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## Recent Demographic Developments in France: A Decline in Fertility, an Increase in Mortality

### I. General trends and population age structure

#### *A population of 66 million*

On 1 January 2016, the population of France was 66.6 million, including 2.1 million in the overseas *départements* (Bellamy and Beaumel, 2016; Pison and Toulemon, 2016).

In 2015, the population increased by 247,000, down from 305,000 in 2014. The growth rate in metropolitan France was 3.7 per 1,000 lower than in 2014, when it was estimated at 4.6 per 1,000 (Appendix Table A.1),<sup>(1)</sup> according to provisional data from INSEE.

This decrease in the population growth rate (–0.09 percentage points between 2014 and 2015) reflects the combined effect of a fall in the crude birth rate (–0.03 percentage points) and a rise in the crude death rate (–0.06 percentage points). Net migration is estimated at +61,000. The growth rate from international migration was positive (+0.1%), but migration represented only a quarter of total growth. Thus, while its rate decreased somewhat, natural increase remained the principal driver of French population growth.

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(1) Appendix Tables A.1 to A.15 can be found at the end of the article. They are updated annually with available data. Their numbering does not always correspond to the order in which they are cited in the text.

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### The over-60s outnumber under-20s

While three years ago the proportion of children and young people below age 20 was approximately equal to that of persons aged 60 and above, the latter group is now larger (Appendix Table A.2). The proportion aged 60 and over is growing every year (from 18.1% in 1985 to 25.2% in 2016), whereas that of the under-20s is slowly decreasing (29.2% in 1985 and 24.3% in 2016). This trend will intensify in the next two decades. The French population is ageing from the top of the population pyramid. This is due both to a long-term trend of decreasing mortality, with more individuals living to advanced ages, and to the increasing age of the large cohorts born during the baby boom, whose collective position in the pyramid is shifting upward (Figure 1). The crude mortality rate will thus continue to increase even if life expectancy rises further (Pison and Toulemon, 2016).

Figure 1. Population pyramid of France on 1 January 2016



Coverage: Whole of France (including Mayotte).

Source: INSEE.

The base of the population pyramid is still relatively broad, although it has narrowed slightly due to a decreasing birth rate. This trend remains moderate in comparison to other European countries, however, where sharply declining fertility has accelerated demographic ageing.

## II. Immigration from non-EEA countries measured using data on long-term residence permits

Net migration, which measures the difference between arrivals and departures of persons to and from France over the course of a year, can be broken down into the arrivals and departures of French citizens and those of immigrants.<sup>(2)</sup> Some individuals in the latter group are obliged to hold a residence permit to reside in France, while others are not.<sup>(3)</sup> This section examines recent trends in the arrivals of foreigners from non-EEA countries who are required to hold a residence permit and who do in fact hold one. To ensure the consistency of comparisons over time, the statistics presented below are for a constant geographical area. They therefore exclude residence permits granted previously to immigrants from countries whose nationals are no longer obliged to hold one.<sup>(4)</sup>

Flows of non-EEA nationals arriving legally in France to establish residence can be estimated from statistics on long-term residence permits and long-term visas valid as residence permits. They are based on data from the system used by the Ministry of the Interior to track the status of foreign nationals residing in France (AGDREF). The methodology used to calculate these flows is described in detail in d'Albis and Boubtane (2015). The basic principle is as follows: individuals arriving in France are counted among the inflows in the year in which they receive a first residence permit valid for one year or more. In most cases, this is the same as the year of arrival, but in some cases it is later (with a first permit allowing a longer stay).

### *A slight increase in the flow of arrivals*

Table 1 presents flows of persons granted a residence permit valid for one year or more between 2009 and 2014. A total of 199,957 permits were granted to foreign nationals in 2014, close to the peak levels between the years 2003 and 2005, when this figure exceeded 200,000 per year (d'Albis and Boubtane, 2015). The flow increased by nearly 4% from 2013 to 2014, but as a proportion of the French population, the number of non-EEA nationals with a residence permit remained stable. The number of permits granted in 2014 corresponded to 0.3% of the French population on 1 January of that year.

Since 2013, these flows have been affected by the circular of 28 November 2012 which recalls the principles and clarifies the procedures for receiving and processing residence applications submitted by undocumented foreign nationals. In 2014, 5,894 residence permits were issued on the basis of the

(2) Born abroad to non-French parents.

(3) Namely, citizens of European Union member countries on 30 June 2013, and citizens of the Vatican City State, Iceland, Liechtenstein, Norway, the principalities of Andorra and Monaco, the Republic of San Marina and Switzerland.

(4) Due to change in coverage and methods of estimation, Appendix Table A.3 was completely revised in 2014.

2012 circular, versus 8,122 in 2013. The proportion of first permits valid for a period of ten years or more remained low, at slightly above 10%.

**Table 1. Number of first permits of one year or more issued to non-EEA nationals (constant geographical area) by first year of validity and period of validity**

	2009	2010	2011	2012	2013	2014
Duration from 364 to 3,649 days	167,175	163,629	157,784	159,209	173,149	178,823
Duration of more than 3,649 days	22,326	20,905	19,957	20,868	19,270	21,134
Total	189,501	18,534	177,741	180,077	192,419	199,957
<i>Coverage:</i> Residence permits issued in France and abroad to foreign nationals, excluding member countries of the European Union on 30 June 2013, as well as nationals of Vatican City State, Iceland, Liechtenstein, Norway, the principalities of Andorra and Monaco, the Republic of San Marino, and Switzerland. Permits issued in year <i>N</i> and recorded in the data extracted in July of the year <i>N</i> + 2, except for 2009, for which the extraction took place in July 2012.						
<i>Source:</i> Authors' calculations based on AGDREF data.						

### 70% of arriving adults are below 35

Permit recipients are young: in 2014, persons aged 18-34 represented 62.2% of total recipients (Table 2), and 70% of adult recipients. However, the proportion of minors increased considerably in 2014, rising from 9.5% of the flow in 2013 to 10.4% in 2014. A total of 20,699 minors born abroad to parents who were not French citizens received a residence permit in 2014. Note that minors born in France to foreign parents are not included in migration flows, by definition. They can apply for specific residence permits for administrative purposes or to travel; in 2014, 44,778 permits of this type were granted to persons born in France.

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

	2009	2010	2011	2012	2013	2014
0-17 years	9.8	9.7	9.9	9.7	9.5	10.4
18-34 years	65.3	65.1	64.5	64.4	62.8	62.2
35-64 years	23.4	23.7	24.2	24.5	26.2	25.7
65+ years	1.5	1.4	1.4	1.5	1.5	1.7
Total	100	100	100	100	100	100
<i>Coverage:</i> Residence permits issued to non-EEA nationals. See Table 1.						
<i>Source:</i> Authors' calculations based on AGDREF data.						

As in previous years, a large majority of the first residence permits were granted to nationals of African countries; the proportion represented by this group increased between 2013 and 2015 (Table 3), but remained below the levels of the early 2000s (d'Albis and Boubtane, 2015).

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

	2009	2010	2011	2012	2013	2014
Africa	57.7	57.3	56.9	57.0	57.0	58.0
America	10.7	12.6	11.9	11.5	10.8	10.5
Asia	25.4	24.1	24.3	24.5	25.3	24.5
Europe	5.6	5.5	6.3	6.4	6.2	6.3
Oceania	0.4	0.4	0.5	0.4	0.4	0.4
Total	100	100	100	100	100	100

**Coverage:** Residence permits issued to non-EEA nationals by nationality of origin. Turkey is classified as part of Asia. Europe includes all countries in Europe that were not previously excluded (Table 1). The total does not necessarily sum to 100 due to rounding and missing values.

**Source:** Authors' calculations based on AGDREF data.

A majority of recipients of residence permits were women, and their proportion has continued to increase, reaching 52.3% in 2015 (Table 4), the highest since 1998. In 2014, there were equal numbers of women and men among African nationals granted residence permits, whereas women formed the majority of those from all other continents. Trends in the proportion of women since 2009 differ between continents. It has increased among immigrants from African countries, and decreased among those from the Americas and Asia.

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

	2009	2010	2011	2012	2013	2014
Africa	47.2	47.5	47.5	49.0	49.2	49.9
America	59.0	59.3	58.7	58.3	58.3	57.7
Asie	54.0	53.8	54.7	54.7	54.1	53.8
Europe	60.7	60.5	60.6	60.2	60.5	60.1
Oceania	51.2	53.7	54.0	52.4	55.4	50.1
Total	51.0	51.3	51.4	52.2	52.2	52.3

**Coverage:** Residence permits issued to non-EEA nationals by nationality of origin. See additional details in the notes to Tables 1 and 3.

**Source:** Authors' calculations based on AGDREF data.

Among women who provided information on their marital status (91%), 50.9% were married or in a civil partnership (PACS), and 45.6% were single. According to the AGDREF database, in May 2016, these women had a total of 71,186 children, of whom 42.4% were born in France.

### *Half of permits issued for family reasons, and a quarter for education*

Half of residence permits are issued for family reasons (which here includes permits issued to minors), while permits for education make up a quarter of the total (Table 5). In 2014, the proportions of permits issued for these two reasons decreased, and those of permits granted on humanitarian grounds and for employment increased. The humanitarian component covers two

situations: first, foreigners with medical conditions (6,854 persons in 2014); and second, persons who received a residence permit because they had obtained refugee status (10,489 persons), were beneficiaries of territorial asylum (2,343 persons), or were considered victims of human trafficking (58 persons). Persons with these statuses are distinct from those who have filed an application for asylum in France. According to the French Office for the Protection of Refugees and Stateless Persons (OFPRA), 59,025 persons filed a first application for asylum in 2014, slightly fewer than in 2013 but markedly more than in the two preceding years. A minority of asylum applicants are granted protection. Among the 14,391 persons issued a residence permit for employment-related reasons in 2014, the great majority (75.2%) were employees or self-employed workers. The rest were seasonal workers (8.2%) or either scientists or artists (16.6%).

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

	2009	2010	2011	2012	2013	2014
Family	52.5	53.1	53.5	55.5	56.1	55.0
Education	25.1	25.8	25.2	23.7	23.9	23.7
Humanitarian	9.3	9.3	9.4	9.7	8.9	9.9
Employment	8.8	7.5	7.6	6.6	6.7	7.2
Various and unspecified	4.3	4.2	4.2	4.5	4.4	4.2
Total	100	100	100	100	100	100

*Coverage:* Residence permits issued to foreigners, by the reason for admission listed in the AGDREF database. See additional details in the notes to Table 1.  
*Source:* Authors' calculations based on AGDREF data.

Women were over-represented among the recipients of permits for family reasons and under-represented among those receiving permits for humanitarian and particularly employment-related reasons (Table 6). Among students, women and men were equally represented.

Nationals of different countries were very unequally distributed among the different reasons for admission. Nationals of African countries made up a

**Table 6. Proportion of women among holders of a first residence permit of one year or more, by first year of validity (%)**

	2009	2010	2011	2012	2013	2014
Family	57.6	57.6	57.3	57.3	57.1	58.3
Education	49.9	49.1	49.9	51.1	50.4	50.0
Humanitarian	44.1	42.8	43.6	43.5	44.1	44.8
Employment	19.8	21.8	22.2	23.5	24.9	23.1
Total	51.0	51.3	51.4	52.2	52.2	52.3

*Coverage:* Residence permits issued to foreigners, by the reason for admission listed in the AGDREF database. See additional details in the notes to Tables 1 and 3.  
*Source:* Authors' calculations based on AGDREF data.

greater proportion of those receiving permits for family reasons (in 2014 they accounted for 70% of the permits granted for this reason), whereas nationals of countries in the Americas were over-represented among those admitted for employment and educational reasons (15.2% and 12.8%, respectively) and Asians were over-represented among persons admitted for employment, educational and humanitarian reasons (32.5%, 34.4% and 36.4%, respectively).

### III. Births and fertility

#### *A decline in births and fertility*

The estimated number of births in 2015 was 800,000 (762,000 in metropolitan France; Appendix Table A.1), an appreciable decrease with respect to 2014 (Bellamy and Beaumel, 2016), when 820,000 births were registered, of which 781,167 in metropolitan France. With definitive data for 2015 and new annual data for 2016 to be released at the end of the year, it will be possible to calculate this decrease more precisely and check whether it is continuing, as provisional monthly figures suggest.

The number of women of reproductive age has decreased in recent years, with a 1 percentage point decrease in the proportion of women aged 20-40 years from 2000 to 2005, a 1.5 percentage point decrease from 2005 to 2010, and a 3.5-point decrease from 2010 to 2015. The rate of decrease has accelerated since 2013 (Bellamy and Beaumel, 2016). Combined with decreasing fertility (Appendix Table A.4), this explains why the number of births decreased more in 2015 than in previous years (in metropolitan France there were 20,000 fewer births than in 2013 and 2014, 30,000 fewer than in 2011-2012, and 40,000 fewer than in 2010).

#### *Decreasing fertility at young ages and a slight increase at later ages*

According to provisional data for 2015, the total fertility rate fell from the 2014 level of 1.98 children per woman to 1.93. The downturn observed over the last five years follows a period of relative stability (Mazuy et al., 2013). It is still too early to say whether it represents a new trend or is due to temporary circumstances. The decrease has occurred mainly below the age of 35, and more particularly in the 25-29 age group (Table 7). The fertility uptrend observed in recent years among women aged 35 and over slowed considerably.

If this trend proves durable, it may be necessary to substantially modify our previous projections on cohort fertility. The latest estimates of completed fertility remain stable at around 2.05 children per woman in the cohorts born in the late 1970s and early 1980s, and mean age at childbearing remains unchanged at 30.1 years (Appendix Tables A.5 and A.7).

Despite the recent downturn, French fertility remains among the highest in Europe. In 2014, it was the highest in the EU, ahead of Ireland, Iceland, and Sweden

Table 7. Fertility by age group since 2010 (per 1,000 women)

Age reached in the year	Sum of age-specific rates						Absolute variation*				
	2010	2011	2012	2013	2014	2015 <sup>(a)</sup>	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Below 20	35	35	35	33	32	29	0	0	-2	-1	-3
20-24	272	262	258	248	240	227	-10	-4	-10	-8	-13
25-29	642	633	626	616	610	589	-9	-7	-10	-6	-21
30-34	665	656	657	652	658	648	-9	+1	-5	+6	-10
35-39	322	327	332	337	345	346	+5	+5	+5	+8	+1
40+	80	83	84	87	91	92	+3	+1	+3	+4	+1
Total* (ICF)	2,016	1,996	1,992	1,973	1,976	1,931	-20	-4	-19	+3	-45

\* TFR: total fertility rate, sum of age-specific rates, children per 1,000 women. 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:** INSEE.

