Summary Briefing: European Commission Demography Report 2010

Contact: Linden Farrer (Projects and Policy Officer) - l.farrer@eurohealthnet.eu

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Overview

The Demography Report 2010: Older, more numerous and diverse Europeans\(^1\), produced jointly by Eurostat and the European Commission, describes a Europe which has passed the 500 million population mark, with growth fuelled mainly by migration rather than fertility, and a population that is becoming progressively older and more diverse. This briefing, produced by EuroHealthNet, presents a summary of the key trends and messages outlined in the Demography Report 2010, with special emphasis on issues relating to health and the social determinants of health. Needless to say, readers interested in any of the data presented herein should refer to the full EC report.

Demography provides a bedrock for the framing and implementation of social policy. The European Year for Active Ageing and Solidarity between Generations 2012, which links in to debates on health, employment, pensions, education, the environment and information technology amongst others\(^2\), is just one rather obvious example of this. Although governments sometimes try to actively stimulate one of the key drivers of demography - fertility - in some way or another, they more often work towards creating the right enabling environments to support families to look after and have children with adequate resources, quality services and time\(^3\). Despite this, the sheer weight of the power of demography and the fact that the consequences of demographic trends can take many decades to become apparent mean that most social policies simply have to deal with its consequences. Such consequences include questions about policies on migration and education and difficult questions about whether to invest in the future or reduce spending to 'balance budgets'.

Following the basic structure of the EC report, this Summary Briefing provides a synopsis of key messages and a selection of graphs concerning fertility, mortality, ageing, migration, families, and the early effects of the economic crisis. These are supplemented by graphs we have produced using publicly-available Eurostat data. The graphs that make use of Healthy Life Years (HLY) give an early indication of the ages at which European citizens may expect to live without disability or work until without special adaptations or support. We are aware that these statistics are under development, and should therefore be treated as experimental rather than definitive. However, they provide context to on-going political debates, and raise the importance of health promotion and tackling the social determinants of health as part of the response to the current economic and social crisis.

Given more time, a much more nuanced demographic picture could be painted. For although huge inequalities can be seen across countries in terms of life expectancy (a full 7.6 years between women in France and Bulgaria) and HLY (19.4 years between men in Slovakia and Sweden) these mask huge differences between socio-economic groups. Recent data from England\(^4\) and Belgium\(^5\), amongst others, show that inequalities in HLY based on educational level are significant and increasing. Compounding this, some member states’ populations completely outweigh others, suggesting that a focus on member states has to be at the very least supplemented by data focusing on the regional or even local level.

The Demography Report makes clear that the long-term impact of the recession on demography will not be known for quite some time. It will depend not only on the speed, timing and scale of the recovery in global and national economies, but also on the measures implemented by governments in attempting to escape the crisis. With some countries outside the EU now questioning how much of the EU’s social model will survive the current vogue for austerity, it is important to warn policy makers that such measures not only risk threatening population health, but could also seriously undermine the EU’s overarching long-term 2020 Strategy for smart, sustainable and inclusive growth.

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\(^2\) See for example [http://www.healthyageing.eu/steps/steps-healthy-ageing](http://www.healthyageing.eu/steps/steps-healthy-ageing).

\(^3\) See COFACE HANDICAP (2001) - Financial Resources, Services, Time: The Three Parts of a Family Policy Triangle; COFACE.


1) Fertility

“Lowest-low fertility”, a fertility rate below 1.3 children per woman, seen in many EU member states in the late 1990s to early 2000s, has ended. By 2008 the overall fertility rate had risen to 1.6. While rates of fertility of women aged under 30 have declined since the 1980s, rates of fertility of those aged 30 and over have risen. Newer member states have seen the mean age at childbirth increase rapidly, while the trend appears to be slowing down in older member states. This would seem to confirm that the long-term decline in fertility rates within the EU27 (and some of its subsequent recovery) is associated with postponement of childbirth.

1.1) Family & household

The EU27 has developed “peculiar demographic patterns”. Countries with lower rates of marriage, higher rates of divorce, higher rates of cohabitations, and older average ages of women at childbirth tend to be associated with higher rates of fertility. Conversely, countries with younger average ages of women at childbirth are associated with lower rates of fertility.

The number of marriages is decreasing and the number of divorces is increasing across Europe. This may be due in part to population ageing.

The proportion of births outside marriage in the EU27 continues to increase, and has increased in almost every country in the EU27. In some member states, mostly in northern Europe, the majority of live births are now outside marriage.

Average family and household size has been declining since the 1960s. The majority of households with children in the EU now comprises two adults (Graph I.7.4) almost always living in a couple partnership. Single-parent households are relatively common in Estonia and the United Kingdom (both above 20%) and 8% of young women in the UK aged 15-24 are single parents.

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6 Produced by EuroHealthNet using data available April 2012.
The proportion of young adults (aged 25-29) living with a/their parent/s varies from 15% or less in France, the Netherlands and Finland to 55% or more in Bulgaria, Italy, Malta, Slovenia and Slovakia.

