

BSPS Honorary Officers and Council Members July 2005-2006

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BSPS MEETINGS

12-14 September, 2005

BSPS Conference 2005

Welcome to all participants in the BSPS 2005 Annual Conference, members and non-members, who will receive this Newsletter in their Conference packs. The Conference is being held at the University of Kent at Canterbury from 12-14 September, with a plenary theme of *Intergenerational Relations*. Plenary speakers are Professor Ron Lee, University of California at Berkeley, Professor Emily Grundy, Centre for Population Studies, London School of Hygiene & Tropical Medicine, and Alison O'Connell, Pensions Policy Institute.

A report of the Conference will appear in the next Newsletter. The complete Conference programme and abstracts can be viewed on the BSPS website at www.bsps.org.uk. It is hoped to add presentations and papers to the site after the Conference. The BSPS is grateful to the Wellcome Trust and the Galton Institute for their generous sponsorship, which will cover the costs of student bursaries and speakers' expenses.

OTHER MEETINGS

16-17 November 2005

Census: Present and Future University of Leicester

A conference presenting the latest census-based research and exploring the future of population datasets. Delegate registration is now open for the ESRC/JISC Census Programme conference, *Census: Present and Future*, to be held at the Gilbert Murray Conference Centre, University of Leicester on 16-17 November. The conference programme and registration form are now available online - follow the conference link at <http://census.ac.uk>. The deadline for discounted registration is 16 September but you are encouraged to book as soon as possible to secure your choice of accommodation. Any enquiries should be addressed to census2005@geodata.soton.ac.uk

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15th September 2005

One day workshop on the National Child Development Study

The Edinburgh University Data Library will be hosting a one day workshop on the National Child Development Study (Ncds) and the 1970 British Cohort Study (Bcs70). This event, which is

organized jointly by the Centre For Longitudinal Studies (ClS) and the Economic And Social Data Service (Esds), will be of particular interest to researchers who are considering using data from the most recent sweep of the surveys. A non-refundable fee of £60 (£30 for HE students) covers a buffet lunch and workshop documentation.

We still have a few places left for this meeting. But if you are interested in attending you are encouraged to sign up NOW, as previous workshops have been over-subscribed and we've had to operate a strict waiting list.

Further details, a copy of the provisional programme and booking form are available via the ESDS website:

<http://www.esds.ac.uk/longitudinal/news/eventdetail.asp?id=1399>

20 September 2005

Royal Statistical Society - Social Statistics Section

A special meeting hosted by Social Statistics Section committee will be held at the Royal Statistical Society, 12 Errol Street, London, EC1Y 8LX (this additional to the meeting at 5pm in the regular programme).

Social research in Cuba
Sonia Catus Cervera

**Senior Professor, University of Havana, and President of the
Cuban Population Studies Society (SOCUESPO)**

2:00-3:00 Royal Statistical Society

Cuban social research takes place in University departments, independent social research institutes, and government ministries. Investment in education has provided Cuba with many specialised researchers working on priorities of social and economic development. The historical, economic and political events that occurred in Cuba during the course of the 20th century have been decisive for the social development the country, shaped also by an economic and political blockade led by the United States government.

Professor Sonia Catus Cervera will discuss the organisation of social research in Cuba in general, and touch on her own research on the development of demographic trends as affected by the economic and social transformations of the past 50 years in Cuba. **She is in Britain at the invitation of the British Society for Population Studies.**

The meeting is open to all and free of charge

For more information please contact: Rosalyn Harper
rosalyn.harper@statscom.org.uk / Tel: 020 7273 8010

A pdf showing the location of the Royal Statistical Society at 12 Errol Street, EC1 can be found on the RSS website on this page:
<http://www.rss.org.uk/main.asp?page=1759>

As Sonia is in this country at the invitation of the BSPS and the University of Manchester (facilitated by Ludi Simpson), BSPS members are encouraged to attend this open meeting

CALL FOR PAPERS

21-24 June 2006

European Population Conference 2006 the University of Liverpool

The next European population conference of the European Association for Population Studies will be hosted by the Department of Geography at The University of Liverpool, from Wednesday 21st June to Saturday 24th June, 2006. The broad theme for the conference is *Population challenges in ageing societies*, and Professor Ian Diamond will be the plenary speaker.

