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Recent Demographic Trends in France: The Number of Marriages Continues to Decrease

I. General trends and population age structure

A narrowing gap between birth and death rates

On 1 January 2014, the population of France was close to 66 million (65.8 million), including 2.1 million in the overseas departments excluding Mayotte, and 0.2 million in Mayotte (Bellamy and Beaumel, 2014).

Over the course of 2013, the population increased by 300,000, of which 240,000 in metropolitan France (mainland France and Corsica), where the growth rate was 0.42%.⁽¹⁾ This is a decrease with respect to 2012, when it was estimated at 0.49% (Appendix Table A.1).⁽²⁾ This growth was due mainly to natural increase (3.4 per 1,000), which is the difference between the birth rate of 12.2 per 1,000 and the death rate of 8.8 per 1,000. The gap between these two rates has been progressively narrowing, from 4.6 per 1,000 in 2006 to 3.4 per 1,000 in 2013 (Appendix Table A.1).

The rate of natural increase remains one of the highest in the European Union

The rate of natural increase in France is among the highest in the European Union (Figure 1). In 2012, just half of the countries in the EU had a positive rate. Ireland topped the rankings thanks to its high fertility and a younger age

(1) These are provisional data published by INSEE (Bellamy and Beaumel, 2014). Net migration has been estimated at +50,000. The figure has been adjusted slightly downward since 2010.

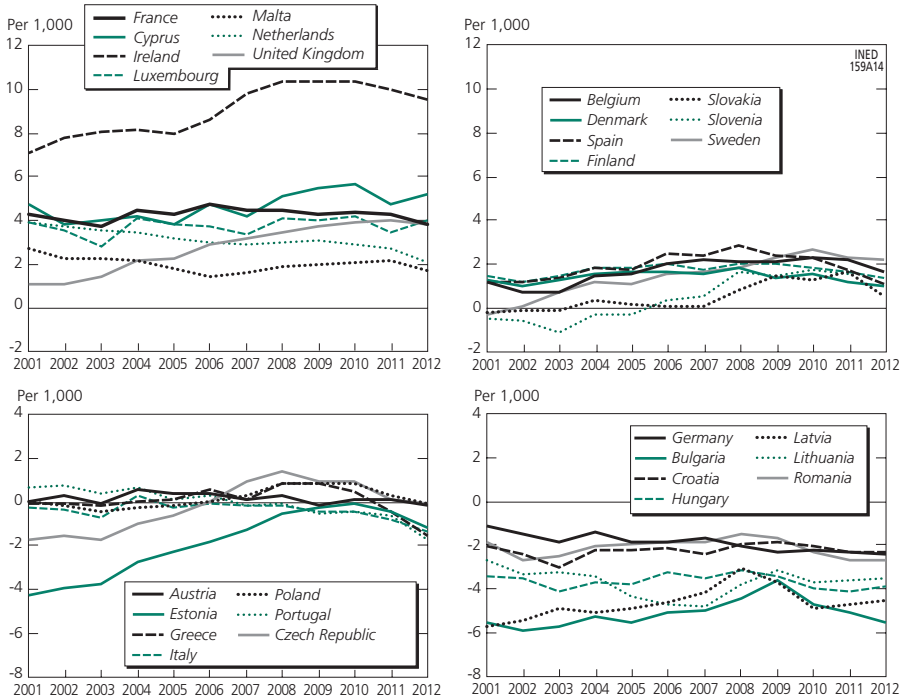
(2) Appendix Tables A.1 to A.16 are given at the end of the article. They are updated annually with the latest available data. The table numbers do not always correspond to the order in which they are cited in the text.

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Figure 1. Annual rates of natural increase, 2001-2012, European Union (per 1,000)



Coverage: European Union (28 countries).
Source: Eurostat (site consulted in July 2014).

structure than other countries. In 2010, the median age of the Irish population was 34.3 years, versus 44.2 years in Germany; the proportion of individuals aged 65 or older in the two countries was 11% and 20.7%, respectively (Mazuy et al., 2013).

Rates of natural increase vary from a maximum of 9.5 per 1,000 in Ireland to a minimum of -5.5 per 1,000 in Bulgaria. The rate is between 5.2 and 2.1 per 1,000 in six countries (Cyprus, Luxembourg, France, the United Kingdom, Sweden, and the Netherlands) and between 1.7 and 0.6 per 1,000 in seven countries (Belgium, Malta, Finland, Slovenia, Spain, Denmark, and Slovakia). The other 14 countries have zero or negative rates. Seven countries have a rate between 0 and -1.7 per 1,000 (Poland, Czech Republic, Austria, Estonia, Italy, Greece, and Portugal). Finally, the remaining seven countries have a rate between -2.3 and -5.5 per 1,000 (Croatia,⁽³⁾ Germany, Romania, Lithuania, Hungary, Latvia, and Bulgaria).

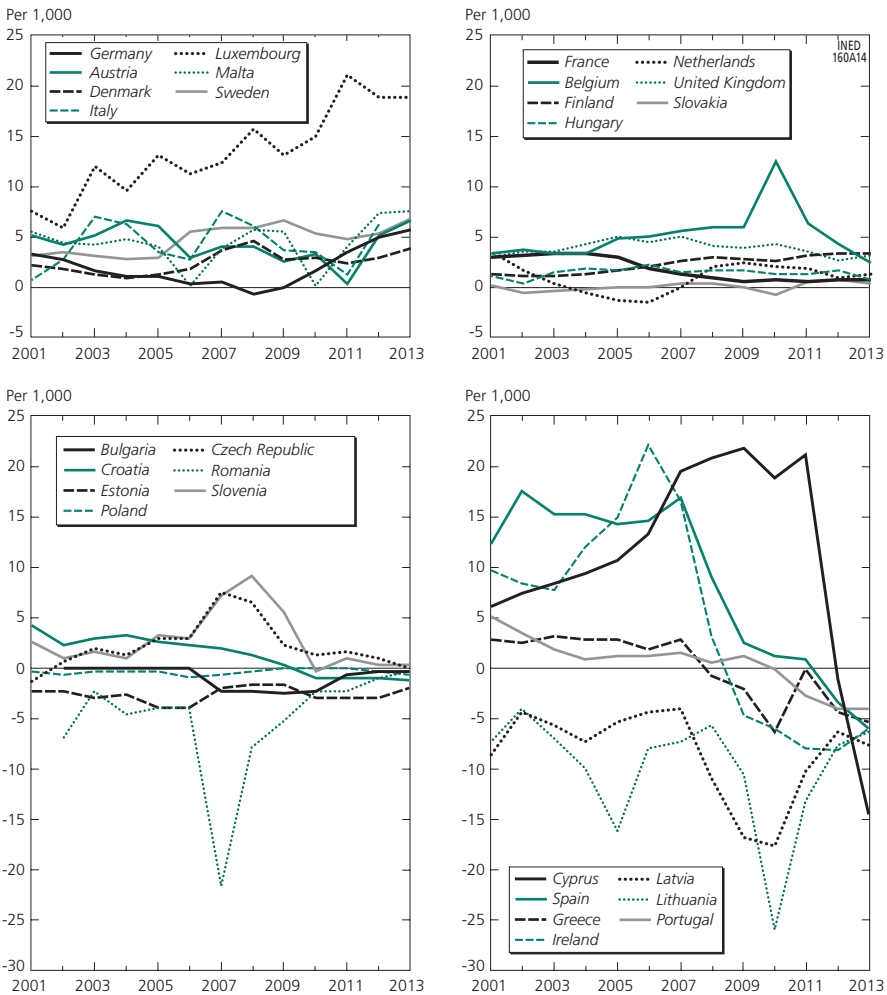
Net migration rates in certain countries are low or even negative, notably in the countries of central and eastern Europe, but also in Spain, Greece, and

(3) Croatia joined the European Union on 1 July 2013. It has a population of 4,246,700. The estimated population of the European Union on 1 January 2014 was 507.4 million.

Ireland (Figure 2). This is speeding up population decline in certain countries, such as Bulgaria and Latvia, for example, which have negative rates of both natural increase and net migration, and which lost more than 10% of their respective populations between 1980 and 2010 (Avdeev et al., 2011). In situations of falling natural growth rates, the migratory component, when positive, has a stronger relative impact on levels of growth and on the ongoing processes of population ageing (Ambrosetti and Giudici, 2013).

In the countries of southern, central, and eastern Europe, the population under age 20 has fallen drastically, decreasing by more than 30%, for example, between 1980 and 2008 in Bulgaria, Latvia, the Czech Republic, and Romania,

Figure 2. Annual rates of net migration, 2001-2012, European Union (per 1,000)



Coverage: European Union (28 countries).
 Source: Eurostat (site consulted in July 2014).

and by 35% in Italy over the same period. At the same time, the older population has increased to a varying extent (at the top of the age pyramid), due to mortality conditions that diverge across different European countries. In central and eastern Europe and in the Baltic countries, less favourable mortality conditions have slowed the growth of the older population. In Hungary and the Czech Republic, for example, it increased relatively slowly over this period (10%) due to high mortality.

Ageing of the French population is set to accelerate

The transformation of the French population pyramid over the last century (1914-2014) reflects the progressive ageing of the population (Figure 3) (Pison, 2014). In 1914 the pyramid was in the shape of a haystack. In 2014 its base is still relatively wide, but the baby-boom generations will strongly accentuate the ageing process in the coming decades. The 1954 population pyramid clearly illustrates the effects of the two World Wars (in particular, the birth deficit) as well as longer-term effects such as the baby boom (the first large cohorts are quite visible at the base of the pyramid). In the near future, the arrival of these large cohorts in the upper age groups (above age 65) and the decrease in the proportion of women of reproductive age in the population will strongly affect crude birth and death rates, as well as the age distribution of the population. In 2014, a quarter of the population is below 20 years old. Another quarter is 60 years old or more, and nearly one person in ten (9.2%) is aged 75 or older (Appendix Table A.2). The over-60s will make up an increasing proportion of the population in the coming decades, and they could account for 30% of the total in 2035 (Blanpain and Chardon, 2010).

II. Statistics on immigration from third countries, based on long-term residence permits

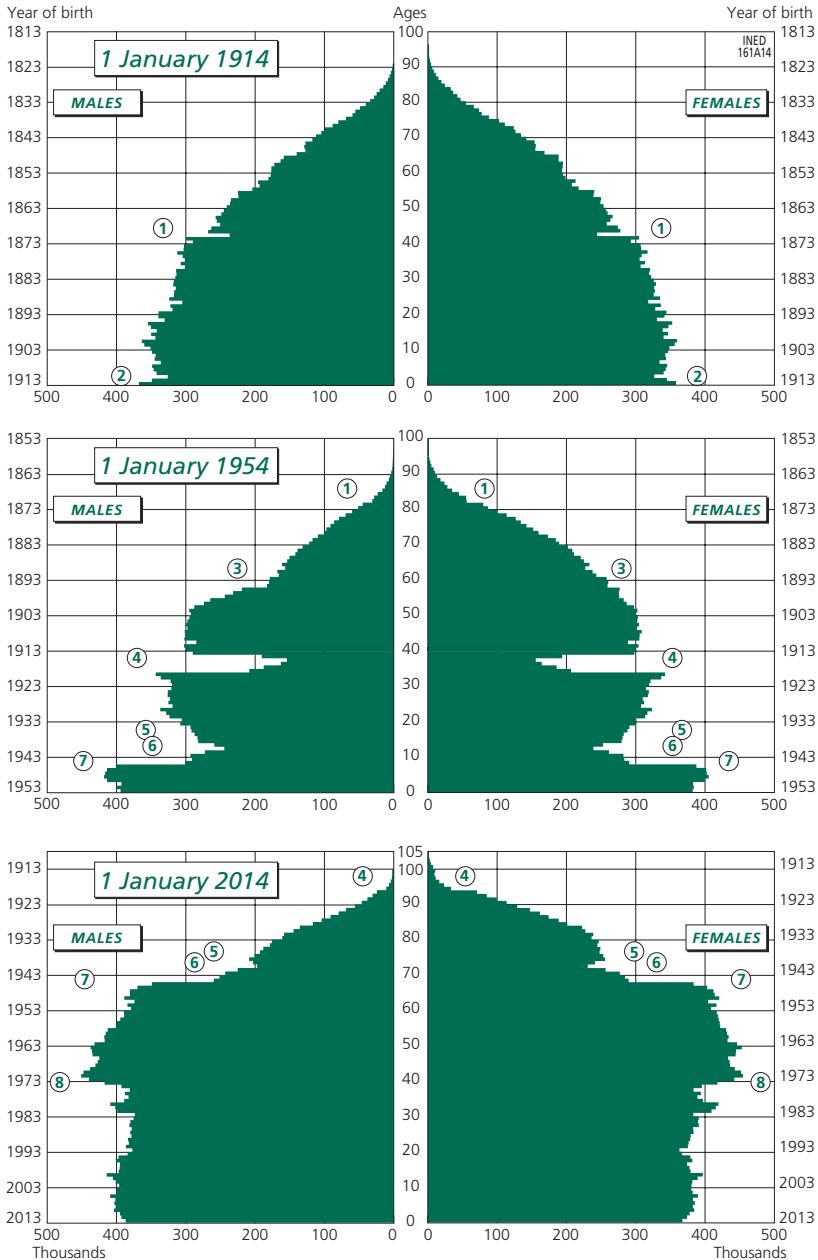
Net migration, which measures the difference between entries and exits of persons to and from French territory over the course of a year, can be decomposed into the entries and exits of French nationals and those of foreigners. Certain citizens of countries outside the European Union are obliged to hold a residence permit to reside in France. This section focuses on recent trends in the entries of citizens of these countries.

A third of permits are long-term visas equivalent to residence permits

Flows of foreigners⁽⁴⁾ arriving legally in France to establish residence in the country can be estimated from statistics on long-term residence permits and long-term visas (valid for one year or more) valid as residence permits. These statistics only concern countries whose nationals require

(4) Born abroad to non-French parents.

Figure 3. Population pyramids in 1914, 1954, and 2014



- 1 Shortfall of births due to the war of 1870
- 2 Exceptional infant mortality in 1911 due to a summer heat wave
- 3 Military losses of the 1914-1918 war
- 4 Shortfall of births due to the 1914-1918 war (depleted cohorts)
- 5 Depleted cohorts reach childbearing age
- 6 Shortfall of births due to the war of 1939-1945
- 7 Start of baby boom
- 8 End of baby-boom

Coverage: Metropolitan France.
Source: Pison, 2014.

a residence permit to live in France, so they exclude migrants from within Europe (i.e. from countries listed in Footnote 5). They are based on data from the system used by the French Ministry of the Interior to track the status of foreigners residing in France (AGDREF) and were compiled at INED (Appendix Table A.3).

To ensure consistency of comparisons over time, the statistics presented below are established for a constant geographical area. They therefore exclude residence permits granted previously to immigrants from countries whose nationals no longer need a residence permit.⁽⁵⁾

The residence permits considered here have two important characteristics. First, they are valid for a period of more than one year, so all short-term permits are excluded. Second, among the permits of more than one year granted to a given immigrant, only the first is taken into account, to avoid counting the same person more than once. These methodological choices enable us to focus on permanent migration and to count the inflow of foreigners with long-term migrant status. In other words, migrants who were granted two successive seven-month permits and then left the country, for example, are not counted. Moreover, flows are characterized on the basis of the permits themselves: validity start date, period of validity, and the reason for granting the permit. Two of the permit-holder's characteristics are also taken into account: sex and age at the time the permit was granted. The principal advantage of the AGDREF database is its exhaustive coverage of migrants receiving a long-term permit.