A Eurobarometer survey in 2001 suggested that material difficulties were the main obstacle to young people leaving the parental home. These material difficulties reflect changes in the housing and labour markets (e.g. lack of job security) and the conditions under which young people pursue education.

Cultural aspects or different lifestyle arrangements, which are difficult to assess and are to some extent linked in the longer term to idiosyncrasies in labour markets and other factors, may also help to explain differences between countries.

1.2) Employment and childcare

Fertility is higher in countries that made an earlier transition to more gender equality and female participation in employment, allowing for flexible, less traditional family-formation and child-bearing patterns. Graph I.7.2 shows that member states with highest rates of employment for women also tend to have higher rates of fertility, though this relationship is not as strong as the correlation between fertility and provision of childcare.
Scandinavian countries have high labour force participation, innovative family policies and are amongst the countries with the highest levels of fertility in the EU27. Thus, these trends in fertility may be the result of long-term and successful implementation of policies to improve gender equality and facilitate reconciliation of work and family life. The failure to address gender equality, reconciliation of work and family life, and flexibility in labour markets may well help to explain why fertility in the wealthier countries of Asia continues to decrease as they grow wealthier.

2) Infant mortality

Infant mortality rates reduced from 8.7 to 4.3% between 1993 and 2009 in the EU27; the fall in central and eastern European member states was greater than in others. Large inequalities continue to exist between the highest rate of child mortality (Romania, 10.1%) and the lowest (Slovenia, 2.4%). Socio-economic status appears to play a major role in determining infant mortality rates, especially in some central European countries.

3) Life expectancy

Economic development and improvement of environmental conditions and healthcare systems across Europe have resulted in a continuous increase in life expectancy at birth of about 2 years per decade, mostly as a result from gains at older ages. In comparison with earlier generations, people today spend longer in education, start working and having children later, spend fewer years of their life building a family and die at a later age; people’s lives are being stretched out over an ever longer period. Europe has longer experience of this process than most other countries in the world, making it a world leader in life expectancy.

In 2008 the average life expectancy of the EU27 was 76.4 for men and 82.4 for women. While life expectancy has increased in all countries, it has gone up slightly more in some of the countries where it was lower, so there has been some ‘catching up’. Differences among member states are still significant, ranging from almost 13 years for men to 8 for women.

Wealth and life expectancy are not strongly linked; some member states are poorer than others and yet their citizens live relatively long. On the other hand, level of education is much more strongly linked to life expectancy, particularly for men. The difference between the life expectancy of high and low educational achievers is increasing.

7 Produced by EuroHealthNet using data available April 2012.
4) Ageing

Sixty years ago the number of births rose sharply and remained high for about 20-30 years. The first ‘baby-boomers’ have now reached the age of 60 and have started retiring. The working age population (20-64) will start to shrink by 2014 as a result of an overall fertility rate below 2.1 and non-replacement levels of migration.

The number of deaths is expected to increase as the baby-boomer generation ages. Assuming that fertility remains at a relatively low level, a negative natural change (more deaths than births) cannot be excluded in the future. If this happens, the extent of population decline or growth will depend on the contribution of migration to population change.

The baby-boomer ‘bulge’ in the population and increases in life expectancy mean that the number of people aged 60 and above in the EU is increasing by about 2 million every year. This trend is likely to continue, with the median age of the population projected to increase from 40.6 in 2009 to 47.9 by 2060.

The proportion of those aged 80 or over (the ‘oldest-old’) is growing faster than any other segment of the population, and is projected to almost treble by 2060. While population projections show that ageing will affect all member states, individual countries will experience the process at different rates and at different times. Member states with the older populations (such as Germany and Italy) will age rapidly for the next 20 years and then stabilise. Other member states (mainly in the east), with populations that are currently younger, will have the oldest populations in the EU by 2060.

5) Healthy Life Years

Not only are people living longer, they are also living longer healthier lives. There is evidence that the process of ageing, by which people become progressively disabled until they die, is not slowing; rather, it is being progressively delayed. Health problems that used to be common at the age of 70 are now common at the age of 80, and conditions that prevailed at age 80 now prevail at age 90.

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6 Produced by EuroHealthNet using data available April 2012.
Differences between life expectancy and HLY will have a huge impact on the EU member states over the coming years. Many are in the process of increasing minimum pension ages or have already done so, yet in 22 out of 28 EU member states for men (and 16 for women) the pension age is above the age at which a person may be described as being non-disabled. This has consequent impacts upon employment rates and costs to healthcare and other services, and there needs to be consideration of how people will manage financially when they are too ill to work but not entitled to a full pension. A solution is to promote a longer period of HLY through public health interventions and action on the social determinants of health.

Graphs produced by EuroHealthNet using data available April 2012.
6) Migration

In recent years increases in the EU27’s population have mainly been due to high net migration. A total of 31.9 million persons with citizenship of a country different from their country of residence were living on the territory of the EU27 on 1 January 2009, representing 6.4% of the total EU27 population. Of these non-nationals, more than a third (11.9 million persons) were citizens of another member state. By 2008, 12.7% of EU27 residents aged 15-74 were foreign-born or had at least one foreign-born parent. By 2060, the proportion is projected to double and reach over 25%.