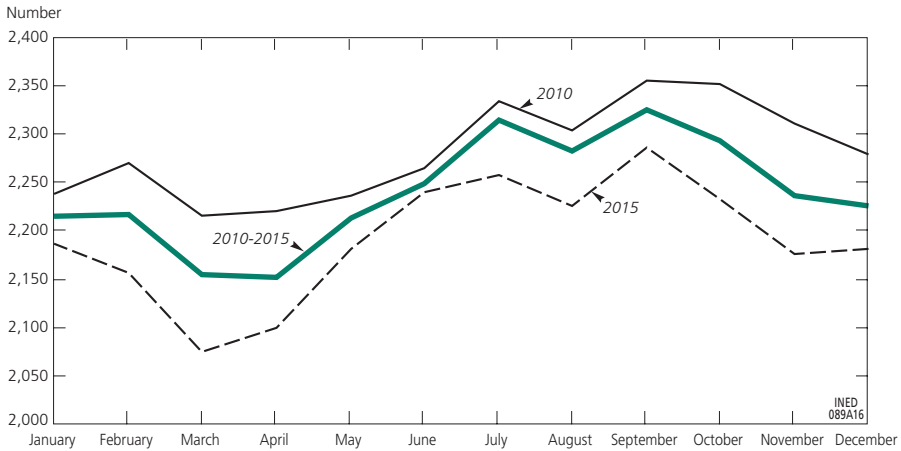
(Appendix Table A.6). Note, however, that while the total fertility rate (TFR) of countries with sustained higher fertility (Finland, Ireland, Norway, the United Kingdom) decreased in 2014, it increased in countries with lower fertility (Bulgaria, Czech Republic, Germany, Hungary, Latvia, Spain). In two countries in the latter group, this rebound has been ongoing for several years. In Latvia and Hungary fertility has been increasing since 2011, from 1.33 to 1.65 children per woman in Latvia and from 1.23 to 1.44 children per woman in Hungary (Appendix Table A.6).

### More births between July and October

The monthly number of births varies between 60,000 and 73,000. Calculated as a daily average, it fluctuates between 2,100 and 2,350 (Figure 2). The peak in births occurs between the summer and the beginning of autumn (from July to October), and the numbers are lower in March in April. This seasonality has not been constant over time – it has evolved over the centuries. In the seventeenth century, births were most numerous between January and April. This historic seasonality was due notably to the timing of marriages and to the dictates of the Catholic calendar (periods of fasting), as well as to temporary migrations linked to seasonal agricultural work (Rohrbasser and Régnier-Loilier, 2011). In modern times, the peak has shifted away from these months. Currently, decisions to conceive, most often made in the summer, lead to a peak in births the following summer (due to the waiting time to conception), although couples would generally prefer a birth earlier in the year. Births are especially numerous in the second half of September, corresponding to conceptions at the end of the year, and notably on New Year's Eve (*ibid.*).



Figure 2. Daily number of births in each month of the year (in 2010 and 2015 and in the period 2010-2015)



Coverage: Whole of France.

Source: Authors' calculations based on published civil registration data.

### Nearly 60% of births are to unmarried parents

Below 9% in the early twentieth century, and still lower in the 1960s (6%), the proportion of births outside marriage has been increasing rapidly since the 1970s (Daguet, 2002) due to major transformations in the family and the pluralization of family norms. Since 2007, the majority of children have been born outside marriage, and the proportion reached 57.2% in 2014, representing 57.7% of total fertility (Appendix Table A.4).

Since 2002, the law has allowed both parents' names to be passed on to their children.<sup>(5)</sup> In 2014, slightly less than 90% of children were given the name of only one of their parents, in most cases (83%) the father's name, and 6.6%, most often from lone-parent families, were given their mother's name only. A little over 10% of children were given both names, with the father's name coming first in eight out of 10 cases (Mazuy et al., 2015). The proportion of children given two names varies by geographical area (Table 8). In southwest France, for example, close to Spain, where children are automatically given both of their parents' names (Bellamy, 2015), double names are more common than elsewhere in France; the proportion is more than 1 in 6 in Pyrénées-Atlantiques (18.9% in 2014), Pyrénées-Orientales (17.6%), and Ariège (18.2%), and slightly less in Lozère (15.7%). The practice is also more common in the other *départements* of southwest France, in Corse-du-Sud (16.3%) and Paris

(5) Since Law no. 2002-304 of 4 March 2002, applicable to children born since 1 January 2005, parents have been able to choose the family name(s) they pass on to their children. Before the legalization of same-sex marriage, there were four possible configurations: the father's name, the mother's name, or both names (with that of the mother in either first or second position). This choice of name must be made, at the latest, when the child is registered (Article 311-21 inserted by Law no. 2002-304, modified by Law no. 2013-404 of 17 May 2013 - Art. 11).

**Table 8. Percentage of children given both parents' names and age difference (in years) between parents, by *département*, 2014**

<i>Département</i>	Double name	Age difference	<i>Département</i>	Double name	Age difference	<i>Département</i>	Double name	Age difference
987 - French Polynesia	ns		87 - Haute-Vienne	11.9	2.8	71 - Saône-et-Loire	9.2	2.5
977 - Saint-Barthélemy	26.0	2.6	41 - Loir-et-Cher	11.9	2.7	55 - Meuse	9.1	2.7
988 - New Caledonia	20.0	-1.6	74 - Haute-Savoie	11.9	2.6	61 - Orne	9.0	2.6
64 - Pyrénées-Atlantiques	18.9	2.4	91 - Essonne	11.8	3.3	01 - Ain	9.0	2.7
09 - Ariège	18.2	2.6	06 - Alpes-Maritimes	11.7	3.1	76 - Seine-Maritime	8.9	2.7
66 - Pyrénées-Orientales	17.6	2.9	89 - Yonne	11.6	2.8	69 - Rhône	8.9	2.9
2A - Corse-du-Sud	16.3	3.8	15 - Cantal	11.6	2.5	43 - Haute-Loire	8.8	2.5
48 - Lozère	15.7	2.6	2B - Haute-Corse	11.6	3.8	50 - Manche	8.8	2.4
47 - Lot-et-Garonne	14.7	2.8	45 - Loiret	11.5	2.9	53 - Mayenne	8.7	2.4
11 - Aude	14.5	3.0	78 - Yvelines	11.5	2.9	974 - Réunion	8.7	3.3
40 - Landes	14.3	2.4	14 - Calvados	11.4	2.5	39 - Jura	8.6	2.7
46 - Lot	14.2	2.7	19 - Corrèze	11.3	3.3	38 - Isère	8.6	2.7
17 - Charente-Maritime	14.1	2.5	94 - Val-de-Marne	11.3	2.5	68 - Haut-Rhin	8.6	2.3
24 - Dordogne	14.1	2.7	07 - Ardèche	11.3	2.7	85 - Vendée	8.6	2.9
33 - Gironde	14.0	2.5	92 - Hauts-de-Seine	11.2	2.9	72 - Sarthe	8.5	2.5
32 - Gers	13.9	2.5	28 - Eure-et-Loir	11.2	2.8	13 - Bouches-du-Rhône	8.4	3.0
31 - Haute-Garonne	13.8	2.6	12 - Aveyron	11.0	2.9	08 - Ardennes	8.1	3.0
75 - Paris	13.6	3.0	56 - Morbihan	11.0	2.4	88 - Vosges	8.1	2.8
65 - Hautes-Pyrénées	13.4	2.6	30 - Gard	10.9	3.1	70 - Haute-Saône	8.1	2.7
04 - Alpes-de-Haute-Provence	13.3	2.8	49 - Maine-et-Loire	10.6	2.3	99 - Abroad	8.0	3.9
36 - Indre	13.1	2.7	03 - Allier	10.6	2.7	57 - Moselle	7.9	2.8
58 - Nièvre	13.0	2.7	73 - Savoie	10.6	2.6	42 - Loire	7.8	2.7
16 - Charente	13.0	2.5	26 - Drôme	10.4	2.7	67 - Bas-Rhin	7.7	2.9
86 - Vienne	12.4	2.5	83 - Var	10.4	2.9	93 - Seine-Saint-Denis	7.7	4.1
29 - Finistère	12.3	2.6	60 - Oise	10.2	2.7	59 - Nord	7.7	2.8
81 - Tarn	12.3	2.4	51 - Marne	10.2	2.6	52 - Haute-Marne	7.1	2.7
37 - Indre-et-Loire	12.3	2.6	10 - Aube	10.1	2.7	62 - Pas-de-Calais	6.9	2.5
82 - Tarn-et-Garonne	12.2	2.8	21 - Côte-d'Or	10.1	2.9	25 - Doubs	6.6	2.8
79 - Deux-Sèvres	12.2	2.4	63 - Puy-de-Dôme	10.0	2.4	90 - Territoire de Belfort	6.0	2.9
34 - Hérault	12.1	3.0	80 - Somme	9.7	2.6	975 - Saint-Pierre-et-Miquelon	5.1	3.8
77 - Seine-et-Marne	12.1	3.0	02 - Aisne	9.6	2.8	978 - Saint-Martin	4.9	3.2
22 - Côtes-d'Armor	12.1	2.4	95 - Val-d'Oise	9.5	3.4	973 - Guyane	4.1	3.6
18 - Cher	12.0	2.8	54 - Meurthe-et-Moselle	9.4	2.9	972 - Martinique	3.9	3.3
35 - Ille-et-Vilaine	12.0	2.3	84 - Vaucluse	9.4	3.1	971 - Guadeloupe	2.3	3.4
23 - Creuse	11.9	2.9	05 - Hautes-Alpes	9.3	2.8	976 - Mayotte	0.5	6.0
44 - Loire-Atlantique	11.9	2.3	27 - Eure	9.3	2.6			

*Coverage:* Whole of France.

*Source:* Authors' calculations based on microdata files from vital records (file on births in 2014).

(13.6%), as well as in some overseas territories (more than 20% in Saint Barthélemy and New Caledonia). In contrast, the proportion of children given double names was below 8% in the Moselle, Loire, Bas-Rhin, Seine-Saint-Denis, Nord, Haute-Marne, Pas-de-Calais, Doubs, and Territoire de Belfort *départements*, and in some overseas territories. The mothers of children born in 2014 who were given both parents' names were slightly older on average (30.8 years<sup>(6)</sup>) than mothers overall (30.5 years), whereas fathers in this group were slightly younger (33.1 versus 33.3 years). The age difference between the parents<sup>(7)</sup> of children given both names is smaller than the average age difference between parents: 2.3 years versus 2.9 years. Note that in 2012 the mean age difference was 2.5 years (Daguet, 2016). This lesser age difference between parents who both pass on their name to their child may be correlated with greater egalitarianism within these couples. These two indicators can be interpreted as markers of greater gender equality in relationships.

#### IV. Induced abortion

##### *Fewer induced abortions in 2014 and 2015*

The number of induced abortions has been decreasing since 2014 (Vilain, 2016). A total of 218,097 abortions were notified in 2015, including 203,463 in metropolitan France, versus 227,038 and 211,764, respectively, in 2014 (Appendix Table A.8), and 229,021 and 216,697, respectively, in 2013.<sup>(8)</sup> This drop is not entirely explained by the decline in numbers of women of reproductive age: the abortion rate among these women (aged 15-49 years) fell from 1.55% in 2014 to 1.49% in 2015. The mean number of abortions per woman for the year 2015 also decreased, to 0.53, after a slight increase in 2014. Indicators of the frequency of induced abortions are thus slightly down, as the total abortion rate continues to move with the total fertility rate (Mazuy et al., 2015). Data from abortion notifications can be used for complementary analyses to characterize other changes in the pattern of induced abortions. Analysis of these data shows that these patterns have changed substantially since induced abortion was legalized in 1975: the decrease in mean age at abortion (with a concentration during the period of sexual youth) has been accompanied by a shortening of the interval between first and second abortions. The proportion of women who have at least one lifetime abortion has decreased since legalization, doubtless due to improved contraceptive coverage. Repeat abortions have

(6) Mean ages were calculated on the basis of mothers' ages in civil records, and differ from mean age at childbearing, which is calculated on the basis of age-specific rates (number of women giving birth at each age as a proportion of the total number of women of that age).

(7) Father's age minus mother's age.

(8) From 2010, the data include the procedures covered by specific health insurance funds for the self-employed and farmers: the Régime social des indépendants (RSI) and the Mutuelle sociale agricole (MSA).

increased, however, although levels remain relatively low: under the conditions observed in 2011, 10% of women will have two abortions over their lifetime, and 4% three or more (Mazuy et al., 2014b). These changes reflect several different phenomena: the lengthening of sexual youth due to earlier sexual debut and later couple formation over the generations; the growing diversity of women's sexual and reproductive trajectories; greater partnership instability; and contraceptive use which may vary with life situation, implying potential fluctuations in contraceptive efficacy (both theoretical and practical) that may lead to greater risk of unplanned pregnancy (Bajos et al., 2012 and 2013).

### *Little differentiation by abortion order*

The information in the new abortion notification forms introduced in 2011 can be used to analyse certain characteristics of women who have induced abortions by abortion order (Mazuy et al., 2014b). The results given below are weighted, as the abortions recorded in notifications are not strictly representative due to under-reporting of abortions, notably in private practice. The analysed variables were not adjusted for missing values, as we assumed that the reported values are representative of the whole. We thus hypothesized that non-response was not correlated to specific characteristics of the abortion or of the women, but resulted from the practices of recording information on the notification forms.<sup>(9)</sup> The results for the year 2012<sup>(10)</sup> show that the characteristics of abortions differed little by order, apart from the woman's age, for obvious reasons (Figures 3A, 3B, 4A, 4B, 4C). The gestational age at abortion was the same regardless of abortion order. Women who have several abortions thus do not appear to have lesser access to care. The proportions of abortions performed in the public and private sectors did not differ between first and subsequent abortions, although first abortions were more often medical (Figure 4B).

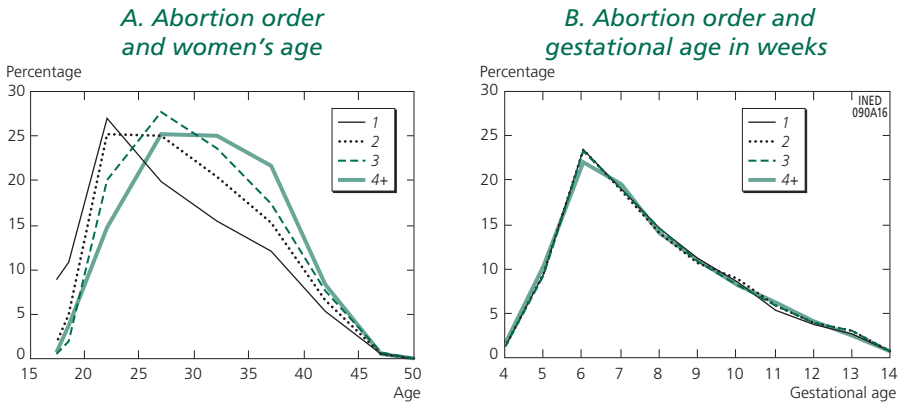
Nearly half of women reported being in a relationship at the time of the abortion. Women in a union had slightly more second and third abortions, whereas women without a partner, who were younger at the time of the abortion, had more first abortions.<sup>(11)</sup> Moreover, around a quarter of women having first abortions were students (Figure 5). For repeat abortions, women more frequently reported being unemployed or homemakers.