Additional figures are also published by the Ministry of the Interior, whose statistics include all permits granted (including short-term permits), and by INSEE, which estimates migrants' actual date of arrival in France and duration of stay. The latter estimates thus correspond more closely to international standards, notably those of Eurostat, which recommends that estimates be based on the actual duration of stay, rather than on the period of validity of the residence permit. To produce its estimates, INSEE uses a census question on year of arrival in France. However, flows estimated from census data are also based on a constant geographical area, and are comparable to those calculated using the AGDREF database (Brutel, 2014; Arbel and Costemalle, 2015).

Table 1 presents the flows, between 2007 and 2012, of migrants who were granted a residence permit with a duration of one year or more for the first time. The number of permits granted to foreigners remains very stable around a mean of approximately 182,000 per year. In the last few years, there has been a slight downward tendency in this figure. Nearly 90% of these first permits are valid for less than 10 years.

(5) Countries whose nationals no longer require a residence permit: member countries of the European Union on 30 June 2014, as well as Vatican City State, Iceland, Liechtenstein, Norway, the principalities of Andorra and Monaco, the Republic of San Marina and Switzerland.

Table 1. Number of first permits of one year or more granted to nationals of third countries (constant geographical area) by first year of validity and period of validity

Period of validity	2007	2008	2009	2010	2011	2012
364 to 3649 days	152,684	159,984	167,175	163,629	157,784	159,209
More than 3649 days	24,727	24,345	22,326	20,905	19,957	20,868
Total	177,411	184,329	189,501	184,534	177,741	180,077

Coverage: Permits granted in France and abroad to nationals of countries not listed in Footnote 5. Permits granted in year n and recorded in the data extracted in July of the year $n + 2$, except for 2009, when extraction took place in July 2012.
Source: Authors' calculations based on AGDREF data.

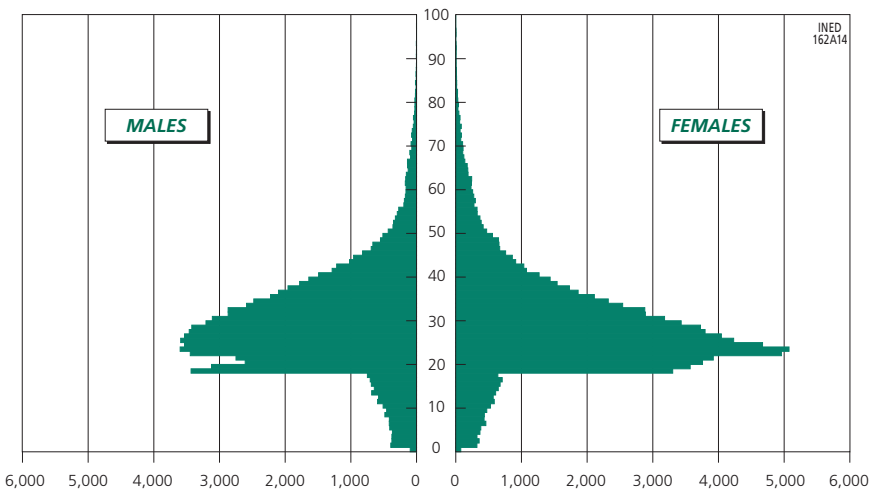
Residence permits are issued in France, whereas long-term visas valid as residence permits are issued in French consulates abroad. The AGDREF only takes into account holders of long-term visas who present themselves at the prefecture on arrival in France. This is an obligatory requirement for migrants wishing to live in France for more than one year. Since 2010, long-term visas valid as residence permits have represented more than 36% of all permits granted.

A majority of women and of adults below age 35

The distribution of permits granted in 2012 by age and sex reveals the concentration of migrants in the 20-35 age group (Figure 4). More women than men were granted residence permits, and their mean age was slightly higher.

The age distribution of adult permit holders remained very stable over the period (Table 2). The proportion of minors, who are generally not legally required to apply for a permit, has been decreasing steadily since 2005. In

Figure 4. Distribution of permits granted in 2012 by age and sex



Source: Authors' calculations based on AGDREF data.

2012, 17,509 permits were granted to minors. Among adults, the age distribution was highly concentrated in the youngest age group: two thirds of permits were granted to persons aged 18-34.

Table 2. Distribution of holders of a first residence permit of one year or more by age group and first year of validity (%)

Age group	2007	2008	2009	2010	2011	2012
0-17	14.0	11.2	9.8	9.7	9.9	9.7
18-34	63.3	64.2	65.3	65.1	64.5	64.4
35-64	21.1	23.1	23.4	23.7	24.2	24.5
65+	1.7	1.5	1.5	1.4	1.4	1.5

Coverage: Permits granted to foreigners. See Table 1.
Source: Authors' calculations based on AGDREF data.

The majority of residence permit holders are women (Table 3). The trend towards an increasing proportion of women among migrants (Beauchemin et al. 2013), which has been clearly marked since 2000, continued over the period covered here.

Table 3. Distribution of adult holders of a first residence permit of one year or more by sex and first year of validity (%)

	2007	2008	2009	2010	2011	2012
Men	47.5	49.7	49.0	48.7	48.6	47.8
Women	52.5	50.3	51.0	51.3	51.4	52.2

Coverage: Permits granted to foreigners. See Table 1.
Source: Authors' calculations based on AGDREF data.

African nationals represent a large majority of recipients of a first residence permit, although their proportion has decreased slightly since 2002, and the proportion of immigrants from other continents has increased (Table 4). The principal countries of origin of recipients were Algeria (24,460 permits granted in 2012), Morocco (21,616 permits), Tunisia (11,374 permits), and Turkey (6,626 permits).

Table 4. Distribution of holders of a first residence permit of one year or more by continent of origin and first year of validity (%)

	2007	2008	2009	2010	2011	2012
Africa	58.3	58.7	57.7	57.3	56.9	57.0
America	10.8	10.8	10.7	12.6	11.9	11.5
Asia	24.4	24.3	25.4	24.1	24.3	24.5
Europe	5.9	5.6	5.6	5.5	6.3	6.4
Oceania	0.4	0.4	0.4	0.4	0.5	0.4

Coverage: Permits granted to foreigners by nationality of origin. Turkey is included in Asia. Europe includes all countries not listed in Footnote 5. The total does not necessarily sum to 100 due to rounding and missing values.
Source: Authors' calculations based on AGDREF data.

Half of permits are granted for family reasons, a quarter for educational reasons

The proportion of permits granted for family reasons seems to have strongly declined over the period considered (Table 5), returning to the level of the early 2000s. Analysis of recent changes is difficult, however, given the large increase in permits granted for unspecified reasons. Half of permits were granted for family reasons, and a quarter for educational reasons. In 2012, 9,753 permits were granted for work-related reasons (including 915 for seasonal work) and 17,338 for humanitarian reasons.

Table 5. Distribution of holders of a first residence permit of one year or more by reason for admission and first year of validity (%)

Reason	2007	2008	2009	2010	2011	2012
Work	3.5	3.8	9.3	8.8	7.3	6.0
Family	60.7	58.8	52.2	51.3	51.4	50.7
Education	20.7	23.0	24.4	25.1	25.8	25.2
Humanitarian	8.3	8.3	9.0	9.3	9.3	9.4
Various and unspecified	6.7	6.1	5.1	6.2	9.4	9.2

Coverage: permits granted to foreigners, by reason for admission listed in AGDREF.
Source: Authors' calculations based on AGDREF data.

III. Births, birth rates and women's fertility

A downward tendency since 2010

The estimated number of births in 2013 is 810,000 for the whole of France and 780,000 for the metropolitan *départements*. There were fewer births in 2013 than in 2012, when 821,000 births were registered, including 790,000 in metropolitan France (Appendix Table A.1). This decrease is due to the combination of a slight decrease in women's fertility, which fell from 2.01 children per woman in 2012 to 1.99 in 2013 (1.99 in 2012 and 1.97 in 2013 for metropolitan France), and a 0.7% decrease in the number of women of reproductive age over the year 2013 (Bellamy and Beaumel, 2014). The number of births registered in 2012 is close to that of 2005.

The crude birth rate decreased from 12.4 to 12.2 births per 1,000 inhabitants, a drop of 1.2% between 2012 and 2013. The number of births is gradually decreasing even as the total population continues to increase; the result is a decrease in the crude birth rate.

Moderate continuation of the trend towards later childbearing

Only the fertility of women aged 35 or older increased slightly between 2012 and 2013, reaching 338 births per 1,000 women at ages 35-39, and 87 births per 1,000 women aged 40 or above (versus 332 and 84, respectively, in 2012) (Table 6).

The fertility rates of all other age groups decreased. The sharpest fall was at ages 20-24, followed by ages 25-29. The shift toward later fertility continues.

Looking at changes since 1960, it can be seen that modal values fell sharply from the 1960s to the 1980s, as did fertility rates at later ages (Figure 5). In 1990,

Table 6. Fertility by age group since 2008 (per 1,000 women)

Age reached in the year	Sum of age-specific rates						Absolute variation*				
	2008	2009	2010	2011	2012	2013 ^(a)	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Below 20	36	35	35	34	34	33	-1	-1	-1	0	-1
20-24	276	271	272	262	257	247	-5	1	-10	-5	-10
25-29	643	639	642	634	627	615	-4	+3	-8	-7	-12
30-34	650	653	665	657	660	654	+3	+12	-8	+3	-6
35-39	308	314	322	327	332	338	+5	+8	+5	+6	+6
40+	76	76	80	83	84	87	0	+4	+3	+1	+3
Total* (TFR)	1,990	1,989	2,016	1,997	1,994	1,974	-1	+27	-19	-3	-20

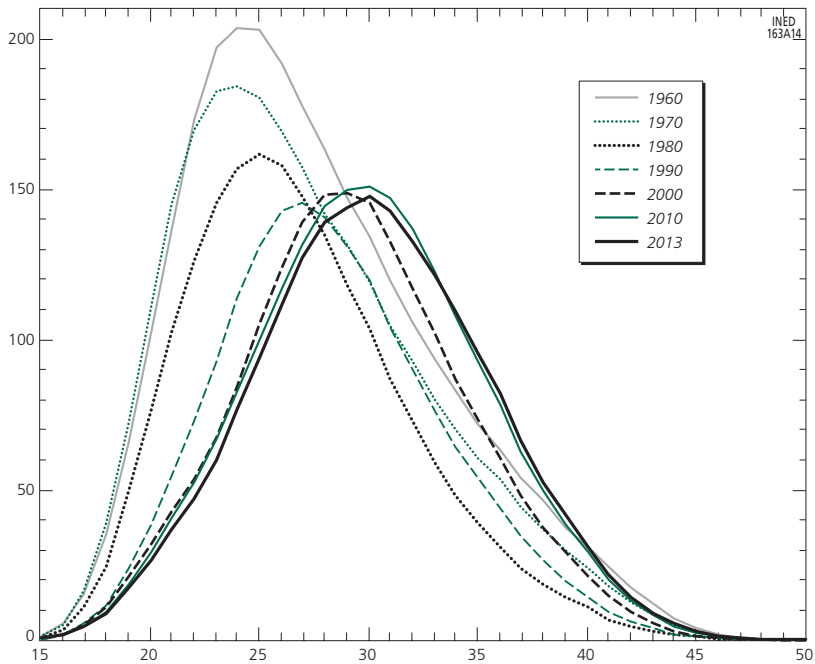
* due to rounding, the total may differ slightly from the sum, and the variations may not correspond to apparent differences.

(a) Provisional data.

Coverage: Metropolitan France.

Source: Authors' calculations based on birth records, adjusted according to the size of the female population at each age.

Figure 5. Age-specific fertility rates in 1960, 1970, 1980, 1990, 2000, 2010, and 2013 (per 1,000 women)



Coverage: Metropolitan France.

Source: Authors' calculations based on birth records, adjusted according to the size of the female population at each age.

the curve of age-specific fertility rates began shifting to the right. This pattern reflects progressive increases in age at childbirth. Since the 1990s, the year-on-year differences in age-specific fertility rates have decreased; the tendency towards later childbearing has continued, but at a more moderate pace. After decreasing in the 1960s and 1970s, mean age at childbearing (calculated using age-specific rates) began to increase in the late 1970s, and continued to do so over subsequent years. Women had children at a mean age of 27.6 years in 1960, 26.8 years in 1980, 29.4 years in 2000, and 30 years in 2010.

This recent pattern of change is due mainly to the widespread diffusion of contraception, which has offered women and couples greater control over the timing of childbirth. Age at first childbirth (which has been above 28 since 2010, see Appendix Table A.4), intervals between births, and number of children (notably with the diffusion of the two-child norm) are no longer left to chance.

Fertility remains high

According to current estimates, fertility levels in France continued to rank among Europe's highest in 2013. In 2012, France was in third place, behind Ireland and Iceland (Appendix Table A.6). Fertility remained very low in the countries of southern and eastern Europe. Germany, Cyprus, Spain, Greece, Hungary, Poland, Portugal, and Slovakia recorded the lowest fertility in 2012, with total fertility rates below 1.4 children per woman. Estimates of completed fertility are also very low for these countries (between 1.4 and 1.6 children per woman for the cohorts born in the mid-1970s).⁽⁶⁾ In France, the mean number of children has stabilized at two children per woman for all the cohorts born in the late 1960s and 1970s (Appendix Table A.5). Mean age at childbearing has increased less in certain European countries than in France. In some countries, however, notably in eastern Europe, fertility remains relatively early. This is the case in Bulgaria, Slovakia, and Lithuania, where the mean age is below 27 (Appendix Table A.7). The countries with the highest mean age at childbearing are Spain, Ireland, and Italy, where it is above 31 years.

IV. Induced abortion

Stable rates and concentration of demand at ages 20-24

According to data based on medical statistics, the number of induced abortions remained stable in 2012 (Vilain et al., 2014). A total of 219,200 abortions⁽⁷⁾ were registered in 2012, of which 207,120 in metropolitan France (Appendix

(6) Appendix Table A.7 has not been updated with data from very recent years because Eurostat no longer publishes series of age-specific rates that would allow us to calculate longitudinal indicators. The disparities between countries may have increased in certain cases.

(7) From 2010, the data include induced abortions covered by specific health insurance funds for the self-employed and farmers, the Régime social des indépendants (RSI) and the Mutuelle sociale agricole (MSA). A total of 1,531 procedures were recorded in metropolitan France (Vilain and Mouquet, 2014).