The working sessions of the conference will be held on the city centre campus of the University. Accommodation will be in downtown hotels and hostels, all within walking distance of the conference facilities. Full details of accommodation, registration arrangements, etc., will be available in the First Conference Information Bulletin, due in October, 2005

Call for papers

There is now a formal Call for Papers for the conference. Preliminary details of the Call and the Conference, with a list of themes and convenors for papers on these is available at www.nidi.nl/EAPS

Full details of the proposed list of sessions and arrangements for on-line submission of proposals for sessions and Abstracts is available at www.epc2006.princeton.edu

The deadline for submission of provisional abstracts is 1st November 2005.

For any further information or queries about local and administrative arrangements for the conference please contact the local organisers at

epc2006@liv.ac.uk

12-14 September 2006

International Conference on Child Cohort Studies – Call for Abstracts St. Catherine's College, Oxford

The Centre for Longitudinal Studies, responsible for the UK Millenium Birth Cohort Study & the British Birth Cohorts of 1958 and 1970, is organising an international Conference at St. Catherine's College, Oxford, in 2006. The Conference will address the international experience of large scale birth cohort studies begun at around the turn of the century, studies whose subjects were born from 1990 and who have only been observed as children to date. The Conference aims to promote communication and comparison between those designing, conducting and analysing

such surveys in different countries. The possibility of publishing the Conference proceedings as a book or a special issue of a refereed journal are being investigated.

Abstracts of papers submitted for presentation as an oral presentation or as a poster are invited, with a **deadline of Friday 14 October 2005**. All submissions must conform with the abstract content guidelines summarised below.

Papera and posters are specifically invited on the following, but other suggestions will be considered:

1. Description of study design and considerations behind it.
2. Issues about recruitment: attrition, add-ons of qualitative or administrative data, access to data.
3. Findings: various topics, for example infant health, early school, family structure, poverty, neighbourhoods.
4. Comparisons of findings from more than one country.

Abstract content guidelines:

Include the year(s)/date of birth of the cohort(s), country of origin, funding, initial sample design, number of surveys undertaken to date and ages of children at each survey, instruments used, achieved sample and response rate at each sweep, plans for future surveys.

All abstract to be reviewed by members of the Conference Committee. Authors will be advised if their abstract has been accepted by Wednesday 30 November 2005. If no answer received by then, please email Rosemary Creeser – r.creeser@ioe.ac.uk for confirmation. Submitting an abstract does not constitute registration for the conference, details of which will be circulated in due course. Further information from Rose Creeser, Bedford Group for Lifecourse & Statistical Studies, Institute of Education, 6th Floor, 20 Bedford Way, London WC1H 0AL. Email as above. Phone +44 (0)20 7612 6755

NOTICES

ESRC Society Today

The Economic and Social Research Council have launched "ESRC Society Today", a major new online research resource, which may well be of interest to BSPS members. The site can be accessed at <http://www.esrcsocietytoday.ac.uk>

PhD SCHOLARSHIP 2005-08 IRISH-SCOTTISH STUDIES PROGRAMME STOUT RESEARCH CENTRE VICTORIA UNIVERSITY OF WELLINGTON

SCOTTISH MIGRATION TO NEW ZEALAND TO 1950

Applications are invited from suitably qualified applicants, from New Zealand or overseas, for a Royal Society of New Zealand

Marsden Fund financed PhD Scholarship related to the above topic, appointment to preferably commence in late 2005.

The Scholarship arises from a 2004 Marsden Fund Award to an international team led by Dr Brad Patterson (Director, Irish-Scottish Studies Programme, VUW). Current members are drawn from four New Zealand universities and the University of Aberdeen. As a member of the team the PhD student will assist in the development of a demographic profile of New Zealand's Scottish migration under the supervision of Dr Patterson and Dr Rosalind McClean (University of Waikato). This research will provide the essential quantitative underpinning for the wider project.