(9) Failure to fill in or transmit these notifications may be due to a lack of time on the part of medical teams with heavy workloads; the teams may also view filling in this form as superfluous, particularly given that no other medical procedure is subject to a specific reporting requirement. In practice, the statistical notification is being progressively replaced by data from the PMSI medical statistics database (Rapport de la commission IVG 2016; Mazuy et al., 2014b).

(10) Here we draw on the notifications for the year 2012, which we consider to be the most robust. As the notification was modified in 2011, with the introduction of additional variables, the data for 2011 on these variables are more prone to error. Data for years after 2012 are in preparation. In certain *départements*, the under-reporting and non-transmission of notifications increased in 2013 and 2014, as another source of data is progressively replacing the abortion notification form (Vilain, 2016; Mazuy et al., 2014b).

(11) This result depends strongly on women's age, with first abortions being most frequent at young ages. At a given age, first abortions are most frequent among women in a union.

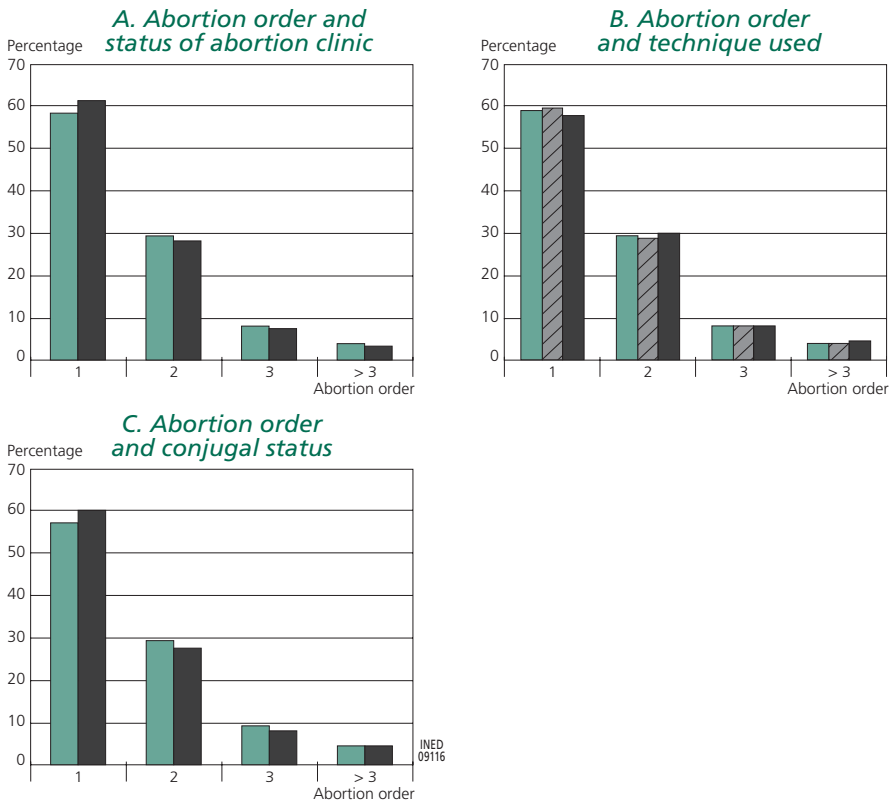
Figure 3. Distribution of induced abortions by (A) woman's age and (B) gestational age, by abortion order, 2012



Coverage: France.

Source: Abortion notifications, 2012.

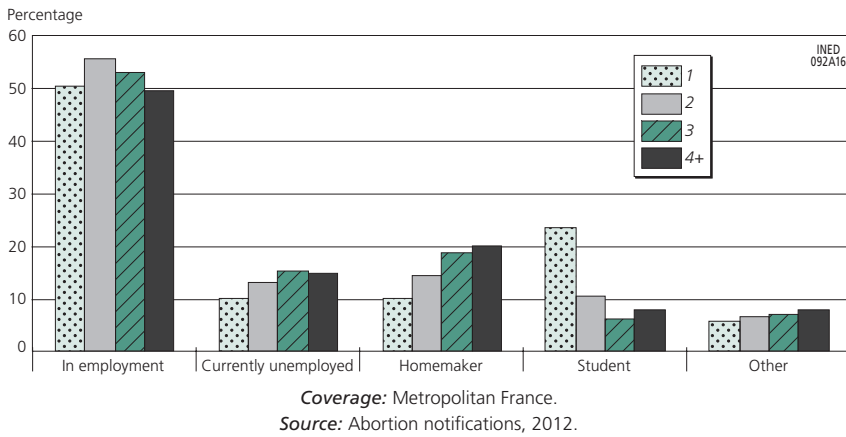
Figure 4. Distribution of various characteristics by abortion order, 2012



Coverage: Metropolitan France.

Source: Abortion notifications, 2012.

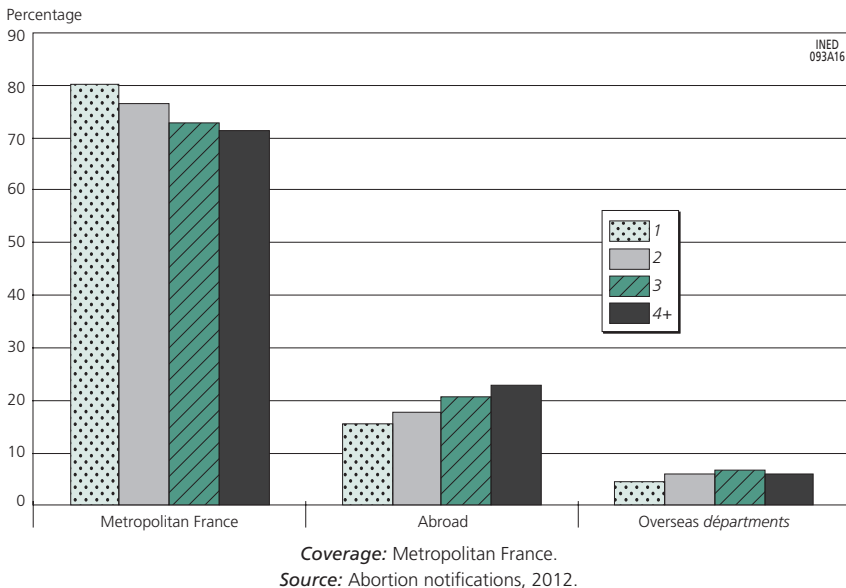
Figure 5. Women’s labour market status, by abortion order, 2012



Repeat abortions are more frequent among women born abroad (Figure 6). We may postulate that these women’s reproductive trajectories are more complex (notably when they were of reproductive age at the time of migration); that some have more difficulty getting access to care in France; and that their contraceptive histories differ from those of other women, with periods where access to contraception is difficult (Rapport de la Commission IVG, 2016).

Moreover, just as the total fertility rate is overestimated for migrant women (Toulemon, 2004; Toulemon and Mazuy, 2005), total abortion rates may be affected by the same biases in their construction, as migration is closely linked to fertility.

Figure 6. Women’s place of birth, by abortion order, 2012



## V. Marriage, civil partnerships (PACS), and divorce

### *A slight increase in marriages, mainly due to same-sex couples*

In 2014, 415,023 unions (PACS and marriages)<sup>(12)</sup> were recorded, an increase of 7,642 over 2013 (+1.9%) (Table 9, Appendix Table A.9). Excluding Mayotte from the statistics, the growth was 1.7%.<sup>(13)</sup>

**Table 9. Number of unions officially registered in 2014, and change between 2013 and 2014, by type of union and the sex of the partners**

2014			
	Marriages	PACS	Total
Heterosexual	230,770	167,469	398,239
Same-sex	10,522	6,262	16,784
<i>Man-Man</i>	5,666	3,517	9,183
<i>Woman-Woman</i>	4,856	2,745	7,601
<b>Total</b>	<b>241,292</b>	<b>173,731</b>	<b>415,023</b>
Change 2013 - 2014			
	Marriages	PACS	Total
Heterosexual	- 455	4,766	4,311
Same-sex	3,155	176	3,331
<i>Man-Man</i>	1,359	164	1,523
<i>Woman-Woman</i>	1,796	12	1,808
<b>Total</b>	<b>2,700</b>	<b>4,942</b>	<b>7,642</b>
<i>Coverage:</i> Whole of France.			
<i>Sources:</i> Ministry of Justice, INSEE - vital records.			

This increase in the number of officially registered unions was mainly due to PACS unions between a man and a woman (+4,766) and marriages between same-sex couples (+3,155). The number of same-sex PACS increased very little (+176), while the number of heterosexual marriages decreased (-455). The largest relative growth was in same-sex marriages (+42%) but, as same-sex marriage were not legalized until late May 2013, the two samples are not really comparable. In 2014, the number of heterosexual marriages reached an all-time

(12) This number includes two types of double counts. 1) couples who sign a PACS and then marry in the same calendar year; 2) marriages between couples who have been in a PACS for several years. This duplication is not visible in the marriage records. The 2011 family and housing survey (Enquête famille et logements) estimated that around 10% of persons who married in 2010 were previously in a PACS. It may be assumed that this proportion varied little between 2012 and 2013, and that these counts therefore overestimate by around 6% the number of couples officially registered for the first time.

(13) In Mayotte in 2014, a total of 467 marriages were registered, including four same-sex marriages.

low (fewer than 231,000), while the total number of PACS is gradually returning to its 2009 level<sup>(14)</sup> (Table 10).

Marriages between a man and a woman represented 55.6% of unions officially registered in 2014, versus 56.8% in 2013. While heterosexual marriage remains the norm, its dominance continues to wane.

Initial estimates suggest that in 2015 the total number of marriages reached a historic low of less than 240,000. The principal cause seems to be a drop in the number of same-sex marriages (Bellamy and Beaumel, 2016).<sup>(15)</sup> Since 2013, the year in which the law legalizing same-sex marriage was enacted, the monthly average number of same-sex marriages has fallen steadily (1,050 in 2013, 877 in 2014, 667 in 2015). This number is likely to stabilize in coming years, once all the couples who had previously been awaiting this measure have gone ahead with marriage. A similar pattern has been observed with other legislative changes and policy measures, such as the creation of the PACS in 1999 and the simplification of the divorce procedure in 2005.

Table 10. Number of PACS, 2009-2014

	2009	2010	2011	2012	2013	2014*
Registered PACS (total)	174,584	205,561	152,176	160,732	168,779	173,731
<i>Of which PACS in the overseas départements</i>	1,404	1,602	1,376	1,537	1,656	1,705
Number of PACS signed, by sex of partners						
Man-man	4,894	5,208	4,156	3,750	3,348	3,517
Woman-woman	3,542	3,938	3,338	3,223	2,733	2,745
Man-woman	166,148	196,416	144,682	153,759	162,698	167,469
* Provisional data						
<b>Coverage:</b> Whole of France, excluding Mayotte in 2009 and 2010.						
<b>Source:</b> Ministry of Justice (unions registered in magistrates' courts and before notaries).						

### Same-sex couples account for 4% of officially registered unions

In 2014, 4.4% of all marriages and 3.6% of all PACS were same-sex unions. These proportions are higher than those observed in other countries in the year following the opening of marriage to same-sex couples, such as Belgium (3.1% in 2003), Spain (2.2% in 2006), or Canada (2.8% in 2006) (Cortina et

(14) The number of PACS in 2010 was particularly large, possibly in anticipation of new tax rules in 2011 eliminating the tax advantage associated with a marriage or PACS in mid-year. The number of PACS fell in 2011, before recovering slowly in 2012 and 2013 (Mazuy et al., 2014a; Figure 6). It may be that couples whose main reason for entering a PACS had been tax-related later changed their mind.

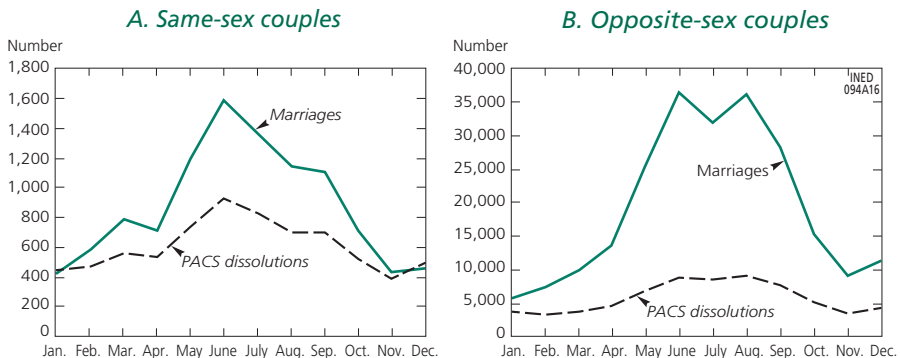
(15) The statistical analyses on marriages and PACS are based on data recorded in 2014. While INSEE has published provisional estimates of numbers of marriages, the final data for the year 2015 will only be available in the first quarter of 2017. Marriage records are less often communicated for statistical purposes than other types of vital records, notably by small municipalities. For this reason, annual surveys have been carried out in a sample of municipalities since 2001 in order to adjust marriage statistics. This vital operation delays their release.



al., 2013). The number of marriages and PACS between men is slightly higher than the number between women: out of all same-sex unions, 53.8% of marriages and 56.2% of PACS in 2014 were between two men. These proportions are very similar to, but slightly lower than, the proportion of male couples among same-sex couples, estimated at 60% according to the 2011 family and housing survey (Enquête famille et logements; Buisson and Lapinte, 2013). This difference may reflect a greater tendency among lesbian couples to officially register their union, and/or more under-reporting of their union in the family and housing survey.

In 2014, same-sex couples' preference for marriage over PACS was greater than that of heterosexual couples (62% of officially registered unions, versus 57% for heterosexual couples). This tendency was slightly stronger for female same-sex couples (63.8%) than for male same-sex couples (61.7%). But a portion of marriages were between couples that had previously been in a PACS, as indicated by the concordance between the monthly distributions of marriages and PACS dissolutions (Figure 7).