Table A.8). The abortion rate is stable, at 14.5 induced abortions per 1,000 women aged 15-49. Abortions have become less frequent among minors and women below age 20, and are now concentrated at ages 20-24. In 2012, abortions performed at ages 20-29 accounted for nearly half of the total abortion rate (48%), those performed at ages 30-39 for 30%, those before age 20 for 15%, and those after age 40 for 7% (according to rates calculated from data in the PMSI medical statistics database). The mean age at abortion was 27.6 years in 2012.⁽⁸⁾

*Fewer women seek induced abortions,
but repeat abortions are more frequent*

Data from abortion notifications (Box) indicate the number of previous induced abortions and the date of the last abortion. Analysis of the data reveals that repeat abortions have become more frequent since the late 1990s. The stability of abortion rates thus results from two opposing trends: a lower lifetime

**Statistics based on abortion notifications
and other sources of statistical data**

For each induced abortion, physicians fill in an anonymous abortion notification. These notifications are sent to regional health agencies and centralized by the Ministry of Health, which makes them available to INED and INSERM through anonymous databases. Since legalization of abortion by the Veil Act in 1975, INED is required to publish annual statistics on induced abortions. There have been a series of different versions of the notifications since 1975, and the resulting data are not strictly homogeneous through time (Mazuy et al., 2014). Beyond 2015, it is not known if the system for recording data from abortion notifications will continue, since medical statistics can also be used to analyse induced abortions. However, hospital statistics provide less detailed information than abortion notifications or dedicated surveys. These data could potentially be expanded with various medical variables (such as the number of previous abortions, date of last abortion, number of previous births). General population surveys underestimate induced abortions and cannot be used as a primary source to assess changes in abortion rates over time, but they offer much more detailed information on the life context of women who have abortions. Finally, analyses could also be based on dedicated surveys of women who have had an induced abortion over the course of a reference period. The last survey of this type was carried out in 2007 with an initial sample of 200 health facilities, 1,300 practitioners, and 13,000 women. The survey was spread over one to six months depending on the type of abortion, the region, and the women's age (Vilain et al., 2011; Collet et al., 2012). A survey of healthcare facilities aimed at studying waiting times and difficulties encountered by women seeking an abortion was commissioned by the Minister of Health in March 2014.

(8) Mean age based on age-specific rates, calculated for all induced abortions, applying the age distribution drawn from the PMSI (supplied by DREES). The database drawn from the 2012 abortion notifications is in preparation and is not available at the time of writing, so has not been used.

probability of having an induced abortion, but an increase in the probability, among women who have an abortion, that they will do so more than once. Moreover, frequency of repeat abortion increases with decreasing age at first abortion: 48% of women who have a first abortion before age 26 subsequently have repeat abortions, versus 18% of those who have their first induced abortion after this age (Mazuy et al., 2014).

V. Marriages, civil partnerships (PACS), and divorces

A renewed downtrend in marriages

After a slight rise in 2012, the already long-established downtrend in marriages continued in 2013, with the number of marriages reaching a historical low of 231,000. From 1900 until the mid 1960s, the annual number of marriages oscillated around 300,000, with highly marked variations, notably linked to the two World Wars and to their knock-on effects over the short, medium, and long term (Figure 6A). The cohorts born in the 1950s, who reached adulthood in the 1970s, made up a numerically large “reserve” of marriageable men and women. A peak in marriages was recorded in the early 1970s, with more than 410,000 marriages in the year 1972. Up until that year, decreasing age at marriage had reinforced this effect. Beginning in 1972, the number of marriages began to decrease. In the 1990s, the pattern of change was more erratic, but the downtrend in marriages resumed in the early 2000s. In parallel, civil partnerships (*pacte civil de solidarité*, PACS) were introduced on 15 November 1999 and became increasingly popular. Although the PACS did not completely substitute for marriage, it very probably contributed to the decline in the annual number of marriages.

For some couples, civil partnership is seen as an alternative to marriage, while for others it may constitute a “trial marriage” (Rault, 2009). The PACS is thus contributing both to the drop in the number of marriages and to their postponement.

The slight increase in marriages in 2012 (Figure 6B) could be linked to the 2011 tax reform: since 1 January 2011, married persons (and those in civil partnerships) no longer fill in three income tax declarations (as two singles and then as one couple) in the year of their marriage (or PACS), but instead must choose between one joint declaration or two separate declarations for the full year (i.e. their income tax is now calculated over the entire year and no longer separately for the periods before and after the marriage or PACS). This reform may have had a marked dissuasive effect in 2011, the first year of its application. The 2012 increase should thus be viewed more as a catch-up effect following the drop in marriages in 2011, with the additional marriages in 2012 being postponed weddings initially planned for 2011.

Figure 6A. Number of marriages (1901 to 2013) and civil partnerships (1999-2013)

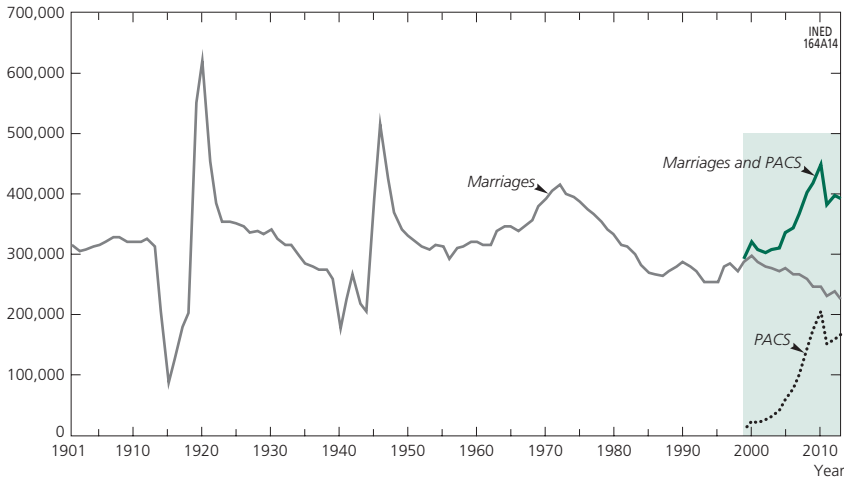
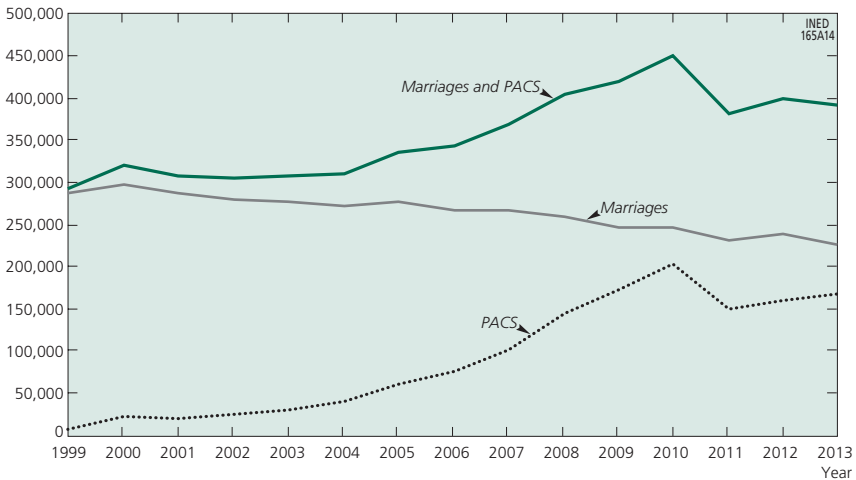


Figure 6B. Number of marriages and civil partnerships (close-up on 1999-2013)



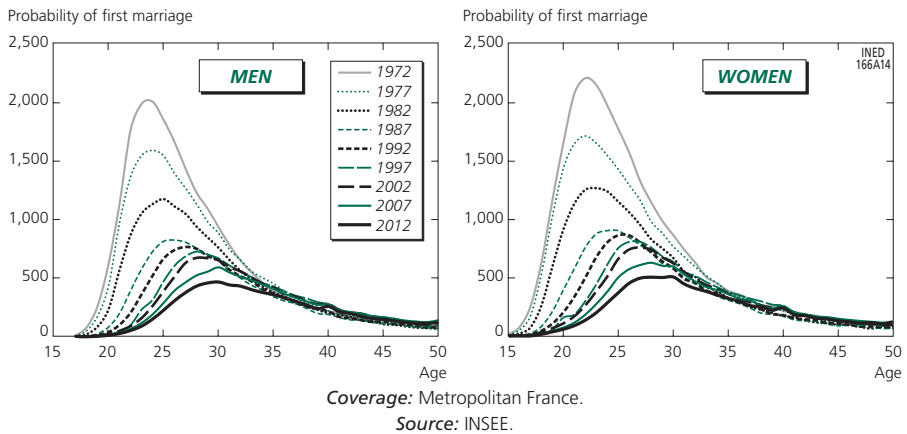
Coverage: Metropolitan France.
 Source: INSEE and the Ministry of Justice.

The number of first marriages continues to decrease

The decrease in first marriages is measured by the sum of rates (total first marriage rate) or the overall probability of first marriage. Between 1972 and 2012, the total first marriage rate fell from 91.7 to 46.6 first marriages per 100 men, and from 94.8 to 47.5 first marriages per 100 women. Probability data show a strong decrease in the proportion of marriages between never-

married persons up to age 50: it fell from 90 first marriages per 100 never-married men in 1972 to 53.5 in 2012, and from 93.4 first marriages per 100 never-married women to 56.3 for the same years (Beaumel and Bellamy, 2014). Women's and men's probabilities of first marriage follow a similar pattern between 1970 and 2012, in terms of both level and intensity, but men marry two years later on average due to the age gap between spouses (Figure 7). In 40 years, mean age at first marriage has increased by more than eight years for both sexes: never-married women married for the first time at a mean age of 22.5 years on average in 1972 and of 31.1 years in 2012 (according to age-specific probabilities); the respective figures for men are 24.6 and 32.8 years. Across cohorts, the delay in first marriages is also pronounced: the mean age was below 23 for women born in the mid-1950s and is above 28 for women born in the 1970s. The respective figures for men are age 25 (for those born in the mid-1950s) and above 30 for those born in the 1970s (Appendix Table A.10).

Figure 7. Age-specific probability of first marriage, women and men, 1972-2012 (per 10,000)



7,000 same-sex marriages in 2013

Law no. 2013-404 of 17 May 2013 authorized marriage between two persons of the same sex, and 7,000 same-sex marriages were contracted in that year (Bellamy and Beaumel, 2014). They took place in the second half of 2013, following enactment of the law on 18 May. A peak in such marriages was recorded a little more than 3 months later, in September 2013. Over the same period (second half of 2013), 3,100 same-sex couples entered into a civil partnership (PACS). Thus, around 20,000 men and women officialized their same-sex union in the second half of 2013. Married same-sex couples are older, on average, than heterosexual couples: age 50 years for men and 43 for women, versus 37 for men and 34 for women in heterosexual marriages. The age gap between partners is also larger: 5.5 years for women and 8 years for men

(Bellamy and Beaumel, 2014). This age gap is also observed for civil partnerships: in 2009-2010 it was 5 years for women and 7 years for men (Mazuy et al., 2011).

168,000 PACS registered in 2013, including 13% by notaries

Since it came into effect on 15 November 1999, the PACS has been widely adopted throughout French society, with a peak in 2010, when 205,500 PACS were registered. The number of PACS fell to 152,000 in 2011, the year of the tax reform, but increased again in 2012 and 2013 (Table 7, Figure 6B). In 2013, 168,000 PACS were registered, representing more than 40% of officialized unions (PACS and marriages combined). The PACS has become widespread among heterosexual couples, who account for 96% of all PACS unions.

Table 7. Number of PACS since 2009

	2009	2010	2011	2012	2013*
PACS registered (total)	174,584	205,561	152,176	160,732	168,223
including in overseas <i>départements</i>	1,404	1,602	1,376	1,537	1,656
Number of PACS by partners' sex					
Man-man	4,894	5,208	4,156	3,750	3,333
Woman-woman	3,542	3,938	3,338	3,223	2,724
Man-woman	166,148	196,416	144,682	153,759	162,166
* Provisional Coverage: Whole of France, excluding Mayotte. Source: Ministry of Justice (unions registered in magistrates' courts and through notaries).					

In 2013, 13% of PACS were registered by a notary. According to a recent study by the Ministry of Justice, couples who register a PACS through a notary are older than those who do so directly at the magistrates' court (Büsch and Timbart, 2014). These couples are perhaps more concerned to ensure mutual protection in case of the death of one of the partners than those who register a PACS at a magistrates' court (the notary can also draw up a will for the couple⁽⁹⁾).

Divorces and PACS dissolutions

Over the year 2013, 125,109 divorces were pronounced (Table 8), including 121,849 in metropolitan France (Appendix Table A.9). This is slightly fewer than in 2012, when 128,371 divorces were pronounced. More than half of divorces (direct divorces) are pronounced by mutual consent (53.5%). The total divorce rate reached 45 divorces per 100 marriages in 2012, a slight decrease with respect to 2011 (Appendix Table A.9).

From a longitudinal point of view, on the basis of probabilities by marriage duration, divorce has increased with successive cohorts. Between the 1970 and

(9) Partners who register a PACS are exempt from inheritance taxes, but the surviving partner does not inherit the deceased partner's property unless a will is drawn up.

Table 8. Number of divorces since 2010

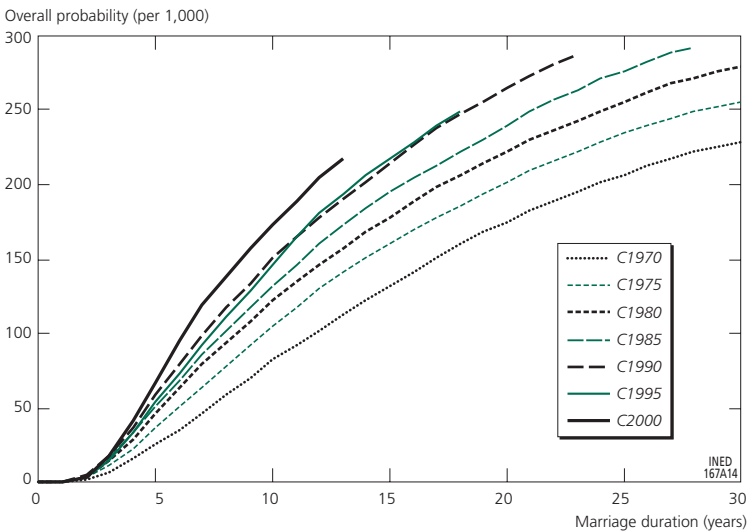
Year	2010	2011	2012	2013
Divorce by mutual consent (A)	72,433	75,542	69,431	66,640
Uncontested divorce (B)	32,603	30,712	31,212	31,199
Divorce by breakdown of conjugal life (C)	14,107	14,045	15,569	16,038
Fault-based divorce (D)	13,117	11,065	10,685	9,835
Direct divorce, non-specified (E)	468	642	750	740
Direct divorces (3) (A+B+C+D+E) (1)	132,728	132,006	127,647	124,452
Conversion of legal separation to divorce (2)	993	779	724	657
Legal separation (3)	1,559	1,316	1,283	1,347
Total divorces and conversions (1+2)	133,721	132,785	128,371	125,109
Total union dissolutions (1+2+3)	135,280	134,101	129,654	126,456

Coverage: Whole of France.
Source: Ministry of Justice.

2000 cohorts, the overall probability has doubled for a marriage duration of 10 years, and at almost all ages the overall probability has increased across successive cohorts (Figure 8).

The number of PACS dissolutions has been increasing, and surpassed 53,000 in 2013 (Table 9). In nearly four out of ten cases (38%), the PACS is dissolved because the couple gets married. When PACS are dissolved due to separation, it is almost exclusively by mutual agreement.

Figure 8. Divorce by marriage duration and cohort



Coverage: Metropolitan France.

Source: Ministry of Justice.

Table 9. PACS dissolutions since 2010

Year	2010	2011	2012	2013*
Number of dissolutions	35,627	42,290	48,841	53,655
Reason for PACS dissolution				
Mutual consent	20,817	24,117	27,745	31,167
Requested by one partner	1,153	1,295	1,473	1,613
Marriage	13,263	16,450	19,142	20,415
Death	366	417	451	428
Other cases and not recorded	28	11	30	32
* Provisional. Coverage: Whole of France. Source: Ministry of Justice.				