An allowance of NZ\$20,000 p.a. for three years is offered, and study fees paid.

The successful applicant will have a good honours degree in History, or another relevant discipline, and otherwise be able to meet the entry requirements for PhD study at Victoria University of Wellington. It is essential that applicants have a reasonable level of computer literacy, a good working knowledge of methods of basic statistical analysis and willingness to learn/experiment with software aiding data manipulation and analysis.

A curriculum vitae should accompany letters of application, and the names and addresses of two referees should be supplied. A sample of academic writing (at least 3,000 words in length) is also requested.

Applications should be sent by 30 September 2005 to: Dr Brad Patterson, Irish-Scottish Studies Programme, Stout Research Centre, Victoria University of Wellington, P O Box 600, Wellington, New Zealand.

Further information can be obtained from Dr Patterson:
Email brad.patterson@vuw.ac.nz ph +64 4 463 5132.

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REPORTS OF PREVIOUS MEETINGS

International Union for the Scientific Study of Population (IUSSP) XXV International Population Conference Tours, France 18 - 23 July 2005

I was very grateful to receive funding from BPS which enabled me to present a paper – ‘*Sputis, Stuipts and Saline Drips: Health-seeking behaviour for childhood illnesses in urban South Africa*’ at the XXV International Population Conference in Tours France. This conference, which is held every 4 years, attracted over 1700 participants from about 110 different countries. In total there were 161 paper sessions, 5 poster sessions, 4 plenary sessions and additional training sessions and side meetings.

I attended a variety of sessions but will give a brief overview of 4 main areas: Anthropology/qualitative methods, quality of care in health services, sexual behaviour and a training session on getting published in peer-reviewed journals.

Anthropology/qualitative methods

The Anthropological Demography session aimed to show how inter-disciplinary methods can enrich many types of research. Katerina Georgiadis presented an interesting comparative analysis of the paradoxes surrounding Greek and British reproductive decision-making – both countries having low birth rates, yet very different fertility regimes. Explanations for these differences include the status of motherhood, the nature of civil society, secular individualism in the UK versus religion and more traditional forms of solidarity in Greece as well as the role of the family. Many of the papers tended to focus on developing countries. Petit and Godard for example used a quantitative household survey combined with in-depth interviews to examine how 3 different ethnic groups in rural Guinea respond to the pressures of poverty and how poverty impacts on societal composition and power relationships between families and ethnic groups. Jennifer Johnson-Hanks used DHS data to show that children conceived outside of marriage in sub-Saharan Africa suffer a greater mortality disadvantage in those societies where premarital sex is more stigmatized. Ethnographic data revealed that this greater mortality was a result of social marginalisation rather than unequal care during pregnancy and delivery. Other papers by Lardoux (in Mali) and Golaz (South-West Kenya) used qualitative and quantitative methods to look at social change and marriage. Later on in the week I attended a more qualitative-focused session to learn about other qualitative methods being used by researchers. Bernardi *et al.* presented a paper which drew on insights from a comparative mixed-method study on the role of informal social networks in family formation in East and West Germany. In-depth interviews were supported by network charts and a network grid designed to map individual social networks and some of their characteristics. The application of in-depth interviews to research on social network influences on fertility decisions and the relative advantage of collecting parallel information by members of individuals' social network directly was critically examined. Another method I was not familiar with was the online diary of a homeless person in Hawaii which was analysed both quantitatively and qualitatively by Maryse Marpsat. The author considers how the study of a diary can inform the situation of the homeless, questions where the researcher stands in relation to his informant and also addresses some of the issues raised by Internet-based data retrieval compared with other methods of data collection.

