

The proliferation of centenarians in Brazil: Indirect estimations using alternative approaches[♦]

**Marília R. Nepomuceno¹
Cássio M. Turra²**

Introduction

The proliferation of centenarians is a significant feature of the aging process. In today's low-mortality countries, the number of centenarians more than doubled each decade since 1950 (Jeune and Kannisto 1997). On average, the number of new centenarians increased at an annual rate of about 7% between 1950s and 1980s in these countries (Vaupel and Jeune 1995). In countries with higher mortality, like Brazil, the multiplication of centenarians has been observed as well. In Brazil, according to census data, there were 13,296 centenarians in 1991 and 24,236 in 2010 (IBGE 1991, 2010). However, due to data quality issues, these numbers are questionable. Accurate estimates of the number of the oldest-old population are important for correctly assessing the current scale of the aging process and predicting future demographic and socioeconomic changes.

In any population, the growth rate of centenarian population must be due to some combination of earlier changes in fertility, migration and mortality (Preston and Coale 1982). According to Vaupel and Jeune (1995), improvements in survival from age 80 to 100 is the main cause of the proliferation of centenarians, explaining about 70% of the growth rate of centenarian population in Northern and Western-central Europe from the 1970s to 1980s. The case of Japan is a good example of this aspect. Japanese population experienced high rates of mortality improvement for ages 80-99 from 1960s to the 1980s (Kannisto et al. 1994), which probably triggered the increased number of centenarians from 153 people in 1963 to 40,399 people in 2009 (Saito 2005, Robine et al. 2010). In Brazil, average death rates of octogenarians have declined at a rate of 2.9% per year for males and 3.5% per year for females in the 1980s (Campos 2004). Indirect estimates of mortality rates also suggested mortality reduction at ages above 80 in the period 1980 to 2000 (Agostinho 2009). Mostly of this mortality decline is a result of economic developments, investments in public health and advances in medical technology. Moreover, improvements in survival at older ages over the past decades certainly contributed to the proliferation of centenarians in Brazil.

[♦] Trabalho apresentado no VII Congresso de la Asociación Latinoamericana de Población e XX Encontro Nacional de Estudos Populacionais, realizado em Foz do Iguaçu/PR – Brasil, de 17 a 22 de outubro de 2016.

¹ Ph.D Student, Department of Demography – Cedeplar, Universidade Federal de Minas Gerais, Brazil.

² Associate Professor, Department of Demography – Cedeplar, Universidade Federal de Minas Gerais, Brazil.

A simple comparison between the Brazilian proportions of centenarians over the years makes us skeptical about the population counts reported by the census bureau, suggesting variations in data quality across censuses. According to census data, the centenarian share of the total population was 0.91 per 10,000 in 1991, 1.45 per 10,000 in 2000 and 1.27 per 10,000 in 2010 (IBGE 1991, 2000, 2010). Due to declining mortality at older ages over decades, we expected an increasing proportion of centenarians in Brazil. Probably, the decline in proportion of centenarians between 2000 and 2010 is a result of progress in census data quality, such as improvements in age reported caused by higher education at advanced ages.

Another simple way to check the quality of the Brazilian centenarian data is comparing the prevalence of centenarians in Brazil with a country with presumably higher data quality and lower mortality levels. In Sweden, for instance, the centenarian share of the total population in 1991 (0.69 per 10,000) was about 2/3 the Brazilian proportion in 1991 (HMD 2016). Conversely, the Swedish proportion of centenarians in 2010 (1.72 per 10,000) is 35% higher than that of Brazil in 2010 (HMD 2016). This improbably higher proportion of older population in the 1991 census in Brazil could be a result of the poor quality data. However, the comparison in 2010 suggests census data improvements in Brazil.

Official population estimates are especially problematic at advanced ages. Therefore, studies of the centenarian population must take into account data quality issues. In many populations, the most important problem of census data at older ages is age misstatement (Preston et al. 1999). In Brazil, the age reporting in the 1991, 2000 and 2010 census is derived from two questions. The first one asked the month and year of birth of the person. The second question asked for the presumably age in years and months and is used when the person do not know her date of birth. In the absent of these two answers, information of age is imputed by the census bureau. Using the presumably age, the error of digit preference can emerge. Brazilians tend to prefer the ending age digits zero and five (Horta 2012; Horta, Sawyer e Carvalho 2006). Both problems of digit preference and of missing data are very significant among the oldest-old population (Popolo 2001, Gomes and Turra 2009). The problem of age exaggeration is also common at advanced ages (Popolo 2001, Dechter and Preston 1991). All the problems mentioned above are believed to be responsible for an overstatement of the number of centenarians in Brazil. Moreover, the relatively small number of centenarians in a population can cause data to be particularly sensitive to these data issues.

The poor data quality at advanced ages increases the uncertainty of the true number of centenarians recorded in the Brazilian census bureau. Therefore, indirect methods are very helpful to evaluate the quality of census data, and to estimate the number of centenarians

closer to the true size of the oldest-old population. In Brazil, indirect estimates based on the extinct generation method revealed that the centenarians recorded in the 1991 census are exaggerated (Gomes and Turra 2009). This study suggested that the number of centenarians estimated indirectly is one third the number recorded by the 1991 census in Brazil. Nevertheless, few studies have analyzed centenarians in Brazil. Indeed, little is known about the true proliferation of centenarians in Brazil during the last decades.

In order to complement analysis of centenarians in Brazil, we estimate the population aged 100 to 109 years by sex in 1991, 2000 and 2010 using three estimation procedures. First we use a method developed by Wilmoth (1995) to compute the proportion of centenarians in a stable population. The second estimation procedure is a variant of Wilmoths' method. Instead of assume a stable population, we compute the proportion of centenarians in a non-stable population, considering a set of age-specific growth rates. Finally, we estimate the centenarian population "projecting" the population at one census date to a later date using the forward-survival method (Shryock and Siegel 1976).

Methods and Data

In this study we estimate the number of people at age group 100-109 by sex, for 1991, 2000 and 2010. To do that, three estimation procedures are used: (i) the Wilmoth's method assuming a stable population; (ii) the Wilmoth's method assuming a non-stable population; and (iii) the cohort reconstruction through the forward-survival method.

i. First estimation procedure

First, we use the indirect method develop by Wilmoth (1995). This method computes the proportion of centenarian using a mortality model to estimate the survival probability from a given adult age y to 100.

The first step of the Wilmoths' method is to choose an age pattern of mortality to estimate the survival probability from a given adult age y to age 100. There is a general agreement that mortality increases exponentially, as described by the Gompertz curve, for mid-adult and early old ages. However, there is not a consensus regarding the mortality trajectory at the most advanced ages (Gavrilov and Gavrilova 2015; Gavrilov and Gavrilova 2011; Gampe 2010; Robine et al. 2005; Robine and Vaupel 2001). Some studies suggested that the exponential growth of mortality with age is followed by a period of deceleration, with slower rates of mortality increase at the oldest ages (Gampe 2010; Robine and Vaupel 2001; Robine et al. 2005). Conversely, another group of researchers pointed out that the mortality

deceleration in later life is more expressed for data with lower quality, and hence mortality continues to grow exponentially at the highest ages (Gavrilov and Gavrilova 2011, 2015). Due to this disagreement about the mortality trajectory at the most advanced ages, we decide to assume that mortality slows down at the most advanced ages, as assumed by Wilmoth (1995). Moreover, we assume that the age 50 ($y=50$) is the starting point for our model of adult mortality. This choice can be justified by the importance of adult mortality in centenarians' mortality (Vaupel and Jeune 1995).

The Gompertz-Perks curve follows a logistic form, and it is a modification of the well-known Gompertz mortality curve. The Gompertz-Perks curve deviates from the Gompertz model at both younger and older adult ages, and it contains an inflection point in late adulthood that should move upward as mortality falls. The Gompertz-Perks formula contains 4 parameters:

$$\mu(x) = \frac{c + ae^{bx}}{1 + vae^{bx}} \quad (1)$$

where $c \geq 0$ represents the level of background mortality, and $1/v$ gives the upper asymptote of the mortality curve. The parameters a and b are more abstract, where $b > 0$ is the rate of exponential increase in mortality across the age range in the Gompertz model, but this interpretation is only approximate in the Gompertz-Perks model (Wilmoth 1995), and $a > 0$ is the exact force of mortality at age 0 only in the Gompertz model, but this fact does not aid in interpretation since the model applies to adult mortality alone (Wilmoth 1995).

To lend these parameters more direct interpretations, Wilmoth (1995) proposed a re-parametrization of the Gompertz-Perks model. According to the author, the remaining life expectancy at the starting age for the late adult mortality model, e_{50} , is an alternative for the parameter a , and the death rate between ages 50 and 55 (${}_5m_{50}$) is chosen as alternative for the parameter b in the formula (1). Using numerical methods³ we find the unique parameters, a and b , in the formula (1) that reproduce a given e_{50} and ${}_5m_{50}$. Thus, all model assumptions in this study are expressed in terms of e_{50} , ${}_5m_{50}$, c and v .

a) Choosing the mortality levels for 1991, 2000 and 2010

Having chosen the mortality curve, it is necessary to select the parameters of the Gompertz-Perks model. We start selecting the mortality levels: (1) life expectancy at birth (e_0), and (2)

³ We used numerical optimization to find the maximum likelihood estimate of the parameter a given b using the equation (1) and assuming that $\mu(52.5) = {}_5m_{50}$.

the remaining life expectancy at age 50 (e_{50}). To select these values we use a combination of sources in order to calculate the average of e_0 and e_{50} . We believe to achieve more accurate values of e_0 and e_{50} through a combination of sources.