VI. Mortality

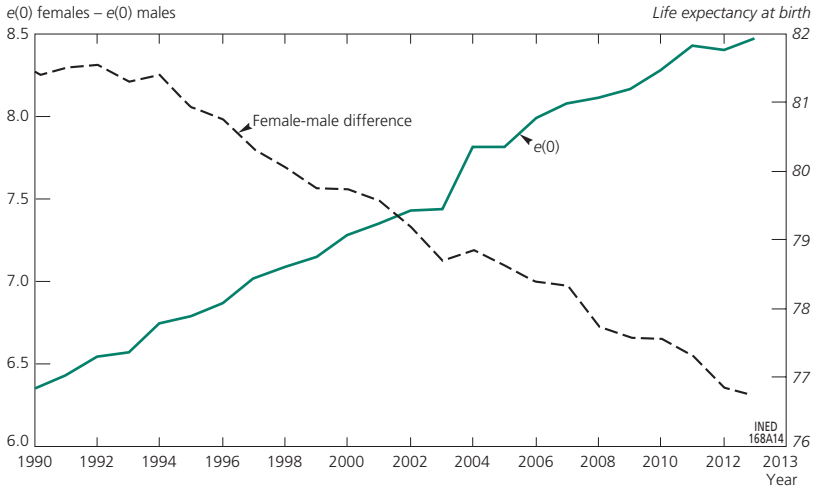
The 572,000 deaths in the year 2013 correspond to a crude mortality rate of 8.7 deaths per 1,000 inhabitants (8.8 for metropolitan France) (Appendix Table A.1). Life expectancy at birth is provisionally estimated at 78.7 years for males and 85.0 years for females (both for the whole of France and for metropolitan France). These levels of life expectancy represent a gain of slightly more than two months for both sexes with respect to the previous year. Above all, this increase means that the small decrease in female life expectancy at birth between 2011 and 2012 was only a momentary variation due to the timing of the winter flu epidemic, and does not reflect a durable interruption in the trend of decreasing mortality. These figures also mean that the gender gap in mean length of life remained practically stable with respect to 2012, at 6.3 years (Figure 9).

A renewed increase in life expectancy

Recent changes are consistent with the trends observed over the last 20 years. Since 2003, men's mean length of life has increased by 2.8 years and that of women by 2 years, an annual increase of 0.28 and 0.20 years, respectively (Appendix Table A.11). Improvements were slightly more rapid over the past decade than over the preceding one. Between 1993 and 2003, the mean increase was 0.26 years for males and 0.16 years for females. As men's life expectancy has increased faster than women's over these two decades, the sex difference in mean length of life, which reached a peak of 8.2 years at the beginning of the 1990s, has since been steadily decreasing.

In 2012, although female life expectancy at birth in France (84.8 years) was below that of Switzerland and Spain (84.9 years and 85.5 years, respectively), France remained close to the top of the European ranking (Appendix Table A.12). For males, it was in a less favourable twelfth position (out of a total of 29 countries). Contrary to the situation two decades ago, excess male mortality

Figure 9. Life expectancy at birth (both sexes combined) and difference between male and female life expectancies at birth, 1990-2013



Source: INSEE.

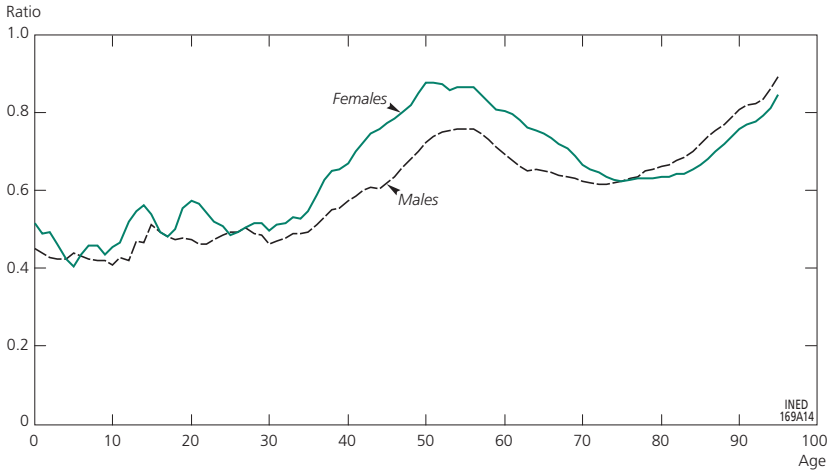
in France, which at the time was among the highest in western Europe, is now in the lower middle of the distribution, with a difference of 6.3 years between the sexes. Mean sex differences in life expectancy are much higher in some other countries – as high as 10 to 11 years in Sweden, Switzerland, and Iceland. For infant mortality, France stands exactly in the middle of the ranking, at 3.5 per 1,000 in 2012 (Appendix Table A.13).

Rising life expectancy thanks to lower mortality above age 60

The steady increase in mean length of life conceals unequal improvements over time by age and cause of death. Figure 10 shows, for both sexes, how age-specific probabilities of dying changed between the three-year life table of 1990-1992 and that of 2010-2012. The general trend is identical for males and females. The greatest improvements are seen for young people, with probabilities of dying halved up to the ages of 30-35 years. Improvements taper off gradually with increasing age, with a particularly small decrease around the ages of 50-55. There are nevertheless notable differences between the sexes. Male mortality decreased more than female mortality between the ages of 25 and 75, but a little less above age 75. The most marked difference between the sexes over this period was in the 45-50 age group, where, again, a larger mortality decrease was observed for men than for women. As we will see below, an examination of causes of death sheds light on these differences.

Decreases in mortality at different ages have unequal effects on changes over time in life expectancy at birth. Child mortality has reached such low levels that any changes now have little effect on life expectancy at birth: between 1990-1992 and 2010-2012, a decrease of 6.7 deaths before age 15 per 1,000

Figure 10. Ratios between the three-year life table of 2010-2012 and that of 1990-1992 for age-specific probabilities of dying (smoothed over 3 years of age), by sex



Source: INSEE, *Situation démographique 2012*, Table 68.

newborns in 20 years only increased mean length of life by 0.5 years for males and by 0.4 years for females (Figure 11). In contrast, the decrease in mortality at ages 15-45 over the same period played an important role, for males at least, contributing 20% of the total gain in life expectancy at birth (one out of the total of 5.3 years of life expectancy gained between 1990-1992 and 2010-2012, versus only 0.4 out of 3.7 years, only slightly above 10%, for females). However, the greatest gains are due to improvements at ages 45-80 in men (+3 years) and beyond age 65 in women (+2.6 years).

Massive decrease in women’s cardiovascular diseases

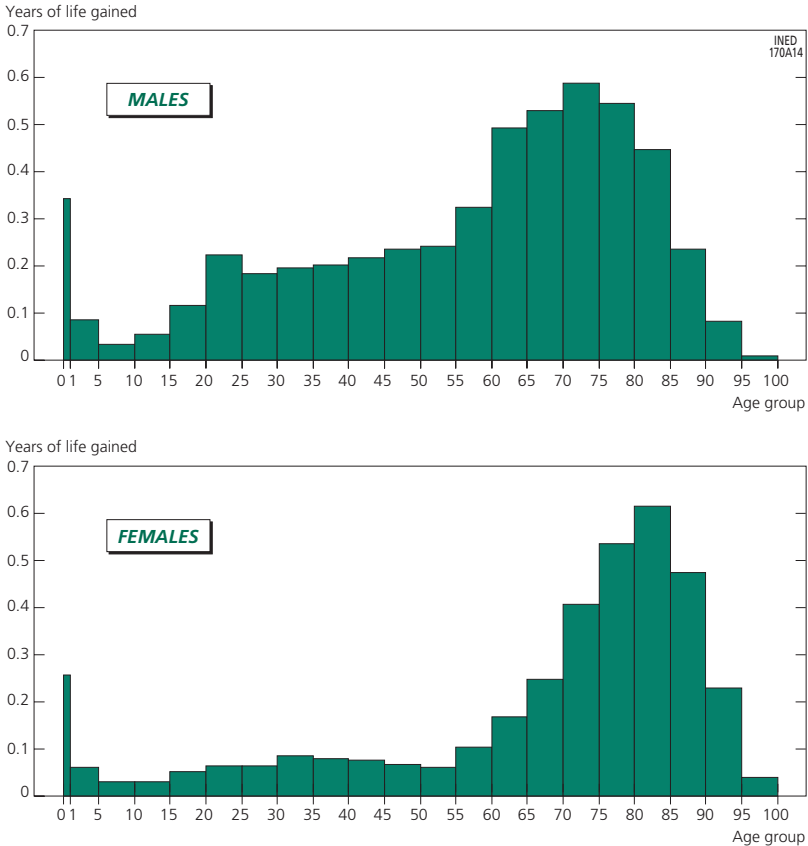
Contributions by cause of death to improvements in life expectancy at birth over the period from 1989-1991 to 2009-2011⁽¹⁰⁾ vary greatly by age and sex (Table 10). Note, however, that while decreasing male mortality can be attributed to decreases in various pathologies (notably external causes in young adults, cancers around ages 45-75, and diseases of the circulatory system at age 60 and beyond), improvement in females is overwhelmingly due to decreases in cardiovascular diseases (both heart diseases and cerebrovascular diseases) (Appendix Table A.14).

Infant mortality: a growing contribution of diseases of early infancy

Following a long-term trend, infant mortality from infectious diseases (above all respiratory diseases) continued to decrease steadily between 1990

(10) The most recent three-year life table is the one produced by INSEE for the years 2010-2012. However, as statistics on death by cause are not yet available for 2012, the analysis of mortality by cause can only be carried up to the year 2011.

Figure 11. Contributions by age group to gains in male and female life expectancy at birth between 1990-1992 and 2010-2012 (5.3 and 3.7 years in total)



Source: Authors' calculations on the basis of INSEE's three-year life tables by sex.

and 2010⁽¹¹⁾ (see also Meslé, 1995). Mortality due to external causes (mainly accidents, at this age) also decreased steadily up until 2008, but seems to have stabilized since, particularly for girls.

The weight of sudden infant death syndrome in infant mortality statistics grew considerably from the mid-1970s and peaked in the late 1980s, before declining very sharply for a few years, and more slowly in subsequent years, thanks to campaigns advising parents not to lay infants on their stomachs (Barbieri, 1998). The mortality rate in the first year of life from this cause decreased from nearly 220 deaths per 100,000 births around 1990 to only 27 per 100,000 in 2010 for the two sexes combined – a spectacular drop of nearly 90% in twenty years.

(11) For the sake of simplicity we will refer to 1990 and 2010 when describing results from the three-year life tables for 1989-1991 and 2009-2011.

Table 10. Contribution of age groups and causes of death to gains in life expectancy at birth (in years) between 1989-1991 and 2009-2011, by sex

Age group	Cause of death							
	Infectious diseases	Cancers	Cardiovascular diseases	Respiratory diseases	Digestive diseases	Other diseases	External causes	All causes
Males								
0-14	0.01	0.02	0.01	0.02	0.01	0.31	0.13	0.51
15-24	0.01	0.01	0.01	0.01	0.00	0.01	0.29	0.34
25-44	0.18	0.13	0.09	0.01	0.05	0.02	0.32	0.80
45-64	0.04	0.59	0.39	0.06	0.11	-0.03	0.14	1.30
65-79	0.01	0.46	0.82	0.15	0.10	0.02	0.10	1.66
80 +	0.00	0.10	0.48	0.14	0.04	-0.04	0.05	0.77
Total gain	0.25	1.31	1.81	0.38	0.32	0.28	1.03	5.38
Females								
0-14	0.01	0.02	0.01	0.02	0.01	0.23	0.09	0.38
15-24	0.00	0.01	0.01	0.01	0.00	0.01	0.09	0.12
25-44	0.03	0.06	0.03	0.01	0.04	0.01	0.14	0.31
45-64	0.00	0.11	0.14	0.01	0.08	-0.02	0.08	0.40
65-79	0.01	0.17	0.74	0.07	0.07	0.04	0.09	1.20
80 +	0.00	0.07	1.01	0.17	0.09	-0.09	0.12	1.37
Total gain	0.06	0.43	1.95	0.29	0.28	0.18	0.61	3.78
<p>Note: The method used to calculate the contribution of each age group and cause to gains in life expectancy at birth between two periods is the one proposed by Andreev, Shkolnikov and Begun (2002).</p> <p>Source: Authors' calculations on the basis of INSEE life tables by sex and INSERM data on deaths by cause (CépiDc).</p>								

The decline in mortality due to diseases of early infancy, in contrast, was very limited over this period, with a relatively small drop in deaths due to congenital abnormalities and an absence of progress for other causes associated with the perinatal period. Consequently, the contribution of these two groups of causes has increased very rapidly over the last twenty years: while they accounted for 50% of infant mortality in 1990, they now represent more than 75%. If the recent stagnation of mortality from these diseases specific to early infancy persists, it may slow, or even stop, the long-standing trend of declining infant mortality.

Mortality at ages 15-24: deaths from external causes predominate

For males, deaths from external causes account for most deaths at these ages: in 2010, more than three quarters of the standardized mortality rate in this age range could be attributed to this cause (versus roughly half for women). Road accidents and suicide are the principal causes for both sexes (Appendix

Table A.15). Mortality due to traffic accidents decreased between 1990 and 2010, and particularly after 1999, but trends in mortality by suicide and other external causes have been less favourable. Since 2005, mortality due to these causes seems to have stabilized, and suicide has even recently risen slightly among women.

Change in mortality for the other major categories of causes has not been much more favourable, which explains this age group's particularly small contribution to progress in life expectancy between 1990 and 2010 (0.34 years out of a total gain of 5.4 years in men, 0.12 years out of 3.8 years in women). Mortality from infectious diseases is a noteworthy exception: it fell sharply until 1998-2000 thanks to better control of the HIV-AIDS epidemic from the early 1990s.

Mortality at ages 25-44: contrasting trends in the two sexes

Certain characteristics of the preceding age group are also found among persons aged 25-44. In this age group, the pattern of deaths by infectious disease due to the evolution of HIV-AIDS mortality was just as remarkable as in the younger age group, with both a strong increase up until 1995 and a sharp drop after that year. Whereas at the peak of the epidemic infections were the third-leading cause of mortality after deaths from external causes and cancers, in 2010 they were the least frequent cause.

As in younger people, mortality due to external causes, which was the leading cause of death before 1990, has been steadily declining ever since. The decrease since that time (and especially since 2000) has been very rapid for traffic accidents, with a 57% drop in the standardized rate for men and a 72% drop for women between 1990 and 2000. For other external causes in men, however, this downtrend was interrupted from 2003-2004 onward. External causes are still responsible for the majority of male deaths at these ages, representing 51% of the total standardized rate, versus 26% for women.

