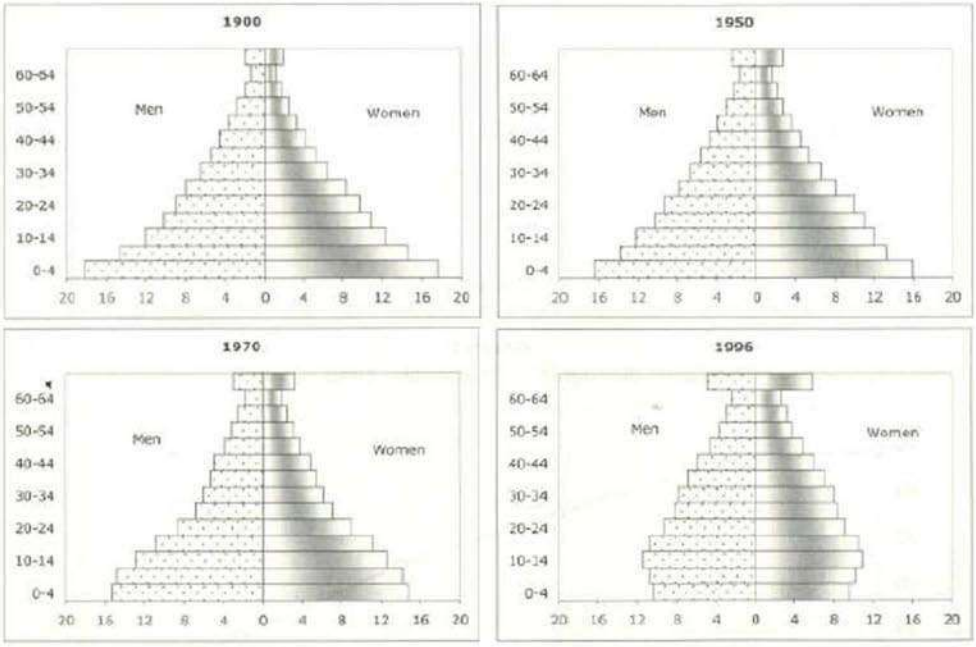
Source: IBGE, Brazil in Figures, 1994, v.3; Martine and Camargo, 1984; IBGE, Anuário Estatístico do Brasil, 1995.

In conclusion, during the twentieth century, Brazilian women reduced their fertility by an average of 5.5 children, while there was a gain of 35 years in life expectancy.

These transitions affected directly and significantly the age structure of the population (Graph 2). It moved from a wide based pyramid of triangular shape — characteristic of demographic systems with high fertility and mortality rates — to a more uniform reduced base — typical of great reduction in fertility. In fact, the base of the 1996 age pyramid reveals that for the first time in the country the number of children under 5 years of age was inferior to the number 5 to 10 years of age, which was smaller than the following segment, from 10 to 15 years of age.

Graph 2

Resident Population by sex and age. Brazil, 1900, 1950, 1970 and 1996



Source: IBGE, Demographic Census.

It should be pointed out that the levels and tendencies of mortality and fertility had social and regional variations. In the case of mortality, the Northeast always showed the lowest levels of life expectancy at birth, 38 years in 1940, compared to 50 years in the South region (Table 4). This difference of twelve years increased to sixteen by the 1970's, when it began to decrease until reaching five years in 1998, when the life expectancy of the poorest region of the country reached 65 years. In the last sixty years the Northeast and the South gained, respectively 27 and 20 years of life.

An important fact responsible for the life expectancy values is infant mortality. As can be observed in Graph 3 — which registers infant mortality rates for the country and for the Northeast and South regions, from 1930 to 1990 — there is a great contrast between these regions, the significant gains having begun in the

1970's. In the Northeast, in the 1930's, there were 68 more deaths of children under one year of age for each thousand born alive than in the South; by the 1990's, this difference was 46. The larger range of basic sanitation services; the greater supply of primary health and medical-hospital assistance, especially in pre-natal care, childbirth and puerperium, as well as prevention programs such as vaccination, oral rehydration and breastfeeding; the drop in fertility (Simões, 1999) and the improvement and range of the educational system contributed to the systematic reduction of child mortality levels, especially from the mid 1970's.

Table 4

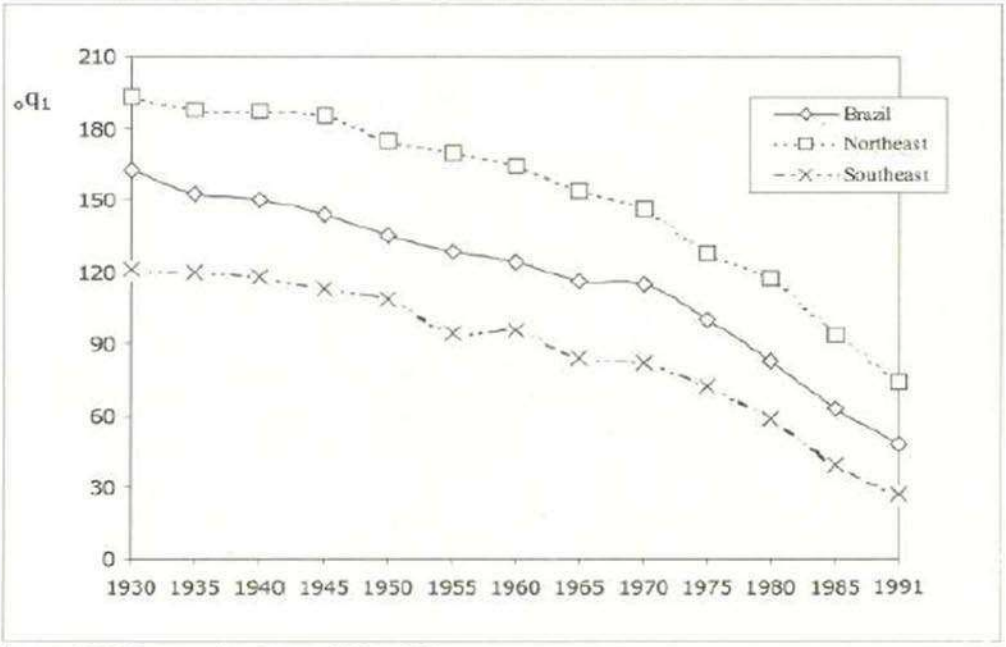
Life expectancy at birth, by region. Brazil, 1940-1998

Regions	Life expectancy								
	1940	1950	1960	1970	1980	1990	1996	1997	1998
Brazil	**42,7**	**45,9**	**52,4**	**52,7**	**61,8**	**65,6**	**67,6**	**67,8**	**68,1(*)**
North	40,4	44,3	52,6	54,1	61,3	67,4	67,4	67,6	67,9
Northeast	38,2	38,7	43,5	44,4	58,7	64,2	64,5	64,8	65,1
Southeast	44,0	48,8	57,0	56,9	64,5	67,5	68,8	69,0	69,2
South	50,1	53,3	60,3	60,3	65,3	68,7	70,2	70,3	70,3
Central-West	48,3	51,0	56,4	56,0	63,5	67,8	68,5	68,7	68,9

Note: (*) North rural population is excluded.
Source: IBGE, Anuário Estatístico do Brasil 1990 and 1994; PNAD 1998; Datasus, 1996 and 1997.

Graph 3

Infant Mortality Rates (‰). Brazil, Northeast and Southeast, 1930-1991



Source: IBGE, Demographic Census 1940 to 1991.

Fertility regulation

Regional and social differences marked fertility levels and tendencies over the last sixty years (Table 5). Until 1980, the differences of 2 to 3 more children in the Northeast than in the Southeast were practically maintained. In this last region the decline began earlier, in the mid 1960's, occurring only ten years later in the Northeast. The end of the 1990's marked the convergence of all regions to low fertility. This reduction responds directly to fertility regulation, shown by the high proportion of the use of contraceptive methods, as well as induced abortion.

Table 5

Total fertility rates by region. Brazil, 1940-1998

Regions	1940	1950	1960	1970	1980	1991	1998
North	7,2	8,0	8,6	8,1	6,4	4,1	3,2(*)
Northeast	7,2	7,5	7,4	7,5	6,1	3,7	2,6
Southeast	5,7	5,6	5,3	4,6	3,4	2,3	2,1
South	5,7	5,7	5,9	5,4	3,6	2,5	2,2
Central-West	6,4	6,9	6,8	6,4	4,5	2,7	2,2
Brazil	6,2	6,2	6,3	5,8	4,3	2,8	2,4

Note: (*) North rural population is excluded.
Source: Simões e Oliveira (1988); IBGE. Síntese de Indicadores Sociais, Rio de Janeiro, 2000.