We use the life expectancy at birth as a reference measure to select life tables of countries with better data quality than Brazil. To define the e_0 for 1991, 2000 and 2010 in Brazil, we use Brazilian life tables estimated by: (a) the Brazilian Institute of Geography and Statistics (IBGE) for 1991, 2000 and 2010, (b) Agostinho (2009) for 1991 and 2000, (c) the World Health Organization for 1990 and 2000, (d) and by the Centre for Development and Regional Planning (CEDEPLAR) for 2010. The average life expectancy at birth based on these sources is: 70.4 years for female and 63.6 years for male in 1991, 74.0 years for female and 67.0 years for male in 2000, and 77.2 years for female and 70.3 for male in 2010. Thus, we consider these values as more accurate estimates of life expectancy at birth in Brazil.

After define e_0 , we choose e_{50} (parameter a) for 1991, 2000 and 2010 in Brazil. Instead of use only Brazilian life tables we also use life tables from several countries with presumably higher quality data⁴ than Brazil to calculate the average of e_{50} . The life expectancy at birth defined to Brazil, are our reference measure to select life tables of low-mortality countries. For instance, the female e_0 in 2010 in Brazil (77.2 years) it is close to the female e_0 in 1970 in Sweden (77.2 years). Thus, the Swedish life table for females in 1970 is used to determine the e_{50} in 2010 for females in Brazil. Thus, the average of e_{50} from the selected life tables is believed to be a more accurate estimate than the e_{50} based on only Brazilian life tables. Our strategy here is to reduce the effects of data quality issues on mortality rates at older ages in Brazil⁵.

Tables 1 and 2 present the values of e_0 and e_{50} used to define the remaining life expectancy at age 50 in 1991, 2000 and 2010 in Brazil, respectively for females and males.

From these results, we assume that the remaining life expectancy at age 50 in 1991, 2000, and 2010 in Brazil are the average of e_{50} derived from the selected life tables (Tables 1 and 2). Thus, the e_{50} is around 26 years for females and 22 years for males in 1991, around 27 years

⁴ We selected life tables of today's low-mortality countries with e_0 in the range: $mean(e_0^{Brazil}) - standard\ deviation(e_0^{Brazil}) \leq e_0^{low-mortality\ countries} \leq mean(e_0^{Brazil}) + standard\ deviation(e_0^{Brazil})$

⁵ Number of deaths is not recorded quite precisely in Brazil. Moreover, age misreporting also affects census data, especially at older ages.

for females and 23 years for males in 2000, and around 30 years for females and 24 for males in 2010.

Table 1: Life expectancies at birth (e_0) and at age 50 (e_{50}) and proportion of surviving at age 50 ($l(50)$) in the selected low-mortality countries and Brazil, female.

Country	Reference year to estimate the centenarians in Brazil											
	1991				2000				2010			
	Year	e_0	e_{50}	$l(50)$	Year	e_0	e_{50}	$l(50)$	Year	e_0	e_{50}	$l(50)$
Brazil	1991	70.5	26.3	0.8917	2000	74.0	27.7	0.9298	2010	77.3	29.9	0.9513
Sweden	1945	69.5	26.1	0.8717	1954	73.9	27.2	0.9330	1970	77.2	29.8	0.9496
Sweden	1946	70.7	26.2	0.8906	1955	74.2	27.6	0.9333	1971	77.4	29.9	0.9501
Sweden	1947	70.6	25.9	0.8932	-	-	-	-	1972	77.5	30.0	0.9523
Italy	1954	69.9	27.0	0.8799	1968	73.7	28.1	0.9225	1978	77.1	29.9	0.9501
Italy	1955	70.4	27.1	0.8853	1969	73.9	28.2	0.9225	1979	77.5	30.1	0.9516
Italy	1956	69.8	26.2	0.8886	1970	74.9	28.9	0.9225	1981	77.8	30.2	0.9542
Italy	1957	70.1	26.8	0.8861	1971	73.7	27.4	0.9225	-	-	-	-
Italy	1958	71.2	27.5	0.8937	-	-	-	-	-	-	-	-
Japan	1959	69.8	26.2	0.8788	1966	73.7	27.4	0.9258	1977	77.9	30.2	0.95487
Japan	1960	70.2	26.0	0.8873	1967	74.0	27.6	0.9281	-	-	-	-
Japan	1961	70.8	26.2	0.8960	1968	74.3	27.7	0.9320	-	-	-	-
Japan	1962	71.1	26.2	0.9021	1969	74.6	27.9	0.9335	-	-	-	-
Switzerland	1948	69.4	25.5	0.8827	1958	73.9	27.6	0.9306	1974	77.6	30.1	0.95229
Switzerland	1949	70.0	25.6	0.8933	-	-	-	-	-	-	-	-
Switzerland	1950	71.1	26.2	0.9015	-	-	-	-	-	-	-	-
Switzerland	1951	71.0	26.0	0.9020	-	-	-	-	-	-	-	-
Portugal	1968	69.9	27.4	0.8781	1977	73.9	28.4	0.9195	1986	77.1	30.2	0.9431
Portugal	1970	70.1	27.5	0.8804	-	-	-	-	-	-	-	-
UK	1949	70.3	26.1	0.8879	1963	73.7	27.3	0.9290	1983	77.2	29.5	0.95472
UK	1950	70.9	26.2	0.8972	-	-	-	-	1984	77.6	29.8	0.95604
UK	1951	70.7	25.7	0.9011	-	-	-	-	-	-	-	-
Finland	1955	70.7	25.5	0.9041	1970	74.4	27.2	0.9426	-	-	-	-
Finland	1956	71.2	25.8	0.9072	-	-	-	-	-	-	-	-
Finland	1957	70.6	25.5	0.9036	-	-	-	-	-	-	-	-
Denmark	1947	69.6	25.7	0.8822	1956	73.7	27.5	0.9271	-	-	-	-
Denmark	-	-	-	-	1957	73.5	27.3	0.9261	-	-	-	-
Denmark	-	-	-	-	1958	74.0	27.5	0.9321	-	-	-	-
Denmark	-	-	-	-	1959	73.9	27.6	0.9287	-	-	-	-
Denmark	-	-	-	-	1960	74.0	27.5	0.9316	-	-	-	-
Denmark	-	-	-	-	1961	74.4	28.0	0.9312	-	-	-	-
Denmark	-	-	-	-	1962	74.4	27.8	0.9344	-	-	-	-
Belgium	1952	70.5	26.4	0.8932	1965	73.6	27.5	0.9265	1982	77.2	29.7	0.94933
Belgium	1953	70.9	26.4	0.9000	1966	73.7	27.5	0.9263	1983	77.2	29.7	0.94857
Belgium	1954	71.1	26.6	0.9006	1967	74.1	27.7	0.9304	1984	77.8	30.2	0.95174
Belgium	-	-	-	-	1968	73.8	27.3	0.9324	-	-	-	-
Belgium	-	-	-	-	1969	74.0	27.5	0.9312	-	-	-	-
Belgium	-	-	-	-	1970	74.2	27.7	0.9315	-	-	-	-
Belgium	-	-	-	-	1971	74.4	27.8	0.9340	-	-	-	-

Source: HMD data.

Table 2: Life expectancies at birth (e_0) and at age 50 (e_{50}) and proportion of surviving at age 50 ($l(50)$) in the selected low-mortality countries and Brazil, male.