**Figure 7. Monthly number of PACS dissolved and marriages for (A) same-sex couples and (B) opposite-sex couples, 2014**



**Coverage:** Whole of France.

**Sources:** Ministry of Justice, INSEE, vital records.

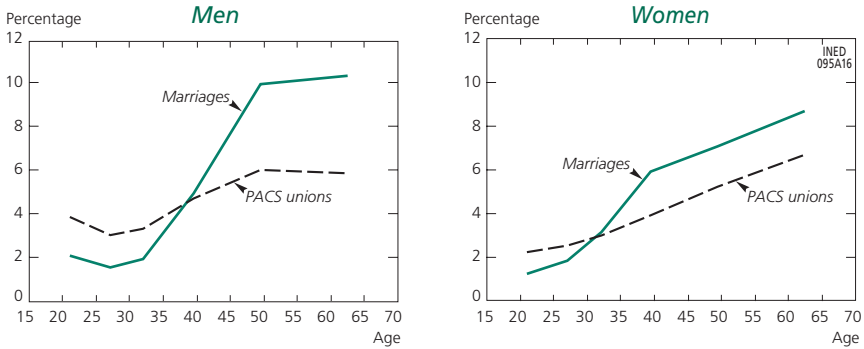
### *PACS for the youngest and marriage for the oldest*

In 2014, as in 2013, the proportion of PACS among all officially registered unions decreased with age (Mazuy et al., 2015). At ages 18-24 years, both marriages and PACS are relatively rare, but the majority of officially registered unions are PACS (61% among men aged 18-24 years and 56% among women), whereas couples registering a PACS later in life are a relatively small minority (around 30% beyond age 55).

The proportion of unions registered between persons of the same sex, in contrast, increases with age (Figure 8): beyond age 55, same-sex couples made up nearly one in 10 officially registered unions (9% for men and 8% for women).

Before age 40, among officially registered same-sex unions, the proportion of PACS is higher than that of marriages; beyond this age, the opposite is the case (Figure 8).

**Figure 8. Proportion of marriages and PACS between persons of the same sex, by age, for each sex, 2014**



**Note:** The data points correspond to the following age groups: 18-24 years, 25-29 years, 30-34 years, 35-44 years, 45-54 years and 55+ years. These are the age groups used by the Ministry of Justice in its publications.

**Coverage:** Whole of France.

**Sources:** Ministry of Justice, INSEE, vital records, authors' calculations.

### Mean number of PACS and marriages (estimates based on rates)

Marriage and PACS rates were calculated as a ratio of the number of marriages or PACS registered for a given age group to the mean population in this age group. This calculation can be performed for each type of union, and separately for same-sex and opposite-sex unions (Figure 9). Among heterosexual couples, the shape of the curve of age-specific rates varies little between marriages and PACS, with a maximum at 25 years or 35 years (marriages or PACS for men). Among same-sex couples, in contrast, marriages occur later, particularly for men.

The rate of marriages and PACS can be understood as a mean number of unions registered over a person's lifetime under the conditions of the year. In the conditions of the year 2014, 39 out of 1,000 men would enter a same-sex union (PACS and marriages combined), as would 34 out of 1,000 women. The equivalent figures for heterosexual unions are 927 and 950, or nearly one such event over the lifetime per man or woman. The same couple can successively contract a PACS and a marriage. Women's 950 lifetime unions can be decomposed into 405 PACS and 545 marriages (Table 11). Without more detailed data, notably on PACS dissolutions by specific reason (data not published) or on marriages according to the partners' previous union status at the time of marriage (information not available in the marriage registration form, which provides information on marital status for vital records), it is impossible to

Figure 9. Marriage and PACS rates in 2014



Coverage: Whole of France.

Sources: Ministry of Justice, INSEE, vital records, authors' calculations.

Table 11. PACS and marriage rates (per 1,000) in 2014

PACS				Marriages			
Man		Woman		Man		Woman	
With a man	With a woman	With a man	With a woman	With a man	With a woman	With a man	With a woman
16	398	13	405	23	529	21	545

Coverage: Whole of France.  
Sources: Ministry of Justice, INSEE, vital records, authors' calculations.

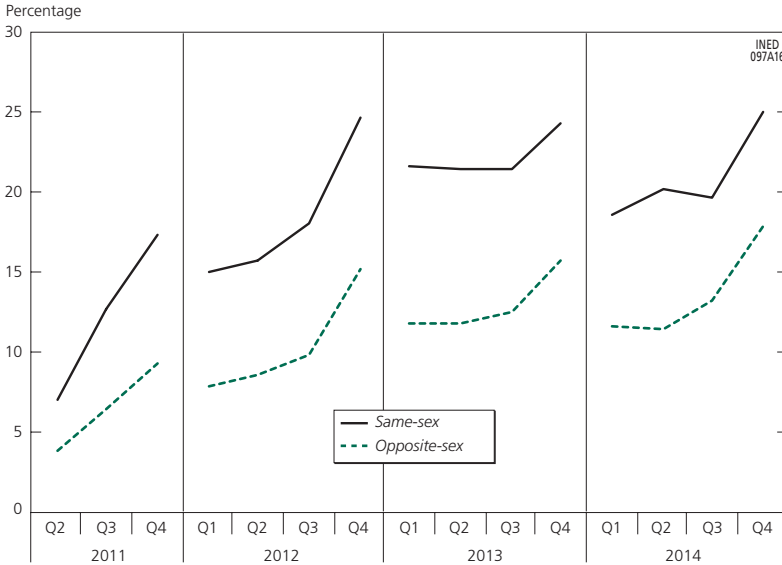
further refine these indicators by calculating a mean number of contracts after correcting for double-counting of PACS and marriage contracted by the same couple.

**Different seasonality for marriages and civil unions**

For 2014, it is now possible for the first time to compare the seasonality of different types of unions. The contrast between marriages and PACS is more marked than that between same-sex couples and heterosexual couples. Seasonal variations in marriages and PACS are similar for same-sex and opposite-sex couples. The peak in marriages occurs between June and August, while for PACS unions, a slight peak is observed late in the year (Figure 10). The new rules eliminating the tax advantage for couples registered in mid-year altered the seasonality of PACS from 2011, but not that of marriages, whose symbolic value – not directly reflected in administrative data – is clearly linked to the associated wedding celebrations, which are easier to organize in the summer (Mazuy et al., 2015). The respective representations and modes of organization



Figure 11. Proportion (%) of PACS signed before a notary from 2011 to 2014, by quarter



**Note:** The option of signing a PACS before a notary was introduced in March 2011, which explains why the series begins in the second quarter of 2011.

**Coverage:** Whole of France, excluding Mayotte.

**Sources:** Ministry of Justice, authors' calculations.

people who have each been previously married. When only one of the spouses is marrying for the first time, in most cases the marriage is between an older man and a younger woman (Mazuy et al., 2015).

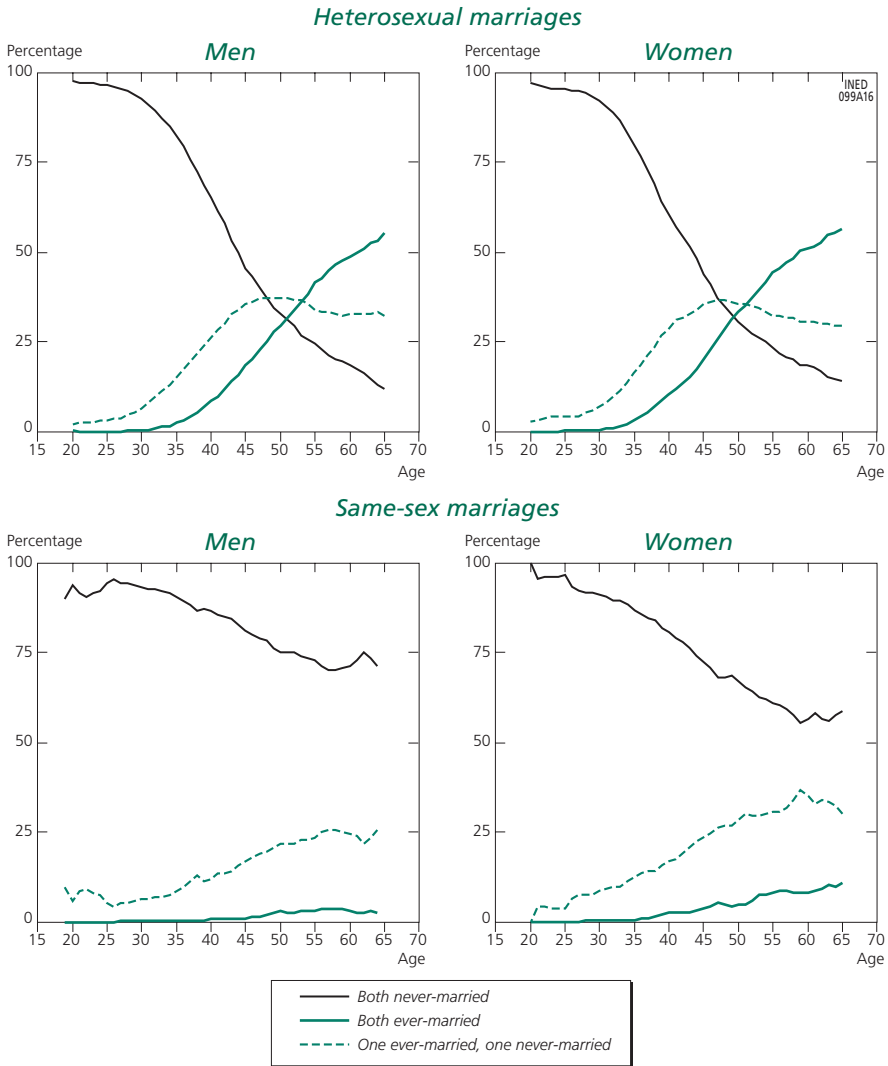
Same-sex marriages are more rarely between ever-married individuals, mainly because same-sex marriage was legalized very recently. But the proportion of marriages where one spouse is ever-married is by no means negligible, exceeding 20% above age 45. In almost all such cases, the ever-married spouse was previously married to a person of the opposite sex; this situation is more common among female couples, and notably the oldest women.

### *Young men are more likely to marry a woman who is close in age*

Men who married in 2014 (for the first time or not) were older on average than women who married in the same year. The mean age was 37.9 years for men and 35.2 years for women. On average, marriages between persons of the same sex happened later: the mean age was 46.2 years for men and 41.4 for women, versus 37.5 and 34.9 for men and women in heterosexual marriages.

The proportion of persons marrying someone whose age is close to their own (2 years or less) varies by age and sex (Figure 13). There is a relatively classic effect of sex: men who marry a woman at a very young age generally marry an equally young woman (more than 70%). This effect becomes less

Figure 12. Distribution of marriages by age and marital status of the two partners at the time of marriage, 2014

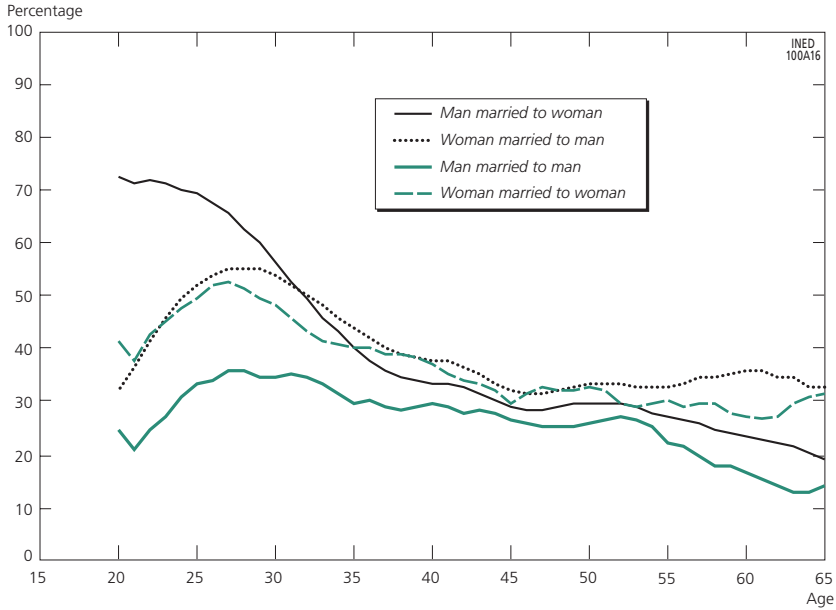


Coverage: Whole of France.

Sources: INSEE, vital records, authors' calculations.

pronounced as age increases. Among women, the proportion marrying a partner who is close in age increases between the ages of 20 and 25 years before beginning a steady decrease. The same is true of same-sex couples; however, they are distinguished, for women, by a slightly higher proportion of such unions at age 20. This points to the existence of very young same-sex couples who decided to marry in 2014, possibly in order to affirm their sexual orientation, combined with a cohort effect, as these young people were the first to be given

Figure 13. Proportion of couples where the age difference between partners is 2 years or less, by sex and age, 2014



Coverage: Whole of France, married persons aged 20-65.

Source: INSEE, vital records, authors' calculations.

the option of marrying a person of the same sex after reaching their majority. Finally, men aged 55 years and above are, in proportional terms, the group where the age gap between partners is widest, whether they marry a man or a woman.

### *A growing number of marriages involve at least one non-French person*

In 2014, in metropolitan France, the proportion of marriages between two non-French persons reached an all-time high of 3.6% (8,759 marriages). The proportion of mixed marriages (one French and one non-French partner) reached 14.1%<sup>(16)</sup> (34,060 marriages). For heterosexual marriages alone, this proportion was 14.3%, equal to the figure for 2006 after a peak in mixed marriages between 2002 and 2005 (Prioux, 2007). The sex of the non-French partner in mixed opposite-sex marriages is evenly split between male and female.

Mixed marriages were less common between two women (5.2%, versus 15.0% for marriages between two men, Table 12).

(16) These marriages do not include the transcriptions of marriage certificates from outside France, performed annually, whose number increased slightly between 2007 (47,869) and 2012 (51,000) (Source: AGDREF/data.gouv.fr).

Table 12. Distribution of marriages by the two spouses' nationalities, 2014

	Overall	Heterosexual couples	Same-sex couples		
			Overall	Man-Man	Woman-Woman
Both spouses French citizens	82.3	82.0	88.4	83.4	94.1
One spouse not a French citizen	14.1	14.3	10.5	15.0	5.2
Neither spouse a French citizen	3.6	3.7	1.1	1.6	0.7
Total	100	100	100	100	100

*Coverage:* Whole of France.  
*Source:* INSEE, vital records and census, authors' calculations.

The mean age difference between spouses in mixed marriages was larger, notably when the woman was not French. In this case, in 2014, the age difference (absolute mean difference)<sup>(17)</sup> was 5.3 years, versus 4.1 years for marriages between two non-French persons and 2.4 years for marriages between two French citizens.

### Confirmation of the decrease in first marriages

Since the year 2000, total first marriage rates and the overall probability of first marriage (life table intensity) have continuously decreased, reaching, respectively, 0.45 and 0.54 for women and 0.44 and 0.51 for men (Appendix Table A.9). This decrease has also been observed across cohorts: the proportion of women and men who have married at least once by age 49 was calculated at 0.66 and 0.62 for the 1975 cohort, a proportion that was reached at age 30 in the 1960 cohort (Appendix Table A.10).