Table 6

Married women by contraceptive use. Brazil, 1986 and 1996

Methods	Women 15-54 years of age PNAD-86	Womens 15-49 years of age PNDS-96
Any method	70,0	76,7
Modern methods	62,8	70,3
Female Sterilization	31,1	40,1
Pill	28,7	20,7
Condom	1,3	4,4
IUD	1,1	1,1
Vasectomy	0,6	2,6
Others (*)	0,0	1,3
Traditional Methods	6,0	6,1
Periodic abstinence (**)	4,3	3,0
Coitus interruptus	1,7	3,1
Others (***)	1,2	0,3

Notes: (*) Norplant, Injectables and vaginal methods are included.
(**) Includes Billings, temperature and calendar.
(***) all folclorics methods included.
Source: Extraído de: Berquó E. Ainda a questão da esterilização feminina no Brasil. In: Giffin, K. e Costa, H. S. Questões da Saúde Reprodutiva. Rio de Janeiro: Editora Fiocruz, 1999.

The first national survey on contraception was part of the PNAD-86 (National Household Survey) and revealed that 70% of women 15 to 54 years of age used some method to avoid conception (Table 6), a high proportion even in comparison to more developed countries. The high prevalence of the so called modern methods of high efficiency (62.8%) was responsible for the accelerated decline of fertility (Berquó, 1987). A survey carried out ten years later showed an increase in the use of these methods (76.7%) narrowing options to feminine sterilization and the contraceptive pill (Berquó, 1999a).

Several studies have looked for fertility differentials and the use of contraceptives according to social, economic, cultural and racial variables (Lam, Sedlack and Durjea, 1992; Carvalho and Wong, 1990; Berquó 1999). Determinants of fertility regulation, due to the absence of a national policy of fertility control, were the subject of study of several researchers (Merrick and Berquó, 1983; Silva, Henriques-Mueller and Souza, 1989; Paiva, 1984; Carvalho, Paiva and Sawyer, 1981). The work by Faria (1989) is especially important, as a study of government policies of social welfare benefits, health, consumer credit and telecommunications in the 1960-85 period. He showed that although these policies had not been conceived to answer the demand for fertility regulation, they ended by affecting this demand and consequently reducing fertility.

Population aging

Characterized as a country of young population, Brazil had, up to 1970, a constant age structure of children under 15 years of age, adults (15 to 64), and elderly (65 years or more) (Table 7). From this moment on, and as the result of the drop in fertility begun in the mid 1960's, the group of young people represented a lesser share of total population, leading to the increase of the relative importance of the elderly (Graph 4). In Brazil, the elderly will surpass young people around 2040, a phenomenon that occurred in developed countries in 1998.

As a result, dependency ratios have also been affected, especially since 1970 (Table 8): the proportion of people at retirement age, hypothetically benefiting from the contribution of 100 persons of working age, which from 4 in 1900 and 5 in 1960, moved to 8 in 1991. On the other hand, the dependency ratio of those under 15 years of age registered a decreasing tendency, from 78.2% in 1960 to 58.1% in 1991. This decrease is responsible for the drop in the values of the total dependency ratio, placing the country in favorable conditions for public policies for the young and the elderly. If this tendency continues, this ratio will drop until the first quarter of the twenty-first century, when it will represent less than 50% (Berquó, 1999).

In the course of the twentieth century, the elderly population increased twenty-five times, corresponding to 8.8 million persons in 1996, which means that one in twenty persons were 60 years of age or older. In the last decade, this population grew at an average annual rate of 3.5%; that is, each year 264 thousand persons entered this category. The elderly today correspond to the survivors of cohorts born up to 1935, when the demographic scene was marked by high rates of fertility. Benefiting from the decline in mortality and the recent decline of fertility, the elderly population had higher growth rates in relation to the total population.

Table 7

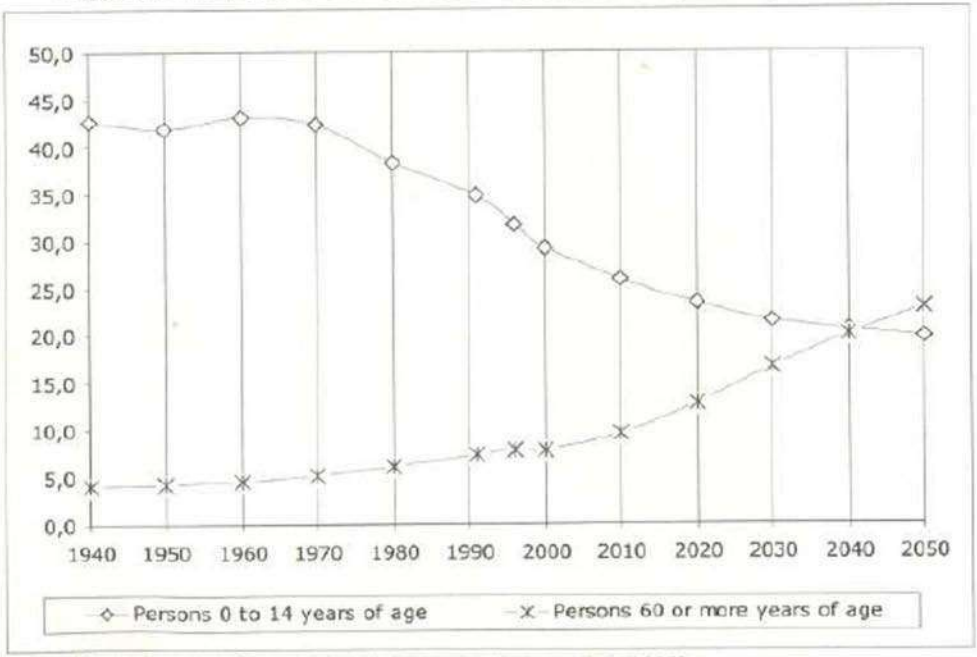
Age distribution. Brazil, 1900-1996

Calendar years	Age Groups (%)			
	Less than 15	15 to 64	65 or more	Total Population
1900	44,6	53,4	2,0	17.438.434
1920	42,8	54,7	2,5	30.635.605
1940	42,6	55,0	2,4	41.132.884
1950	41,8	55,6	2,6	51.827.765
1960	42,7	54,6	2,7	69.407.021
1970	42,6	54,3	3,1	92.177.110
1980	38,2	57,8	4,0	118.874.665
1991	35,0	60,2	4,8	146.825.475
1996	31,6	63,0	5,4	156.668.436

Source: IBGE, Demographic Census.

Graph 4

Proportion of population 0-14 and 60 or more years of age. Brazil, 1940-2050



Source: IBGE Demographic Census 1940 to 1996 and Projections 2000 to 2050.

Table 8
Dependency Ratios. Brazil, 1900-1996

Calendar years	Dependency ratios		
	R_1	R_2	R_3
1900	87,2	3,7	83,5
1920	82,3	4,5	78,1
1940	81,8	4,4	77,5
1950	80,0	4,7	75,2
1960	83,1	4,9	78,2
1970	84,2	5,7	78,5
1980	74,8	7,1	67,7
1991	66,1	8,0	58,1
1996	58,7	8,5	51,9

Source: IBGE, Demographic Census.
R_1 = *(Pop (0-14)+ Pop (65 e+))/Pop (15-64)*
R_2 = Pop (65 e+)/Pop (15-64)
R_3 = Pop (0-14)/Pop (15-64)

Social and demographic indicators, the result of cumulative processes during the lives of the elderly, reinforce the need for special attention to social policies which take their vulnerabilities into account. While for the total population the average number of years of schooling is 5.6, the elderly do not surpass 1.5 and 42% of them are illiterate. Approximately 40% of the elderly live in families with a maximum monthly *per capita* income of one minimum salary. The surplus of women in the country increases with age. The number of women per 100 men increases from 114 in the group 60 to 69 years of age to 120 for the following age group, reaching 142 among octogenarians and 180 among nonagenarians. The great majority of elderly men, 76.4%, live in the company of a wife, but only 34.7% of elderly women live with their husbands; 52.1% are widows. Among the not married, the proportion of those that live alone reaches almost 20% (Berquó, 1999).