Quality of care in health services

Given the importance of the characteristics of the health system in my own research, I attended 2 sessions on quality of care. Although the focus was on quality of care in family planning and maternity services, the findings are applicable to all types of health services all over the world. Turan, *et al.* for example, looked at the quality of hospital-based maternity care in Turkey using the Bruce framework for quality of care. This very interesting paper compared 3 different types of hospitals (2 free/low fee government hospitals and a private hospital). Although women had low expectations, they were more satisfied with care that included good interpersonal relations (better at the private hospital), information provision (antenatal care visits were usually brief and lacked information), and continuity (there was no consistency in which health facility was used and high risk women were usually referred to next level

of care with no support). Providers felt constrained in providing quality care by heavy patient loads and lack of resources. A neglect of simple procedures such as taking blood pressure was observed with over-medicalisation in terms of reliance on ultrasound examinations. Client-provider relationships was a focus of many of the papers including Ramarao's evaluation of family planning services in the Philippines and how client-provider interaction can be measured. In this context specific training given to staff improved the quality of care. Following on from how quality of care can be improved, Nahla Abdel-Tawab assessed whether these improvements can be sustained in a sample of family planning clinics in Egypt three years after withdrawal of the study team. Uni-dimensional interventions (just focusing on either system, provider or client) were shown to have only a modest affect of sustainability, whilst focusing on more than 1 produced better long-term results.

Sexual behaviour

The HIV/AIDS sessions had a large audience at this conference and I found them particularly interesting. Marital status was a key theme in many related sessions, therefore I shall focus on this. Lopman *et al.* described how being widowed in Zimbabwe may provide networks for disease transmission and how the high prevalence of HIV amongst widows is a result of infections acquired whilst in marital unions, rather than as widows. Shelley Clark used a longitudinal dataset to investigate the correlates of both husbands' self-reports about extra-marital sexual partnerships and wives' suspicions about such partnerships. The selection of additional wives was closely linked to extra-marital sex, socializing with men who have non-marital partnerships increased the likelihood that husbands were unfaithful, and that both these factors raised wives' suspicion that their husbands had affairs. In general, however, wives exhibited only modest accuracy in determining whether their spouses had other sexual partners. When considering determinants of extramarital sexual behaviour, Kimuna, & Djamba examined men's extramarital sexual behaviour in Zambia and found that net of the effects of socio-demographic variables and timing of first intercourse, region of residence was the strongest predictor of men's extramarital sexual behaviour, suggesting that extramarital sexual behaviour is embedded in local norms and values specific to each geographic area. Groenewold *et al.* found that province of residence, ethnic affiliation, wealth status, age, marital status, education, HIV risk perception and perceived degree of self-efficacy in sexual engagements are important predictors of (un)safe sex behaviour in Zambia. The analysis also showed that it is important to examine effects of factors in different marital status groups. Results can be used to 'profile' women with lowest condom use and high risk perceptions so that they be served with HIV/AIDS programs and channels of communication that take account of their profiling characteristics. Perception of risk within a marriage was another interesting area of research. Gayet *et al.* for example, found that men were more accurate at reporting their risk of an STI in Mexico. Bignami and Chou also looked at the validity of self-reported risk in Malawi and found that HIV positive respondents were less likely than HIV negative respondents to predict their results correctly. For those who incorrectly predicted their status, the majority was due to overestimation of their likelihood of infection (especially amongst women). However for those who were infected, women were better at predicting their own status. Overall however, women were less accurate than men in predicting their HIV infection status. HIV/AIDS affects may also affect partnership formation and this

was discussed by Akurut *et al.* in relation to the role of AIDS awareness in Uganda with demonstrated declines in HIV incidence. Some form of 'partner screening' was quite common (i.e. spying, discreet quizzing of friends, neighbours etc), however economic and social advantages often overrode strong concerns over HIV in starting new relationships for women. For men, screening exceptions included being drunk and reliance on a condom.