In contrast to first marriage rates, which are defined in relationship to the entire population of a given age, these probabilities include only people of a given age who have never married. Since 2000, first-marriage probabilities have been decreasing for all ages under 40 years. The probability that never-married persons will marry for the first time has markedly decreased (Figure 14).

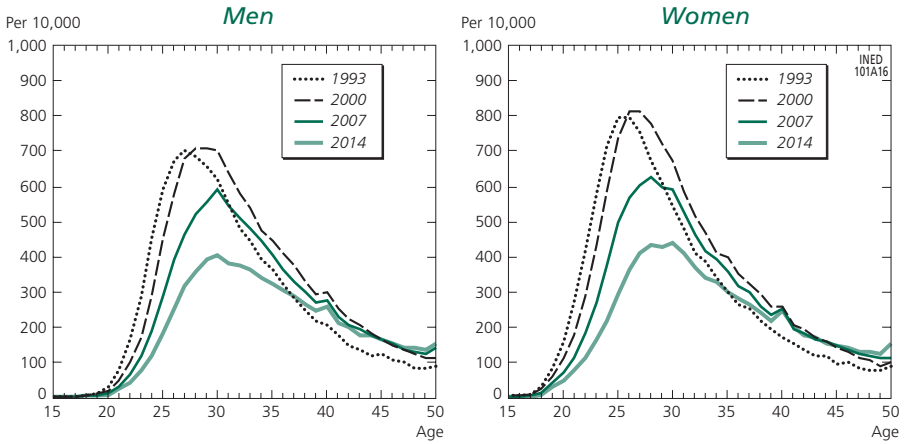
Additionally, the timing of men's and women's marriages seems to be converging. The gender difference in mean age at first marriage (calculated on the basis of first marriage tables) has never been smaller: 1.5 years in 2014 (33.6 years for men and 32.1 years for women), versus 1.8 years in 2007 and 2.0 years in 2000. The figure in the 1960s was 3 years.

The decrease in the marriage rate and the later age at first marriage do not simply reflect a delay in union formation, as shown by the first analyses of the data from the ÉPIC survey (Étude des parcours individuels et conjugaux; Rault and Régnier-Loilier, 2015) and individual census forms (Figure 15). Before age 45, the proportion of men and women who report being in a union (cohabiting or not) is always much higher than the proportion of ever-married persons.

(17) Difference between the age of the older and younger spouse.



Figure 14. Age-specific probability of first marriage by sex (per 10,000 never-married persons), in 1993, 2000, 2007 and 2014



Coverage: Whole of France (2014), metropolitan France (1993, 2000 and 2007).

Source: INSEE, vital records and census.

Figure 15. Proportion of ever-married persons who were in a union at the time of the census, by age and sex, 2006 and 2012



Coverage: Whole of France, excluding Mayotte.

Source: INSEE censuses, main analysis.

Moreover, before age 35, the 2006 and 2012 curves for persons in a union are aligned, whereas for ever-married persons there is a substantial gap. De facto situations remained stable, but couples were less often married. A portion of this gap is linked to the growing popularity of the PACS over this period (Appendix Table A.9).

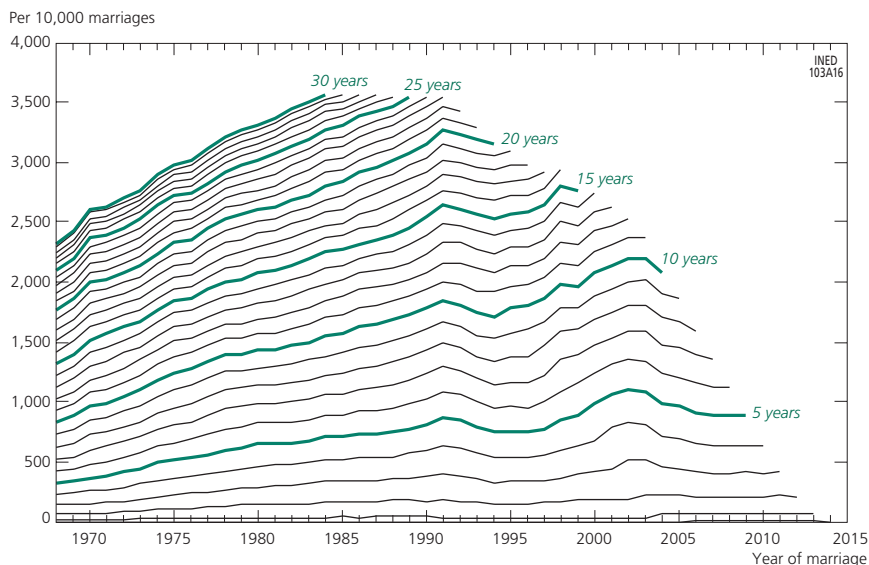
### A significant decrease in divorces

The number of divorces in France fell by 1,678 between 2013 and 2014, reaching its lowest level since 2002. This fall is due more to a lesser tendency to divorce than to a decrease in the number of people who are married (and thus potentially able to divorce). Between 2010 and 2014, the number of divorces decreased by 8% while the number of married persons decreased by only 1% (Bellamy, 2016). In 2014, the total divorce rate – the sum of divorce rates for marriages of different durations – was 44.1 per 100 marriages, a figure that decreased very slightly over the period 2010-2014, and even 2004-2014, with the exception of the year 2005, when a simplification and shortening of divorce procedures led to a significant temporary upturn (law of 26 May 2004) (Appendix Table A.9).

Divorce began to increase in the 1970s (Sardon, 1996). Before this period, the probability of divorce was very low, with only 5% of marriages ending in divorce within the first 10 years of marriage, and less than 10% overall. The recent decrease in the propensity to divorce is reflected in the year-on-year decreases or stagnation in the proportion of couples having divorced in different marriage cohorts, regardless of marriage duration (Figure 16). This trend is particularly clear-cut between 4 and 10 years of marriage.

The probability of divorce depends mainly on the duration of marriage. In 2014, as in 2013, divorce rates were highest at 5 years of marriage (Bellamy,

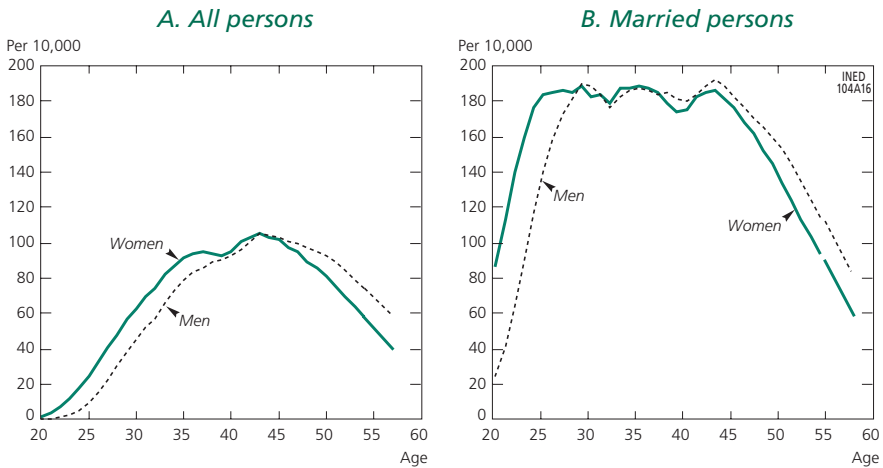
Figure 16. Proportion of marriages that have already ended in divorce, by duration and year of marriage



Coverage: Metropolitan France.  
Source: INSEE, Ministry of Justice.

2016; Mazuy et al., 2015). Age-specific divorce rates can also be calculated using the number of divorces at each age and the mean population of persons of that age, married or not (Figure 17A) or the mean population of married persons of that age (Figure 17B). In the second case, the indicators reflect the risk of divorce, whereas in the first, the curve is close to that of the distribution of divorces by age (given the relative stability of cohort sizes over time). Divorce is most frequent at ages 40-45, while the risk of divorce is constant between ages 22 and 45 years for women and 25 and 45 years for men.

Figure 17. Divorce rate by age and sex among (A) all persons and (B) married persons, 2014



Coverage: Whole of France.

Source: INSEE, Ministry of Justice, authors' calculations.

### Fewer minor children affected by divorce

The number of children affected by a divorce continued to fall in 2014, as the number of divorces of couples with dependent children went down. In total, there were 113,876 divorces involving minor children in 2014, versus 116,579 in 2013. This 2.3% decrease is greater than the overall decrease in the number of divorces (-1.2%). The number of divorces involving at least one minor child fell by nearly 4% in a single year (54,838 in 2014 versus 57,054 in 2013), whereas the number of divorces involving no minor children remained virtually stable (59,525 in 2013 and 59,038 in 2014).

### Dissolutions of PACS unions increased in 2014

The number of PACS dissolved in 2014 increased by 6,727 with respect to 2013 (Table 13). This is greater than the increase in the number of PACS signed, but represents a slowing in comparison to the previous periods (+8,033 between 2012 and 2013, and +9,505 between 2011 and 2012). The opening of marriage to same-sex couples in 2013 explains a portion of the increase in the absolute

number of dissolutions per marriage, but the proportion of PACS dissolved by marriage has remained virtually unchanged (49.8% in 2012, 50.5% in 2014), given the small proportion of same-sex couples in the total population of couples in a PACS union. In 2014, technical improvements in data transmission enabled the Ministry of Justice to update its statistics, particularly on dissolutions by marriage and by death. This correction was very large, with the number of dissolutions rising from 55,977 (published in 2015) to 69,540 (published in 2016). These improvements, along with access to microdata files, should permit future longitudinal analysis of PACS cohorts.

**Table 13. Number of PACS dissolutions by reason, 2010-2014**

Year	Dissolutions	Reason for PACS dissolution				
		Mutual consent	Requested by one partner	Marriage	Death	Other reasons and not recorded
2011	52,002	24,828	1,363	25,106	692	13
2012	61,507	28,532	1,552	30,660	731	32
2013	69,540	32,138	1,733	34,870	766	33
2014	76,267	34,927	2,062	38,483	724	71

*Note:* The total number of PACS dissolved in previous years was updated in 2016 by the Ministry of Justice, but the detail by cause of dissolution has not yet been corrected. This should be done in the coming months and will be available directly on the Ministry website.  
*Coverage:* Whole of France.  
*Source:* Ministry of Justice.

## VI. Mortality

### Higher mortality in 2015

In 2015, there were 600,000 deaths in France, representing a crude mortality rate of 9.1 per 1,000. An increase of 41,000 over the previous year brought mortality to its highest level in six decades. This increase is partly explained by population ageing and the growing proportion of older adults who have a high risk of dying. It also stems from the fact that the cohorts born immediately after the First World War, just after the smaller wartime cohorts, are now reaching the advanced ages at which mortality is highest (Pison and Toulemon, 2016). But the increase in deaths in 2015 was not exclusively due to these structural effects; life expectancy, which provides a measure of changes in risks of death independently of the population age distribution, also fell sharply. The provisionally estimated figures of 79.0 years for men and 85.1 years for women (Appendix Table A.11) represent a decrease of 0.3 years for men and 0.4 years for women, or a loss of three-and-a-half and five months, respectively, in comparison to 2014.

This increase in risk of death resulted, first of all, from the inhabitual timing and intensity of the annual influenza epidemic. Because the epidemic

was particularly long and concentrated in the first months of 2015, rather than being spread throughout the winter months of 2014-2015, it led to an estimated 24,000 additional deaths with respect to 2014 (Bellamy and Beaumel, 2016). Most of these deaths occurred among the population aged 65 and over. The flu vaccine, whose coverage is decreasing, was also relatively ineffective in 2015. The vaccine composition changes annually in line with the recommendations of the World Health Organization, which attempts to anticipate mutations in the virus by continuously monitoring the appearance of new strains. Unfortunately, the strain responsible for the 2015 epidemic appeared too late to be taken into account by vaccine manufacturers (Pavia, 2016). An estimated 2,000 excess deaths occurred during the heat wave of summer 2015, and 4,000 more during the cold spells of autumn 2015 (Bellamy and Beaumel, 2016). However, it will not be possible to determine whether the 2015 upturn reflects a one-off event or a change in long-term trends until the publication of definitive cause-specific mortality statistics.

### *France maintains its advantage over its neighbours*

Insofar as the factors responsible for the mortality increase in France also affected various other European countries (European Centre for Disease Prevention and Control, 2016), international rankings of life expectancy at birth are unlikely to be substantially altered, although the information required to confirm this is not yet available.

The latest updates of Eurostat data show that in 2014, women's life expectancy at birth was above 80 years in almost all European countries, with the exception of certain eastern countries (Bulgaria, Hungary, Latvia, and Romania). Life expectancy is above 84 years in the most advantaged countries, with Spain and Italy at the top, followed closely by France and Switzerland (Appendix Table A.12). The difference between the countries at the opposite extremes of the European ranking (Spain and Bulgaria) is nearly 8 years.

The dispersion in male life expectancy is even larger, with a difference of more than 12 years between Latvia (69.1 years) and Iceland (81.3 years), which is followed by Switzerland (81.1 years). France, in 11<sup>th</sup> place (out of 29) in 2014, is toward the upper end of the ranking (79.2 years), alongside Austria, and is very close to the other rich, populous countries of the region, such as Germany and the United Kingdom.

However, there is still a large gap between male and female mean length of life in France (6.2 years), which reflects a wider gender divide in deaths from external causes (many road traffic deaths among young men) and cancer deaths (from age 40 onward) than in other countries. Only a group of eastern European countries have an equal or greater sex differential in life expectancy. It is above 10 years in Latvia and in Lithuania (where it has reached a record high of 10.9 years), whereas in other European countries it is below 5 years, with the exception of Portugal (6.4 years).

The countries of eastern Europe also have the highest infant mortality, with a rate of above 8 per 1,000 births in Romania. In almost all other European countries, the probability of dying before age one is below 4 per 1,000. Iceland and Scandinavia are particularly advanced in this area, with infant mortality below 3 per 1,000 (Appendix Table A.13). France is toward the upper end of the ranking, with an infant mortality rate of 3.3 per 1,000, but the country's favourable position in the international ranking for life expectancy at birth is mainly due to its comparatively low mortality at advanced ages.

### *Relatively high premature mortality*

Premature mortality – defined as death before age 65 – has decreased considerably since 1970. Life tables for that year show that 32% of men and 17% of women died before reaching age 65. By 2012, these proportions had almost halved, to 17% of men and 8% of women.

And yet France's ranking for this indicator is not particularly good for men, and its position has actually deteriorated over time (Figure 18). Until the second half of the 1980s, the proportion of male survivors at age 65 was higher in France than the median of 19 other European countries, but the two figures have since been practically identical. The situation is the same for mortality in different broad age groups: children (0-15 years, Figure 19), young adults (15-35 years, Figure 20), and mature adults (35-65 years, Figure 21). At each age, the probability of dying in France in 2012 was very close to the median of other European countries. Between the 1970s and the 1990s, child mortality in France was lower than the European median; for young adults, in contrast, it was higher until the late 1990s due to relatively high mortality from external causes. Mortality at ages 35-65 has remained stable at around the median since the beginning of the period considered here (1970).