Nuptiality and family arrangements

It is difficult to compare nuptiality on the basis of census data on civil status, from the beginning of the century. Besides the categories single, married and widowed, the 1900 Census included "divorced", already present in the 1872 Census, possibly because of the presence of foreigners in the country. This category disappeared in the 1920 Census, separations reappearing in 1940 under the denomination of *desquitados* (a modified form of divorce which precludes remarriage), anticipating the legal change of 1942. In that year article 315 of the Civil Code was introduced, establishing the *desquite*, a separation without dissolution of the marriage bond. In this same year Law 4,529 regulated marriage annulment. The four categories — single, married, widowed and *desquitados* — remained in the following censuses until 1970, incorporating the divorced in the 1980 Census, now with the support of law 6,515 of 1977, which instituted this civil status, allowing the divorced to remarry.

Table 9
Persons 15 years age or older, by marital status. Brazil, 1940 to 1991

Calendar years	Single	Married	Widowed	Divorced	Total
1940	40,8	51,6	7,3	0,3	100,0
1950	39,0	54,2	6,6	0,2	100,0
1960	34,0	57,7	5,7	2,4	100,0
1970	36,6	55,5	5,4	2,5	100,0
1980	34,6	57,9	5,0	2,5	100,0
1991	31,8	59,0	4,9	4,4	100,0

Source: IBGE, Demographic Census.

These considerations permit a systematic analysis of the last sixty years. Thus, Table 9 shows that the proportion of married (legally or not), divorced or separated people increased, while that of single people and widowers (in this case because of the increase in life expectancy) diminished. While the marital scene was marked by an increasing majority of married people (*lato sensu*), the net rate of legal nuptiality (number of legalized marriages per thousand population) has experienced a decline of approximately 60% in recent decades (Graph 5). This apparent contradiction is justified by the large increase in non-legalized or consensual unions which occurred in the same period (Table 10). From 6.5% in 1960, consensual unions grew to 23.5% of the total number of unions in 1995. More associated in the past to the poorer classes of the population, often without means to have a legalized marriage, or as the only alternative of the middle classes for a new union after the dissolution of a civil marriage, consensual unions now have a greater importance as the first option of marital life (Berquó and Loyola, 1984), including the younger segments of the population (Berquó, 1998).

While legal nuptiality declined, net rates of judicial separations, *desquites* and divorces (per thousand population), on the other hand, increased over the same period, reaching in 1994 a level four times greater than registered at the beginning of the 1980's (Graph 6). The pent-up demand before the divorce law was enacted may be responsible for the strong growth of this rate in the early 1980's, which once saturated, gave way to the dynamics of marital discontinuities present in Brazilian society.

In recent years, however, few alterations have been seen in the age of entering a legalized marriage (Graph 7). In effect, between 1974 and 1994 the average age at marriage varied from 27.3 to 27.6 years for men and 23.7 to 24.1 years for women. Thus, the cultural norm has been maintained, the bridegroom being older than the bride, with a difference of 3.5 years. It should be pointed out that since 1940 men married at about 27 years of age. Women, who in 1940 married at 21.7 years of age, characterizing a difference of 5.4 years in relation to bridegrooms, moved to 23.3 in 1950 and 23.8 in 1960 (Goldani and Wong, 1981); from this year onwards no significant alterations have been noted.

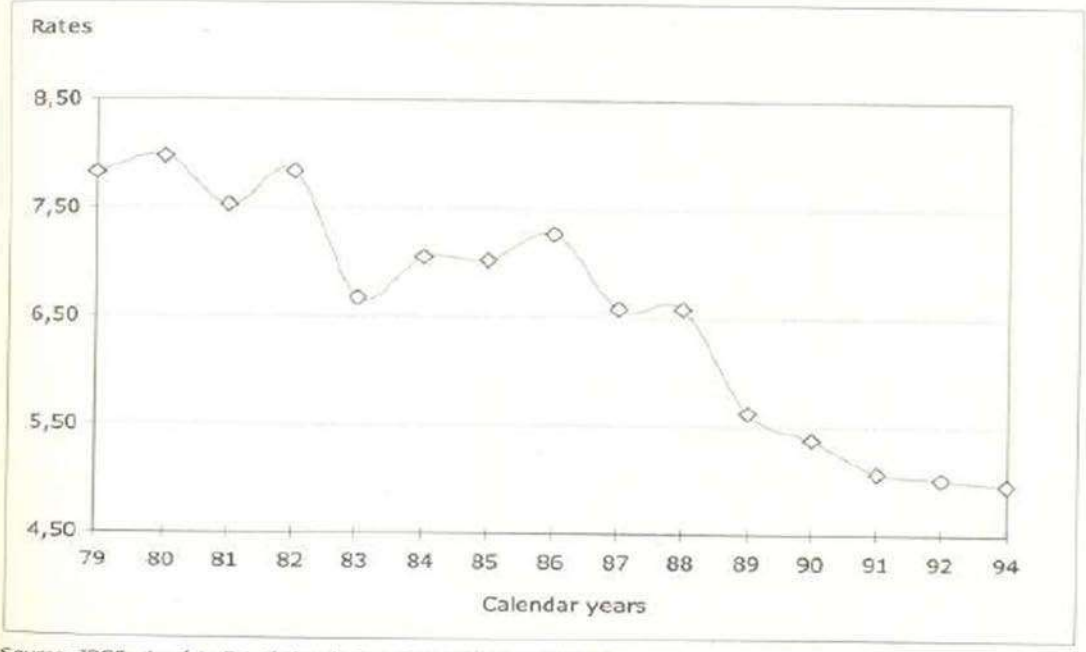
The interaction of demographic processes — evolution of the levels of fertility, intensity and timing of nuptiality, separations and remarriages, alterations of mortality curves and differentials by sex and age and the intensity and destination of spatial displacement of the population, whose strength depends on the processes

of cultural, social and economic changes — ends by determining domestic and family structures marked by variable sizes and compositions over time.

In this way, household units increase (at an annual rate greater than population growth) and the average number of persons per household unit decreases (Graph 8). The domestic arrangements that became more rare are those of 7 or more persons, followed by 5 or 6. The greatest growth took place in units of 3 to 4 persons, followed by those of 2 persons (Graph 9).

Graph 5

Gross Nuptiality rates per thousand population. Brazil, 1979 - 1994



Source: IBGE, *Anuário Estatístico do Brasil* 1960/1991 and 1994.

Table 10

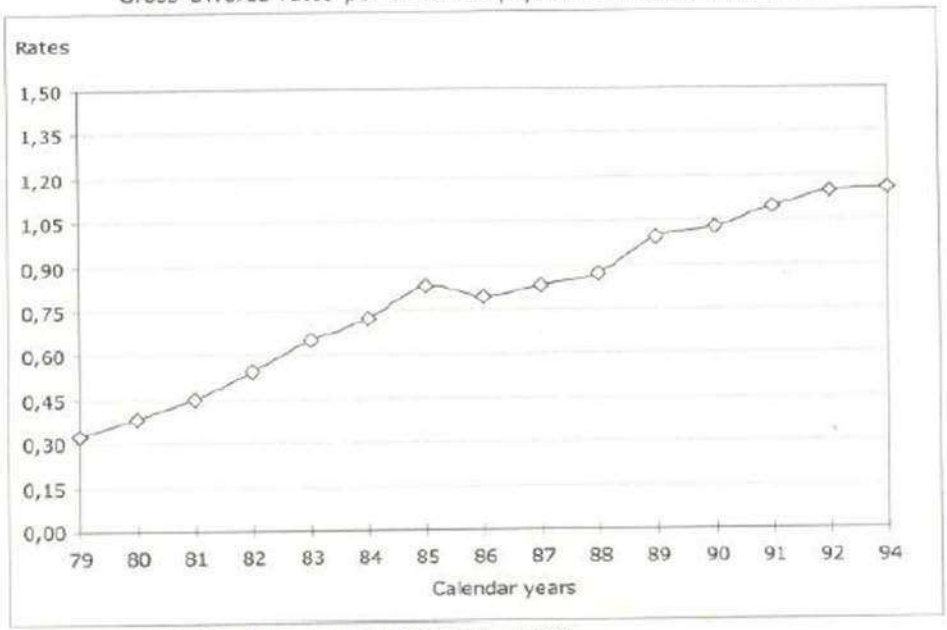
Married persons 15 years of age and older, by type of union. Brazil, 1960-1995

Type of union	1960	1970	1980	1991	1995
civil and religious	60,5	64,6	63,8	58,0	55,0
only civil	12,8	14,1	16,3	18,4	17,1
only religious	20,2	14,4	8,1	5,2	4,5
Consensual	6,5	6,9	11,8	18,4	23,5
Total	100,0	100,0	100,0	100,0	100,0

Source: IBGE Demographic Census 1960 to 1991 and PNAD 1995.