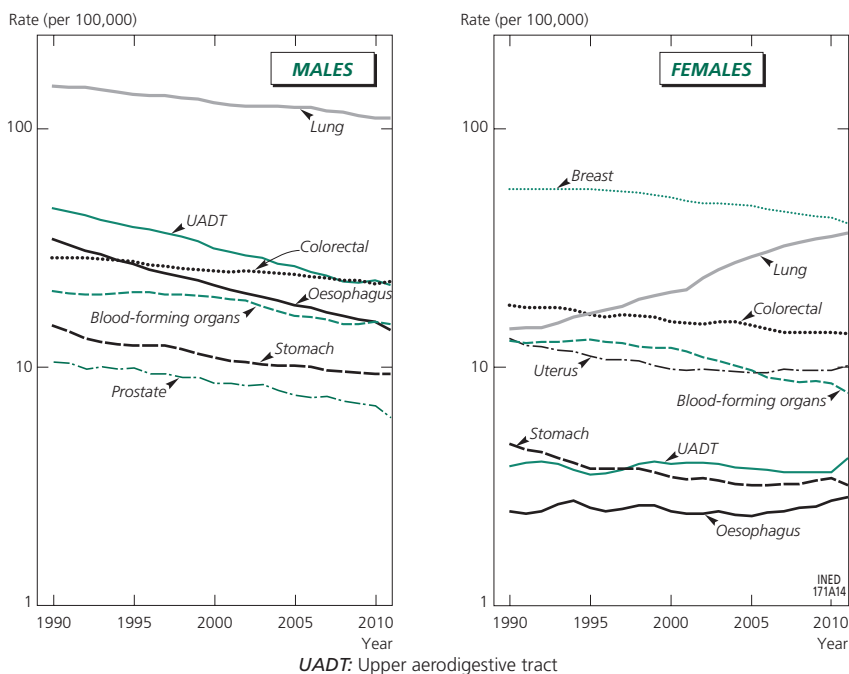
In women of these ages, cancer was the leading cause of death in 2010 (Appendix Table A.15). Twenty years earlier, the standardized mortality rate for cancer was one third higher in men (40 per 100,000 versus 30 per 100,000 in women). Due to sustained decreases up until the second half of the 2000s in men, the standardized rate is currently very similar for both sexes, at around 22 per 100,000. This situation results in part from contrasting trends in lung cancer: men's standardized mortality rate from this cause decreased by half in 20 years, whereas it increased in women until around 2005. It also results from rapid falls in cancers of the upper aerodigestive tract (lips, mouth, and pharynx) and the oesophagus thanks to lower alcohol consumption, which have primarily benefited men as the incidence of these pathologies has always been much lower in women. In contrast, breast cancer, the leading cancer in women in terms of mortality, has decreased very slowly.

Mortality at ages 45-64: cancer strongly predominates

More than at all other ages, cancers constitute the leading cause of mortality at ages 45-64: in 2010, they represented, respectively, 47% and 56% of male and female standardized mortality rates in this age range, with highly marked contrasts between the sexes by site.

The most lethal cancers in men (in order of frequency) are those of the lung; the upper aerodigestive tract; the intestine, the colon, and the rectum; the oesophagus; the blood-forming organs; the stomach; and the prostate. In women they are: the breast; the lung; the intestine, colon, and rectum; the uterus; the blood-forming organs; and, to a lesser extent, the upper aerodigestive tract, the stomach, and the oesophagus (Figure 12). There is a very marked contrast between the sexes: for men, deaths from almost all types of cancer decreased over the observed period, while for women, apart from slight decreases in deaths from cancers of the breast and the blood-forming organs, they remained stable or increased. The increase in lung cancer was very pronounced in women, with a standardized rate that more than doubled between 1990 and 2010; this cancer seems to be on the verge of becoming the leading cause of cancer death at ages 45-64. These different trends in men and women are

Figure 12. Standardized mortality rates at ages 45-64 for the most lethal cancers by sex, from 1989-1991 to 2009-2011 (three-calendar-year moving average)



Sources: Standardized rates calculated by the authors on the basis of age-specific mortality rates from the INSEE life tables and deaths by cause provided by INSERM (CépiDc).

largely explained by differences in smoking behaviours (decreasing consumption among men since the 1970s, regular increases among women, particularly at ages 45-64).⁽¹²⁾

Cardiovascular diseases are the second most frequent cause of death at these ages, far behind cancers, with a standardized rate that continues to decline, due to factors including changes in behaviour (notably smoking), decreases in infectious diseases which are risk factors for heart diseases, and medical advances, which have led to considerable improvements in the prevention and treatment of diseases of the circulatory system (Appendix Table A.15).

Mortality from other causes has evolved less favourably, as the downtrend has halted for almost all categories since the early 2000s. However, as these causes account for a much smaller proportion of general mortality, this age group contributed positively to gains in life expectancy between 1990 and 2010, particularly for men (Table 10).

Mortality at ages 65-79: a large drop due to a decline in cardiovascular diseases

Mortality decreased considerably over the period in this age group, which accounts for nearly a third of the years of life gained between 1990 and 2010. These improvements are predominantly due to control of cardiovascular diseases (50% of total gain in men and 62% in women) and notably ischaemic heart diseases, thanks to improvements in prevention, treatment, and surgery, associated with decreasing tobacco consumption in men.

Decreasing cancer mortality also played an important role in men: it was responsible for a quarter of years of life gained by men, versus only a sixth in women. Whereas the standardized rates for these two groups of causes of death were similar until the end of the 1980s, mortality from cardiovascular diseases has decreased by 50% in twenty years, versus 15% and 25% for male and female cancer mortality.

The ranking of cancers by site in this age group is slightly different than in the preceding one. In men, lung cancer is the leading cause of death, but it is followed by cancers of the colon and rectum, the prostate, the blood-forming organs, and, at a much lower level, the oesophagus, the stomach, and the upper aerodigestive tract. The decreasing trend in mortality for all cancers in men beginning in 1990 seems to have been interrupted in recent years, with two exceptions: blood cancer (cancer of the blood-forming organs), mortality from which has stabilized since the early 1980s, and prostate cancer, which has continued to decrease, with a standardized rate in 2011 at half its 1990 level. For women, the ranking is very similar to the one for ages 45-64: cancer of the breast, followed by the lung, the colon and rectum, the blood-forming

(12) According to INPES analyses (<http://www.inpes.sante.fr/10000/themes/tabac/consommation/profils-fumeurs.asp>, site consulted on 4 September 2014).

organs, and, further behind, the stomach, the œsophagus, and the upper aerodigestive tract. Mortality from all cancers combined has levelled off since the early 2000s, except for lung cancer, which has been in constant increase due to the high prevalence of smoking in these generations, and stomach cancer, which continues to decrease.

Mortality at ages 80 and above: cardiovascular diseases predominate

This age group is the only one in which cardiovascular diseases are still the leading cause of death. Decreasing cardiovascular mortality explains most of the decrease in the all-causes rate, accounting for 74% of female life expectancy gains at age 80 and above between 1990 and 2010, and 62% of male gains. This pattern explains the gradual convergence with cancer mortality, the second cause of death at this age, which has decreased very slowly in men and virtually stagnated in women due to increasing lung cancer mortality.

Mortality from respiratory diseases has decreased considerably since the late 1990s, thanks to the spread of influenza vaccination, which has had a beneficial effect not only on influenza but also on asthma and other chronic respiratory illnesses. The standardized mortality rate from influenza has fallen from 50 to less than 5 per 100,000 in just 15 years. The mortality rate from asthma, which was only slightly below that of influenza in 1990, has also dropped markedly, decreasing fourfold in 20 years. Respiratory illnesses still ranked third among specific causes of mortality in 2010, however, as they did in 1990, but with a lower standardized rate than the residual category of “other diseases”.

Mortality from senile dementias, which has progressively increased over the last 20 years, represents a growing proportion of these “other diseases”, accounting for 20% of male deaths and 27% of female deaths from “other diseases” in 1990, but 40% and 50%, respectively, in 2010. The corresponding mortality rate has increased from around 350 to 800 per 100,000 in men and from a little over 400 to 900 per 100,000 in women over the period. Alzheimer’s disease, which is responsible for 60% of deaths attributable to senile dementias, has been rapidly increasing since it was first included in the 9th edition of the International Classification of Diseases, published in 1980. It is difficult, however, to distinguish between the effects of diagnostic improvements – which result from changes in medical and certification practices – and the actual growth in this pathology among the elderly population.

Life expectancy in good health

A new question now arises. Do the years of life gained in the last 20 years reflect further years in a state of disability or dependence, or a continuous increase in life expectancy in good health? This is a question of particular importance in the contemporary context of population ageing. In recent years there has been a growing literature on the subject, and an ever wider range of

data has been collected with a view to establishing more diverse indicators to capture the phenomenon of disability.

The concept of disability-free life expectancy, without activity limitation or chronic morbidity, was developed in the 1980s (Robine et al., 1986). This indicator is calculated by combining mortality data from vital records and health data from general population surveys. In France, disability-free life expectancy at age 50 increased at the same rate as life expectancy in the 1990s, but more slowly in the following decades. The proportion of years of severe disability, and notably of dependence, has decreased for the cohorts born before the Second World War. There is less clear improvement for the subsequent cohorts, particularly women, for whom the years lived with certain types of severe disability appear to have increased (Cambois et al., 2012). However, it is difficult to determine whether this results from higher survival rates among persons with chronic diseases or disabilities, improved reporting of health problems in surveys, or increased disability in these cohorts in comparison to previous ones. The post-Second World War cohorts also have a higher prevalence of risk behaviours (such as smoking). In addition, the strain of working life may have been greater for women born during the baby-boom years, who have a dual workload in both the workplace and the home (Cambois and Robine, 2012).

Overview

On 1 January 2014, the population of France totalled 66 million, of which 63.9 million in metropolitan France. Most of the increase in the metropolitan population (+270,000 in 2013) was due to sustained natural growth of +220,000, or 0.42% (although this has slightly slowed since 2006). This growth rate is one of the highest among the countries of the European Union, only half of which have positive natural growth. Net migration is estimated at +50,000 in 2013.

The annual number of first residence permits (with a duration of at least one year) remained stable, with 180,000 permits granted in 2012. The majority of recipients were women. Half of these permits were granted for family reasons, and a quarter for educational reasons.

Fertility decreased slightly. Around 780,000 births were registered in 2013, versus 790,000 in 2012. Fertility declined from 2.01 to 1.99 children per woman (1.99 to 1.97 in metropolitan France), and the crude birth rate fell from 12.4 to 12.2 births per 1,000 inhabitants, a decrease of 1.2% between 2012 and 2013. The rate of increase in mean age at childbearing (30.1 in 2013) has slowed; the proportion of fertility at ages 35-39 continues to increase slightly, whereas fertility decreased strongly before age 25. French fertility remains among the

highest in Europe. For the 1979 cohort, completed fertility is 2.05 children per woman, and mean age at childbearing is 30.1 years.

Abortion figures remained stable in 2012, with little change in the number of induced abortions and the total abortion rate. However, the proportion of first abortions has decreased, whereas the frequency and mean number of repeat abortions has risen. These abortions (all orders combined) occur at a mean age of 27.6.

The downtrend in marriage resumed in 2013 after a slight upturn in 2012, falling to a historical low (in absolute terms) of 231,000 marriages. Marriage was opened to same-sex couples by the law of 17 May 2013, and 7,000 same-sex marriages were celebrated in 2013. Civil partnerships (PACS) increased again, with 168,200 PACS concluded in 2013. Since 2011, notaries have been able to perform the registration procedures for PACS unions celebrated in their offices, and 13% of couples who entered a PACS in 2013 chose this option. More than 50,000 PACS were dissolved in 2013. In cases where this was due to union dissolution (60% of dissolved PACS) and not to the marriage of the partners, it was almost always by mutual consent. Divorces by mutual consent represent half of all divorce applications (out of the 125,000 divorces pronounced in 2013).

A total of 572,000 deaths were registered in 2013, which brings the crude mortality rate to 0.87%. Life expectancy is 85 years for females and 78.7 years for males. This 6.3-year gender difference in life expectancy is slightly lower than in 2012 (6.35 years). It reached a maximum of 8.2 years in the early 1990s and has been progressively decreasing since. Improvements in mortality are unequally distributed by sex and age. Due to very low mortality rates below age 30, the greatest contributions to years of life gained since 1990 have come from decreases above age 45 in men and above age 65 in women. The gains are mainly due to control of cardiovascular diseases and, to a lesser extent, to decreasing male cancer mortality.

Acknowledgements: The authors wish to thank Elodie Baril and Arnaud Bringé from the INED Statistical Methods department for their help in preparing the databases.



STATISTICAL APPENDIX

Table A.1. Population change (in thousands) and crude rates (per 1,000)⁽¹⁾

Year	Mid-year population	Live births	Deaths	Growth			Crude rates (per 1,000)			
				Natural increase	Net migration	Total	Birth rate	Death rate	Growth	
									Natural increase	Total
1985	55,284	768	552	+ 216	+ 38	+ 254	13.9	10.0	+ 3.9	+ 4.6
1990	56,709	762	526	+ 236	+ 80	+ 316	13.4	9.3	+ 4.1	+ 5.6
1995	57,844	730	532	+ 198	+ 40	+ 238	12.6	9.2	+ 3.4	+ 4.1
2000	59,062	775	531	+ 244	+ 70	+ 314	13.1	9.0	+ 4.1	+ 5.3
2001	59,476	771	531	+ 240	+ 85	+ 325	13.0	8.9	+ 4.1	+ 5.5
2002	59,894	762	535	+ 226	+ 95	+ 321	12.7	8.9	+ 3.8	+ 5.4
2003	60,304	761	552	+ 209	+ 100	+ 309	12.6	9.2	+ 3.4	+ 5.1
2004	60,734	768	509	+ 259	+ 105	+ 364	12.6	8.4	+ 4.2	+ 6.0
2005	61,181	774	528	+ 247	+ 95	+ 342	12.7	8.6	+ 4.1	+ 5.6
2006	61,597	797	516	+ 280	+ 115	+ 395	12.9	8.4	+ 4.6	+ 6.4
2007	61,965	786	521	+ 265	+ 75	+ 340	12.7	8.4	+ 4.3	+ 5.5
2008	62,300	796	532	+ 264	+ 67	+ 331	12.8	8.6	+ 4.2	+ 5.3
2009	62,615	793	538	+ 255	+ 44	+ 300	12.7	8.6	+ 4.1	+ 4.8
2010	62,918	802	540	+ 262	+ 43	+ 305	12.8	8.6	+ 4.2	+ 4.8
2011	63,224	793	535	+ 258	+ 50	+ 308	12.6	8.5	+ 4.1	+ 4.9
2012	63,519	790	559	+ 231	+ 50	+ 281	12.4	8.8	+ 3.6	+ 4.9
2013*	63,794	780	561	+ 219	+ 50	+ 269	12.2	8.8	+ 3.4	+ 4.2

⁽¹⁾ Population and rates revised after the 2011 census.

* Provisional.

Coverage: Metropolitan France.

Source: INSEE, Demographic Surveys and Studies Division, Bellamy and Beaumel (2014).

Table A.2. Age distribution of the population on 1 January (%)

Age group	1985	1990	1995	2000	2005	2010	2011	2012*	2013*	2014*
0-19	29.2	27.8	26.1	25.6	25.0	24.5	24.5	24.4	24.4	24.4
20-59	52.7	53.2	53.8	53.8	54.1	52.7	52.2	51.9	51.5	51.2
60+	18.1	19.0	20.1	20.6	20.9	22.8	23.3	23.7	24.1	24.4
<i>including:</i>										
65+	12.8	13.9	15.0	16.0	16.5	16.8	16.9	17.3	17.7	18.2
75+	6.3	6.8	6.1	7.2	8.1	8.9	9.0	9.1	9.2	9.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

* Provisional.

Coverage: Metropolitan France.

Source: INSEE, Demographic Surveys and Studies Division, series revised after the 2011 census.

Table A.3. Number of first residence permits of at least one year granted to citizens of third countries (constant geographical area) by first year of validity

Year admitted for residence	Total	Of which minors
2000	137,027	16,239
2001	164,866	22,139
2002	187,353	24,169
2003	200,709	24,610
2004	201,531	29,139
2005	199,892	31,141
2006	195,042	27,227
2007	177,411	24,776
2008	184,329	20,569
2009	189,501	18,536
2010	184,534	17,988
2011	177,741	17,599
2012	180,077	17,509

Note: Countries that were European Union members on 30 June 2013 are excluded, along with the Vatican City State, Iceland, Liechtenstein, Norway, the principalities of Andorra and Monaco, the Republic of San Marina and Switzerland.