Country	Reference year to estimate the centenarians in Brazil											
	1991				2000				2010			
	Year	e_0	e_{50}	$l(50)$	Year	e_0	e_{50}	$l(50)$	Year	e_0	e_{50}	$l(50)$
Brazil	1991	63.6	22.6	0.8161	2000	67.0	23.5	0.8628	2010	70.7	24.6	0.9066
Sweden	1935	63.7	24.2	0.7975	1943	67.3	25.4	0.8430	1949	69.5	25.1	0.8875
Sweden	1936	63.4	23.9	0.7981	1944	66.2	24.8	0.8330	1950	69.9	25.1	0.8942
Sweden	1937	63.4	23.9	0.7980	1945	67.2	25.1	0.8454	1951	70.0	25.3	0.8954
Sweden	1938	64.0	24.0	0.8060	-	-	-	-	1952	70.4	25.4	0.8994
Sweden	-	-	-	-	-	-	-	-	1953	70.4	25.4	0.8991
Sweden	-	-	-	-	-	-	-	-	1954	70.9	25.6	0.9048
Italy	1949	62.6	24.0	0.7944	1958	66.5	24.3	0.8555	-	-	-	-
Italy	1950	62.6	24.0	0.8134	1959	66.9	24.5	0.8588	-	-	-	-
Italy	1951	64.0	24.2	0.8243	1960	66.7	24.0	0.8599	-	-	-	-
Italy	1952	63.5	23.6	0.8342	1961	67.2	24.3	0.8625	-	-	-	-
Italy	-	-	-	-	1962	66.5	23.7	0.8609	-	-	-	-
Italy	-	-	-	-	1963	66.6	23.7	0.8602	-	-	-	-
Italy	-	-	-	-	1964	67.6	24.2	0.8653	-	-	-	-
Japan	1954	62.5	22.1	0.8037	1962	66.2	22.5	0.8650	1971	70.1	24.6	0.9017
Japan	1955	63.6	22.4	0.8202	1963	67.2	23.1	0.8725	1972	70.5	24.9	0.9038
Japan	1956	63.5	22.0	0.8235	-	-	-	-	1973	70.8	25.0	0.9067
Japan	1957	63.3	21.6	0.8261	-	-	-	-	-	-	-	-
Japan	1957	64.8	22.6	0.8391	-	-	-	-	-	-	-	-
Switzerland	1941	62.8	22.2	0.8073	1950	66.7	23.4	0.8617	1967	69.7	24.4	0.9009
Switzerland	1942	63.4	22.5	0.8149	1951	66.3	23.1	0.8594	1969	69.7	24.3	0.9017
Switzerland	1943	63.5	22.7	0.8146	1952	67.2	23.7	0.8688	1970	70.0	24.6	0.9021
Switzerland	1944	62.6	22.0	0.8076	1953	67.1	23.4	0.8693	1971	70.2	24.7	0.9034
Switzerland	1945	63.3	22.4	0.8155	-	-	-	-	1972	70.6	25.0	0.9070
Switzerland	1946	64.2	22.8	0.8272	-	-	-	-	-	-	-	-
Switzerland	1947	64.1	22.7	0.8248	-	-	-	-	-	-	-	-
Portugal	1965	62.9	23.2	0.8092	1977	66.7	23.6	0.8559	-	-	-	-
Portugal	1966	62.4	22.6	0.8059	1978	67.3	24.0	0.8615	-	-	-	-
Portugal	1967	63.2	23.0	0.8123	-	-	-	-	-	-	-	-
Portugal	1968	63.6	23.3	0.8187	-	-	-	-	-	-	-	-
Portugal	1969	63.2	22.4	0.8184	-	-	-	-	-	-	-	-
Portugal	1970	63.9	23.4	0.8221	-	-	-	-	-	-	-	-
Portugal	1971	63.5	22.8	0.8189	-	-	-	-	-	-	-	-
UK	1945	62.8	22.7	0.8016	1950	66.2	22.4	0.8689	1976	69.5	23.3	0.9151
UK	1946	63.8	22.7	0.8222	1952	66.8	22.5	0.8802	1977	70.0	23.7	0.9176
UK	1947	63.9	22.3	0.8304	1953	67.1	22.5	0.8851	1979	70.1	23.6	0.9189
UK	-	-	-	-	-	-	-	-	1980	70.5	23.9	0.9229
UK	-	-	-	-	-	-	-	-	1981	70.9	24.1	0.9254
Finland	1951	62.3	20.6	0.8070	1972	66.6	22.0	0.8636	1983	70.2	23.8	0.9100
Finland	1952	63.4	21.0	0.8233	1973	67.0	22.0	0.8710	1984	70.5	24.1	0.9097
Finland	1953	63.2	20.9	0.8265	1974	66.9	22.0	0.8697	1987	70.7	24.4	0.9065
Finland	1954	64.2	21.4	0.8379	1975	67.4	22.3	0.8753	-	-	-	-
Finland	1955	63.8	21.0	0.8356	-	-	-	-	-	-	-	-
Finland	1956	64.6	21.4	0.8402	-	-	-	-	-	-	-	-
Denmark	1936	62.4	23.6	0.7955	1946	66.3	24.6	0.8445	1954	69.9	25.3	0.8951
Denmark	1937	62.8	23.5	0.8052	1947	67.4	24.8	0.8601	1956	70.4	25.4	0.9023
Denmark	1938	63.9	23.9	0.8157	-	-	-	-	1958	70.5	25.2	0.9060
Denmark	-	-	-	-	-	-	-	-	1959	70.6	25.4	0.9040
Denmark	-	-	-	-	-	-	-	-	1968	70.8	25.0	0.9106
Belgium	1949	62.9	22.5	0.8085	1957	66.6	23.1	0.8677	1980	69.9	24.0	0.9073

Belgium	-	-	-	-	1958	67.3	23.3	0.8768	1981	70.3	24.2	0.9106
Belgium	-	-	-	-	-	-	-	-	1982	70.6	24.4	0.9145
Belgium	-	-	-	-	-	-	-	-	1983	70.6	24.4	0.9129
Belgium	-	-	-	-	-	-	-	-	1984	71.0	24.7	0.9156

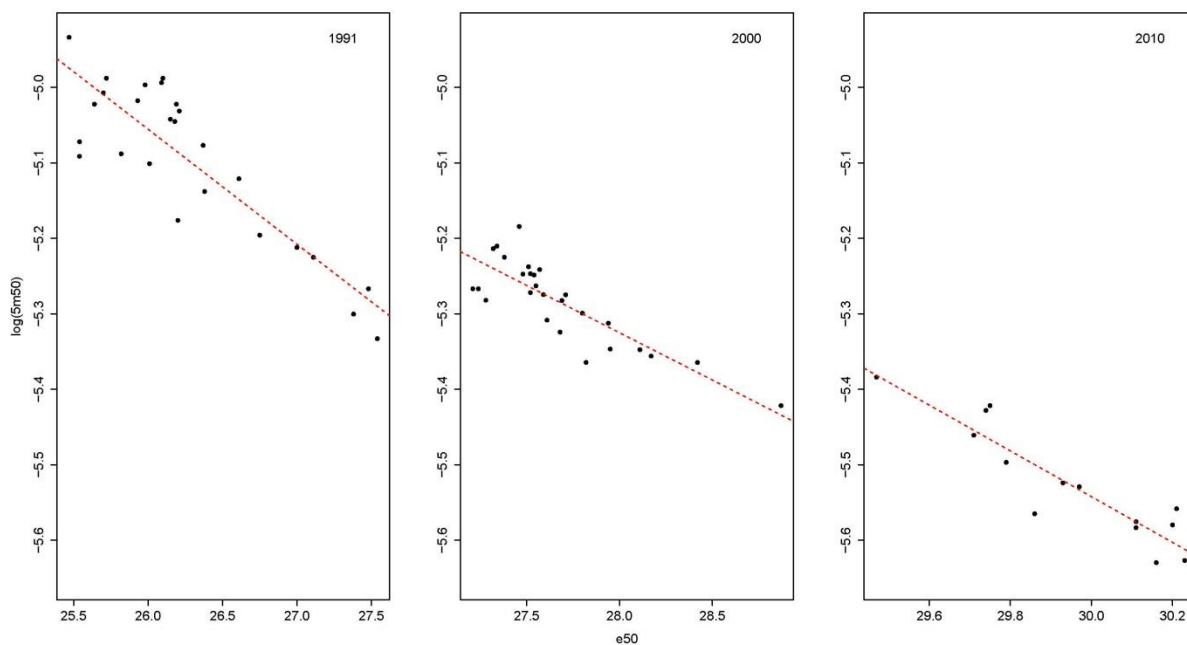
Source: HMD data.

b) Choosing the mortality pattern for 1991, 2000 and 2010

Aside from the question of mortality levels, it is also necessary to make assumptions about the relationships that determine the age pattern of mortality in Brazil. In the Gompertz-Perks model, the mortality curve is fully specified only when a chosen value of e_{50} is accompanied by assumptions regarding ${}_5m_{50}$, c and v . The parameters e_{50} , ${}_5m_{50}$ and c tend to be strongly correlated, so they must be chosen in a manner to insure that the resulting mortality curve is plausible. Therefore, the relationships between these parameters are expressed here by a series of regression, based on life tables indicated on Tables 1 and 2.

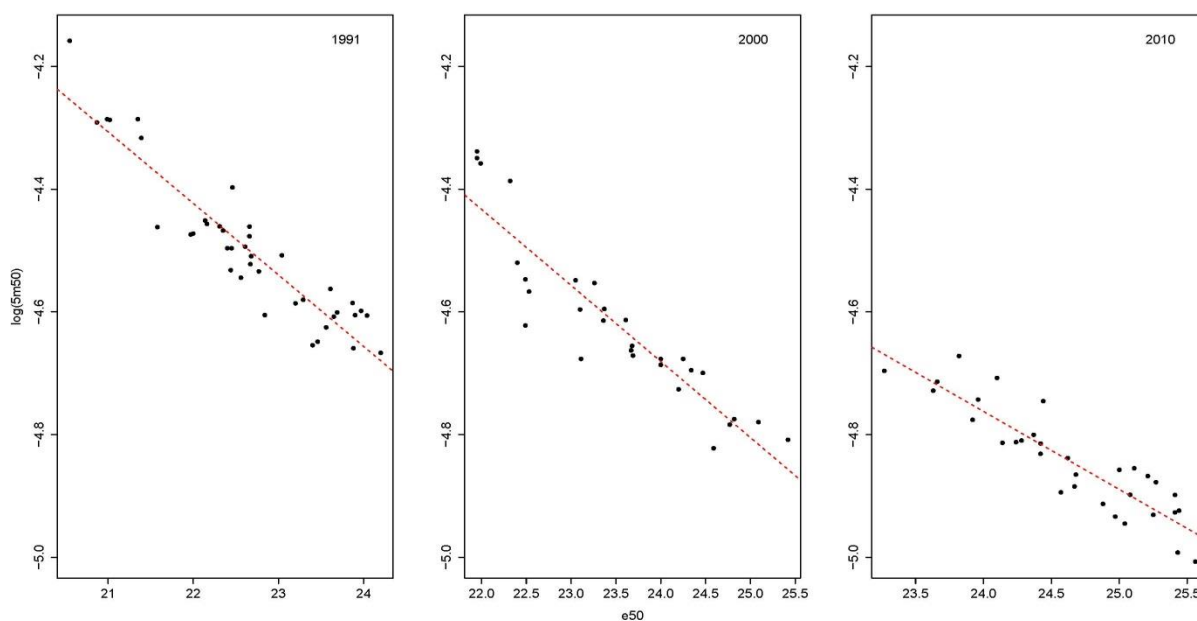
In the first regression we choose ${}_5m_{50}$ for a given level of e_{50} . Figures 1 and 2 present the inverse log-linear relationship that is typical for e_{50} and ${}_5m_{50}$, for females and males respectively in 1991, 2000 and 2010. These figures also show the regression line. In the analyses that follow, the choice of ${}_5m_{50}$ for a given e_{50} is centered on the value given by these regression lines. The regressions of $\log({}_5m_{50})$ on e_{50} for females explain 76% of the variance in $\log({}_5m_{50})$ in 1991, 71% in 2000 and 84% in 2010. For males these percentage are 86%, 84% and 81% for 1991, 2000 and 2010, respectively. Tables 1A and 2A in the Appendix present the results of all regressions to predict $\log({}_5m_{50})$ (Model 1) in 1991, 2000 and 2010, for females and males respectively.