Graph 6

Gross Divorce rates per thousand population. Brazil, 1979-1994



Source: IBGE. Anuário Estatístico do Brasil, 1960/1991 and 1994.

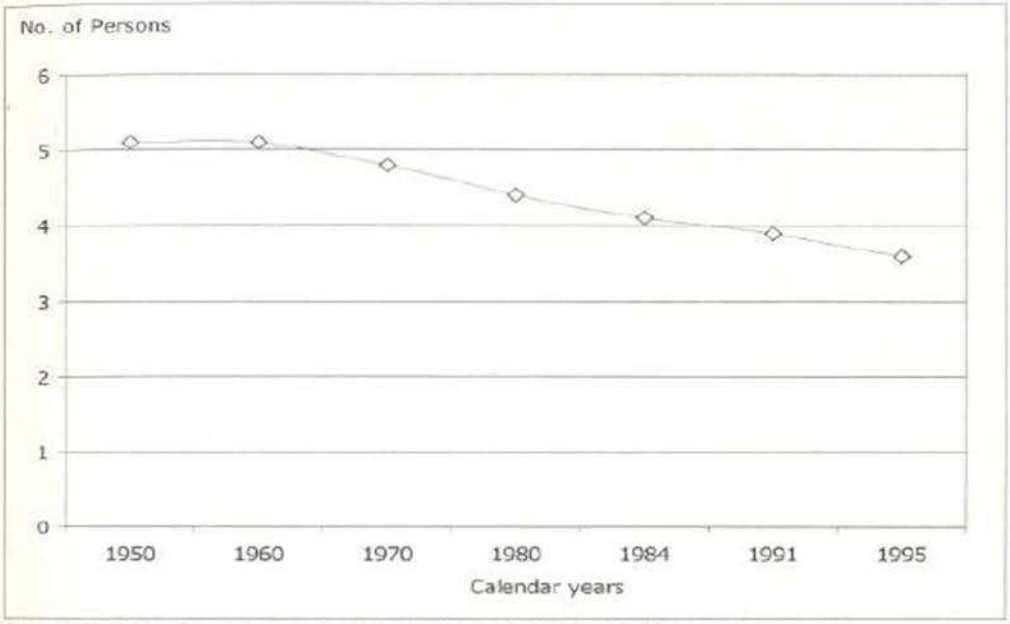
Graph 7

Average age at civil marriage. Brazil, 1974-1994

Source: IBGE, Civil Registration Statistics.

Graph 8

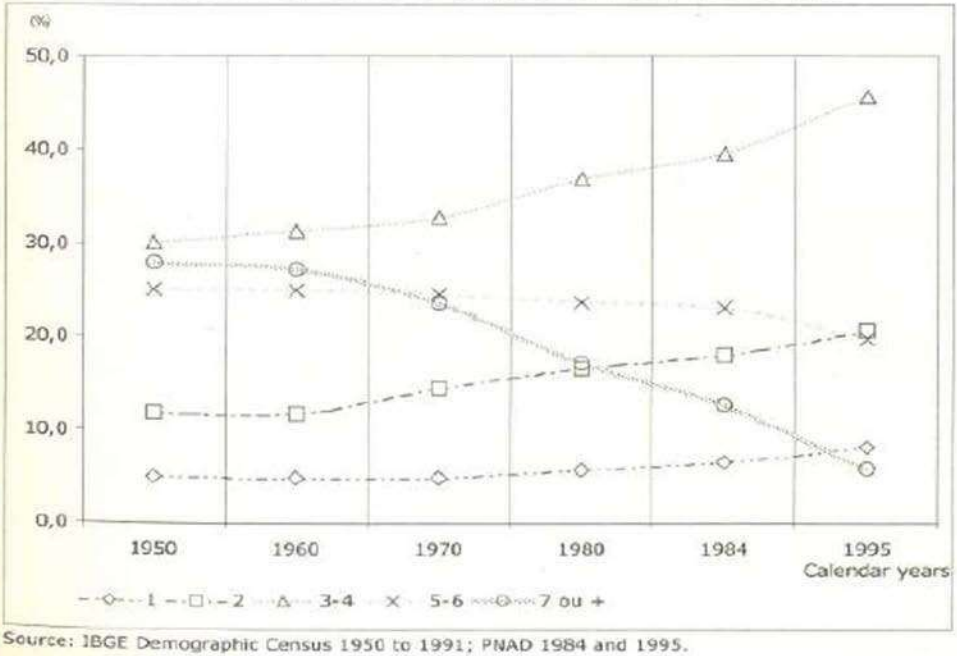
Average household size. Brazil, 1950 to 1995



Source: IBGE Demographic Census 1950 to 1991; PNAD 1984 and 1995.

Graph 9

Household by number of components. Brazil, 1950 to 1995



Source: IBGE Demographic Census 1950 to 1991; PNAD 1984 and 1995.

Table 11
Domestic Arrangments. Brazil, 1970-1995

Domestic arrangments	Calendar Years				
	1970	1980	1987	1991	1995
Couple with children	57,6	54,8	54,6	53,3	51,7
Couple with children, relatives and others	9,8	8,1	6,9	7,7	6,1
Couple without children	9,2	10,6	10,6	11,0	11,2
Couple without children, with relatives and others	2,2	1,8	1,6	1,8	1,7
Monoparental	7,8	10,7	12,3	12,5	14,4
Monoparental with relatives and others	2,5	2,7	2,7	3,1	3,1
Living alone	5,8	6,5	6,5	6,4	8,1
Relatives, others	2,7	2,9	3,3	3,7	3,4
Other arrangements	0,3	0,4	0,3	0,4	0,3
Total	100,0	100,0	100,0	100,0	100,0

Source : IBGE, Demographic Census 1970 to 1991; PNADs to 1987 and 1995.

Finally, it is interesting to note that although the nuclear family (couple with or without children, with or without relatives or others) continues to be predominant, it is in decline, from 78.8% in 1970 to 70.7% in 1995 (Table 11). In the same period, single parent arrangements (one of the spouses, with children, with or without relatives and/or others) increased from 10.3% to 17.5%. Those who live alone are now in greater number, corresponding to 8.1% of the total arrangements in 1995 (Berquó, 1998).

Spatial mobility of the population in the twentieth century[1]

The spatial mobility of population in the national territory must be seen in the more comprehensive context of societal transformations. The different historical, economic, social, demographic and political contexts have had consequences for population redistribution processes and urbanization during the twentieth century.

The tendency towards greater spatial mobility of the population in Brazil was already evident at the end of the Empire, with the abolition of slavery and coffee expansion of the 1880-1930 period (Balán, 1974; Merrick and Graham, 1979; Graham and Buarque de Hollanda, 1971; Martine, 1990). Moreover, during this period the country witnessed the entrance of 3,993,766 foreign immigrants (Levy, 1974). For Balán (1974), the population movements registered from the end of the twentieth century up to the 1930's comprised migration of slaves, foreign immigration, interregional migration of free labor, migration to areas of subsistence economy, free migration towards Amazônia for the production of rubber and migration of freed blacks, substituted by foreign immigrants. The author concludes that especially at the end of the nineteenth century, migration was very high, perhaps the highest in contemporary history.

[1] This section was written in collaboration with Rosana Baeninger.

The economic world crisis in 1929, and the consequent coffee crisis, contributed to the beginning of the process of national industrialization (Cano, 1977). At this stage the entrance of foreigners decreased considerably, and the population of coffee plantations moved to urban areas. Industrial development plans after 1930 required the unification and articulation of the market. Thus, internal migration between 1930 and 1950 was directed basically to urban areas, agricultural frontiers (Paraná, Center-West and Maranhão) and especially to the industrial centers of the Southeast. National rural-urban migration reached 3 million people in the 1940's (Martine, 1990).