Coverage: Permits granted in France and abroad to citizens of countries not listed in the note. Permits granted in the year n and registered in the database extraction performed in July of the year $n+2$, except for the year 2009, for which extraction was performed in July 2012.

Source: Authors' calculations based on AGDREF data.

Table A.4. Fertility since 1970

Year	Sum of age-specific rates (per 100 women)			Mean age at childbearing		Non-marital fertility	
	Ages 15-27	Ages 28 and over	Total (TFR)	All births	First births ⁽¹⁾	Sum of age-specific rates (per 100 women)	Share in total fertility (%)
1970	143	104	247	27.2	23.9	16	6.4
1975	118	74	193	26.7	24.1	16	8.5
1980	116	78	194	26.8	24.5	22	11.4
1985	99	82	181	27.5	25.2	36	19.6
1990	84	94	178	28.3	26.0	53	30.1
1995	69	102	171	29.0	26.8	65	37.9
2000	69	119	187	29.4	27.4	81	43.2
2001	69	119	188	29.4		83	44.3
2002	67	119	186	29.5		84	44.7
2003	66	121	187	29.5		86	45.6
2004	67	123	190	29.6	27.6	89	46.8
2005	66	126	192	29.7	27.7	92	47.9
2006	67	131	198	29.8	27.8	98	49.7
2007	65	131	196	29.8	27.9	100	50.9
2008	66	133	199	29.9	27.9	103	51.6
2009	66	134	199	29.9	28.0	104	52.9
2010	66	136	202	30.0	28.1	109	54.2
2011	64	136	200	30.1		110	55.2
2012*	63	136	199	30.1		112	56.0
2013*	61	136	197	30.2		na	na

na : not available.
 * Provisional.
Coverage: Metropolitan France.
Sources: INSEE, Surveys and Demographic Studies Division. Series revised after the 2011 census except :
⁽¹⁾ 1970-1995: Laurent Toulemon, from EHF (Study of Family History) 1999; 2000: estimate based on vital records; 2004-2010: Davie and Niel (2012) Table 3.

Table A.5. Cohort fertility: cumulative fertility up to selected ages, estimated completed fertility (mean number of children per 100 women), and mean age at childbearing (in years and tenths of years)

Birth cohort	Cumulative fertility per 100 women (age in completed years)				Projection at constant rate*	
	24	29	34	39	Completed fertility	Mean age at child-bearing
1930	90	177	231	256	263	27.5
1935	89	181	233	254	258	27.1
1940	96	181	225	238	241	26.4
1945	99	174	206	219	222	26.0
1950	89	154	192	207	211	26.5
1955	77	148	190	209	213	27.0
1960	66	139	184	206	212	27.7
1961	63	135	181	203	209	27.9
1962	60	131	179	202	208	28.1
1963	56	127	176	200	207	28.3
1964	53	122	173	198	205	28.5
1965	49	118	170	196	204	28.7
1966	46	114	168	195	202	28.9
1967	44	111	167	194	202	29.1
1968	42	109	166	193	201	29.2
1969	39	105	163	192	200	29.4
1970	37	103	162	192	200	29.5
1971	35	100	160	191	199	29.7
1972	33	98	159	191	199	29.8
1973	32	97	159	191	200	29.9
1974	31	96	160	192	200	30.0
1975	30	96	161		201	30.0
1976	30	95	160		201	30.0
1977	31	96	161		203	30.1
1978	31	95	162		203	30.1
1979	31	96	163		205	30.1
1980	31	95				
1981	32	96				
1982	32	96				
1983	31	95				
1984	32	95				
1985	31					
1986	31					
1987	31					
1988	30					
1989	30					

* For the 1930-62 cohorts, observed completed fertility and mean age at childbearing; for later cohorts, unobserved rates are assumed equal to rates observed at the same age in 2011.

Coverage: Metropolitan France.

Source: Calculations and estimates based on data from INSEE, Demographic Surveys and Studies Division.

Table A.6. Total fertility rates in Europe
(children per woman)

	Year								
	1980	1985	1990	1995	2000	2005	2010	2011	2012
Austria	1.65	1.47	1.46	1.42	1.36	1.40	1.44	1.43	1.44
Belgium	1.68	1.51	1.62	1.56	1.67	1.76	1.86	1.81	1.79
Bulgaria	2.05	1.97	1.82	1.23	1.26	1.32	1.57	1.51	1.50
Croatia	-	-	-	-	-	1.50	1.55	1.48	1.51
Cyprus	-	2.43	2.40	2.03	1.64	1.47	1.44	1.35	1.39
Czech Republic	2.08	1.95	1.90	1.28	1.14	1.29	1.51	1.43	1.45
Denmark	1.55	1.45	1.67	1.80	1.78	1.80	1.87	1.75	1.73
Estonia	2.01	2.13	2.05	1.38	1.35	1.52	1.72	1.61	1.56
Finland	1.63	1.65	1.78	1.81	1.73	1.80	1.87	1.83	1.80
France	-	-	-	-	1.89	1.94	2.03	2.01	2.01
France (metro.)	1.95	1.81	1.78	1.71	1.87	1.92	2.01	2.00	1.99
Germany	1.56	1.37	1.45	1.25	1.38	1.34	1.39	1.36	1.38
Greece	2.23	1.67	1.40	1.31	1.26	1.33	1.51	1.39	1.34
Hungary	1.91	1.85	1.87	1.57	1.32	1.31	1.25	1.26	1.34
Ireland	-	-	2.11	1.84	1.89	1.86	2.05	2.03	2.01
Italy	1.64	1.42	1.33	1.19	1.26	1.34	1.45	1.44	1.43
Latvia	-	-	-	-	1.25	1.38	1.36	1.33	1.44
Lithuania	1.99	2.08	2.03	1.55	1.39	1.29	1.50	1.55	1.59
Luxembourg	1.50	1.38	1.60	1.70	1.76	1.63	1.63	1.52	1.57
Malta	1.99	1.95	2.04	1.80	1.70	1.38	1.36	1.45	1.43
Netherlands	1.60	1.51	1.62	1.53	1.72	1.71	1.79	1.76	1.72
Poland	-	-	2.06	1.62	1.35	1.24	1.38	1.30	1.30
Portugal	2.25	1.72	1.56	1.41	1.55	1.41	1.39	1.35	1.28
Romania	2.43	2.31	1.83	1.33	1.31	1.39	1.54	1.46	1.52
Slovakia	2.32	2.25	2.09	1.52	1.30	1.26	1.43	1.45	1.34
Slovenia	-	1.71	1.46	1.29	1.26	1.26	1.57	1.56	1.58
Spain	2.20	1.64	1.36	1.17	1.23	1.33	1.37	1.34	1.32
Sweden	1.68	1.74	2.13	1.73	1.54	1.77	1.98	1.90	1.90
United Kingdom	1.90	1.79	1.83	1.71	1.64	1.76	1.92	1.91	1.92
Iceland	2.48	1.93	2.30	2.08	2.08	2.05	2.20	2.02	2.04
Norway	1.72	1.68	1.93	1.87	1.85	1.84	1.95	1.88	1.85
Switzerland	1.55	1.52	1.58	1.48	1.50	1.42	1.52	1.52	1.52

Source: Eurostat (site accessed in June 2014).

Table A.7. Cohort fertility in Europe

Cohort	Completed fertility (per woman)					Mean age at childbearing (years)					Last available year
	1954 1955	1959 1960	1964 1965	1969 1970	1974 1975 ⁽¹⁾	1954 1955	1959 1960	1964 1965	1969 1970	1974 1975 ⁽¹⁾	
Austria	1.77	1.71	1.66	1.61	1.63-1.64	25.8	26.5	27.3	28.2	28.8-28.9	2010
Belgium	1.83	1.87	1.84	1.84	1.83-1.87	26.7	27.4	28.3	29.2	29.6-29.8	2009
Bulgaria	2.04	1.96	1.84	1.66	1.56	24.0	23.7	23.6	24.3	26.0	2010
Czech Rep.	2.08	2.03	1.95	1.87	1.77-1.78	24.5	24.5	24.9	25.7	27.7-27.9	2010
Denmark	1.84	1.88	1.93	1.98	1.96-1.98	27.2	28.4	29.2	29.7	30.2-30.3	2010
Estonia				1.91	1.83-1.86				26.4	27.7-27.9	2010
Finland	1.88	1.95	1.92	1.89	1.89-1.90	27.9	28.6	29.2	29.6	30.0-30.1	2010
France (metro.)	2.13	2.12	2.04	1.99	2.01-2.04	27.0	27.6	28.6	29.5	29.9-30.1	2010
Germany	1.66	1.66	1.56	1.50	1.54-1.56	26.4	27.1	28.1	29.0	29.5-29.6	2010
Greece	2.02	1.97	1.79	1.64	1.55-1.58	25.9	26.0	27.0	28.7	29.9-30.0	2010
Hungary	1.96	2.02	1.98	1.88	1.70-1.71	24.9	25.0	25.5	26.4	27.7-27.8	2010
Ireland			2.21	2.12	2.06-2.12			30.2	31.0	31.3-31.6	2010
Italy	1.80	1.69	1.55	1.47	1.42-1.45	27.1	27.9	29.3	30.6	31.2-31.4	2010
Latvia ⁽²⁾	-	-	-	-	-	-	-	-	-	-	
Lithuania	1.97	1.92	1.72	1.77	1.72-1.73	26.3	26.0	26.1	26.0	26.8	2010
Luxembourg	1.67	1.75	1.83	1.85	1.80-1.82	27.6	28.6	29.2	29.7	29.9-30.0	2010
Netherlands	1.88	1.86	1.79	1.77	1.78-1.80	28.1	29.2	30.0	30.6	30.7-30.8	2010
Poland				1.85	1.61-1.62				26.1	27.3-27.4	2010
Portugal	2.03	1.90	1.83	1.69	1.57-1.58	26.2	26.4	27.4	28.3	29.0-29.1	2010
Romania	2.33	2.16	1.94	1.63	1.55	25.0	24.5	24.2	25.2	26.2-26.3	2010
Slovakia	2.23	2.17	2.05	1.92	1.73	25.2	25.0	25.0	25.4	26.8	2010
Slovenia			1.79	1.71	1.66-1.67			25.9	27.3	28.9-29.0	2010
Spain	1.93	1.80	1.65	1.50	1.37-1.41	27.2	27.8	29.2	30.6	31.6-31.8	2010
Sweden	2.02	2.05	2.03	1.98	1.96-1.99	27.9	28.6	28.9	29.6	30.6-30.7	2010
United Kingdom	2.01	1.97	1.92	1.88	1.90-1.93	27.1	27.8	28.4	28.9	29.4-29.5	2010
Iceland	2.55	2.46	2.39	2.32	2.26-2.27	26.6	27.4	28.0	28.4	29.3-29.4	2010
Norway	2.05	2.09	2.07	2.05	2.00-2.01	27.0	28.0	28.6	29.1	29.7-29.8	2010
Switzerland	1.75	1.78	1.69	1.65	1.63-1.65	28.0	28.7	29.5	30.2	30.7-30.8	2010

(1) Two estimates are proposed. One is based on rates that remain unchanged with respect to the last observation year, the other on a continuation of the trend at each age over the last 15 observed years.

(2) The series of published rates (2002-2010) cannot be used to calculate and estimate completed fertility.

Sources: Calculations and estimations based on age-specific fertility rates published on the Eurostat website (site accessed 18 July 2013).

Table A.8. Number of induced abortions and annual indices since 1976

Year	Abortions reported in notifications ⁽¹⁾	Abortions recorded in SAE ⁽²⁾	Abortions estimated by INED ⁽³⁾	Abortions per 100 live births ⁽⁴⁾	Annual abortions per 1000 women aged 15-49 ⁽⁴⁾	Mean number of abortions per woman ⁽⁴⁾
1976	134,173		246,000	34.1	19.6	0.66
1981	180,695		245,000	30.4	18.7	0.62
1986	166,797		221,000	28.4	16.1	0.53
1990	170,423		209,000	27.4	14.8	0.49
1991	172,152		206,000	27.1	14.4	0.48
1992	167,777		206,000	27.7	14.3	0.48
1993	166,921		206,000	28.9	14.3	0.49
1994	163,180		207,000	29.1	14.3	0.49
1995	156,181	179,648	207,000	28.4	14.2	0.50
1996	162,792	187,114	207,000	28.2	14.2	0.50
1997	163,985	188,796	207,000	28.5	14.2	0.50
1998		195,960	207,000	28.0	14.2	0.51
1999		196,885	206,000	27.7	14.2	0.51
2000		192,174	206,000	26.6	14.2	0.51
2001		202,180	206,000	26.7	14.3	0.51
2002	137,497	206,596		27.1	14.3	0.51
2003		203,300		26.7	14.0	0.50
2004		210,664		27.4	14.5	0.52
2005	166,985	206,311		26.6	14.2	0.51
2006	174,561	215,390		27.0	14.9	0.53
2007	185,498	213,382		27.1	14.7	0.53
2008	180,108	209,245		26.3	14.5	0.52
2009	171,152	209,987		26.5	14.6	0.53
2010	172,505	213,317*		26.4	14.8	0.53
2011	170,081	209,291*		26.4*	14.7*	0.53*
2012	na	207,120*		26.2*	14.5*	0.53*

* Provisional.

na : Not available.

(1) Statistics from notifications including elective and therapeutic abortions.

(2) Administrative statistics based on recorded medical procedures. Data from 2010 includes data from the CNAM-TS and takes account of abortions covered by specific health insurance funds (MSA and RSI).

Source: DREES and CNAM-TS from 2010.

(3) INED estimate (elective abortions). From 2002, the hospital statistics are considered exhaustive. Source: Rossier and Pirus (2007).

(4) Based on INED statistics up to 2001, and on hospital statistics from 2002.

Coverage: Metropolitan France.

Table A.9. Characteristics of nuptiality and divorce since 1985

Year	Number of marriages	Total first marriage rate				Number of divorces ⁽³⁾	Total divorce rate per 100 marriages	Number of PACS unions	Number of PACS dissolutions
		Overall rate ⁽¹⁾		Overall probability ⁽²⁾					
		Men	Women	Men	Women				
1985	269,419	0.53	0.54	0.69	0.73	107,505	30.5		
1986	265,678	0.52	0.53	0.68	0.71	108,380	31.1		
1987	265,177	0.51	0.52	0.67	0.70	106,526	31.0		
1988	271,124	0.52	0.53	0.67	0.71	108,026	31.3		
1989	279,900	0.54	0.55	0.68	0.71	107,357	31.5		
1990	287,099	0.55	0.56	0.68	0.71	107,599	32.1		
1991	280,175	0.54	0.55	0.67	0.70	106,418	33.2		
1992	271,427	0.52	0.53	0.65	0.68	107,994	33.5		
1993	255,190	0.49	0.50	0.62	0.65	110,757	34.8		
1994	253,746	0.48	0.49	0.61	0.64	115,785	36.7		
1995	254,651	0.48	0.50	0.61	0.63	119,189	38.2		
1996	280,072	0.53	0.55	0.65	0.67	117,382	38.0		
1997	283,984	0.54	0.56	0.65	0.67	116,158	38.0		
1998	271,361	0.52	0.54	0.62	0.65	116,349	38.4		
1999	286,191	0.56	0.58	0.64	0.67	116,813	38.9	6,139	7
2000	297,922	0.58	0.60	0.66	0.68	114,005	38.2	22,108	620
2001	288,255	0.57	0.59	0.64	0.66	112,631	38.0	19,410	1,859
2002	279,087	0.55	0.57	0.63	0.65	115,861	39.2	24,979	3,143
2003	275,963	0.55	0.56	0.62	0.64	125,175	42.5	31,161	5,229
2004	271,598	0.53	0.55	0.61	0.63	131,335	44.8	39,576	6,935
2005	276,303	0.54	0.55	0.61	0.63	152,020	52.3	59,837	8,564
2006	267,260	0.52	0.53	0.59	0.61	135,910	46.9	76,680	9,470
2007	267,194	0.51	0.52	0.58	0.60	131,316	45.5	101,039	22,555
2008	258,749	0.50	0.51	0.57	0.58	129,379	45.1	144,756	23,466
2009	245,151	0.47	0.48	0.54	0.56	127,578	44.7	173,180	26,769
2010	245,334	0.47	0.48	0.54	0.56	130,621	46.2	203,959	35,322
2011	231,100	0.45	0.45	0.52	0.55	129,602	46.2	150,800	41,917
2012	239,840	0.47	0.47	0.54	0.56	125,217	45.0	159,195	48,389
2013*	225,000	na	na	na	na	121,849	na	166,567	53,167

* Provisional.

na: not available.