Figure 1 – Relationship between e_{50} and ${}_5m_{50}$, females, 1991, 2000, 2010.



Note: The dashed line corresponds to the regression line.
Source: authors' own calculation based on HMD data.

Figure 2 – Relationship between e_{50} and ${}_5m_{50}$, males, 1991, 2000, 2010.

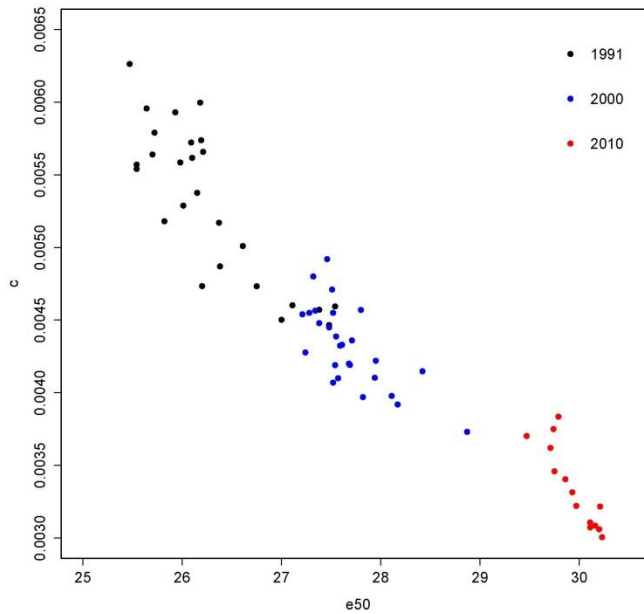


Note: The dashed line corresponds to the regression line.
Source: authors' own calculation based on HMD data.

The method for choosing values of the background mortality parameter, c , involves a multiple regression. Figures 3 and 4 present the strong relationship between c and e_{50} in 1991, 2000 and 2010, for females and males respectively. For all years analyzed the Spearman's

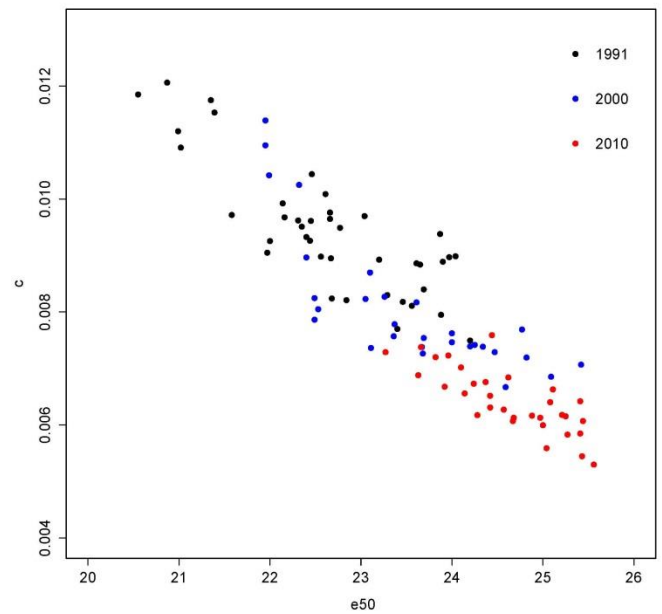
correlation coefficient are negative and higher than 0.70 for females, and higher than 0.78 for males.

Figure 3 - Relationship between e_{50} and c , females, 1991, 2000, 2010.



Source: authors' own calculation based on HMD 2016.

Figure 4 - Relationship between e_{50} and c , males, 1991, 2000, 2010.

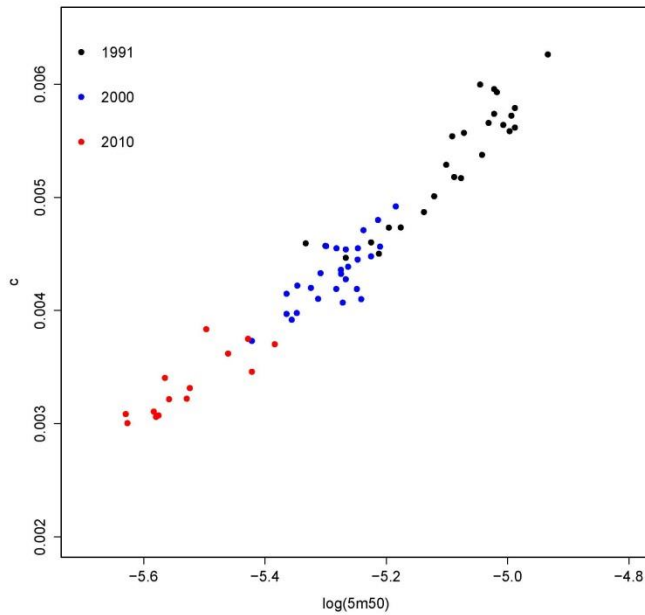


Source: authors' own calculation based on HMD 2016.

The relationship between c and ${}_5m_{50}$ are presented in Figures 5 and 6. A strong relationship is also observed between ${}_5m_{50}$ and c . The Spearman's correlation coefficient is 0.89 for females and 0.91 for males in 1991, 0.71 for females and 0.89 for males in 2000, and 0.85 for females and 0.86 for males in 2010.

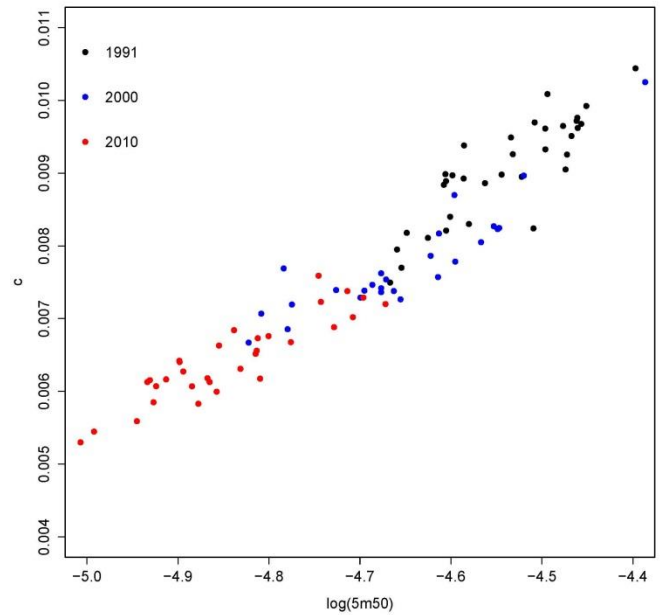
For males in all analyzed years, the best prediction is achieved by regressing c on both e_{50} and ${}_5m_{50}$ (Table 2A-Model 2). For females in 1991 and 2000, the best regression is between c and ${}_5m_{50}$, while for 2010 the best regression is achieved between c and e_{50} (Table 1A-Model 2). The criteria use to select the best regressions are the *t-student* test to check the significance of coefficients, and the coefficient of determination (R^2), which measures the variability in the data explained by the regression model.

Figure 5 - Relationship between ${}_5m_{50}$ and c , females, 1991, 2000, 2010.



Source: authors' own calculation based on HMD 2016.

Figure 6 - Relationship between ${}_5m_{50}$ and c , males, 1991, 2000, 2010.



Source: authors' own calculation based on HMD 2016.

The last parameter to be chosen is ν . It determines the upper asymptote of the mortality curve. Unlike the other parameters, the parameter ν is chosen in a more arbitrary fashion, based on empirical evidence about typical value of this parameter. Robine et al. (2005) and Gampe (2010) revealed that the human mortality after age 110 is flat at a constant level of 0.7 in today's low mortality countries, corresponding an annual probability of death of 0.5. Since higher values of ν are associated with lower mortality rates at high ages (Wilmoth 1995), we assume a lower value of ν than that of the low-mortality countries. Thus, we consider in this study $\nu = 0.6$.

In addition to choose the four parameters of the Gompertz-Perks curve, the proportion surviving from birth to age 50 ($l(50)$) is needed to estimate the prevalence of centenarians. First we tried to choose $l(50)$ using multiple regression of $l(50)$ against e_{50} , ${}_5m_{50}$ and c . However, these regression were not satisfactory, explaining less than 30% of the variance in $l(50)$, for both female and male. Therefore, we use the same strategy as that to choose the e_{50} . We assume that the proportion surviving from birth to age 50 in Brazil is the average of $l(50)$ derived from the listed life tables in Tables 1 and 2, respectively for females and males.

From these results, we define that $l(50)$ is: 0.8917 for female and 0.8161 for male in 1991, 0.9298 for female and 0.8628 for male in 2000, and 0.9516 for female and 0.9066 for male in 2010.

Having chosen all parameters of the Gompertz-Perks curve, we can calculate the probability of survival from age 50 to 100:

$$\frac{l(x)}{l(y)} = \begin{cases} \left(\frac{1 + vae^{bx}}{1 + vae^{by}} \right)^{\frac{1}{b} \left(\frac{c-1}{v} \right)} e^{-c(x-y)} & \text{if } v > 0 \\ e^{\left\{ -c(x-y) - \frac{a}{b} (e^{bx} - e^{by}) \right\}} & \text{if } v = 0 \end{cases} \quad (2)$$

where $x = 100$ and $y = 50$.