The new pattern of economic development adopted after 1956, based on heavy industrialization, accelerated urbanization and industrialization; the rural exodus in the 1950's mobilized 7 million people. In this decade, the occupation of agricultural frontier areas still played an important role in the penetration of the territory, with rural to rural flows.

In the second half of the 1960's, industrialization accelerated and agricultural modernization began, as old areas became exhausted; 12.8 million people left rural areas between 1960 and 1970. On the other hand, changes in the national productive structure after 1960 implied a diversification of the industrial park, opening new urban jobs.

The 1970's intensified these tendencies, and even within the Amazon region, migration was predominantly towards urban areas. This period marked the consolidation of large urban centers, with increasing metropolitanization. Between 1970 and 1980, rural-urban migration was estimated at around 15.6 million persons.

These characteristics, however, are being altered, especially since the 1980's (Baeninger, 1999). Agricultural frontiers had already lost their importance on the national migration scene in the 1970's. Beginning in the 1980's, internal migration slowed down but did not disappear — a process especially influenced by the São Paulo Metropolitan Region. This region, while it remains a major migratory reception center, now also stands out as a major sending region, in the national context, imparting new characteristics to the process of spatial distribution of population and redefining several aspects of internal migration.

At the beginning of the 1990's, two complementary paths of the current process of spatial distribution of population were reinforced. On the one hand, there was a clear continuity of the centrality of the Southeast — especially of the São Paulo Metropolitan Region — in the national migratory process, even considering the expressive return migration to states of birth. On the other hand, long distance migration continued to decline and the importance of intraregional and intrastate migration increased.

Recent international migration

Since the mid-1980's, international migration has emerged as a demographic issue on the national scene. Emigration ceased being an isolated phenomenon, limited to specific circumstances (especially of exiles). These moves were part of the globalization of production processes.

There is a consensus among Brazilian scholars — although few sources are available to confirm it — that these movements began in the mid 1980's (Sales,

1995; Klagsbrunn, 1966). The volume of this emigration, however, is difficult to measure. Carvalho (1996) and Oliveira et al. (1996) have made estimates, with very similar results: 1.4 million Brazilians abroad, according to the lowest calculations, and two million, according to the highest. In this same year, the Ministry of Foreign Relations conducted a survey in its consulates abroad and also arrived at the number of 1.5 million emigrants.

This new reality of international migration from and to Brazil has stimulated the creation of specialized research centers whose studies have given us more knowledge of different types of flows. The first refers to movements towards the United States, Canada, Europe and Japan, and its causes seem to be based especially in "truncated social mobility in Brazil" (Brito, 1995). It is estimated that about 750 thousand Brazilians are involved in this flow. Another movement referred to the flows begun in the 1970's, of rural workers from Paraná whose destination was Paraguay; in 1975, there were approximately 40 thousand *brasiguaios*, a number that reached 250 thousand in 1982 (Salim, 1995).

Frontier movements constitute another new type of move (Patarra and Baeninger, 1995). According to the Scalabrinian Center of Migratory Studies (CSEM, 1991), there are sixteen frontier areas involving French Guiana, Guiana, Venezuela, Colombia, Paraguay, Argentina and Uruguay. In the context of the Mercosul, these movements tend to intensify, and another new form of migration emerges: trans-frontier movements, involving discontinuous spaces between two countries (Pellegrino, 1995). The creation of the economic block itself permits free transit between the countries. According to the Migratory Study Center of Porto Alegre, in 1990, approximately 5 million Latin Americans lived in Brazil, the great majority in an irregular situation.

These Latin Americans, especially Bolivians and Peruvians, stand out among recent immigrants. Also important are Koreans, who come to the city of São Paulo to work in the clothing industry. The Bolivians and Paraguayans — in their great majority clandestine — work for the Korean immigrants (Galletti, 1995; Silva, 1995), who have increasingly obtained their documents, and include 250 thousand people (CSEM, 1992).

Thus, after more than one hundred years of international immigration, the country witnesses an unprecedented emigration, at the same time that it receives new flows of foreign immigrants, movements which must be seen in the greater globalization context and are predominantly clandestine.

Miscegenation in Brazil

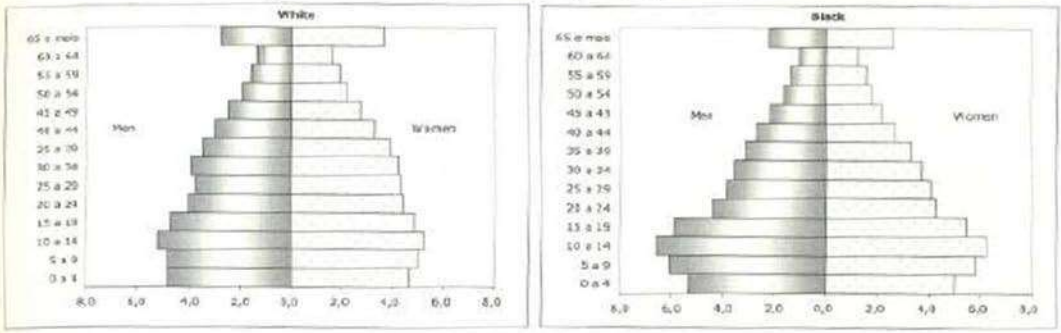
The last available census data showed that 48% of the population considers itself *parda*[2] (mulatto) or black, according to the categories used by IBGE (Brazilian Census Bureau). Its distribution by age and sex is illustrated in Graph 10.

[2] [Translator's Note] : In Brazil, the racial classification of the national statistical agency (IBGE) uses self-declared skin color, and most researches and surveys follow this practice. There are five options: *branco* (white), *preto* (black), *pardo* (racially mixed), *amarelo* (yellow, for Asian-descendants), and *indígena* (Indigenous — although it is not a skin color, it is the option for Brazilian Indigenous persons).

Some researchers count black (*preta*) and racially-mixed (*parda*) populations together, by calling in the black (*negra*) race of the black (*negra*) population. Since in the English language skin colors are not usually used to designate racial groups, in this publication we have decided — in order to be more comprehensible and to avoid misunderstandings — to use Portuguese words *pretos/pretas* and *pardos/pardas* when dealing with disaggregated data on the black population, and Asian instead of yellow (*amarelos/amarelas*).

Graph 10

Age structure by sex and color (*). Brazil, 1995



Note: (*) Not including the rural population of the North (Amazon) region.
Source: IBGE PNAD 1995; Special Tabulations, NEPO/UNICAMP.

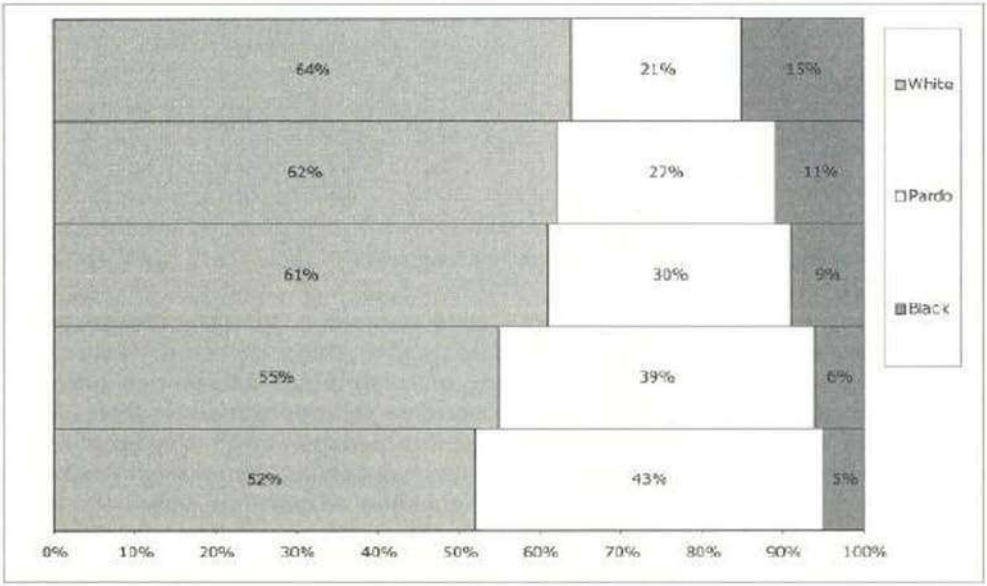
Works by Mortara (1949, 1956, 1962) were the first milestones in demographic studies of Brazilian population composition by color. Subjectivity and identity issues that involve this type of information determined different strategies on the part of agencies that collect data to understand this topic. Thus, in the 1940 Census, prepared and developed in a period in which the world scene was marked by serious racist issues, the National Census Commission, trying to avoid the use of classifications that could question its position, opted for three categories "white", "black" and "yellow", classifying as *pardos* (mulattos) all the cases that did not fit into the former classification. In the 1950 Census, each person explicitly declared his/her color according to the pre-coded categories — white, black, *pardo* and yellow — the same happening in the 1960 Census. A serious gap of twenty years limited the knowledge of composition by color of the population due to the absence of this information in the 1970 Census, carried out during the military regime. In the 1980 and 1991 censuses, self-declaration remained, and in 1991, besides the presence of the four former categories, for the first time the "Indian" category was included.