For women, France's relative position is considerably better. Since 1970, France has consistently ranked in the top quartile of countries. As in the case of male mortality, females' probability of dying before age 15 remained low in comparison to other European countries until recently (around 2005), but has since moved closer to the median (Figure 19). Note, however, that for both sexes, the dispersion in childhood mortality in different countries has decreased considerably, converging strongly in the 2000s.

In 2012, however, female mortality after age 15 was very low in comparison to other European countries. While women's probability of dying between the ages of 15 and 35 years was close to the European maximum in 1970, when France ranked 16<sup>th</sup> out of 20, the country then progressively caught up and rose to 8<sup>th</sup> place in 2012 (Figure 20). But it is above all at ages of 35-65 that French women have had a consistent and clear advantage with respect to their neighbours since 1970, with a position in the international ranking hovering between 5<sup>th</sup> and 6<sup>th</sup> place (Figure 21).

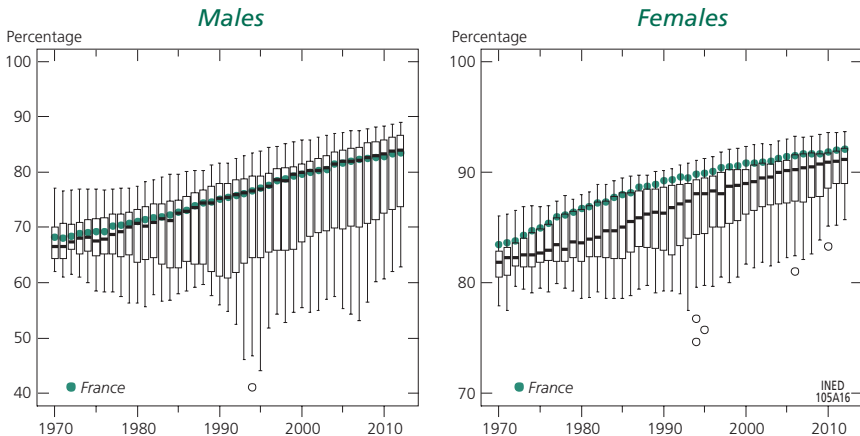
### But relatively low mortality beyond age 65

Life expectancies at age 65 and over are very high in France in comparison to the rest of Europe, for both sexes; since the second half of the 1980s for men and since a much earlier date for women (Figure 22). French mortality is low both at ages 65-85 and after age 85. The country has been at the top of the European ranking for the probability of dying at ages 65-85 since 1984 for women and since 1990 for men. The same has been true of life expectancy at age 85 for women since 1988, while for men France has disputed the top position with Spain since 1991. In 2012, French women who survived to their 85<sup>th</sup> birthday could expect to live another 7.4 years on average, versus 5.0 years in 1970, while for French men the figure was 6.0 years, versus 4.2 years in 1970.

### Cancer, the leading cause of death

As cardiovascular mortality declined, cancer became the leading cause of death in France, beginning in 1988 for males and 1999 for females. Despite a significant decrease in the standardized cancer mortality rate (–21% for males, –23% for females between 1970 and 2012), the share of cancers in overall

Figure 18. Survivors at age 65 (%) by sex, in France and 19 other European countries, 1970-2012



**Note:** The scales used for men and women on the graph are different.

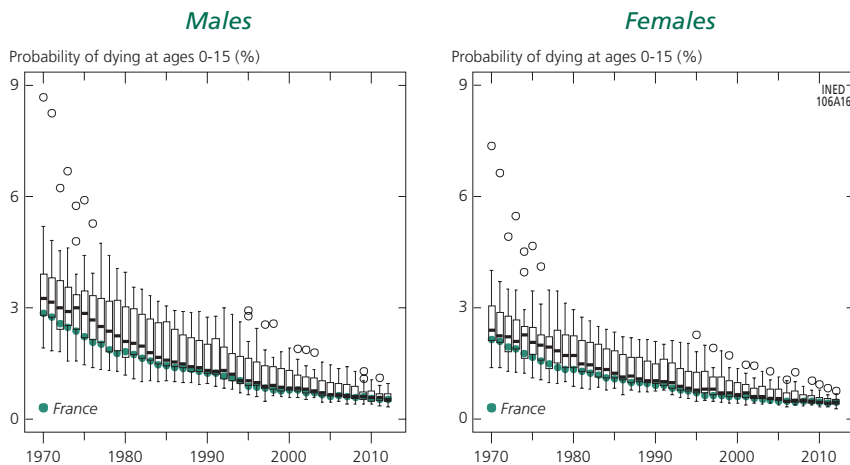
**Construction:** These graphs show the distribution of the proportion of survivors at age 65 according to annual life tables for 20 countries and for each year from 1970 to 2012. The box includes half of the observations (those which fall between the first and third quartiles). The thick black line within each box represents the median. The whiskers above and below the box correspond to the lower and upper limits, known as “adjacent values”. The adjacent values are calculated from the interquartile range. High and low values not included in this range are represented by circles positioned below or above the whiskers

**Interpretation:** In 1970, the median of the proportion of male survivors at age 65 in the countries considered here was 67%, the first and third quartiles were 64% and 70%, and the adjacent values were 62% and 77%. In other words, in half of the countries considered, the proportion of male survivors at age 65 in the life table was below 67%, and in the other half it was above this value.

**Coverage:** Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Poland, Portugal, the United Kingdom, Slovakia, Spain, Sweden. Among the countries in Appendix Table A.12, Bulgaria, Greece, Romania, and Slovenia are excluded due to missing data.

**Source:** Human Mortality Database, [www.mortality.org](http://www.mortality.org), 2016.

Figure 19. Probability of dying before age 15 (%) by sex, in France and 19 other European countries, 1970-2012

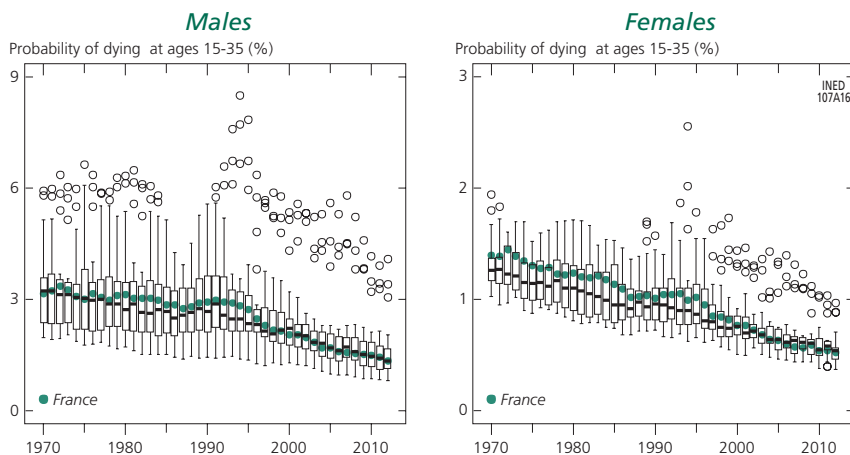


**Interpretation:** This graph was constructed in the same way as Figure 18, but takes account of the distribution of the probability of dying before age 15. In 1970, in 25% of the countries considered, the probability of dying before age 15 for males was above 3.92%; in 50% of countries it was above 3.26%; and in 75% of countries it was above 2.81%.

**Coverage:** See Figure 18.

**Source:** Human Mortality Database, [www.mortality.org](http://www.mortality.org), 2016.

Figure 20. Probability of dying at ages 15-35 (%) by sex, in France and 19 other European countries, 1970-2012



**Note:** The scales used for men and women on the graph are different.

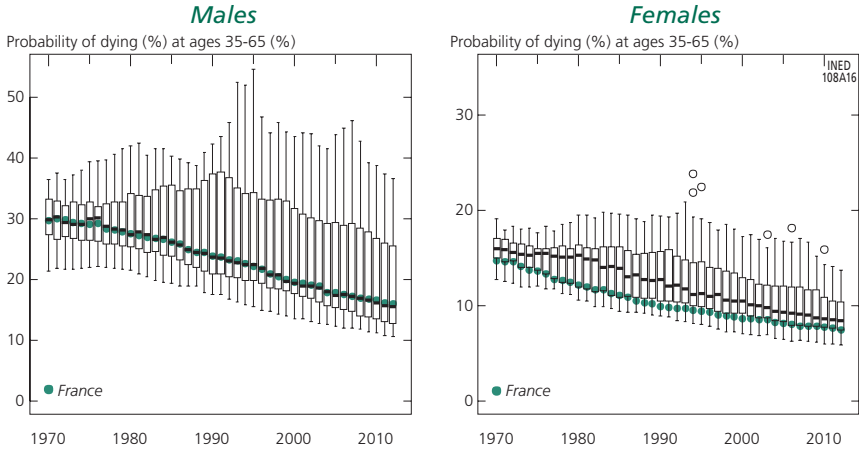
**Interpretation:** This graph was constructed in the same way as Figure 18, but takes account of the distribution of the probability of dying at ages 15-35 (i.e. the probability of dying before age 35 for all individuals having survived to their 15<sup>th</sup> birthday). In 1970, in 25% of the countries considered, the probability for men of dying at ages 15-35 years was above 3.59%, in 50% of countries it was above 3.23%, and in 75% of countries it was above 2.37%.

**Coverage:** See Figure 18.

**Source:** Human Mortality Database, [www.mortality.org](http://www.mortality.org), 2016.



Figure 21. Probability of dying at ages 35-65 (%) by sex, in France and 19 other European countries, 1970-2012



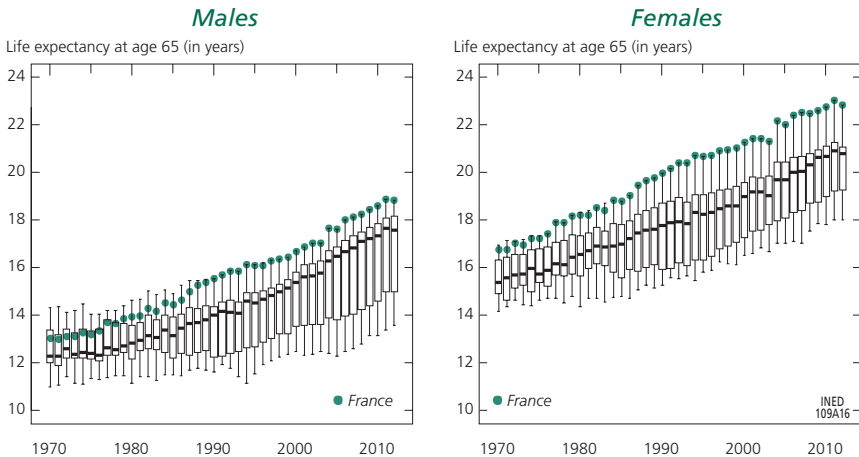
**Note:** The scales used for men and women on the graph are different.

**Interpretation:** This graph is constructed in the same way as Figure 18, but takes into account the distribution of the probability of dying at ages 35-65 (i.e. the probability of dying before age 65 for all individuals having survived to their 35<sup>th</sup> birthday). In 1970, in 25% of the countries considered, the probability of dying for men aged 35-65 was above 3.33%, in 50% of countries it was above 2.99%, and in 75% of countries it was above 2.74%.

**Coverage:** See Figure 18.

**Source:** Human Mortality Database, [www.mortality.org](http://www.mortality.org), 2016.

Figure 22. Life expectancy at age 65 (in years) by sex, in France and 19 other European countries, 1970-2012



**Interpretation:** This graph is constructed in the same way as Figure 18, but takes account of the distribution of life expectancies at age 65. In 1970, in 25% of the countries considered, male life expectancy at age 65 was above 13.4 years, in 50% of countries it was above 12.3 years, and in 75% of countries it was above 12.0 years.

**Coverage:** See Figure 18.

**Source:** Human Mortality Database, [www.mortality.org](http://www.mortality.org), 2016.

mortality is very similar for both sexes, and has increased identically for males (from 22% in 1970 to 37% in 2012) and females (from 21% to 36%), as mortality from all other causes has decreased more quickly. For females, mortality from all types of cancer (124 annual deaths per 100,000) is only of half of the rate for males (233 per 100,000).

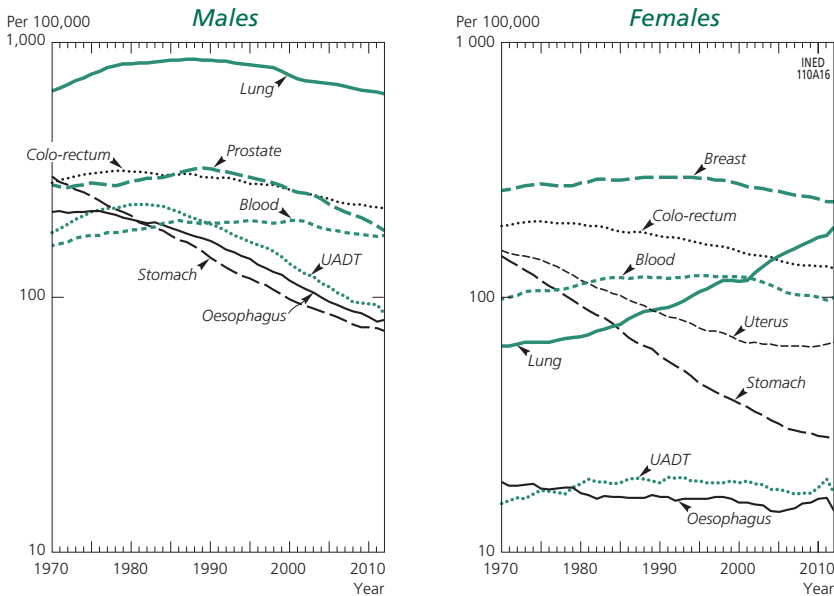
Cancer mortality among children is also non-negligible – cancer is responsible for 6-7% of total deaths below age 15. In men and women aged 15-34, the respective proportions are 12% and 24%. The contribution of cancer to premature adult mortality is particularly high: among women aged 35-64, this cause of death accounts for 57% of total deaths, and 44% for men in the same age range. At ages 65-84, the proportion is virtually the same for men (44%) and women (43%). It drops to 22% and 15% at the most advanced ages, 85 years and over (Table 14). Beginning at the ages of 40-45 years, however, cancer mortality is 1.5 to 2 times lower for women than for men in each five-year age group.