In this first estimation procedure, we estimate the prevalence of centenarians in a stable population as follows:

$$\begin{aligned} {}_{\omega}c_{100} &= \int_{100}^{\omega} be^{-rx}l(x)dx \\ &= \frac{\int_{100}^{\omega} e^{-rx}l(x)dx}{\int_0^{\omega} e^{-rx}l(x)dx} \\ &= \frac{\int_0^{\omega} e^{-rx}l(x)dx}{\int_0^y e^{-rx}l(x)dx + \int_y^{\omega} e^{-rx}l(x)dx} \\ &= \frac{l(y) \int_0^{\omega} e^{-rx} \frac{l(x)}{l(y)} dx}{\int_0^y e^{-rx}l(x)dx + l(y) \int_y^{\omega} e^{-rx} \frac{l(x)}{l(y)} dx} \end{aligned} \quad (3)$$

where x in these integrals denotes age, b (only in this equation (3)) is the birth rate, ω is the latest attained age (110 in this study), r is the constant population growth rate, $l(x)$ is the probability of survival from age 0 to x , and y is the age 50.

The idea of the growth rate in formula (3) is to adjust the size of the cohort aged 50 with the size of cohort aged 100 at the same period. For instance, in 2010, the number of centenarians is smaller than the number of 50-years old people not only because some 50-years old died

before the age100, but also because the centenarians in 2010 derived from the cohort aged 50 in 1960 that was smaller at age 50 than the cohort aged 50 in 2010 by the factor e^{-r} (Preston et al. 2001). For instance, to estimate the centenarian population in 2010 we use the mean annualized growth rates between 1960 and 2010, for 2000, we use the annual growth rate between 1950 and 2000, and for 1991 we use the annual growth between 1950 and 1990. In the latest case, the growth rate is estimated in a time interval of 40 years due to availability of United Nations data. The choice of using the United Nations data can be justified by the necessary adjustments for deficiencies in data made by the United Nations.

Table 3 presents the growth rates used in the first estimation procedure to calculate the number of centenarians in 1991, 2000 and 2010. All these growth rates are calculated as depicted in Preston et al. (2001).

Table 3: Growth rates by sex used in the first estimation procedure, Brazil.

	Male	Female
1940-1990	0.0256	0.0256
1950-2000	0.0235	0.0237
1960-2010	0.0200	0.0204

Source: authors' own calculation based on UN data (2015).

c) Simulation

We select the values of parameters in equation (3) in a manner that reflects our uncertainty about their true values in Brazil. In order to evaluate our estimates, we produce a set of simulations where the exact values of the chosen parameters are different for each trial. The first set of simulations is using the selected parameters, named “base model”. Next, we make various modifications to the “base model” and we compute additional sets of simulations in order to evaluate the sensitivity of our results to changes in the values of the parameters.

For each trial e_{50} is fixed at the values presented in Tables 1 and 2, for females and males, respectively. The parameters ${}_5m_{50}$, c and $l(50)$ are drawn at random from normal distribution whose means are chosen conditionally based on all previously selected parameters. For instance, the distribution for ${}_5m_{50}$ is centered on the predicted value from a simple regression on e_{50} . In each case, the standard error for the normal distribution is set equal to the maximum residual (from the respective regressions) divided by 3. The parameter ν is drawn at

random from a normal distribution centered on 0.6, with a standard error of 0.2. The population growth rates are fixed at the values presented in Table 3.

After choosing the parameters for each simulation trial, the equation (3) is used to compute the prevalence of centenarians, expressed as a proportion of the total stable population.

ii. Second estimation procedure

The second estimation procedure also considers the Gompertz-Perks curve with the same parameters defined for the first procedure. However, unlike the first estimation procedure, this procedure estimates the prevalence of centenarians in a non-stable population, assuming a set of age-specific growth rates as follows:

$${}_{\omega}C_{100}^* = \frac{l(y) \int_{100}^{\omega} e^{-r_1 x} \frac{l(x)}{l(y)} dx}{\int_0^y e^{-r_2 x} l(x) dx + l(y) \int_y^{\omega} e^{-r_3 x} \frac{l(x)}{l(y)} dx} \quad (4)$$

where r_1 is the growth rate of population age 100 years or over, r_2 is the growth rate at ages 0 to 50, and r_3 is the growth rate of population age 50 years or over. Due to quality issues in centenarian data, as already mentioned, we assume that r_1 is the growth rate of population age 50 years or over.

As in the first procedure, to estimate the number of centenarians in 2010, we use the annual growth rates between 1960 and 2010. For 2000 we use the annual growth rates between 1950 and 2000, and for 1991 the annual growth rates between 1950 and 1990. Table 4 presents the set of age-specific annual growth rates using in the second.

Table 4: Age-specific growth rates by sex used in the second estimation procedure, Brazil.

	Male			Female		
	1950-1990	1950-2000	1960-2010	1950-1990	1950-2000	1960-2010
r_1 (50+)	0.0300	0.0302	0.0318	0.0297	0.0303	0.0322
r_2 (0-50)	0.0251	0.0226	0.0181	0.0250	0.0226	0.0181
$r_3 = r_1$	0.0300	0.0302	0.0318	0.0297	0.0303	0.0322

Source: authors' own calculation based on UN data (2015).

It is relevant to mention that we use here the same simulation process describe in the first estimation procedure.

iii. *Third estimation procedure*

The third estimation procedure involves a reconstruction of two cohorts at the same census (one initial cohort aged 50-54 years and the other cohort aged 55-59), advancing these cohorts through successive 5-year time intervals. To do that, we apply the forward-survival method, “projecting” the population at one census date to a later date through the use of appropriate survival probabilities. The accuracy of estimates using this approach depends upon the accuracy of the initial population and the survival rates. In addition, we assume that net immigration equaled or approximated zero. The initial population is the population at age groups 50-54 and 55-59 recorded in the 1940, 1950 and 1960 Brazilian census. The data quality issues common in centenarian data, like age exaggeration, are presumably somewhat more accurate at these younger ages, at least in terms of 5-years age groups. On the other hand, some error in the survival rates, like under-registration of deaths, can overestimate our centenarian population. On balance, the projected number of centenarians in 1990, 2000 and 2010 based on the 1940, 1950 and 1960 census, respectively, are believed to be a more accurate estimate and less likely to be an overstatement than the number of centenarians direct report in census.

Applying survival probabilities (in quinquennial age groups by sex) to the census population aged 50-54 and 55-59 yields an estimate of the number of individuals aged 100-104 and 105-109 years, respectively.

The equations used to reconstruct the cohort aged 50-54 at one census date until the age group 100-104 50 years later are:

$$\begin{aligned}
 {}_5N_{55}^{i+5} &= {}_5N_{50}^i \left({}_5P_{50}^i \right) \\
 {}_5N_{60}^{i+10} &= {}_5N_{55}^{i+5} \left({}_5P_{55}^{i+5} \right) \\
 &\vdots \\
 {}_5N_{100}^{i+50} &= {}_5N_{95}^{i+45} \left({}_5P_{95}^{i+45} \right)
 \end{aligned} \tag{5}$$

where i is the initial census year, ${}_5N_{50}^i$ is the initial cohort at age group 50-54 at year i , ${}_5N_{55}^{i+5}$ is the estimated number of individuals at age group 55-59 at year $i+5$, and so on; ${}_5P_{50}^i$ is the probability of surviving from age 50 to 54 at year i , ${}_5P_{55}^{i+5}$ is the probability of surviving from age 55 to 59 at year $i+5$, and so on.

For the cohort aged 55-59 at one census date until the age group 105-109 the equations are:

$$\begin{aligned}
{}_5N_{60}^{i+5} &= {}_5N_{55}^i \left({}_5P_{55}^i \right) \\
{}_5N_{65}^{i+10} &= {}_5N_{60}^{i+5} \left({}_5P_{60}^{i+5} \right) \\
&\vdots \\
{}_5N_{105}^{i+50} &= {}_5N_{100}^{i+45} \left({}_5P_{100}^{i+45} \right)
\end{aligned} \tag{6}$$

Through the equations (5) and (6) we achieve the number of individuals at age groups 100-104 and 105-109, respectively for 1991, 2000 and 2010 in Brazil.

The choice of life tables from which the survival rates are computed is crucial to this estimation procedure. Therefore, we use the Brazilian abridged life tables for males and females, calculated by the United Nations from 1950-1955 to 2010-2015 (UN 2015). The United Nations made the necessary adjustments for deficiencies in age reporting, underenumeration, or underreporting of vital events. The open-ended age interval of these life tables begins with age 85, thus, in order to estimate death rates until the age 110, we fit the Kannisto model of old age mortality to distribute deaths in the open-ended age interval (Thatcher et al. 1998). The Kannisto model has the following form:

$$\mu(x) = \frac{ae^{b(x-x_0)}}{1+ae^{b(x-x_0)}} \tag{6}$$

where $x_0 = 85 - 20$, and a and b are unknown parameters estimated through the optimization of the equation (6).

Tables 6 and 7 show the age-specific survival probabilities for female and male, respectively, used to cohort reconstruction. Due to the availability of survival probabilities only from 1950-1955, we assume that the survival probabilities at age groups 50-54, 55-59 and 60-64 for the periods 1940-1945 and 1945-1950 are equal to the survival probabilities at the same age groups for the period 1950-1955. The size of initial cohorts by sex a presented in Table 8.

Table 6 – Survival probabilities by 5-year age group, female, Brazil, 1950-1955 to 2005-2010.