Getting published in peer-reviewed journals: What Editors look for

This was a very well-attended session. Editors were present from the following journals: Population Studies, Reproductive Health Matters, Population and Development Review (including Studies in Family Planning), Population and International Family Planning Perspectives. The following recommendations were given from all Editors:

- Create a favourable first impression, even before the Editor reads the paper. Does it look like it is intended for that journal (style, type of article)? Authors should familiarise themselves with the journal they intend to submit to.
- When composing the letter to the Editor, don't say 'Dear Sir' if the Editor is female!
- The title is the first thing that the Editors see – many titles misrepresent what the paper is about. Choose words that accurately describe the most important aspects of the paper (not too general)– where it is set and who it is about. Editors prefer concise titles, titles with subheadings / 2-tier titles can be used.
- The abstract is crucially important and should provide a substantive summary of the paper. Many authors do not put enough effort into the abstract.
- Pay attention to the length of the paper. Editors will not read a paper which is too long.
- Editors agreed that the different journal styles and make life a bit more difficult for the author but following the journal guidelines as closely as possible will find favour with the Editor.
- Editors look for interesting/good/new ideas/something which makes a contribution/which has implications for policies and programmes in a paper.
- Literature review should be critically linked to research.
- Don't put 'everything' in the paper. Use the data to tell the story.
- The research question should be explained clearly at the beginning and provisionally dealt with at the end of the paper.
- Bad writing is a drawback. Texts have to pass the test of translation for bilingual journals so confusing sentences should be avoided. Authors for whom the language of the journal is not their first language are welcomed by Editors however and efforts are made to help the author if the paper is worthy of publication.

I thoroughly enjoyed attending the IUSSP conference in Tours, especially getting the chance to put faces to many eminent (as well as up-and-coming) names in Demography and its associated disciplines. For papers and abstracts from the conference visit <http://iussp2005.princeton.edu/>.

Natalie Spark-du Preez
Loughborough University

Recent developments in ethnic demography

Report of the one-day meeting organised by the British Society of Population Studies, held at the London School of Economics in London, on 6 July 2005. Most of the presentations can be accessed at the BSPS website at www.bsps.org.uk

John Hollis opened the meeting, outlining the theme as bridging the gap between last year's BSPS conference on Ethnicity and this year's on Intergenerational Relations. The meeting gave an opportunity to present newly released ONS data as well as research from individuals and organisations.

The first presentation, from Pete Large at the Office for National Statistics (ONS), was entitled *ONS update on current work and ethnic group population projections*. Pete began by outlining the proposals for the ethnic group projections, which hopefully will be released in December 2005 as experimental statistics. The intention is for the projections to be produced for each of the 16 ethnic categories, for 10 years into the future and to local authority level. These projections will be constrained to the Sub-National Population Projections (SNPP) already produced by ONS, but will only be available for England and sub-divisions; the devolved administrations will be responsible for producing their own. In 2002, a feasibility study was carried out into making ethnic projections. This study is available on the ONS website: http://www.statistics.gov.uk/downloads/theme_population/SMPS_67_v2.pdf.

The cohort component method will be used in the projections, ie $Y_{n+1} = Y_n + B_{n+1} - D_{n+1} + S_{n+1} + N_{n+1}$
Where: n = year, Y = population, B = births, D = deaths, S = people changing ethnicity, N = migration

This method has been chosen for consistency as it is the method used in the SNPP, and it also allows understanding of why a population is changing – for example whether the change is driven by births, migration etc. However, there are a number of issues raised when projecting for ethnicity, namely related to the size of the ethnic groups and lack of data on ethnicity. In fact, half of the local authorities contain only 8% of all people in ethnic groups other than White.

Pete then described the various steps in the projection model. Firstly, one of the most important factors: fertility. Fertility curves, relative to the total fertility, have been created for each ethnicity. These draw on sources such as the birth register which records country of birth, the Labour Force Survey and the Hospital Episodes Statistics. Age specific fertility rates (ASFR) have been produced using the 2001 Census data comparing mothers and 0 year olds by single year of age of mother and ethnicity of both mother and child. But in order to project the changes in relative fertility, modelling needs to be done, in particular to account for ethnicity of a child resulting from mixed ethnicity marriages. Because of the larger proportions of ethnic minorities in London, there will be a separate model for London and one for the rest of England.

Mortality is not a key factor in the projection of population by ethnicity, except possibly at the oldest ages, as the rates do

change between generations. As it is not possible to unpick the ethnicity component from the area component, the assumption has been that ethnicity is not a factor.