Considering the several limitations of this information, the data show that in the last fifty years the structure by color of the population is being altered significantly (Graph 11).[3] The white and black population are reducing their relative weight in the total population, opening space for the growing importance of *pardos*. This configuration finds support in the differentiated growth of the three population segments (Table 12). Blacks lost population between 1940 and 1950, recovering in the following period and again declined by the last census, always growing at very reduced rates, well below the national level. Whites set the pace of population growth in the country. As to *pardos*, their rates have been almost double those of whites. Berquó (1987), studying the nuptiality of the white, black and *pardo* segments, verified that black men and women marry later than whites and pardos. Furthermore, celibacy among black women (proportion of those who are single and 50 years of age or older), is almost double that of whites and *pardas*. Berquó also showed that

[3] The "yellow" in 1940, 1950, 1960 and 1980 and "yellow" and "Indians", in 1991, are not included because they represent only 0.6% of the total population in all these years.

the miscegenation process undergone by the population is based on a certain asymmetry by sex, especially because men look for lighter skinned women.

Graph 11
Population by color. Brazil, 1940 - 1991



Source: IBGE, Demographic Census 1940 to 1991.

Table 12
Annual average rate of growth, by color. Brazil, 1940-1991

Periods	Color		
	White	Black	"Pardo"
1940-1950	2,1	-0,6	4,6
1950-1960	2,9	0,8	4,1
1960-1980	2,2	0,6	4,0
1980-1991	1,5	0,4	2,8

Source: IBGE, Demographic Census.

Bercovitch (1987), estimating fertility for the period 1940-80, by color, found that until 1960 black women had fewer children (varying from 5.5 to 5.8) than white women (6.0 to 6.2) and these fewer than *pardas* (6.0 to 6.9). This situation is reverted in 1980, when the average number of children of blacks, whites and *pardas* was around 5.1, 3.5 and 5.6, respectively.

Wood and Webster (1987) showed that in 1950 the white population could expect to survive 7.5 years more than blacks and *pardos*, whose life expectancy at birth was estimated at 40 years. This difference remained until 1980, when

blacks only reached a life expectancy of 59 years. In 1987, when the life expectancy of whites reached 72 years of age for average life, that of blacks reached 64.5 years of age.

Garcia Tamburo (1987) showed that the infant mortality rate of *pardos* and blacks in 1980 — 105 deaths to children under one year of age per thousand live births — corresponded to the rate that characterized whites twenty years ago.

These elements allow us to make some suppositions on color. The white category has been exposed to lower mortality, entered earlier into marital unions, had lower celibacy and greater fertility until 1960, which may be responsible for its quantitative predominance in the total population. On the other hand, the increase in miscegenation — marriages with *pardos* and blacks, and the more accentuated decline of fertility after 1960, due to earlier access to more modern methods of contraception, may be responsible for the deceleration of its growth rate and the reduction of its relative weight in the total population (Berquó, 1988).

As to the black population, its greater mortality, later marriages and high celibacy, mainly feminine, miscegenation and lower fertility up to 1960 show lower growth rates and an accentuated decline of its relative weight in the total population. The high rates of fertility during the 1940-80 period and high miscegenation with the white population are responsible for the high and systematic growth of the *pardos*.

Conclusions

The most significant demographic changes that marked the twentieth century occurred over the last fifty years. The most important was the striking drop in fertility, with a direct impact on the deceleration of population growth, on its age structure — making it older — and on the reduction in the size of families. The voluntary regulation of fertility, through modern contraception methods, offered more autonomy in the practice of sexuality, and individual reproductive rights became part of human rights. The conquest of divorce opened new possibilities in matrimonial relations, and old forms of sexual union gained new meaning, surviving alongside emergent life styles.

Rural exodus made cities grow in number and size; the country became more urbanized and successive decades witnessed a continuous spatial mobility of the population; traditionally an immigrant receiver, the country surprised itself with the departure of Brazilians at the end of the century.

There was significant miscegenation, attested to by the high and increasing presence of self-declared *pardos* (mulatto) in the population composition. Regional differences were attenuated by social and demographic indicators.

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The Population Question

The Evolution of the Population Question in the Twentieth Century

Elza Berquó

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Introduction

Reflections at a moment of transition from one century to another lead necessarily to considering the complex processes that marked the transformations that occurred to populations of distinct societies in the 20th century.

We find, in the question of reproductive rights, a link between feminist concerns during the first decades of the century and the intense activity of the women's movement that preceded the International Conference on Population and Development which took place in Cairo in 1994. With respect to reproductive health, a label given a decade ago by the WHO (World Health Organization), we can see that over the last fifty years the has advanced and retreated various times in its political engagement and scientific contribution to the area of human reproduction.

Eugenics arose again during the 20th century as an answer to the concern that the right to control procreation by the dominant classes would lead to the proliferation of a weaker "race". It became common, therefore, to model population processes with the objective of reaching a "desired" composition.

In the area of population studies, the disequilibrium between population growth rates in the developing world and those of the developed world inspire, in governments and in international agencies, the resurgence of the idea of population control, defended by Malthus, but, in this century facilitated by birth control methods and not just regulation based on virginity, delayed age of marriage or conjugal abstinence. That is, neo-Malthusianism has guided the political decisions concerning the third world for decades.

Fifty years of the United Nations, population conferences and neo-malthusianism

In the more than fifty years of United Nations' activity, the population question always held a prominent place on the agenda. Created in 1945, the UN established the Population Commission a year later. This had as its purpose, after heated debates, preparing studies and informing the Social Economic Council about population size and structure and changes, interaction among demographic, social and economic factors and delineating policy with the idea of influencing the size and structure of population and population changes.

Despite differences of opinion, principally about which policies to include in its mandate, the Commission was able to decide on a program to develop a series of studies and publications about demographic dynamics, its causes and consequences, which would influence specialized agencies, such as FAO, ILO, UNESCO and WHO, with sectoral implications — food, work, education and health — of the relationship between population and development. The Demographic Yearbook, published for the first time in 1948, became the central reference work: the world's thermometer on population questions and annual statistics.

A demonstration that the world had recognized the importance of population, via the UN, was the First World Conference on Population, held in Rome in 1954, with 80 countries participating. The co-sponsorship of the IUSSP (International Union for the Scientific Study of Population), while giving a scientific character to the meetings, did not avoid a heated debate about the role of population in development between the capitalist countries of the West and those with centralized government and planned economies, leaving the larger part of the third world as mere spectators. Among the conclusions were questions of a political nature about population growth as an obstacle to economic progress; governments should, whenever possible, study the inter-relations between population, economic growth and social progress and take this into account in the implementation of policies.

At the end of the fifties the emphasis regarding the population problem changed from the size of population to the question of growth rates, and the list of countries experiencing "problems" expanded from Asia to include all countries of the third world. The publication of the "Population Bomb" by Hugh Moore is published in 1956. The 1954 Conference is followed by four other World Conferences, every ten years, with the idea of providing recommendations for Plans of Action and to check and evaluate compliance with the goals established at the prior conference.

The conference in Belgrade in 1965 co-sponsored by the IUSSP, as the prior one, was also intended to be a reunion of a technical-scientific nature. Nevertheless, certain themes emerged, and though not reaching consensus, illustrate the permanent presence of a neo-Malthusian vision. It was stressed that the recent gains in disease control could be offset by hunger and malnutrition, and that in various countries, with high fertility, efforts for economic development are frustrated due to rapid population growth. Discussions arose about the possibility of the United Nations' system emerging as the essential reference of national and supra-national actions; in this case, studies about population should be extended beyond the traditional topics of demography, medicine and biology. This position, in our opinion, was the decisive signal for the idea of the creation, within the UN system, of UNFPA (United Nations Fund for Population Activities), which became concrete in 1969. It is worth noting that in four years the resources of the fun more than quadrupled.