Age Group	1940-1945	1945-1950	1950-1955	1955-1960	1960-1965	1965-1970	1970-1975	1975-1980	1980-1985	1985-1990	1990-1995	1995-2000	2000-2005	2005-2010	2010-2015
50-54	0.9287		0.9287	0.9342	0.9421										
55-59	0.9043	0.9043	0.9043	0.9112	0.9209	0.9283									
60-64		0.8674	0.8674	0.8765	0.8883	0.8961	0.9036								
65-69			0.8133	0.8252	0.8396	0.8466	0.8543	0.8593							
70-74				0.7523	0.7692	0.7731	0.7793	0.7853	0.7921						
75-79					0.6593	0.6602	0.6642	0.6690	0.6742	0.6855					
80-84						0.4849	0.4954	0.5085	0.5234	0.5599	0.5694				
85-89							0.3623	0.3838	0.3924	0.4280	0.4490	0.5038			
90-94								0.2585	0.2733	0.3069	0.3327	0.3907	0.4403		
95-99									0.1531	0.1843	0.2060	0.2629	0.2789	0.2990	
100-104										0.0430	0.0607	0.0779	0.0806	0.0990	0.1097

Source: authors' own calculation based on UN data (2015).

Table 7 – Survival probabilities by 5-year age group, male, Brazil, 1950-1955 to 2005-2010.

Age Group	1940-1945	1945-1950	1950-1955	1955-1960	1960-1965	1965-1970	1970-1975	1975-1980	1980-1985	1985-1990	1990-1995	1995-2000	2000-2005	2005-2010	2010-2015
50-54	0.9165		0.9165	0.9239	0.9299										
55-59	0.8868	0.8868	0.8868	0.8949	0.9014	0.9072									
60-64		0.8405	0.8405	0.8503	0.8578	0.8649	0.8672								
65-69			0.7768	0.7882	0.7960	0.8040	0.8059	0.7941							
70-74				0.6982	0.7074	0.7174	0.7193	0.7027	0.6926						
75-79					0.5880	0.6015	0.6044	0.5829	0.5708	0.5778					
80-84						0.4581	0.4600	0.4608	0.4675	0.4709	0.4817				
85-89							0.3189	0.3434	0.3446	0.3413	0.3617	0.4179			
90-94								0.2300	0.2459	0.2567	0.2635	0.3080	0.3520		
95-99									0.1234	0.1464	0.1608	0.2073	0.2356	0.2489	
100-104										0.0401	0.0588	0.0661	0.0693	0.0732	0.0879

Source: authors' own calculation based on UN data (2015).

Table 8 – Initial cohorts at age groups 50-54 and 55-59 by sex, Brazil

Year	Age group 50-54		Age group 55-59	
	Female	Male	Female	Male
1940	549,886	590,975	441,568	462,478
1950	715,320	763,270	574,414	597,310
1960	1,017,706	1,094,744	817,234	856,710

Source: Census Data 1940, 1950 and 1960.

Through this estimation procedure we reconstruct Brazilian cohorts at age groups 50-54 and 55-59 to obtain the number of centenarians in 1990, 2000 and 2010.

Results

Through three different methods we estimate the number of centenarians by sex in 1991, 2000 and 2010 in Brazil, as presented in Table 9. All methods suggest that the number of people

celebrating their 100th birthday multiplied several fold in the last decades in Brazil. Moreover, all estimates clearly reflect the considerable overstatement of centenarians in each of the past three censuses.

Table 9: Number of centenarians, recorded and estimated, by sex, Brazil, 1991, 2000 and 2010.

Estimation Method	Census Count			Wilmoth's Method Stable Population			Wilmoth's Method Non-Stable Population			Forward-Survival Method Cohort Reconstruction		
	1991	2000	2010	1991	2000	2010	1991	2000	2010	1990	2000	2010
Male	4,382	10,423	7,247	2,774	3,632	5,919	1,798	2,158	4,793	1,226	1,645	5,116
Female	8,914	14,153	16,989	4,701	6,335	15,390	2,808	5,171	14,656	2,582	4,842	15,001
Total	13,296	24,576	24,236	7,475	9,967	21,310	4,607	7,328	19,449	3,808	6,487	20,117

Source: authors' own calculation, and 1991, 2000 and 2010 Census.

The estimated number of centenarians falls approximately in the range 4,000-7,500 in 1991, in the range 6,500-10,000 in 2000, and in the range 19,500-21,300 in 2010. Two of the estimates (Wilmoth's method for non-stable population, and the forward-survival method) are grouped at the lower end of the ranges. The largest estimates derived from the Wilmoth's method assuming a stable population. Note that our estimates for 2010 are the closest to the number of centenarians recorded in the 2010 census, suggesting progress in census data quality.

In order to provide further support for our estimates derived from both Wilmoth's methods, Tables 10 and 11 present the resulting distribution of the number of centenarians from simulation trials, respectively for a stable and non-stable population. The range of estimates reflects the uncertainty about the number of centenarians that results from our uncertainty about the relationship between the various parameters of the mortality model. Note that the median number of centenarians derived from the Wilmoth's method assuming a non-stable population (Table 11) is very close to estimates derived from the forward-survival method in all analyzed years (Table 9). To complement our results, the sensitivity analysis of the centenarian prevalence estimates is evaluated in Tables 3A and 4A in the Appendix. This analysis varies the levels of all parameters. This sensitivity tests do not alter the most important conclusion of our analysis that the number of centenarians rapidly increased in the last decades. Not surprisingly, the overall mortality level has the largest impact in our predictions regarding the number of centenarians through the last decades in Brazil. In addition, the uncertainty about the growth rates does not affect our conclusion.

Table 10: Simulated estimates of the number of centenarians assuming a stable population, by sex in Brazil, 1991, 2000 and 2010.

	1991			2000			2010		
	Percentile			Percentile			Percentile		
	25	50	75	25	50	75	25	50	75
Male	2,040	2,752	3,620	2,406	3,596	5,070	3,974	5,932	8,148
Female	2,196	4,145	6,628	3,597	6,237	9,479	9,671	15,280	21,810

Source: authors' own calculation.

Table 11: Simulated estimates of the number of centenarians assuming a non-stable population, by sex in Brazil, 1991, 2000 and 2010.

	1991			2000			2010		
	Percentile			Percentile			Percentile		
	25	50	75	25	50	75	25	50	75
Male	1,321	1,784	2,350	1,421	2,136	3,028	3,125	4,805	6,834
Female	1,468	2,780	4,459	2,875	5,086	7,857	8,527	14,540	22,020

Source: authors' own calculation.

Women outnumber men in every age group due to higher life expectancy and this is particularly striking in older ages (Tomassini 2005). However, as the ratio of female to male centenarians has begun to fall in recent years as a result of improvements in male mortality.

Analysis by sex of our estimates reveal, as expected, that the number of female centenarians is higher than male over all analyzed years, and through all methods. In addition, the female centenarian population grew more rapidly than the male population between 1991 and 2010. This analysis also suggests that the problem of age exaggeration is not entirely independent of sex. The 2000 census shows 24,576 centenarians; of these 42% were male. Surprisingly, this male proportion of centenarians is too high due to the known female survival advantage at older ages. However, our estimates reveal that on average 30% of centenarians were male in 2000. This result also suggests the accuracy of our estimates regarding the number of centenarians in the 2000 Census.

Table 12: Proportion of centenarians in total population (per 10,000) by sex, 1991, 2000 and 2010.

Country	1991			2000			2010		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Brazil (Stable Population)	0.383	0.632	0.509	0.435	0.735	0.587	0.634	1.581	1.117
Brazil (Non-Stable Population)	0.248	0.378	0.314	0.258	0.600	0.432	0.513	1.506	1.020
Brazil (Cohort Reconstruction)	0.169	0.347	0.259	0.197	0.562	0.382	0.548	1.541	1.055
Brazil (Gomes and Turra 2009)	0.181	0.421	0.302	-	-	-	-	-	-
Brazil (census bureau)	0.605	1.199	0.906	1.247	1.641	1.447	0.776	1.745	1.271
Sweden	0.278	1.097	0.693	0.322	1.681	1.008	0.523	2.897	1.715
Japan	0.109	0.419	0.267	0.325	1.469	0.909	0.912	5.629	3.330
UK	0.172	1.297	0.750	0.214	1.890	1.073	0.457	3.013	1.759
France	0.191	1.255	0.737	0.323	2.367	1.375	0.680	4.590	2.696

Source: authors' own calculation, 1991, 2000 and 2010 Brazilian Census, and HMD.

Another way to check the accuracy of our estimates is comparing them with the proportion of centenarians of countries with presumably higher data quality, as presented in Table 12. Not surprisingly, analyses by sex reveal higher proportions of centenarians among women than men in all selected countries, including in our estimates to Brazil, in the period 1991 to 2010.

In 1991, the female centenarian share of population estimated through all methods is lower than that of the selected low-mortality countries, except Japan. Only the Wilmoth's method assuming a stable population presents higher proportion of female centenarians than Japan in 1991. For males, only the proportion of centenarians using the forward-survival method is lower than that of the selected low-mortality countries, except Japan. Not surprisingly, the proportion of centenarians for both male and female recorded in the 1991 census is higher than proportions of all selected low-mortality countries.

Comparing our results with the estimates of Gomes and Turra (2009) in 1991, we note similarities. Our proportions of centenarians derived from the Wilmoth's method assuming a non-stable population and from the forward-survival method are close to Gomes and Turra (2009) estimates (Table 12). This similarity provides further support for the accuracy of both results. Moreover, it suggests that our estimates derived from the Wilmoth's method assuming a non-stable population, and from the forward-survival method seem to be more accurate than that of the first estimation procedure in 1991.