The additional factor used in the cohort component method is the switching ethnicity component. This has been calculated using the 1991/2001 Longitudinal Study by comparing the number of people changing ethnicity between the Censuses. However, the switching component is difficult to reliably estimate due to issues of imputation, proxy responses and the change in classification.

The final factor, migration, is the most complex. Migration within England between local authorities, migration between local authorities in England and the rest of the UK and Ireland, international migration, asylum seekers and visitor switchers all have to be considered. Various different sources of data have been utilised to produce these estimates, namely; the NHS register, the International Passenger Survey and the 2001 Census.

The full methodology has not yet been decided and the ONS are still open to advice (pete.large@ons.gov.uk). There will be an in-depth look at a number of methodologies to ensure correspondence, however since the projections will be constrained to the SNPP at every stage, the projections should be fairly robust.

In terms of output, the intention is to produce data up to 85+. For England this will be by single year of age and for local authorities it will be by quinary age group.

Pete also briefly mentioned the ongoing 2011 Census consultation which is continuing until 5 August. Information on the user consultation can be accessed on the ONS website: http://www.statistics.gov.uk/about/census/census2011/user_consultation.asp

The second presentation, from Baljit Bains and John Hollis at the Greater London Authority, focussed on analysis of intergenerational ethnicity. Entitled *Intergenerational Ethnicity: Evidence for London from the 2001 Census*, the presentation covered data from a specially commissioned Census table (CO200). The table compares the ethnicity of 0 year olds to the ethnicity of the mother and, where known, the ethnicity of the father. The table only covered infants in private households where the mother was present.

There were two main aims when looking at these data. Firstly, analysis will help to improve the GLA London borough projections by ethnic group, and secondly as a freestanding piece of research. The presentation itself covered some of the issues around using the data and then looked at some specific results.

The commissioned table was made available from ONS for Greater London and three borough groupings, this was due to disclosure control issues: originally the data had been requested for all London boroughs. However, data were available for all 16 ethnic categories and by mothers' age in 5-year age bands. The table raised an interesting question. Standard Census tables show the number of infants, ie those aged 0, living in private

households as 95,714, while the number of 0 year olds in private households from the commissioned table was 87,406. What happened to the other 8,308 infants? It is unlikely that they are all covered by infants living in households without mothers present. The projections will be based on 10 compressed ethnic groups rather than the full 16. These 10 groups will be produced by amalgamating the three 'White' groups and by absorbing the four 'Mixed' groups into the most appropriate 'Other' group. This will overcome some of the issues of small numbers in certain groups when projecting at a borough level. Future work, unlikely to be incorporated into the 2005 ethnic projections, will be done on calculating probabilities of a child's ethnic group, given the ethnic group(s) of the parents.

Analysis of the data showed that the ethnicity of the infant had a greater correlation with that of the mother than that of the father. The groups with the least correlation tended to be the amalgamated groups containing 'Mixed' or 'Other' categories. The grouped 'White' category is the exception to this, however, analysis specifically on the White Irish group showed that the number of White Irish infants was far lower than the numbers of White Irish parents would suggest. This leads to the conclusion that White Irish parents may be making an active decision when it comes to defining the ethnic group of their children, and that they may be changing their ideas about ethnic identity.

The concept of ethnic identity was also covered in the third presentation of the day – *Ethnic inequalities in health* from James Nazroo of University College London. James began his presentation by discussing the value of conducting research into ethnic inequalities in health. Commonly cited reasons include exploring the causes of diseases, monitoring policy and addressing health inequalities. However, it seems that there has been little discussion about whether inequalities in health are, in fact, a reflection of wider inequalities, and whether it is the wider inequalities that need to be addressed in order to address the health inequalities.

Data from the *Health Survey for England 1999*, show that a significantly higher proportion of Bangladeshis reported fair or bad health compared with the other ethnic groups for all ages over 20, and for children under 10. In all groups the percentage of people with fair or bad health increased with age, however, so did the disparity between the ethnicities. In almost all age groups the White English and White Minority groups reported the least amount of bad health. Reasons behind the inequality could be related to migration, culture and lifestyle, material disadvantage, genetics or racism, for example. However, some explanations have been found to be 'un-theorised' and end up as racial stereotypes, for example the suggestion that 'a diet rich in saturated fats and energy (including ghee)' is responsible for premature coronary deaths in Asians. (Gupta *et al.* 1996).