(1) Ratio of number of first marriages to number of persons of same age, summed to age 49.

(2) Ratio of number of first marriages to (estimated) number of never-married persons at the same age, summed to age 49.

(3) Direct divorces and separations converted into divorces.

Coverage: Metropolitan France.

Sources: INSEE, Division of Demographic Surveys and Studies; French Ministry of Justice.

Table A.10. Characteristics of nuptiality by birth cohort

Men

Male birth cohort	Proportion ever-married at age 49*	Mean age at first marriage* (years)	Proportion ever-married	
			At age 24	At age 30
1943	0.88	24.5	0.55	0.81
1948	0.87	24.5	0.56	0.80
1953	0.85	25.0	0.52	0.75
1958	0.79	26.4	0.39	0.64
1963	0.72	28.2	0.23	0.52
1965	0.70	28.9	0.19	0.47
1967	0.68	29.4	0.16	0.44
1969	0.66	29.9	0.12	0.41
1971	0.64	30.4	0.09	0.39
1973	0.63	30.6	0.08	0.37
1975			0.06	0.34
1977			0.06	0.32
1979			0.06	0.29
1981			0.05	
1983			0.05	
1985			0.04	

Women

Female birth cohort	Proportion ever-married at age 49*	Mean age at first marriage* (years)	Proportion ever-married	
			At age 22	At age 28
1945	0.92	22.3	0.59	0.86
1950	0.90	22.6	0.57	0.83
1955	0.87	22.9	0.53	0.77
1960	0.82	24.3	0.42	0.67
1965	0.75	26.3	0.24	0.54
1967	0.73	26.9	0.19	0.50
1969	0.70	27.5	0.15	0.46
1971	0.68	28.1	0.12	0.43
1973	0.67	28.6	0.09	0.40
1975	0.65	28.9	0.07	0.38
1977			0.07	0.36
1979			0.06	0.33
1981			0.06	0.30
1983			0.05	
1985			0.05	
1987			0.04	

* Unobserved marriage probabilities are assumed to be stable at the average level observed in 2010.

Coverage: Metropolitan France.

Source: Calculations and estimates based on INSEE data.

Table A.11. Characteristics of overall mortality since 1985

Year	Life expectancy (years)				Mortality rate (per 1,000 live births)		Survivors at age 60 (per 1,000 at birth)	
	At birth		At age 60		Infant ⁽¹⁾	Neonatal ⁽²⁾	Male	Female
	Male	Female	Male	Female				
1985	71.3	79.4	17.9	23.0	8.3	4.6	803	913
1986	71.5	79.7	18.1	23.2	8.0	4.3	807	915
1987	72.0	80.3	18.4	23.7	7.8	4.1	814	918
1988	72.3	80.5	18.7	23.9	7.8	4.1	816	919
1989	72.5	80.6	18.8	24.0	7.5	3.8	818	920
1990	72.7	81.0	19.0	24.2	7.3	3.6	822	923
1991	72.9	81.2	19.2	24.4	7.3	3.5	824	923
1992	73.2	81.5	19.4	24.6	6.8	3.3	827	925
1993	73.3	81.5	19.4	24.6	6.5	3.1	828	924
1994	73.7	81.9	19.7	25.0	5.9	3.2	832	926
1995	73.9	81.9	19.7	24.9	4.9	2.9	836	928
1996	74.1	82.1	19.7	25.0	4.8	3.0	841	929
1997	74.6	82.3	19.9	25.2	4.7	3.0	847	931
1998	74.8	82.4	20.0	25.3	4.6	2.9	850	931
1999	75.0	82.5	20.2	25.3	4.3	2.7	852	932
2000	75.3	82.8	20.4	25.6	4.4	2.8	855	933
2001	75.5	82.9	20.6	25.7	4.5	2.9	855	933
2002	75.8	83.1	20.8	25.8	4.1	2.7	857	934
2003	75.9	83.0	20.8	25.6	4.0	2.6	859	935
2004	76.7	83.9	21.5	26.5	3.9	2.6	868	937
2005	76.8	83.9	21.4	26.8	3.6	2.3	868	939
2006	77.2	84.2	21.8	26.7	3.6	2.3	871	939
2007	77.4	84.4	21.9	26.9	3.6	2.4	874	941
2008	77.6	84.4	22.0	26.9	3.6	2.4	877	940
2009	77.8	84.5	22.2	27.0	3.7	2.4	876	940
2010	78.0	84.7	22.4	27.1	3.5	2.3	879	942
2011*	78.4	85.0	22.7	27.4	3.3	2.2	883	943
2012*	78.5	84.9	22.6	27.2	3.3	2.3	886	944
2013*	78.7	85.0	22.7	27.3	3.5	na	na	na

* Provisional.
na: not available.
(1) Deaths under one year per 1,000 live births.
(2) Deaths before 28 days per 1,000 live births.
Coverage: Metropolitan France.
Source: INSEE, Demographic Surveys and Studies Division.

Table A.12. Life expectancy at birth in Europe in 2012

Country	Life expectancy at birth (years)		
	Male	Female	Difference (F – M)
Austria	78.4	83.6	5.2
Belgium	77.8	83.1	5.3
Bulgaria	70.9	77.9	7.0
Croatia	73.9	80.6	6.7
Czech Republic	75.1	81.2	6.1
Denmark	78.1	82.1	4.0
Estonia	71.4	81.5	10.1
Finland	77.7	83.7	6.0
France excl. Mayotte*	78.5	84.8	6.3
Germany	78.6	83.3	4.7
Greece	78.0	83.4	5.4
Hungary	71.6	78.7	7.1
Iceland	81.6	84.3	2.7
Ireland	78.7	83.2	4.5
Italy	79.8	84.8	5.0
Latvia	68.9	78.9	10.0
Lithuania	68.4	79.6	11.2
Luxembourg	79.1	83.8	4.7
Netherlands	79.3	83.0	3.7
Norway	79.5	83.5	4.0
Poland	72.7	81.1	8.4
Portugal	77.3	83.6	6.3
Romania	71.0	78.1	7.1
Slovakia	72.5	79.9	7.4
Slovenia	77.1	83.3	6.2
Spain	79.5	85.5	6.0
Sweden	79.9	83.6	3.7
Switzerland	80.6	84.9	4.3
United Kingdom	79.1	82.8	3.7

* Provisional data.
Source : Eurostat (Table 00025, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed 27 May 2014).

Table A.13. Infant mortality in Europe 1980-2012 (rate per 1,000 live births)

Country	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012*
Austria	14.3	11.2	7.8	5.4	4.8	4.2	3.6	3.7	3.7	3.8	3.9	3.6	3.2
Belgium	12.1	9.8	8.0	6.0	4.8	3.7	4.0	3.9	3.7	3.5	3.6	3.3	3.8
Bulgaria	20.2	15.4	14.8	13.3	13.3	10.4	9.7	9.2	8.6	9.0	9.4	8.5	7.8
Croatia	nd	nd	nd	nd	7.4	5.7	5.2	5.6	4.5	5.3	4.4	4.7	3.6
Denmark	8.4	7.9	7.5	5.1	5.3	4.4	3.8	4.0	4.0	3.1	3.4	3.5	3.4
Estonia	17.1	14.1	12.3	14.9	8.4	5.4	4.4	5.0	5.0	3.6	3.3	2.5	3.6
Finland	7.6	6.3	5.6	3.9	3.8	3.0	2.8	2.7	2.6	2.6	2.3	2.4	2.4
France exclu. Mayotte ^{(1)*}	na	na	na	5.0	4.5	3.8	3.8	3.8	3.8	3.9	3.6	3.5	3.5
Metropolitan France ^{(1)*}	10.0	8.3	7.3	4.9	4.4	3.6	3.6	3.6	3.6	3.7	3.5	3.3	3.3
Germany	12.4	9.1	7.0	5.3	4.4	3.9	3.8	3.9	3.5	3.5	3.4	3.6	3.3
Greece	17.9	14.1	9.7	8.1	5.9	3.8	3.7	3.5	2.7	3.1	3.8	3.4	2.9
Hungary	23.2	20.4	14.8	10.7	9.2	6.2	5.7	5.9	5.6	5.1	5.3	4.9	4.9
Iceland	7.7	5.7	5.9	6.1	3.0	2.3	1.4	2.0	2.5	1.8	2.2	0.9	1.1
Ireland	11.1	8.8	8.2	6.4	6.2	4.0	3.6	3.1	3.8	3.3	3.8	3.5	3.5
Italy	14.6	10.5	8.2	6.2	4.5	3.8	3.6	3.5	3.3	3.4	3.2	3.2	2.9
Latvia	15.3	13.0	13.7	18.8	10.4	7.8	7.6	8.7	6.7	7.8	5.7	6.6	6.3
Lithuania	14.5	14.2	10.2	12.5	8.6	6.8	6.8	5.9	4.9	4.9	4.3	4.2	3.9
Luxembourg	11.5	9.0	7.3	5.5	5.1	2.6	2.5	1.8	1.8	2.5	3.4	4.3	2.5
Norway	8.1	8.5	6.9	4.0	3.8	3.1	3.2	3.1	2.7	3.1	2.8	2.4	2.5
Netherlands	8.6	8.0	7.1	5.5	5.1	4.9	4.4	4.1	3.8	3.8	3.8	3.6	3.7
Poland	25.4	22.1	19.4	13.6	8.1	6.4	6.0	6.0	5.6	5.6	5.0	4.7	4.6
Portugal	24.2	17.8	11.0	7.5	5.5	3.5	3.3	3.4	3.3	3.6	2.5	3.1	3.4
Czech Republic	16.9	12.5	10.8	7.7	4.1	3.4	3.3	3.1	2.8	2.9	2.7	2.7	2.6
Romania	29.3	25.6	26.9	21.2	18.6	15.0	13.9	12.0	11.0	10.1	9.8	9.4	9.0
United Kingdom	13.9	11.1	7.9	6.2	5.6	5.1	4.9	4.7	4.6	4.5	4.2	4.2	4.1
Slovakia	20.9	16.3	12.0	11.0	8.6	7.2	6.6	6.1	5.9	5.7	5.7	4.9	5.8
Slovenia	15.3	13.0	8.4	5.5	4.9	4.1	3.4	2.8	2.4	2.4	2.5	2.9	1.6
Spain	12.3	8.9	7.6	5.5	4.4	3.8	3.5	3.5	3.3	3.2	3.2	3.1	3.1
Sweden	6.9	6.8	6.0	4.1	3.4	2.4	2.8	2.5	2.5	2.5	2.5	2.1	2.6
Switzerland	9.0	6.7	6.7	5.0	5.3	4.2	4.4	3.9	4.0	4.3	3.8	3.8	3.6
United Kingdom	13.9	11.1	7.9	6.2	5.6	5.1	4.9	4.7	4.6	4.5	4.2	4.2	4.1

* Provisional.

na: not available.

Source: Eurostat (Table 00027, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed 27 May 2014), except (1).

(1) INSEE for the whole of France excluding Mayotte between 1995 and 2012 and for metropolitan France in 2010 and 2012.

Table A.14. Standardized death rates (per 100,000) by sex and groups of causes of death⁽¹⁾
Males

Cause of death	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
23 groups of causes																
Lung cancer	63	67	70	70	66	65	64	63	63	64	63	62	60	60	58	58
Stomach cancer	20	17	14	12	10	9	9	9	9	8	8	8	7	7	7	7
Cancer of the intestine	31	29	29	28	25	25	25	24	24	24	23	22	22	22	22	21
Prostate cancer	28	30	32	29	26	26	26	26	24	23	22	22	21	20	20	19
Other cancers	176	180	171	160	152	151	149	146	140	139	136	134	131	129	125	121
Ischaemic heart diseases	117	118	96	85	76	72	70	68	64	62	58	56	54	51	48	46
Other heart diseases	130	115	93	90	81	79	78	78	72	71	69	69	68	66	64	59
Cerebro-vascular diseases	123	103	71	59	47	45	44	43	38	37	35	34	33	31	30	29
Other diseases of the circulatory system	38	35	29	26	21	21	20	19	17	16	16	15	15	13	13	11
Tuberculosis (all forms)	5	3	2	2	2	2	1	1	1	1	1	1	1	1	1	1
AIDS	0	0	8	13	3	3	3	2	2	2	2	2	2	1	1	1
Influenza	2	2	3	1	2	0	1	1	0	1	0	0	0	0	0	0
Other infectious and parasitic diseases	11	12	10	11	12	11	12	12	10	11	11	11	11	11	11	11
Other diseases of the respiratory system	83	79	71	69	53	50	50	52	44	47	42	42	42	42	39	39
Alcoholism and cirrhosis of the liver	56	46	35	29	28	28	27	27	25	24	24	23	23	22	22	21
Diabetes	11	11	9	9	15	15	14	15	14	14	13	13	13	13	12	12
Other mental disorders and diseases of the nervous system	28	28	31	30	40	42	41	45	39	42	41	41	42	42	42	41
Other diseases of the digestive system	41	35	29	25	20	20	20	21	19	19	19	18	18	18	18	16
Other diseases	56	50	40	37	36	36	35	37	33	32	32	31	32	31	31	27
Transport accidents	30	26	26	20	19	19	18	15	13	13	12	12	11	11	10	9
Suicides	29	34	30	29	26	25	25	26	25	25	24	23	23	24	23	23
Other external causes	63	54	51	44	36	35	34	36	32	31	31	31	31	31	31	30
Unspecified or ill-defined causes of death	74	70	56	48	46	49	49	51	44	45	43	44	46	47	55	53
6 broad groups of causes																
Cancer	318	324	317	300	280	275	272	267	260	258	251	247	241	239	232	226
Cardiovascular diseases	409	371	288	260	225	217	211	208	190	187	177	173	169	161	156	145
Infectious and parasitic diseases, diseases of the respiratory system	101	97	95	95	72	65	66	69	58	62	56	56	56	55	52	53
Other diseases	193	169	143	131	138	140	138	144	130	132	129	126	128	126	124	118
External causes	123	114	106	93	81	79	78	77	70	69	67	66	66	66	64	63
Unspecified or ill-defined causes of death	74	70	56	48	46	49	49	51	44	45	43	44	46	47	55	53
All causes	1,217	1,145	1,005	928	842	826	814	815	751	753	723	713	705	694	684	657