In 2000 and 2010, the female centenarian share of population through the Wilmoth's method for non-stable population and using the forward-survival method are lower than that of the low-mortality countries in 2000 and 2010 (Table 12). For males, only the proportion of centenarians using the forward-survival method is lower than that of the low-mortality countries in 2000. In 2010 the male proportion of centenarians from the Wilmoth's method for non-stable population are lower than that of the low-mortality countries, except the UK. As observed in 1991, the estimates from the Wilmoth's method for non-stable population and from the forward-survival method seem to be more accurate than that of the first estimation in 2000 and 2010.

Conclusion and Discussion

The results suggest the proliferation of centenarians in the last decades in Brazil. Our preferred estimates of the number of centenarians for the past three census years are that derived from the Wilmoth's method assuming a non-stable population and from the forward-survival method used to cohort reconstruction. The Wilmoth's method assuming a non-stable

population is more complex than the forward-survival method, however, it has the advantage of the simulation and the sensitivity analysis. Conversely, the forward-survival method is simple but involves some assumptions and depends upon the accuracy of the survival probabilities.

The results revealed that the largest estimates of the number of centenarians derived from the Wilmoth's method assuming a stable population. This method assumes a stable population in Brazil during the period 1991-2010, considering that the life table of a population is constant over time. This assumption is too strong due to the deep demographic changes the Brazilian population has undergone since the 1940s (Carvalho 1974).

The second estimation procedure (Wilmoth's method assuming a non-stable population) does not assume a stable population, considering a set of age-specific growth rates. This procedure is more realistic due to the population demographic changes over the past decades in Brazil. As expected the number of centenarians derived from this procedure is more consistent than the first procedure when both are compared with countries with presumably better data quality. The limitation of this procedure is the uncertainty about the fit of the Gompertz-Perks curve to the mortality pattern at the oldest ages in Brazil, and the uncertainty about the relationships between the various parameters of the mortality model. However, the simulation and the sensitivity analysis provide stronger support to the accuracy of these estimates.

The forward-survival method used to cohort reconstruction depends to the accuracy of the initial population at age groups 50-54 and 55-59 recorded in the 1940, 1950 and 1960 Brazilian census. Nevertheless, the use of quinquennial age groups reduces common errors of reporting ages, for instance the digit preference. Moreover, age statements in the census are presumably more accurate at these younger age groups than for centenarians. Another important issue to the accuracy of the estimates using the forward-survival method is the accuracy of survival rates. As already mentioned, we chose the life tables estimated by the United Nations (2015). Before estimate the survival rates, the United Nations made the necessary adjustments for deficiencies in age reporting, under-enumeration, or underreporting of vital events. The assumption of negligible international migration at age 50 and over is believed to not affect the accuracy of the estimates, due to low migration rates at older ages.

Although even the acceptable estimate of centenarians in 1991, 2000 and 2010 are subject to error, they do provide a range of figures which may reasonably be expected to bracket the true number. Thus, we expect that the true number of centenarians in Brazil falls in the range

3,808-4,607 in 1991, 6,487-7,328 in 2000, and 19,449-20,117 in 2010. These numbers of centenarians is around $\frac{1}{3}$ the number recorded in the 1991 census, $\frac{1}{4}$ the number recorded in the 2000 census, and $\frac{4}{5}$ the number recorded in the 2010 census. This comparison between estimated and recorded centenarian population reveals the poor data quality in the 2000 Census and the progress in census data quality between 2000 and 2010. The 2000 census presented the largest overstatement of the number of centenarians among the last three census years.

References

- Agostinho, C. S., & Queiroz, B. L. (2004). *Estimativas da mortalidade adulta para o Brasil no período 1980 / 2000 : uma abordagem metodológica comparativa*.
- Fundação Instituto Brasileiro de Geografia e Estatística - IBGE (1991). Características gerais da população e instrução. Brasil. *Censo Demográfico 1991* 1:161
- Fundação Instituto Brasileiro de Geografia e Estatística - IBGE (2001). Características da população e dos domicílios: resultados do universo. Brasil. *Censo Demográfico 2000*
- Fundação Instituto Brasileiro de Geografia e Estatística - IBGE (2010). Resultados do Universo do censo demográfico 2010. *Censo Demográfico 2010*
- Gampe, J. (2010). Supercentenarians, (Idl). doi:10.1007/978-3-642-11520-2
- Gavrilov, L. A., & Gavrilova, N. S. (2011). Mortality Measurement at Advanced Ages: A Study of the Social Security Administration Death Master File. *North American actuarial journal*, 15(3), 432–447.
- Gavrilova, N. S., & Gavrilov, L. A. (2015). Biodemography of old-age mortality in humans and rodents. *Journals of Gerontology - Series A Biological Sciences and Medical Sciences*, 70(1), 1–9. doi:10.1093/gerona/glu009
- Gomes, M. M. F., & Turra, C. M. (2009). The number of centenarians in Brazil: Indirect estimates based on death certificates. *Demographic Research*, 20, 495–502. doi:10.4054/DemRes.2009.20.20
- Horta, C. J. G. (2012). Idade Declarada nos Censos Demográficos e a Qualidade da Informação 1, (Xviii), 1–19.
- Jeune, B., & Kannisto, V. (1997). Emergence of Centenarians and Super-centenarians. In J. Robine, J. W. Vaupel, B. Jeune, & E. Al. (Eds.), *Longevity: To the Limits and Beyond* (p. 185). Berlin, Heidelberg: Springer Berlin Heidelberg.
- Kannisto, V., Lauritsen, J., Thatcher, A. R., & Vaupel, J. W. (1994). Reductions in Mortality at Advanced Ages: Several Decades of Evidence from 27 Countries. *Population and Development Review*, 20(4), 793. doi:10.2307/2137662
- Lima, E. E. C., & Queiroz, B. L. (2014). Evolution of the deaths registry system in Brazil: associations with changes in the mortality profile, under-registration of death counts, and ill-defined causes of death. *Cadernos de saúde pública*, 30(8), 1721–30. doi:10.1590/0102-311X00131113
- POPOLO, Fabiana (2000) . Los problemas en la declaración de la edad de la población adulta mayor en los censos. Centro Latinoamericano y Caribeño de Demografía (CELADE) – División de Población. Santiago de Chile. Série población y desarrollo, n. 8, noviembre de 2000, 53 p.
- Paes, N. A. (2005). Avaliação da cobertura dos registros de óbitos dos Estados brasileiros em 2000. *Revista de Saude Publica*, 39(6), 882–890. doi:10.1590/S0034-89102005000600003
- Preston, S.H., and A.J. Coale. 1982. Age Structure, Growth, Attrition, and Accession: a New Synthesis. *Population Index* 48:217-59.

- Preston, S. H., Elo, I. T., & Preston, S. H. (1999). Effects of age misreporting on mortality estimates at older ages. *Population Studies*, 53(2), 165–177.
doi:10.1080/00324720308075
- Queiroz, B. L., Lima, E. C., Freire, F. H., & Gonzaga, M. R. (2013). Adult mortality estimates for small areas in Brazil, 1980 – 2010: a methodological approach. *The Lancet*, 2010.
doi:10.1016/S0140-6736(13)61374-4
- Robine, J.-M., Cournil, A., Gampe, J., & Vaupel, J. W. (2005). IDL, the international database on longevity. Orlando, FL: Society of Actuaries.
- Robine, J.-M., & Vaupel, J. W. (2001). Supercentenarians: slower ageing individuals or senile elderly? *Experimental Gerontology*, 36(4-6), 915–930. doi:10.1016/S0531-5565(00)00250-3
- J.-M. Robine and Y. Saito (2010), “The demography of the oldest old in Japan,” in *Frontiers of Japanese Demography*, Springer, Demographic Research Monographs, New York, NY, USA
- Saito, Y. (2005). Supercentenarians in Japan. In: Maier, H. et al. (Eds.), *Supercentenarians. Demographic Research Monographs*.
- United Nations, Department of Economic and Social Affairs, Population Division (2015). *World Population Prospects: The 2015 Revision*
- Vaupel, J. W., & Jeune, B. (1995). The Emergence and Proliferation of Centenarians. In B. Jeune & J. W. Vaupel (Eds.), *Exceptional Longevity: From Prehistory to the Present* (p. 169). Odense: University Press of Southern Denmark.
- Wilmoth, J. (1995). *The Earliest Centenarians: A Statistical Analysis*. (B. Jeune & J. W. Vaupel, Eds.) *Exceptional Longevity: From Prehistory to the Present*. University Press of Southern Denmark, Odense.

Appendix I

Table 1A – Regression results for females, 1991, 2000 and 2010.

1991						
Variables/Intercept	Model 1: Predicting $\log({}_5m_{50})$			Model 2: Predicting c		
	Coef.	Std. Error	p-value	Coef.	Std. Error	p-value
Intercept	-1.093	0.460	0.026	0.029	0.002	0.000
e₅₀	-0.152	0.018	0.000	-	-	-
log(₅m₅₀)	-	-	-	0.005	0.000	0.000
<i>Number of observations:</i>	26			<i>Number of observations:</i> 26		
<i>R²:</i>	76%			<i>R²:</i> 85%		
<i>Test F (p-value):</i>	0.00			<i>Test F (p-value):</i> 0.00		
2000						
Variables/Intercept	Model 1: Predicting $\log({}_5m_{50})$			Model 2: Predicting c		
	Coef.	Std. Error	p-value	Coef.	Std. Error	p-value
Intercept	-1.817	0.438	0.000	0.026	0.003	0.000
e₅₀	-0.125	0.016	0.000	-	-	-
log(₅m₅₀)	-	-	-	0.004	0.001	0.000
<i>Number of observations:</i>	27			<i>Number of observations:</i> 27		
<i>R²:</i>	71%			<i>R²:</i> 64%		
<i>Test F (p-value):</i>	0			<i>Test F (p-value):</i> 0		
2010						
Variables/Intercept	Model 1: Predicting $\log({}_5m_{50})$			Model 2: Predicting c		
	Coef.	Std. Error	p-value	Coef.	Std. Error	p-value
Intercept	3.558	1.148	0.009	0.036	0.005	0.000
e₅₀	-0.303	0.038	0.000	-0.001	0.000	0.000
log(₅m₅₀)	-	-	-	-	-	-
<i>Number of observations:</i>	14			<i>Number of observations:</i> 14		
<i>R²:</i>	84%			<i>R²:</i> 79%		
<i>Test F (p-value):</i>	0			<i>Test F (p-value):</i> 0		

Source: Authors' own calculation based on HMD data.