In the rest of the presentation, James focussed on inequalities in general. The Health Survey also collects socio-economic and demographic statistics. The data show, for example, ethnic minority groups, in particular Bangladeshis, have lower employment rates, and the head of household is more likely to fall into a lower social class. Racism and discrimination may also have a part to play; research has shown that more than 10% of people in ethnic minority groups have experienced racial harassment and 25% are fearful of it. Many people believe that an employer would refuse

someone a job on the grounds of race. There is also evidence that income and health are related; across all ethnic groups, there is a higher percentage of fair or bad health reported by those in the lower income groups.

Ultimately there are many inequalities across ethnicities and it may be these that have a greater bearing on health than simply the ethnicity of the person.

The final presentation was from Greg Ball of Birmingham City Council on *Ethnic Groups Census Profiles for Birmingham*. Greg began the presentation by describing recent and ongoing work at Birmingham Council. The authority is large and complex with over 50 thousand employees. In 2002 two posts were created working on Demography and the Census, the only two of their kind. The size of the team, the high demand for analysis and the wide audience being catered for creates challenges. This is particularly the case when balancing the need for presenting meaningful detailed data against snappy headline data which can sometimes lose its meaning. In order that the research is worthwhile, it is important that it gets to the policy-makers, but equally important is that they understand the messages.

Recent work undertaken by Birmingham has been in the form of 'profiles'. The first one, on Cultural Background covered topics such as ethnic group, country of birth and religion. This led on to the commissioning of a number of Ethnic Group profiles which covered each ethnic group separately and compared Birmingham with the rest of England.

Greg then discussed three specific examples. Firstly, limiting long-term illness by ethnicity. Looking at the headline results it would seem that the White Irish group has far worse health than other ethnic groups for both Birmingham and England. However, this does not take account of the age structure of the groups; the White Irish group is very 'top heavy', with the majority being aged over 50, which compares with the Mixed group where most people are aged under 30. So, is it that the White Irish group is particularly prone to illness, or is it more likely that older people suffer from limiting long-term illness? When looking at the percentages of people with a limiting long-term illness by ethnicity in the over 50's, the results are far more even and there is no significant difference between the groups.

The second example, economic activity, is less complicated. Comparing economic activity rates by ethnicity shows low activity rates for Pakistanis and Bangladeshis. This is in spite of the majority of Pakistanis and Bangladeshis being of working age in Birmingham. The lower rates are also reflected in those aged 16-24, although this is likely to be related to the relatively high proportions of inactive students in these ages. The real difference, however, is clear when comparing activity rates by gender. The male rates for Pakistanis and Bangladeshis tend to be more in line with those for other ethnicities; however, the female rates are significantly lower than those of other ethnic groups. Further analysis of Census data, looking at reasons for inactivity, shows that there are higher percentages of females looking after family and home in the Pakistani and Bangladeshi groups, and this accounts for the lower activity rates.

Greg's final example was household size. Average household size in Birmingham is 2.46 compared with 2.36 for England. If Birmingham's household size was to fall to that of England, it would require an additional 26,500 households. Will this

difference remain, or will there be the need for extra housing, and how does the ethnicity of the occupant relate to the size of household? Data from Census Standard Tables show that the average household size for Pakistanis, for example, is higher than the average for all groups for both Birmingham and England. This difference in average household size can also be seen by comparing the different types of household; for example, the majority of Pakistani households include at least 1 child whereas White British households are more evenly spread between 1 person households, households containing children and 'other'.

While these profiles reveal differences between the ethnic groups it is hard to tell whether they reflect differences in age structure, culture, lifestyle or life-stage.

Ultimately the issues remain: how to present headline data keeping it meaningful, whether standardisation is appropriate and targeting the audience appropriately.

Georgia Hay
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