Females

Cause of death	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
23 groups of causes																
Lung cancer	6	7	8	9	10	11	12	13	13	14	14	15	15	16	16	16
Stomach cancer	9	7	6	5	4	4	4	3	3	3	3	3	3	3	3	3
Cancer of the intestine	19	18	17	16	15	14	14	14	14	14	13	13	13	13	12	12
Breast cancer	27	28	29	27	27	26	26	26	26	25	25	24	24	24	23	23
Cancer of the uterus	11	10	8	7	6	7	6	7	6	6	6	6	6	6	6	6
Other cancers	76	74	70	69	67	67	67	65	63	63	62	60	61	60	59	57
Ischaemic heart diseases	51	51	42	35	30	29	28	27	24	23	22	21	20	19	17	16
Other heart diseases	93	81	64	61	54	53	53	53	47	47	45	45	45	44	42	39
Cerebro-vascular diseases	88	74	52	41	33	32	31	31	27	26	25	23	23	23	22	21
Other diseases of the circulatory system	19	17	14	12	9	9	8	8	7	7	6	6	6	6	5	5
Tuberculosis (all forms)	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0
AIDS	0	0	1	3	1	1	1	1	1	1	1	1	0	0	0	0
Influenza	2	2	2	1	1	0	0	0	0	1	0	0	0	0	0	0
Other infectious and parasitic diseases	7	7	6	7	8	7	7	8	6	7	6	6	7	7	7	7
Other diseases of the respiratory system	33	33	31	30	24	21	22	23	19	21	18	19	19	19	17	18
Alcoholism and cirrhosis of the liver	19	15	12	10	9	9	9	9	8	8	8	7	7	7	6	7
Diabetes	10	9	8	7	10	10	10	10	9	9	8	8	8	8	7	7
Other mental disorders and diseases of the nervous system	22	22	24	24	32	33	34	37	31	33	33	33	34	34	33	34
Other diseases of the digestive system	27	23	18	16	13	13	13	13	12	12	11	11	11	11	11	10
Other diseases	38	34	29	28	27	27	27	29	25	24	24	23	24	23	23	20
Transport accidents	10	9	9	7	6	6	6	4	4	4	3	3	3	3	3	2
Suicides	11	12	10	10	8	8	9	8	9	8	8	8	8	7	7	7
Other external causes	36	31	27	23	19	19	19	20	17	16	16	16	16	15	15	15
Unspecified or ill-defined causes of death	48	44	35	31	28	29	30	32	26	27	26	26	27	27	31	30
6 broad groups of causes																
Cancer	147	143	138	135	129	128	128	127	125	124	123	121	123	121	119	118
Cardiovascular diseases	250	223	172	148	126	123	119	119	106	104	98	95	95	91	86	81
Infectious and parasitic diseases, diseases of the respiratory system	43	43	42	41	34	30	31	33	27	30	26	26	27	27	25	26
Other diseases	116	103	91	85	91	92	93	98	85	85	84	83	84	83	81	77
External causes	57	53	46	40	34	34	33	33	29	28	27	26	26	26	25	24
Unspecified or ill-defined causes of death	48	44	35	31	28	29	30	32	26	27	26	26	27	27	31	30
All causes	662	609	525	480	442	436	434	442	398	399	384	377	381	375	367	356

(1) Standardized rate calculated from mortality rates by five-year age group (in completed years) and from standard European population (according to the structure proposed by the WHO). Thanks to a new analysis of INSERM data, the age groups now have the same definition for all years. The contents of the cause-of-death groups are defined in Table A.16 (item numbers refer to ICD-9 for 1980 to 1999 and ICD-10 from 2000).

Coverage: Metropolitan France.

Source: F. Meslé from CépiDc-INSERM data.

Table A.15. Standardized mortality rates (per 100,000) by sex, age group and cause-of-death group^(a) in 2009-2011

Males

Cause of death	Ages 0-14	Ages 15-24	Ages 25-44	Ages 45-64	Ages 65-79	Ages 80+	All ages
23 groups of causes							
Lung cancer	0	0	4	103	273	361	59
Stomach cancer	0	0	1	9	34	87	7
Cancer of the intestine	0	0	1	22	106	315	22
Prostate cancer	0	0	0	7	83	526	20
Other cancers	3	5	14	169	560	1,345	125
Ischaemic heart diseases	0	0	5	45	180	977	48
Other heart diseases	1	1	5	37	186	1,747	63
Cerebro-vascular diseases	0	0	2	18	110	751	30
Other diseases of the circulatory system	0	0	1	10	49	263	13
Tuberculosis (all forms)	0	0	0	0	2	17	1
AIDS	0	0	1	2	1	1	1
Influenza	0	0	0	1	1	4	0
Other infectious and parasitic diseases	1	0	1	10	38	237	11
Other diseases of the respiratory system	0	1	2	20	138	1,086	40
Alcoholism and cirrhosis of the liver	0	0	7	52	62	45	22
Diabetes	0	0	1	10	53	239	12
Other mental disorders and diseases of the nervous system	2	3	7	22	121	1,101	41
Other diseases of the digestive system	0	0	2	15	60	366	17
Other diseases	22	2	3	15	72	674	30
Transport accidents	1	20	13	9	9	17	10
Suicides	0	10	27	37	36	84	23
Other external causes	3	9	16	31	72	502	31
Unspecified or ill-defined causes of death	6	7	19	57	131	889	51
6 broad groups of causes							
Cancer	3	5	21	309	1,056	2,633	232
Cardiovascular diseases	1	2	13	110	525	3,739	154
Infectious and parasitic diseases, diseases of the respiratory system	1	1	5	33	181	1,345	53
Other diseases	24	5	21	115	368	2,425	122
External causes	5	39	56	77	118	603	64
Unspecified or ill-defined causes of death	6	7	19	57	131	889	51
All causes	40	59	135	702	2,378	11,634	677

Females

Cause of death	Ages 0-14	Ages 15-24	Ages 25-44	Ages 45-64	Ages 65-79	Ages 80+	All ages
23 groups de causes							
Lung cancer	0	0	3	33	59	85	16
Stomach cancer	0	0	1	3	11	38	3
Cancer of the intestine	0	0	1	13	54	195	12
Breast cancer	0	0	7	40	86	179	23
Cancer of the uterus	0	0	2	9	25	50	6
Other cancers	2	3	10	70	255	738	59
Ischaemic heart diseases	1	1	1	8	53	530	18
Other heart diseases	0	0	2	14	101	1,404	41
Cerebro-vascular diseases	0	0	2	10	66	645	22
Other diseases of the circulatory system	0	0	0	3	14	155	5
Tuberculosis (all forms)	0	0	0	0	1	10	0
AIDS	0	0	0	1	0	0	0
Influenza	0	0	0	0	1	4	0
Other infectious and parasitic diseases	1	0	1	4	23	163	7
Other diseases of the respiratory system	0	0	1	8	51	545	18
Alcoholism and cirrhosis of the liver	0	0	2	16	20	15	7
Diabetes	0	0	0	4	29	176	7
Other mental disorders and diseases of the nervous system	2	2	3	14	85	1,062	34
Other diseases of the digestive system	0	0	1	7	34	283	11
Other diseases	19	2	3	10	51	489	22
Transport accidents	1	4	2	3	4	6	3
Suicides	0	3	7	14	12	14	7
Other external causes	2	2	4	12	37	356	15
Unspecified or ill-defined causes of death	4	2	6	20	64	764	29
6 broad groups of causes							
Cancer	3	3	23	169	491	1,285	119
Cardiovascular diseases	1	1	5	34	235	2,734	86
Infectious and parasitic diseases, diseases of the respiratory system	1	1	3	14	76	722	26
Other diseases	21	4	10	50	218	2,024	81
External causes	3	10	13	28	53	376	25
Unspecified or ill-defined causes of death	4	2	6	20	64	764	29
All causes	33	21	60	316	1,138	7,906	366

(a) Standardized rate calculated from mortality rates by five-year age group (in completed years) and from standard European population (according to the structure proposed by the WHO). Thanks to a new analysis of INSERM data, the age groups now have the same definition for all years. The contents of the cause-of-death groups are defined in Table A.16 (item numbers refer to ICD-9 for 1980 to 1999 and ICD-10 from 2000).

Coverage: Metropolitan France.

Source: F. Meslé from CépiDc-INSERM data.

Table A.16. Cause-of-death categories and the corresponding codes in the International Classification of Diseases (ninth and tenth revisions)

	ICD 9	ICD 10
Cancer		
Lung cancer	140 to 239	C00 to D48
Stomach cancer	162	C33 to C34
Cancer of the intestine	151	C16
Breast cancer	152 to 154	C18 to C21
Cancer of the uterus	174, 175	C50
Prostate cancer	179 to 180; 182	C53 to C55
Other cancers	185	C61
	140 to 150; 155 to 161; 163 to 173; 181; 183 to 184; 186 to 239	C00 to C15; C17; C22 to C32; C37 to C49; C51; C52; C56 to C60; C62 to D48
	390 to 459	100 to 199
	410 to 414	120 to 125
	390 to 405; 415 to 429	100 to I15; I26 to I51
	430 to 438	160 to 169
	440 to 459	170 to 199
	000 to 139; 460 to 519	A00 to B99; J00 to J98
	010 to 018	A15 to A19; B90
	042 to 044	B20 to B24
	487	J10 to J11
	001 to 009; 020 to 041; 045 to 139	A00 to A09; A20 to B19; B25 to B89; B91 to B99
	460 to 586; 490 to 519	J00 to J06; J12 to J98
	240 to 389; 520 to 779	D50 to D89; E00 to H95; K00 to Q99
	291; 303; 305.0; 571.0 to 3.;5	F10; K70; K73 to K74
	250	E10 to E14
	290; 292 to 302; 304; 305.1 to 389	F00 to F09; F11 to H95
	520 to 570; 571.4; 571.6 to 579	K00 to K67; K71; K72; K75 to K93
	240 to 246; 251 to 289; 580 to 779	D50 to D89; E00 to E07; E15 to E89; L00 to Q99
	800 to 999	V01 to Y89
	810 to 819; 826 to 829	V01 to V99
	950 to 959	X60 to X84
	800 to 807; 820 to 825; 830 to 949; 960 to 999	W00 to X59; X85 to Y89
	780 to 799	R00 to R99
	001 to 999	A00 to R99; V01 to Y89
Cardiovascular diseases		
Ischaemic heart diseases		
Other heart diseases		
Cerebro-vascular diseases		
Other diseases of the circulatory system		
Infectious and parasitic diseases, diseases of the respiratory system		
Tuberculosis (all forms)		
AIDS		
Influenza		
Other infectious and parasitic diseases of ICD Chapter I		
Other diseases of the respiratory system		
Alcoholism and cirrhosis of the liver		
Diabetes		
Other mental disorders and diseases of the nervous system		
Other diseases of the digestive system		
Other diseases		
External causes		
Transport accidents		
Suicides		
Other deaths from external causes		
Unspecified or ill-defined causes of death		
All causes		

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Magali MAZUY, Magali BARBIERI, Hippolyte D'ALBIS • RECENT DEMOGRAPHIC TRENDS IN FRANCE: THE NUMBER OF MARRIAGES CONTINUES TO DECREASE

On 1 January 2014, the population of France was 66 million (of which 63.9 million in metropolitan France), an increase of 0.42% with respect to the previous year. In 2012, 180,000 residence permits were issued to immigrants from countries outside the European Economic Area, a majority of these to women. Half of the permits were issued for family reasons, and a quarter for education. Fertility decreased slightly, to 1.99 children per woman. As the proportion of women of reproductive age in the population also fell and the total population increased, this fertility decline was associated with a decrease in the birth rate in 2013. After a slight increase in 2012, the number of marriages fell once again: according to provisional data, 231,000 marriages were registered in 2013. Marriage was opened to same-sex couples on 17 May 2013, and 7,000 same-sex marriages were registered between May and December 2013. A total of 168,000 PACS (civil unions) were registered in 2013. The number of deaths in 2013 is provisionally estimated at 572,000, and in metropolitan France the number surpassed 560,000. Women's life expectancy was 85.0 years and that of men was 78.7 years, a gap of 6.3 years, down slightly with respect to 2012.

Magali MAZUY, Magali BARBIERI, Hippolyte D'ALBIS • L'ÉVOLUTION DÉMOGRAPHIQUE RÉCENTE EN FRANCE : LA DIMINUTION DU NOMBRE DE MARIAGES SE POURSUIT

Au premier janvier 2014, la France comptait 66 millions d'habitants (dont 63,9 millions en France métropolitaine), soit un accroissement annuel de 4,2%. En 2012, 180000 titres de séjour ont été délivrés à des personnes immigrantes venant de pays tiers. Une majorité de titres concernaient des femmes. Les motifs des titres délivrés relèvent pour moitié de raisons familiales et pour un quart des études. La fécondité diminue légèrement, passant à 1,99 enfant par femme. Cette baisse, conjuguée à la diminution de la part des femmes en âge de procréer au sein de la population et à l'augmentation de la population totale, implique que le taux de natalité est également en baisse en 2013. Après une légère remontée en 2012, le nombre de mariages diminue à nouveau : d'après les données provisoires, on a enregistré 231000 mariages en 2013. Le mariage a été ouvert aux couples de même sexe le 17 mai 2013 et 7000 mariages ont été enregistrés entre mai et décembre 2013. Le nombre de pacs enregistrés en 2013 est de 168000. Le nombre de décès en 2013 est provisoirement estimé à 572000, et en France métropolitaine, il dépasse le seuil de 560000. L'espérance de vie des femmes est de 85 ans et celle des hommes de 78,7 ans, soit un écart de 6,3 ans en légère diminution par rapport à l'année 2012.

Magali MAZUY, Magali BARBIERI, Hippolyte D'ALBIS • LA EVOLUCIÓN DEMOGRÁFICA RECIENTE EN FRANCIA: LA DIMINUCIÓN DEL NÚMERO DE MATRIMONIOS CONTINUA

El primero de enero de 2014, Francia contaba con 66 millones de habitantes (de los cuales 63,9 millones en Francia metropolitana), o sea un crecimiento anual de 4,2 p. 1000. En 2012, 180000 permisos de residencia han sido otorgados a personas inmigrantes en proveniencia del exterior de la Unión Europea. Una mayoría de permisos concernían mujeres; la mitad de los títulos correspondían a motivos familiares y un cuarto a estudios. La fecundidad disminuye ligeramente en 2013 y pasa a 1,99 hijos por mujer. Esta baja, conyugada con la disminución del número de mujeres en edad de procrear y el aumento de la población total, ha conducido igualmente a una baja de la tasa de natalidad. Después de un ligero aumento en 2012, el número de matrimonios disminuye de nuevo: según los datos provisionales de 2013, se han registrado 231000 matrimonios. Los matrimonios de parejas del mismo sexo, autorizados desde el 17 de mayo de 2013, suman un total de 7000 matrimonios entre esa fecha y el 31 de diciembre del mismo año. El número de Pacs (Pacto civil de solidaridad) en 2013 ha alcanzado 168000. Según los datos provisionales, el número de muertes en 2013 es de 572000, sobrepasando 560000 en Francia metropolitana. La esperanza de vida de las mujeres es de 85 años y la de los hombres de 78,7 años, es decir una diferencia de 6,3 años, ligeramente más baja que en 2012.

Keywords: France, demographic situation, ageing, migration, fertility, marriage, mortality, causes of death.

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