**Table 14. Standardized mortality rate by broad age group in 2012\* (per 100,000) and distribution by cause of death (%)**

Cause of death	Age group					
	0-14	15-34	35-64	65-84	85 +	All ages
	<b>Males</b>					
Standardized rate, all causes (per 100,000)	4	6	47	259	1 566	626
Infectious diseases	2.4	1.0	1.7	1.9	2.4	1.9
Cancers	6.5	11.9	44.4	44.4	21.5	37.3
Cardiovascular diseases	1.6	5.2	16.1	23.8	34.7	23.5
Respiratory diseases	0.7	1.1	3.0	7.0	11.6	6.7
Diseases of the digestive system	0.4	1.3	8.0	4.7	3.6	5.2
Other diseases	76.7	11.1	11.0	12.9	20.5	15.1
External causes	11.7	68.4	15.8	5.3	5.7	10.2
Total	100	100	100	100	100	100
	<b>Females</b>					
Standardized rate, all causes (per 100,000)	3	2	22	132	1 127	343
Infectious diseases	2.4	1.2	1.7	2.2	2.4	2.1
Cancers	6.7	23.9	56.9	42.5	15.0	36.2
Cardiovascular diseases	2.3	8.2	11.2	22.7	37.8	24.0
Respiratory diseases	1.5	1.8	2.9	5.7	9.3	6.0
Diseases of the digestive system	0.3	1.8	5.9	4.6	3.9	4.6
Other diseases	76.5	19.4	11.0	17.4	26.2	19.9
External causes	10.4	43.7	10.5	4.8	5.4	7.2
Total	100	100	100	100	100	100
* These rates are slightly different to those in Appendix Table A.14 because of the calculation method used. Here, deaths from ill-defined causes were distributed proportionally across the other categories. For a definition of the major groups of causes and of the method used to distribute ill-defined causes, see Meslé (2006).						
Source: Calculations by France Meslé and Magali Barbieri, updated using INSERM statistics (CépiDc).						

For males, the leading causes of cancer death are lung cancers (the standardized mortality rate from these cancers represents a quarter of the total for all cancers), followed by colorectal cancers, prostate cancer, and cancer of the blood-forming organs, whose rates are very similar, and finally, cancers of the upper aerodigestive tract, the oesophagus, and the stomach. Mortality from all of these cancers has been steadily decreasing since the 1980s (and longer for stomach and colorectal cancers), with the notable exception of cancers of the blood-forming organs, whose rate increased gradually until the 2000s and has since stabilized (Figure 23).

Figure 23. Standardized cancer mortality rates, by sex, 1970-2012



Note: Moving average of standardized rates over three calendar years. UADT = upper aerodigestive tract.

Sources: Database of causes of death in France (Meslé, 2006); INSERM, CépiDC.

For females, the leading cause of cancer death is breast cancer (which accounts for nearly 20% of mortality from all cancers), followed by lung cancer, cancer of the blood-forming organs, and then of the uterus, the stomach and, much further behind, of the upper aerodigestive tract and the oesophagus (Figure 23). While lung cancer mortality has been rising sharply for four decades, breast and stomach cancers are both decreasing, although their levels are very different, at 236 and 28 per 100,000 in 2012, respectively. Because female tobacco consumption continued to increase until 2010, lung cancer could even become the leading cause of female cancer mortality by 2020. Contrary to males, standardized rates of other cancers in females seem to have stabilized, some time ago for less common cancers (of the upper aerodigestive

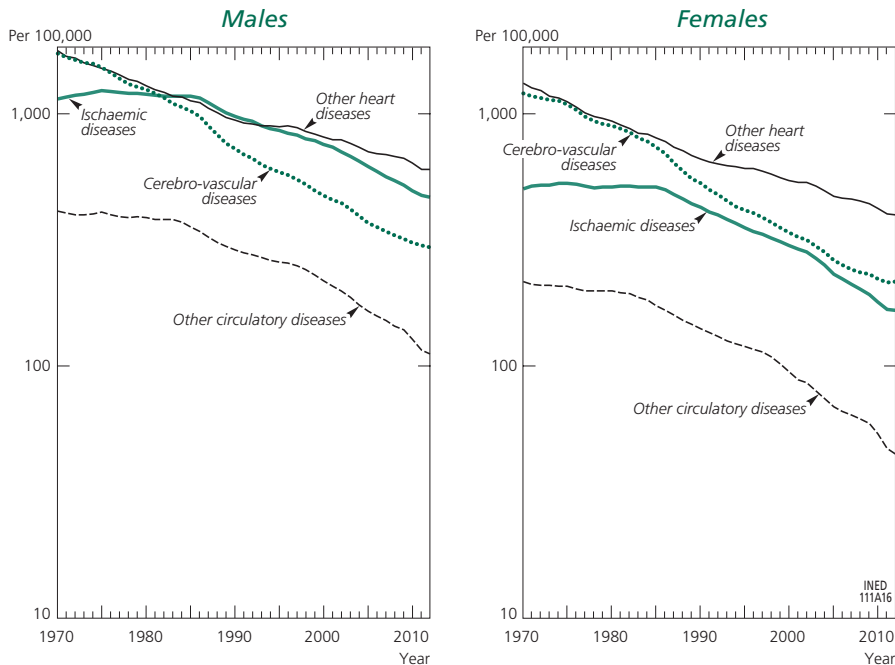
tract and the œsophagus), and more recently for colorectal cancer and cancer of the blood-forming organs and the uterus (which even seems to have increased slightly since 2010).

### Continued high mortality from cardiovascular diseases above age 65

Decreasing mortality due to diseases of the circulatory system is the main factor behind progress in life expectancy since 1970 in France as in other industrialized countries (Ouellette et al., 2014). The drop has been spectacular both before and after age 65, with a decrease of 70% in the standardized rate in each of these age groups for males, and a decrease of 77% before age 65 and 73% beyond that age for females. The proportion of total mortality represented by these diseases has thus fallen sharply, to less than a quarter of deaths in 2012 (24% for each of the sexes), versus around 40% in 1970 (38% for males, 42% for females) (Appendix Table A.14). However, cardiovascular diseases continue to be the leading cause of death at the most advanced ages, accounting for more than a third of all-cause mortality at age 85 and above (35% for males and 38% for females).

Progress in combating cerebrovascular diseases has been particularly marked: the standardized mortality rate has fallen rapidly (Figure 24), by more

Figure 24. Standardized mortality rates from cardiovascular diseases at all ages, by sex, 1970-2012



Note: Moving average of standardized rates over three calendar years.  
Sources: Database of causes of death in France (Meslé, 2006); INSERM, CépiDC.

than 82% since 1970 for both men and women. Deaths from ischaemic heart diseases have also decreased considerably, with a drop of 59% in the standardized rate for males and 67% for females over the same period. While the trend for cerebrovascular diseases has been relatively linear, the decline in ischaemic heart diseases has accelerated since 1980, with the pace of decrease nearly doubling for males and tripling for females between 1980-1990 and 2002-2012 (Appendix Table A.14). It is this very favourable trend in the main diseases affecting people of advanced age which explains the substantial progress in mortality after age 65 (Meslé, 2006).

### *Other causes of mortality*

“Other diseases” constituted the third-leading major cause of death in 2012, as was already the case in 1970 (Appendix Table A.14). For the most part, these are either diseases specific to childhood or diseases particularly affecting older adults. The causes of death in young children and adolescents (aged 0-14 years) are highly specific: congenital abnormalities and childhood diseases for the most part, but also, to a lesser extent, accidental deaths. All other diseases represent almost three quarters of the standardized rate for all causes before age 15 (Table 14). However, after the first year of life, mortality is very low, and is lowest around age 10: at ages 5-13, the risk of dying is less than 10 in 100,000. Among the oldest adults (85 years and above), other diseases represent more than 20% of the standardized rate for men, or roughly the same proportion as cancers, and 26% for women, making them the second-leading cause of death for women in this age range after cardiovascular diseases.

Today, deaths from external causes are by far the leading cause of death in young people aged 15-34 (they are responsible for 68% of the standardized mortality rate from all causes among men and 44% among women). While road traffic accidents account for the most deaths at younger ages (at ages 15-24), suicide is the main killer at ages 25-34. In this age range, it is the leading cause of death for men and the second-leading cause for women after cancer.

Finally, the standardized rate of death from respiratory diseases is still decreasing incrementally, although its contribution to the total number of deaths remains high as the population grows older (at 6-7% of the standardized rate for all ages, but more than 10% at age 85 and beyond).

In conclusion, recent trends in cause-specific mortality suggest that life expectancies will continue to increase in the medium term, given the ongoing decreases in standardized mortality rates for the principal causes of death (rapid decreases in mortality from all major groups of cardiovascular diseases as well as from the principal cancers). The only exception is female lung cancer, whose evolution will determine the rate at which the sex difference in life expectancy decreases. The concentration of deaths at increasingly advanced ages may lead to greater volatility in life expectancy, however. The growing proportion of very old people with fragile health in the general population can

be expected to intensify the fluctuations in general mortality associated with short-term epidemiological phenomena (such as the flu epidemic of 2015) or extreme weather (such as the 2003 heat wave).

## Overview

On 1 January 2016, France had 66.6 million inhabitants. As in the preceding years, the largest contributor to population growth was the surplus of births over deaths, despite a decrease in the birth rate and an increase in mortality. The rate of natural increase remained positive, but decreased significantly. The French population is ageing, and the proportion of persons under age 20 is now smaller than the population aged 60 or older.

Nearly 200,000 individuals were granted residence permits in 2014. This is a slight increase, but remains low, at 0.3% of the population. Half of permits were issued to women; the majority of recipients were young adults, with students representing a quarter of all recipients.

There were fewer births in 2015 and the total fertility rate decreased. This decrease is observed mainly among women aged below 35. The fertility of women aged 35 and above increased but more slowly than in the previous years.

The number of induced abortions fell in 2014 and 2015. The characteristics of abortions are very similar for all abortion orders.

The number of divorces continues to decrease, and the total divorce rate, which increased steadily until 2011, has been falling since 2012. Fewer divorces involve minor children.

There were an estimated 600,000 deaths in the whole of France in 2015, including 587,000 in metropolitan France (representing a crude mortality rate of 9.1 per 1,000) – an increase of nearly 40,000 with respect to 2014. Life expectancy at birth in 2015 was 79 years for men and 85.1 years for women for the whole of France, a decrease of 0.3 years for men and 0.4 years for women with respect to 2014.

**Acknowledgements:** The authors wish to thank Elodie Baril and Arnaud Bringé from the INED Statistical Methods department for their contributions to the preparation of the databases and initial analyses.



## STATISTICAL APPENDIX

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

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	+47	+305	12.6	8.5	+4.1	+4.8
2012	63,537	790	559	+231	+91	+322	12.4	8.8	+3.6	+5.1
2013*	63,840	782	558	+224	+61	+285	12.2	8.7	+3.5	+4.5
2014*	64,130	781	547	+234	+61	+295	12.2	8.5	+3.6	+4.6
2015*	64,395	762	587	+175	+61	+236	11.8	9.1	+2.7	+3.7

\* Provisional data end 2015.  
**Coverage:** Metropolitan France.  
**Source:** INSEE, Demographic Surveys and Studies Division, Bellamy and Beaumel (2016).



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

Age group	1985	1990	1995	2000	2005	2010	2011	2012	2013*	2014*	2015*	2016*
0-19	29.2	27.8	26.1	25.6	25.0	24.5	24.5	24.4	24.4	24.4	24.4	24.3
20-59	52.7	53.2	53.8	53.8	54.1	52.7	52.2	51.9	51.6	51.2	50.8	50.5
60+	18.1	19.0	20.1	20.6	20.9	22.8	23.3	23.7	24.1	24.4	24.8	25.2
<i>including:</i>												
65+	12.8	13.9	15.0	16.0	16.5	16.8	16.9	17.3	17.7	18.2	18.6	19.0
75+	6.3	6.8	6.1	7.2	8.1	8.9	9.0	9.1	9.1	9.2	9.3	9.3
Total	100	100	100	100	100	100	100	100	100	100	100	100
<p>* Provisional data end 2015.  <b>Coverage:</b> Metropolitan France.  <b>Source:</b> INSEE, Demographic Surveys and Studies Division, series revised after the 2013 census.</p>												

**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
2013	192,419	18,255
2014	199,957	20,699

**Note:** Member countries of the European Union on 30 June 2013, as well as nationals of Vatican City State, Iceland, Liechtenstein, Norway, the principalities of Andorra and Monaco, the Republic of San Marino, and Switzerland are excluded.

**Coverage:** Permits granted in France and abroad to citizens of countries not listed in Footnote 5. 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 <sup>(1)</sup>	Sum of age- specific rates (per 1000 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		112	56.6
2014*	59	138	197	30.3		114	57.7
2015*	57	136	193	30.4		na	na

\* Provisional data end 2015 published by INSEE.

na: Not available.

**Coverage:** Metropolitan France.

**Sources:** INSEE, Surveys and Demographic Studies Division. Series revised after the 2011 census except: <sup>(1)</sup> 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	202	30.0
1975	30	96	161	194	203	30.1
1976	30	95	160	194	203	30.1
1977	31	96	161		205	30.1
1978	31	95	162		205	30.1
1979	31	96	163		207	30.1
1980	31	95	161		205	30.1
1981	32	96	162		205	30.1
1982	32	96				
1983	31	95				
1984	32	95				
1985	31	94				
1986	31	94				
1987	31					
1988	30					
1989	30					
1990	29					
1991	28					

\* For the 1930-65 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 2015.