The bi-polarity of the UN with regard to population activities became explicit during the third conference in the cycle of World Conferences on Population, in Bucharest in 1974. The Population Division and UNFPA come to have well defined areas within the population scene.

The Conference in Bucharest, the first with official governmental character, was the stage for much controversy concerning population control. The developing countries opposed the vision of the rich that rapid population growth in the poorer countries constituted a serious barrier to development. This can be said to be the

moment of the greatest tension and polarization between the *controlista* and non-*controlistas* (birth-controllers and their opponents). It is worth noting that Bucharest officialized the concept of responsible paternity

For the socialist bloc, population was seen as a "neutral factor", problems were due solely to the injustices of economic systems and the unequal ownership of the means of production. Even so, what is important is the fact that the Action Plan did not contain, explicitly, temporal goals for fertility rates, these were the result of a simple arithmetic calculation from proposed goals for the annual growth rate and life expectancy at birth.

In the opening of the International Conference on Population in Mexico in 1984, the UNFPA emphasized the need for the stabilization of world population, that is, zero growth, within the shortest possible period of time. For the UNFPA, this stabilization would make it less difficult for developing countries to better their standard of living.

Voluntary family planning, respectful of individual human rights, religious beliefs and cultural values, is seen as the panacea to resolve poverty in the third world, and is intensified with structural readjustment programs during the 80's. For the first time, it becomes explicit that the woman is instrumental in family planning, so improving her status was seen as an important goal in itself, but also because it influences family life and size in a positive way.

The International Conference on Population and Development — Cairo 94 — benefiting from the Conference on Human Rights in Vienna 93, reaffirmed the application of human rights to all aspects of population questions. Although Cairo 94 set no explicit demographic goals, as did its predecessor, it can not be denied that neo-Malthusianism was present in its preambles, reappearing throughout the Action Plan. In this way, after calling attention to world population size and its absolute increase, it emphasized that this situation will continue until 2015 and that during the course of the six years left of this critical decade, nations will make options, through their own actions or inertia, among the various alternatives regarding demographic futures.

Reflections from Rio 92 were also felt in Cairo 94 in defending sustainable economic growth and sustainable development. It can be said that the environmental question came to reinforce the thesis of neo-Malthusianism, as seen in item 3.14 of the document:

> Slower population growth has, in many countries, bought more time to adjust to future population increases. This has increased the ability in those countries to attack poverty, protect and repair the environment, and build the base for future sustainable development. Even the difference of a single decade in the transition to stabilization levels of fertility can have a considerable positive impact on quality of life.

Fifty years of the World Health Organization and its contribution in the area of reproductive health

Although the League of Nations did not officially participate in the World Conference on Population, held in Geneva in 1927, its Health Division gave

considerable support to the organizers, and in 1932 this same health organization prepared a report including abortion and birth control, which caused it some later problems. The preamble to the constitution of the World Health Organization, in 1946, defined health as the complete state of well being, physical, mental and social, not simply the absence of disease or infirmity. This permitted its directors to interpret that if a country were to judge that population growth constituted a health problem for the country and sought WHO's assistance, WHO would have the obligation to respond.

This debate was amplified in the 5th World Health Assembly in 1952, with some countries supporting the thesis that, from a medical point of view, population problems did not require any particular action on the part of WHO. None of the proposals was accepted and in spite of some third world countries insisting on the relevance of the "demographic explosion" as a mandate for WHO, the majority of the assembly members opposed WHO's involvement in family planning activities. In practical terms, the result of the controversy was the end of any expansion of WHO in this area. It was clear that by 1953, governments that sought assistance from WHO in this area were informed that these activities, as relevant as they might be, were not part of WHO's mandate.

At the World Conference on Population in 1954, in Rome, though a principal agency within the United Nations, the World Health Organization did not participate with the other specialized agencies because of serious internal criticisms regarding its involvement in population questions. This situation, however, would change in the following decade. The necessity of WHO's involvement in population questions was voiced by a large number of developing countries in the debates at the World Assemblies for Health in 1963 and 1964, that preceded the World Conference on Population in Belgrade in 1965. In 1965, WHO carried out and published various studies about human reproduction.

At the World Health Assembly in 1966, various countries proposed a resolution urging WHO to extend its activities to include provisions for consulting about the planning, establishment and evaluation of family planning programs. This assembly approved a less radical proposal for WHO that permitted the organization, when solicited by its members, to give assistance in developing family planning activities as part of an organized health service. It is important to remember that the emphasis that WHO had placed on the training of doctors and the importance of national health services for the eradication of disease — through the control of malaria, yellow fever, cholera and trachoma —, all very successful, helped create an infrastructure essential to the implementation of family planning programs.

WHO was also authorized to give assistance in training teams responsible for family planning activities. At this time, WHO declares that it neither endorses nor promotes any population policy; it recognizes that the question of human reproduction involves a family unit and society; and family size is the completely free choice of each individual. This declaration defined the role of the World Health Organization strictly to the field of health. In this sense, WHO, during the following years, made large investments in the areas of medicine, biology and epidemiology about birth control methods: effectiveness, efficiency, and side

effects. Later the social and behavioral sciences added important dimensions to studies in the area of human reproduction.

During the International Conference on Population in Mexico in 1984, the Director General for WHO referred to the program "Health for all by the year 2000", which was established at the Allma-Ata Conference in 1977. This program considered that basic attention is the key for all health problems and the most important characteristics are family care, respect for the status of women, and maternal-infant care that includes family planning. It emphasized that family planning could better the health and well being of mothers and children and, therefore, of the whole family. It also stressed the relevance of including the man's participation in family planning, and reported that within WHO there was on-going research for a masculine pill, and called attention to the advantages of a contraceptive vaccine for men.

In the following years WHO made important progress in extending the global idea of health to the area of reproduction, which in 1988 came to be called reproductive health. The appearance of AIDS and the concern with the increase in sexually transmitted diseases bring further questions related to sexuality, broadening the areas within medicine concerning sexual health.

Dr. M. F. Fathalla, director, states that within the context of WHO,

> [...]reproductive health should contain the following basic elements: (a) that people have the ability to reproduce as well as to regulate fertility; (b) that women have safe pregnancies and deliveries; and (c) that the result of the pregnancy is successful in terms of the mother's well-being and the survival of the new born. Moreover, couples should have sexual relationships without fear of undesired pregnancy or of contracting a sexually transmitted disease.

This idea will orient the whole phase of preparation in the area of reproduction for the conference in Cairo. Women's organizations throughout the world adhered to the idea of a broader concept than that of just family planning, because of its limitation and because of its ties to neo-Malthusian visions.

Cairo, after heated debates, broadens and ratifies the concept of reproductive health,

> Reproductive health is a state of complete physical, mental and social well-being in all matters concerning the reproductive system, its functions and processes, and not just the absence of disease or infirmity. Consequently, reproductive health implies that a person has a safe and satisfactory sexual life, with the ability to reproduce and the liberty of deciding when and how many times to do so.

Women in favor of their rights

We cannot neglect considering that for as controversial as Margaret Sanger's behavior might have been, she and her followers, radical suffragist, middle class

women, at the beginning of the century, adopted fertility control as the banner for political reform, envisioning women's rights and emancipation, including sexual. For this, they paid high ethical prices in either negotiating with birth control advocates or accepting the logic of eugenicists. Although Sanger would never have approved that the State force women to have children, she accepted that the State limit the reproduction of the excluded (carriers of hereditary diseases, as the child would be malformed or poor), offering a bonus or annual pension for all those who submitted to sterilization by scientific and inoffensive means. Sanger's prestige at the time can be appreciated by the fact that she organized the first World Population Conference, held in Geneva in 1927. Although the League of Nations did not officially participate, it offered reasonable support.

Influenced by her struggle, a "Planned Parenthood Movement" began in the early 40's. She worked to make it international. To this end, she organized, in 1948, the International Congress on Population and World Resources in Relation to the Family, which took place in England, with the participation of the newly created UN. She was part of the committee that formally established the IPPF (International Planned Parenthood Federation), serving as co-director from 1952 to 1959, where she continued publishing her feminist belief that fertility control was essential to women's emancipation. When she accepted medicine's control of contraception and family planning as the mainspring of social and health programs, Sanger, in the vision of the majority of feminist, betrayed her cause.