Table 2A – Regression results for males, 1991, 2000 and 2010.

1991						
Variables/Intercept	Model 1: Predicting $\log({}_5m_{50})$			Model 2: Predicting c		
	Coef.	Std. Error	p-value	Coef.	Std. Error	p-value
Intercept	-1.858	0.170	0.000	0.053	0.003	0.000
e_{50}	-0.117	0.007	0.000	0.000	0.000	0.043
$\log({}_5m_{50})$	-	-	-	0.012	0.001	0.000
<i>Number of observations:</i>	40			<i>Number of observations:</i> 40		
<i>R²:</i>	86%			<i>R²:</i> 89%		
<i>Test F (p-value):</i>	0			<i>Test F (p-value):</i> 0		
2000						
Variables/Intercept	Model 1: Predicting $\log({}_5m_{50})$			Model 2: Predicting ${}_1m_{50}$		
	Coef.	Std. Error	p-value	Coef.	Std. Error	p-value
Intercept	-1.705	0.245	0.000	0.0506	0.0030	0.0000
e_{50}	-0.124	0.010	0.000	0.0004	0.0002	0.0346
$\log({}_5m_{50})$	-	-	-	0.0114	0.0014	0.0000
<i>Number of observations:</i>	29			<i>Number of observations:</i> 29		
<i>R²:</i>	84%			<i>R²:</i> 90%		
<i>Test F (p-value):</i>	0			<i>Test F (p-value):</i> 0		
2010						
Variables/Intercept	Model 1: Predicting $\log({}_5m_{50})$			Model 2: Predicting ${}_1m_{50}$		
	Coef.	Std. Error	p-value	Coef.	Std. Error	p-value
Intercept	-1.709	0.276	0.000	0.0353	0.0027	0.0000
e_{50}	-0.127	0.011	0.000	0.0001	0.0002	0.1100
$\log({}_5m_{50})$	-	-	-	0.0066	0.0012	0.0000
<i>Number of observations:</i>	32			<i>Number of observations:</i> 32		
<i>R²:</i>	81%			<i>R²:</i> 81%		
<i>Test F (p-value):</i>	0			<i>Test F (p-value):</i> 0		

Source: Authors' own calculation based on HMD data.

Table 3A – Sensitivity of the estimated number of centenarians by sex through the Wilmoth's method assuming a stable population, Brazil.

	Female									Male								
	1991			2000			2010			1991			2000			2010		
	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	
	25	50	75	25	50	75	25	50	75	25	50	75	25	50	75	25	50	75
Base Model	2,196	4,145	6,628	3,597	6,237	9,479	9,671	15,280	21,810	2,040	2,752	3,620	2,406	3,596	5,070	3,974	5,932	8,148
$e_{50} = + 1$ year	2,797	4,968	7,584	4,523	7,430	10,840	11,990	18,110	24,940	2,611	3,423	4,384	3,055	4,396	5,997	4,976	7,143	9,509
$e_{50} = - 1$ year	1,726	3,461	5,796	2,864	5,234	8,288	7,808	12,900	19,070	1,595	2,215	2,990	1,896	2,944	4,287	3,177	4,930	6,982
${}_5m_{50} = +10\%$	1,803	3,792	6,473	3,065	5,805	9,315	8,559	14,480	21,590	1,539	2,214	3,075	1,892	3,060	4,580	3,287	5,279	7,623
${}_5m_{50} = -10\%$	2,638	4,514	6,788	4,181	6,681	9,638	10,860	16,100	22,030	2,630	2,254	3,469	2,994	4,176	5,579	4,735	6,623	8,685
$c = +10\%$	2,139	4,040	6,460	3,523	6,105	9,281	9,517	15,040	21,460	1,940	2,618	3,443	2,312	3,457	4,876	3,854	5,753	7,902
$c = -10\%$	2,255	4,253	6,804	3,675	6,368	9,677	9,829	15,530	21,170	2,144	2,893	3,805	2,504	3,740	5,270	4,098	6,118	8,401
$v = 0.7$	2,227	4,178	6,657	3,642	6,280	9,521	9,774	15,380	21,900	2,073	2,786	3,655	2,441	3,633	5,107	4,024	5,984	8,198
$v = 0.5$	2,166	4,113	6,598	3,553	6,189	9,437	9,569	15,180	21,720	2,008	2,718	3,584	2,371	3,558	5,032	3,924	5,881	8,097
$l_{50} = + 1\%$	2,209	4,168	6,664	3,616	6,267	9,529	9,720	15,360	21,920	2,052	2,768	3,641	2,420	3,615	5,098	3,995	5,963	8,189
$l_{50} = - 1\%$	2,184	4,122	6,591	3,578	6,201	9,429	9,622	15,210	21,700	2,028	2,736	3,599	2,393	3,576	5,042	3,953	5,902	8,106
$r = +1\%$	2,153	4,064	6,604	3,533	6,124	9,312	9,525	15,050	21,480	1,999	2,697	3,548	2,363	3,531	4,980	3,915	5,845	8,028
$r = -1\%$	2,240	4,228	6,758	3,663	6,347	9,649	9,820	15,520	22,140	2,082	2,808	3,693	2,450	3,661	5,161	4,034	6,021	8,268

Source: Authors' own calculation.

Table 4A – Sensitivity of the estimated number of centenarians by sex through the Wilmoth’s method assuming a non-stable population, Brazil.

	Female									Male								
	1991			2000			2010			1991			2000			2010		
	Percentile			Percentile			Percentile			Percentile			Percentile			Percentile		
	25	50	75	25	50	75	25	50	75	25	50	75	25	50	75	25	50	75
Base Model	1,468	2,780	4,459	2,875	5,086	7,857	8,527	14,540	22,020	1,321	1,784	2,350	1,421	2,136	3,028	3,125	4,805	6,834
$e_{50} = + 1$ year	1,873	3,337	5,110	3,642	6,096	9,025	10,870	17,620	25,640	1,693	2,222	2,850	1,810	2,620	3,593	3,969	5,856	7,970
$e_{50} = - 1$ year	1,153	2,318	3,895	2,274	4,245	6,838	6,701	12,000	18,920	1,032	1,434	1,939	1,116	1,743	2,553	2,464	3,947	5,734
$s_{m_{50}} = +10\%$	1,204	2,542	4,354	2,436	4,722	7,716	7,397	13,650	21,760	996	1,434	1,995	1,113	1,813	2,731	2,549	4,239	6,291
$s_{m_{50}} = -10\%$	1,765	3,029	4,568	3,361	5,464	7,994	9,758	15,450	22,280	1,705	2,176	2,731	1,774	2,487	3,338	3,771	5,409	7,239
$c = +10\%$	1,430	2,709	4,345	2,814	4,976	7,687	8,375	14,280	21,620	1,256	1,697	2,234	1,364	2,052	2,911	3,026	4,652	6,542
$c = -10\%$	1,508	2,853	4,579	2,939	5,198	8,026	8,682	14,800	22,430	1,384	1,979	2,471	1,479	2,223	3,150	3,228	4,965	6,982
$v = 0.7$	1,489	2,802	4,480	2,912	5,124	7,893	8,631	14,650	22,130	1,342	1,807	2,373	1,442	2,158	3,051	3,167	4,850	6,803
$v = 0.5$	1,448	2,758	4,439	2,839	5,047	7,821	8,423	16,050	21,910	1,300	1,762	2,327	1,400	2,113	3,005	3,083	4,760	6,714
$l_{50} = + 1\%$	1,477	2,796	4,485	2,891	5,114	7,900	8,573	14,610	22,140	1,329	1,795	2,364	1,429	2,148	3,046	3,142	4,832	6,795
$l_{50} = - 1\%$	1,460	2,764	4,434	2,859	5,057	7,813	8,480	14,460	21,900	1,313	1,774	2,336	1,413	2,123	3,011	3,108	4,778	6,721
r_1 and $r_3 = +1\%$	1,427	2,702	4,335	2,792	4,939	7,631	8,252	14,070	21,310	1,238	1,733	2,282	1,380	2,074	2,942	3,029	4,657	6,551
r_1 and $r_3 = -1\%$	1,511	2,860	4,587	2,961	5,237	8,089	8,811	15,020	22,750	1,361	1,837	2,419	1,463	2,199	3,118	3,224	4,957	6,972
$r_2 = +1\%$	1,475	2,793	4,479	2,887	5,107	7,889	8,557	14,590	22,100	1,327	1,792	2,360	1,427	2,145	3,041	3,136	4,822	6,782
$r_2 = -1\%$	1,462	2,768	4,440	2,863	5,065	7,825	8,497	14,490	21,940	1,315	1,776	2,339	1,415	2,127	3,016	3,114	4,788	6,735

Source: Authors’ own calculation.