Part III
Mortality and Morbidity Considered Jointly and in Relation to Fertility, Migration, and Population Age-Sex Structure

Part III takes us from the discussion of concepts and basic tools, covered in Parts I and II, to the more substantive material of health demography and epidemiology. This part focuses on the trends of mortality and morbidity, the factors affecting them, and the relations of mortality and morbidity to the other demographic factors of change, namely fertility and migration, and to a population’s age-sex structure. Chapter 6 considers the trends in mortality and morbidity, mainly in the United States and the other more developed countries; their variations by age and cause; and the factors associated with the trends and variations. The following chapter, Chap. 7, considers the variations in mortality and morbidity in relation to a wide range of demographic and socioeconomic characteristics other than age, such as sex, race, ethnicity, income, education, religion, and geographic region, again mainly for the United States and other more developed countries. In Chap. 8 I return to methodological issues for a discussion of methods of analyzing mortality and morbidity jointly and discuss the substantive findings of studies that have linked these two events.

The interrelations of health and fertility, or reproductive health, are covered in Chap. 9, and the interrelations of health and migration are discussed in Chap. 10. The special health issues in the less developed countries, and their determinants and demographic consequences, are the subject of Chap. 11. Part III of the book closes with a discussion in Chap. 12 of the interrelations of health, mortality, and age-sex population structure.

In any discussion of population from an international point of view, it is convenient to group the countries that are similar with respect to economic development, political structure, geographic location, history, and culture. The leading classification has been promulgated by the United Nations (UN). It groups the countries of the world essentially on economic grounds into the More Developed Countries (MDC) and the Less Developed Countries (LDC). The Less Developed Countries have been further subdivided into the Least Developed Countries and the other Less Developed Countries. With the dissolution of the Soviet Union in 1989, the UN assigned Russia, the former republics of the Soviet Union in Europe and
Asia, and the Soviet bloc countries in Europe to the MDC or the LDC depending on their location in Europe or Asia:

More developed countries (including Russia and the former Socialist economies in Europe)
Less developed countries (including the former Soviet republics in Asia)

Least developed countries
Other less developed countries

In the report on the *Global Burden of Disease*, Murray and Lopez (1996) employed a different type of classification. They defined eight demographic regions in the world, and placed two of these, namely the Established Market Economies (largely the OECD countries) and the Formerly Socialist Economies of Europe, in the more developed world, and the remaining six in the less developed world:

More developed countries

Established market economies
Formerly Socialist economies of Europe

Less developed countries (separated in six regions)

India
China
Other Asia and Islands (including the former Soviet republics)
Latin America and the Caribbean
Middle Eastern Crescent
Sub-Saharan Africa

The former Socialist economies of Europe and the former soviet republics of Asia have been grouped together as the Economies in Transition in some studies.

The demographic regions of the world, divided into the More Developed and the Less Developed regions, are listed in Exhibit A4.1 in Appendix 4. A list of the Economies in Transition is shown in Exhibit A4.2 in Appendix 4. A list of Least Developed Countries is shown in Exhibit A4.3 in Appendix 4. Exhibit A4.4 in Appendix 4 lists the Low- and Middle-Income regions and the High-Income regions, according to the World Health Organization as of 2004.