According to Dixon-Mueller (1993) in the United States and in Europe, feminist rhetoric diminished as family planning became established as the domain of the medical profession. According to Hodgson and Watkins (1977), the period from 1945 to 1965 is characterized by a peaceful alliance between the growing number of neo-Malthusians and a weak feminist movement for planned paternity. This period ends with the establishment of NOW (National Organization for Women) and the adoption of an international neo-Malthusian policy by the North American government.

For Intosh and Finkle (1995). even when feminism has a "revival" in the 60's and early 70's, with the concern with the struggle for better access to family planning methods, it does not even criticize the growing international family planning movement, supported now with increasing resources and global networks of the neo-Malthusian movement. In addition, according to Hodgson and Watkins (1997), the period from 1965-74 is characterized by the beginnings of feminist criticism to international population programs; these criticisms are ignored by the "establishment".

The UN Decade for the Advancement of Women, 1975-85, may be considered a significant landmark in the struggle of the women's movement. It encouraged activists, researchers and public opinion makers the world over to formulate and conduct projects directed at fortifying the economic and political status of women. It was then that it became clear that class inequality was not enough to explain one's situation in life. There was more, that is, an enormous asymmetry of gender.

On the other hand, this period benefits from the position of the international community at the World Conference on Population in Bucharest in 1974, which rejected the idea of an international campaign for birth control, and adopted, in its place, a "developmentalist" position.

As Hodgson and Watkins (1997) note, the struggle against the "pro-life" movement unifies feminist around the idea of reproduction as "pro-choice", and that becomes a requirement for feminist identity.

International conferences gave women from all over the world opportunities to form friendships and solidarity. The Decade of the Woman not only stimulated a great deal of information about the situation of women in the developing world, it also opened possibilities for the rise of non-governmental organizations related to the women's question.

Works by feminists elaborate sever criticisms, from an ethical point of view, of the neo-Malthusian vision of population problems and the instumentalism of the international family planning programs.

Although, Rio 92, (the Conference on Environment and Development — UNCED) had excluded population from the formal discussions, much debate occurred between the environmentalists and the feminists of the NGO's forum. Activists in the area of health feared that the environmentalists, in establishing a direct connection between population growth and environmental degradation, would insert and reinforce the demographic dimension of population policies, already amply refuted within the movement.

The preparation for the Cairo 94 Conference represents a period of the most intense effervescence in the women's movement on the five continents. With tenacity and clarity of objectives, women paved the way to Cairo. The Women's Declaration on Population Policies, with wide circulation thanks to the International Women's Health Coalition, mobilized leaders in the whole world and produced a confrontation in the 2nd Preparatory Conference for Cairo, in 1993; there was fear that the women's agenda could obfuscate or omit the objectives of population questions.

In order to respond to the women's demands, it was decided to include two new chapters in the Cairo document, "Gender Equality and the Empowerment of Women" and "Reproductive Rights, Reproductive Health and Family Planning". In order to make clear the recognition of various ideas about the family, the chapter "The Family, Its Roles, Composition and Structure" was also included. Basic chapters in respect to women's demands, the first two are modified in Cairo, favoring even more feminist aspirations, inserting equity as well as gender equality and omitting "family planning" from the title of Chapter VII.

The Cairo Action Plan clearly reflects the priorities that women the world over, through leadership networks, were constructing during the years of preparation for the conference. They orient the axis of the population question in placing the regulation of fertility on the plane of individual rights and exhorting the need for humanity in abortion cases not already included in law. In consequence, family planning, *strictu sensu,* loses *status* and there arises, in Cairo, the sacredness of reproductive rights.

The IV World Conference on Women, held in Beijing, in 1995, treated chapters of greater importance such as women and poverty, violence against women, women and armed conflicts, women and the economy, the environment and the media, education and training of women, women in power and in decision making. In the field of reproductive health, there was a successful redoubling of effort to maintain the Cairo wording. A new paragraph referring to sexuality merits attention:

> Women's human rights include the right of control over questions relative to her sexuality, including her sexual and reproductive health, and to freely decide with respect to these questions, free from coercion, discrimination and violence. The egalitarian relations between a woman and a man in respect to sexual relations and reproduction, including complete respect for personal integrity, demands reciprocal respect and consent, and the will to jointly assume the responsibility and the consequences of sexual behavior. (From: IV World Conference on Women, United Nations. Rio de Janeiro: ed. FIOCRUZ, 1996, Item 96, pg. 78 — Conference held in Beijing, China, 1995).

This uncovers for women, then, the job of being attentive to the respect of these rights.

The political perspective and the field of demography

It can not be denied that demography, by its nature, is a politically and socially oriented discipline, and requires that any journey through this field be very careful. Formed from the confluence of two traditions, that is, two roots, independent to a certain point — actuarial mathematics and political economy — , demography, as a discipline, comes much later that the others in the of social sciences. Heir to a solid and sophisticated arsenal of quantitative techniques and models provided by mathematical and statistical rigor, the development of demography was also influence by its relationship with public policies. Greenhalgh (1996) offers an excellent critical vision of the development of this field in the last fifty years, in the United States. Although restricted, the analysis loses no force, as it is American demography that is responsible for the greatest production and influence. We can also affirm that demography functioned as a sounding board in the international political processes that we present in previous sections.

The emergence of America in World War II as the leader of a new world order, and the Cold War that followed, placing the West (North) against Communism, led to a strong demand for demographic research on the part of international planners and American "policy makers".

The concern with overpopulation in the third world resulting from a marked decline in infant mortality after the war, inspired, in 1945, a "revival" of the so called demographic transition model, ordering countries on an evolutionary scale, from pre-transition (traditional), to transition and post-transition (modern). This attempt to associate the process of evolution and fertility in the third world to Western style socioeconomic modernization was a mark of the field for some years, occupying large contingents of demographers who could count on large resources.

As development planners, demographers formulated possible scenarios for economic planning in third world countries. The models were, in part, based on research conducted in a large number of developing countries, about contraception, such as KAP (Knowledge, Attitudes and Practice) and WFS (World Fertility Surveys).

For Greenhalgh (1996), American demography was in the front line of family planning programs; these became the political arm of the discipline.

The approval by the American Congress, in 1967, of resources to promote family planning programs in the third world and later to improve efficiency via operational research, through the Agency for International development, favored a "policy-oriented" perspective for the discipline, leaving it open to accept models and criteria that were not always consistent with the norms of academic research. For Hodgson (1983)

> [...] in this new perspective, demography became a defender and proponent of change. In this sense, it came to use lower levels of abstraction in its analyses in order to develop specific actions to effect the desired change.

The postulate that, in the non-industrialized countries, high fertility impeded development, and the active acceptance of an interventionist stance, placed the credibility of the field and the intellectual integrity of a good part of the profession at risk. The preponderance of articles about questions related to fertility in the principal specialized journals in the field attests to how much "policies" influenced demographic thinking.

Beginning in the 80's, a considerable reduction in resources for the field occurred, in large part determined by falling fertility rates in the third world. As Donaldson (1990) points out, "the field lacks a sense of direction and a set of agreed-upon goals. The momentum seems to have gone out of the international family planning movement."

With this, demography took two routes. On one hand, the area most involved with "policy-research" reacted by stressing the need for the continuation of funds to avoid that the rhythm of population growth returns with deleterious affects on maternal and infant health, the status of women, and the environment. On the other hand, the area tied to research about the determinants of fertility levels sought alternatives for the failure of the transition theory. According to Greenhalgh (1996), there was a growing interest in "culture" as one of the "variables" that empirical research showed to be related to declining fertility, which led to the broadening of the discipline to include some anthropological works and a look at demography of the past. In regard to historical demography, much has been done in recuperating the 17th, 18th, 19th centuries.

But the attempt to construct a diffusion theory, whose ultimate purpose is to seek an explanation about how fertility control is diffused, seems to have the same destiny as its predecessor.

The long absence of demography from the researchers in other areas and little attention to general social theory restricted the reach of the discipline, contributing little to a theoretical "construct".

Concepts such as reproduction as a social "construct", or gender as a political and power relationship, both central to the understanding of fertility, have not been part of demography's agenda.

Presser argues that "while questions of gender become central in the population policy arena[1], they remain marginal to the field of demography and this marginality has negative consequences for the development of demography as a science".

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Notes

1 ICPD-94, Principle 4 : Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programs.

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Articles

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