Most irregular residents are non-EU nationals. Between 1.9-3.8 million people lived ‘irregularly’ in EU27, accounting for between 7-13% of estimated foreigners. The number of irregular immigrants appears to have declined in recent years, mainly because many are nationals of countries that ended up joining the EU.

Migration is more responsive to economic and social changes than other demographic factors, both in sending and receiving countries. In Spain, there was an overall decrease in the flow of immigrants by almost one third (31%) from 2008 to 2009. In Italy, the reduced inflow in 2009 compared to 2008 was mainly due to a fall in the numbers of citizens of the EU27, particularly Romanians (69,000 fewer in 2009 than in 2008), and fewer immigrants with non-EU citizenship, especially Albanians, Moldavians and Moroccans. Countries with long traditions of immigration, such as Germany and the United Kingdom have been affected less affected by the recession.

6.1) Immigration into the EU

In recent years, non-EU citizens have been joining EU countries at a rate of 1-2 million per year. From 2004-2008 member state populations increased by an average of 1.7 million per year. Although immigration into the EU27 fell in 2008 and emigration increased, net migration still contributed 71% of the total population increase.

Immigration is not only increasing the total population, but also bringing in a much younger population. Whereas the median age of EU27 member states in 2009 was 40.6, the median age of immigrants in 2008 was 28.4. In France, younger age groups would be about 25% smaller in the absence of immigration.

Immigrants tend to be employed in jobs below their level of qualification. In the EU, 31% of tertiary-educated immigrant men and 37% of tertiary-educated immigrant women were overqualified for their job.

Reasons included lack of recognition of qualifications, skills not matching labour-market needs and linguistic difficulties. By contrast, there were no differences between the rates of over-qualification of native-born males and females (19% each).

Rates of unemployment of the foreign-born are always higher than those of native-born citizens with native-born parents; this applies to both sexes. Unemployment is high among the second generation, although in France and the United Kingdom it is substantially lower.

The integration of immigrants across generations occurs rather rapidly. In the four member states with the largest cohorts of second-generation migrants and reliable data (BE, FR, NL, AT, UK), integration typically occurs at the second or third generation, when the children of migrants come close to the levels of education and employment of local populations. Nevertheless, even after three generations descendants of migrants maintain some attachment to their countries of 'origin'.
6.2) Intra-EU mobility

About 1% of the EU’s resident nationals have been cross-border workers at some time during their lives. The number of EU citizens migrating to a member state other than their country of citizenship increased by an average of 12% per year between 2002-2008. Many of these were young and well-educated, often towards the higher end of the occupational or educational scale, moving abroad for short periods, mainly to other member states, to seek out work, education, or some other opportunity.

More highly educated people are much more likely to seek experiences abroad. Of those who remained in education until age 20 or above, about one quarter made important life choices connecting them to other countries. These scores are more than double the rates of those who studied until 16-19. Europeans with existing connections to other countries are up to four times more likely to move abroad than those without any foreign experience or background.

Outline of key policy issues in the EC report

Migration: whether or not migration is more tightly controlled or actually encouraged in the future, the low rate of employment of migrants is both socially and financially unsustainable, particularly given the large proportions of working-age people who are currently from migrant backgrounds, and the fact that migrants will make up an even larger share of Europe’s labour force in the future. Additional efforts will be needed to ensure that immigrants have the opportunity to integrate into their host society and, crucially, to enable them to contribute to the labour market by making full use of their education. As part of these efforts, linguistic barriers and barriers to the recognition of qualifications and education need to be tackled. On the other hand, the fact that it is mostly more highly educated and wealthy Europeans who make the most of Europe’s open labour market and borders means that additional actions are needed to promote such benefits to people of all ages and backgrounds.

Ageing: population ageing is above all a result of economic, social and medical progress, as well as greater control over the timing of births and the number of children that people decide to have. It is above all a positive development. Older people and in particular ageing baby-boomers possess valuable skills and experience, and can look forward to many more years of healthy life. Opportunities for older people to contribute to and play a part in society, even after retirement, need to be developed. Supporting healthy ageing over the life course will enable people to work until they are older, and enable them to play a more active part in society upon retirement.

Family policy: one of the benefits of an ageing population is that it offers opportunities for more flexible arrangements during the life-course. Greater flexibility should be provided during the intense periods during which childbearing and career commitments coincide, with periods of time set aside to allow parents to care for their children.

Employment: greater flexibility demanded both in the labour market and by employers themselves needs to be accompanied by opportunities for recurrent periods of education and training. Pension ages need to be considered from the standpoint of actual and predicted ability to work (e.g. HLYs); support for groups of people who may need to retire for reasons of ill-health needs to be developed so as to bridge the growing gap between age of pension eligibility and HLY.

Reconciliation of work and family life: people with caring responsibilities lack adequate support and suitable arrangements for combining different responsibilities. Quite apart from the effects this has on well-being and on gender equality (where women are still more likely to stay at home to care), it also hampers economic growth because too many people are prevented from exploiting their high level of skills and education on the labour market. Data suggests that adequate provision of childcare and a better balance between professional and family life would help encourage more couples to have children.