**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	2013	2014
Austria	1.65	1.47	1.46	1.41	1.36	1.40	1.44	1.43	1.44	1.44	1.47
Belgium	1.68	1.51	1.62	1.56	1.67	1.76	1.86	1.81	1.79	1.75	1.74
Bulgaria	2.05	1.97	1.82	1.23	1.26	1.37	1.57	1.51	1.50	1.48	1.53
Croatia	-	-	-	-	-	1.50	1.55	1.48	1.51	1.46	1.46
Cyprus	-	2.43	2.41	2.03	1.64	1.48	1.44	1.35	1.39	1.30	1.31
Czech Rep.	2.08	1.95	1.90	1.28	1.15	1.29	1.51	1.43	1.45	1.46	1.53
Denmark	1.55	1.45	1.67	1.80	1.78	1.80	1.87	1.75	1.73	1.67	1.69
Estonia	2.02	2.13	2.05	1.38	1.36	1.52	1.72	1.61	1.56	1.52	1.54
Finland	1.63	1.64	1.78	1.81	1.73	1.80	1.87	1.83	1.80	1.75	1.71
France	-	-	-	-	1.89	1.94	2.03	2.01	1.99	1.99	2.00
France (metropolitan)	1.95	1.81	1.78	1.71	1.87	1.92	2.01	2.00	1.99	1.97	1.98
Germany	1.56	1.37	1.45	1.25	1.38	1.34	1.39	1.36	1.38	1.39	1.47
Greece	2.23	1.67	1.40	1.31	1.27	1.34	1.48	1.40	1.34	1.29	1.30
Hungary	1.91	1.85	1.87	1.57	1.32	1.31	1.25	1.23	1.34	1.35	1.44
Ireland	3.21	2.48	2.11	1.84	1.89	1.86	2.05	2.03	2.01	1.96	1.94
Italy	1.64	1.42	1.33	1.19	1.26	1.34	1.46	1.44	1.43	1.39	1.37
Latvia	-	-	-	-	1.25	1.38	1.36	1.33	1.44	1.52	1.65
Lithuania	1.99	2.08	2.03	1.55	1.39	1.29	1.50	1.55	1.60	1.59	1.63
Luxembourg	1.50	1.38	1.60	1.70	1.76	1.63	1.63	1.52	1.57	1.55	1.50
Malta	1.99	1.95	2.04	1.81	1.70	1.38	1.36	1.45	1.43	1.38	1.42
Netherlands	1.60	1.51	1.62	1.53	1.72	1.71	1.79	1.76	1.72	1.68	1.71
Poland	-	-	2.06	1.62	1.37	1.24	1.41	1.33	1.33	1.29	1.32
Portugal	2.25	1.72	1.56	1.41	1.55	1.41	1.39	1.35	1.28	1.21	1.23
Romania	2.43	2.31	1.83	1.33	1.31	1.40	1.59	1.47	1.52	1.41	1.52
Slovakia	2.32	2.26	2.09	1.52	1.30	1.27	1.43	1.45	1.34	1.34	1.37
Slovenia	-	1.71	1.46	1.29	1.26	1.26	1.57	1.56	1.58	1.55	1.58
Spain	2.20	1.64	1.36	1.17	1.23	1.33	1.37	1.34	1.32	1.27	1.32
Sweden	1.68	1.74	2.13	1.73	1.54	1.77	1.98	1.90	1.91	1.89	1.88
United Kingdom	1.90	1.79	1.83	1.71	1.64	1.76	1.92	1.91	1.92	1.83	1.81
Iceland	2.48	1.93	2.30	2.08	2.08	2.05	2.20	2.02	2.04	1.93	1.93
Norway	1.72	1.68	1.93	1.87	1.85	1.84	1.95	1.88	1.85	1.78	1.75
Switzerland	1.55	1.52	1.58	1.48	1.50	1.42	1.52	1.52	1.52	1.52	1.54

Source: Eurostat (site accessed in July 2016).

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 <sup>(1)</sup>	1954 1955	1959 1960	1964 1965	1969 1970	1974 1975 <sup>(1)</sup>	
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 <sup>(2)</sup>	-	-	-	-	-	-	-	-	-	-	
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) The estimate is based on rates that remain unchanged with respect to the last observation year.

(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 <sup>(1)</sup>	Abortions recorded in SAE <sup>(2)</sup>	Abortions estimated by INED <sup>(3)</sup>	Abortions per 100 live births <sup>(4)</sup>	Annual abortions per 1000 women aged 15-49 <sup>(4)</sup>	Mean number of abortions per woman <sup>(4)</sup>
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	156,824	207,120		26.2	14.5	0.53
2013	149,579*	216,697		26.7	15.3	0.55
2014	126,464*	211,764		27.1*	15.0*	na
2015	na	203,463		26.7*	14.5*	na

\* Provisional data.

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*				Mean age at marriage		Number of divorces <sup>(3)</sup>		Total divorce rate per 100 marriages*	Number of heterosexual PACS unions		Number of same-sex PACS unions <sup>(4)</sup>	
	Whole of France (excluding Mayotte)		Overall rate <sup>(1)</sup>		Overall probability <sup>(2)</sup>		Men Women		Metro-politan France Whole of France			Metro-politan France Whole of France		Metro-politan France Whole of France	
	Metro-politan France	Overall	Men	Women	Men	Women	Men	Women	Metro-politan France	Whole of France	Metro-politan France	Whole of France	Metro-politan France	Whole of France	
1985	269,419		0.53	0.54	0.71	0.74	26.3	24.2	107,505		30.5				
1986	265,678		0.52	0.53	0.69	0.72	26.5	24.5	108,380		31.1				
1987	265,177		0.51	0.52	0.68	0.71	26.8	24.8	106,527		31.0				
1988	271,124		0.52	0.53	0.68	0.71	27.1	25.0	106,096		31.3				
1989	279,900		0.54	0.55	0.68	0.72	27.3	25.3	105,295		31.5				
1990	287,099		0.55	0.56	0.69	0.72	27.6	25.6	105,813		32.1				
1991	280,175		0.54	0.55	0.67	0.70	27.8	25.8	108,086		33.2				
1992	271,427		0.52	0.53	0.65	0.69	28.1	26.1	107,994		33.5				
1993	255,190		0.49	0.50	0.62	0.66	28.4	26.4	110,759		34.8				
1994	253,746	260,866	0.48	0.49	0.61	0.65	28.7	26.7	115,658		36.7				
1995	261,813	261,813	0.48	0.50	0.61	0.64	28.9	26.9	119,189	121,946	38.2				
1996	280,072	287,144	0.53	0.55	0.65	0.68	29.4	27.4	117,382	119,699	38.0				
1997	283,984	291,163	0.54	0.56	0.65	0.68	29.6	27.6	116,158	118,284	38.0				
1998	271,361	278,525	0.52	0.54	0.63	0.66	29.8	27.7	116,515	118,884	38.4				
1999	286,191	293,544	0.56	0.58	0.64	0.68	29.9	27.8	116,813	119,549	38.9				
2000	297,922	305,234	0.58	0.60	0.66	0.69	30.2	28.0	114,005	116,723	38.2	6,139	6,151	7	7
2001	288,255	295,720	0.57	0.59	0.64	0.68	30.2	28.1	112,631	115,388	38.0	22,108	22,271	620	624
2002	279,087	286,169	0.55	0.57	0.63	0.66	30.4	28.3	115,861	118,686	39.2	19,410	19,629	1,859	1,872
2003	275,963	282,756	0.55	0.56	0.62	0.65	30.6	28.5	125,175	127,966	42.5	24,979	25,305	3,143	3,185
2004	271,598	278,439	0.53	0.55	0.61	0.64	30.8	28.8	131,335	134,601	44.8	31,161	31,570	5,229	5,292
2005	276,303	283,036	0.54	0.55	0.61	0.64	31.1	29.1	152,020	155,253	52.3	39,576	40,080	6,935	7,043
2006	267,260	273,914	0.52	0.53	0.59	0.62	31.2	29.2	135,910	139,147	46.9	59,837	60,462	8,564	8,690
2007	267,194	273,669	0.51	0.52	0.59	0.62	31.4	29.5	131,316	134,477	45.5	76,680	77,347	9,470	9,583
2008	258,749	265,404	0.50	0.51	0.57	0.60	31.6	29.6	129,378	132,594	45.1	101,062	101,992	22,908	23,132
2009	245,151	251,478	0.47	0.48	0.55	0.58	31.7	29.8	127,578	130,601	44.7	144,782	145,938	25,585	25,802
2010	245,334	251,654	0.47	0.48	0.54	0.58	31.8	30.0	130,810	133,909	46.2	173,180	174,584	32,411	32,711
2011	231,100	236,826	0.44	0.45	0.52	0.55	31.9	30.1	129,802	132,977	46.2	203,959	205,561	43,250	43,628
2012	239,840	245,930	0.46	0.47	0.53	0.56	32.0	30.2	125,217	128,371	45.0	150,800	152,169	51,555	52,002
2013	225,784	233,108	0.44	0.45	0.51	0.54	32.4	30.6	121,849	124,948	44.2	159,195	160,639	60,950	61,507
2014	224,878	235,315	0.44	0.45	0.51	0.54	32.6	30.4	120,568	123,537	44.1	167,123	168,682	68,933	69,540
2014 excl. Mayotte	230,307	240,825	na	na	na	na	na	na	123,382	na	na	172,024	173,728	75,646	76,267
2015*	231,000	239,000	na	na	na	na	na	na	123,382	na	na	187,248	188,947	78,725	79,386

\* Provisional data.

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.

(4) For the years 2007-2013, data corrected by the Ministry of Justice in 2016.

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*	Proportion ever-married	
			At age 24	At age 30
1943	0.88	24.5	0.56	0.81
1948	0.87	24.5	0.56	0.80
1953	0.85	25.0	0.52	0.76
1955	0.83	26.4	0.48	0.72
1960	0.77	27.1	0.33	0.60
1965	0.71	28.9	0.19	0.48
1970	0.66	30.2	0.11	0.40
1975	0.62	31.0	0.06	0.35
1980			0.05	0.28
1985			0.04	
1990			0.03	

*Women*

Female birth cohort	Proportion ever-married at age 49*	Mean age at first marriage*	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	0.88	22.9	0.54	0.78
1960	0.82	24.2	0.42	0.68
1965	0.76	26.3	0.24	0.55
1970	0.71	27.9	0.14	0.45
1975	0.66	28.9	0.07	0.39
1980			0.06	0.32
1985			0.05	
1990			0.03	

\* 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, 1946-2014

Year	Life expectancy (years)				Mortality rate (per 1,000 live births)		Survivors at age 65 (per 1,000 at birth)	
	At birth		At age 65		Infant <sup>(1)</sup>	Neonatal <sup>(2)</sup>	Male	Female
	Male	Female	Male	Female				
1946	59.9	65.2	12.2	14.3	77.8	na	574	681
1947	61.2	66.7	12.3	14.5	71.1	na	589	703
1948	62.7	68.8	12.5	15.0	55.9	na	599	727
1949	62.2	67.6	11.8	14.0	60.3	na	595	716
1950	63.4	69.2	12.2	14.6	52.0	26.0	609	736
1951	63.1	68.9	11.8	14.2	50.8	24.0	602	732
1952	64.4	70.2	12.3	14.8	45.2	22.4	623	752
1953	64.3	70.3	11.8	14.4	41.9	22.0	617	753
1954	65.0	71.2	12.4	15.1	40.7	21.6	629	765
1955	65.2	71.5	12.3	15.1	38.6	20.8	631	772
1956	65.2	71.7	12.1	14.9	36.2	20.5	626	776
1957	65.5	72.2	12.2	15.2	33.8	19.5	631	783
1958	66.8	73.2	12.8	15.6	31.4	18.9	660	801
1959	66.8	73.4	12.8	15.7	29.6	18.1	657	801
1960	67.0	73.6	12.6	15.6	27.4	17.6	658	806
1961	67.5	74.4	13.0	16.1	25.7	16.7	664	815
1962	67.0	73.9	12.6	15.7	25.7	16.7	656	811
1963	66.8	73.9	12.4	15.6	25.6	16.6	652	810
1964	67.7	74.8	12.9	16.4	23.4	15.9	667	820
1965	67.5	74.7	12.6	16.2	21.9	15.2	661	820
1966	67.8	75.2	12.9	16.5	21.7	14.9	669	824
1967	67.8	75.2	12.8	16.5	20.7	14.5	668	826
1968	67.8	75.2	12.7	16.4	20.4	14.2	669	827
1969	67.4	75.1	12.5	16.3	19.6	13.7	661	824
1970	68.4	75.9	13.0	16.8	18.2	12.6	682	834
1971	68.3	75.9	13.0	16.8	17.2	12.0	680	836
1972	68.5	76.2	13.1	17.0	16.0	11.2	683	838
1973	68.7	76.3	13.1	17.0	15.4	10.6	688	842
1974	68.9	76.7	13.3	17.2	14.6	9.9	690	847
1975	69.0	76.9	13.2	17.2	13.8	9.2	691	849
1976	69.2	77.2	13.3	17.4	12.5	8.1	693	853
1977	69.7	77.8	13.7	17.9	11.4	7.4	702	860
1978	69.8	78.0	13.7	17.9	10.7	6.7	704	861
1979	70.1	78.3	13.9	18.1	10.0	6.0	707	864
1980	70.2	78.4	14.0	18.2	10.0	5.8	710	866
1981	70.4	78.5	14.0	18.2	9.7	5.5	714	869
1982	70.7	78.9	14.3	18.5	9.5	5.3	718	872
1983	70.7	78.8	14.2	18.4	9.1	5.0	719	872
1984	71.2	79.3	14.5	18.8	8.3	4.7	724	878
1985	71.3	79.4	14.5	18.8	8.3	4.6	727	880

Table A.11 (cont'd). Characteristics of overall mortality, 1946-2014

Year	Life expectancy (years)				Mortality rate (per 1,000 live births)		Survivors at age 65 (per 1,000 at birth)	
	At birth		At age 65		Infant <sup>(1)</sup>	Neonatal <sup>(2)</sup>	Male	Female
	Male	Female	Male	Female				
1986	71.5	79.7	14.7	19.0	8.0	4.3	731	882
1987	72.0	80.3	15.0	19.4	7.8	4.1	740	886
1988	72.3	80.5	15.3	19.6	7.8	4.1	744	888
1989	72.5	80.6	15.4	19.7	7.5	3.8	746	889
1990	72.7	81.0	15.6	19.9	7.3	3.6	752	893
1991	72.9	81.2	15.7	20.1	7.3	3.5	754	894
1992	73.2	81.5	15.9	20.4	6.8	3.3	758	896
1993	73.3	81.5	15.9	20.4	6.5	3.1	760	895
1994	73.7	81.9	16.2	20.7	5.9	3.2	766	898
1995	73.9	81.9	16.1	20.6	4.9	2.9	771	900
1996	74.1	82.1	16.1	20.7	4.8	3.0	776	901
1997	74.6	82.3	16.3	20.9	4.7	3.0	784	904
1998	74.8	82.4	16.4	20.9	4.6	2.9	789	905
1999	75.0	82.5	16.5	21.0	4.3	2.7	793	906
2000	75.3	82.8	16.7	21.2	4.4	2.8	797	908
2001	75.5	82.9	16.9	21.4	4.5	2.9	799	908
2002	75.8	83.1	17.1	21.4	4.1	2.7	802	909
2003	75.9	83.0	17.1	21.3	4.0	2.6	804	910
2004	76.7	83.9	17.7	22.2	3.9	2.6	815	913
2005	76.8	83.9	17.7	22.0	3.6	2.3	816	914
2006	77.2	84.2	18.0	22.4	3.6	2.3	820	915
2007	77.4	84.4	18.2	22.5	3.6	2.4	823	917
2008	77.6	84.4	18.3	22.5	3.6	2.4	825	917
2009	77.8	84.5	18.4	22.6	3.7	2.4	826	917
2010	78.0	84.7	18.6	22.7	3.5	2.3	829	918
2011	78.4	85.0	18.9	23.0	3.3	2.2	834	920
2012	78.5	84.8	18.8	22.8	3.3	2.3	836	921
2013*	78.8	85.0	19.0	23.0	3.5	2.4	840	922
2014*	79.3	85.4	19.3	23.3	3.3	2.3	845	923
2015*	79.0	85.1	22.9	27.3	3.5	na	na	na

\* Provisional data.

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 2014

Country	Life expectancy at birth (years)		
	Male	Female	Difference (F – M)
Austria	79.2	84.0	4.8
Belgium	78.8	83.9	5.1
Bulgaria	71.1	78.0	6.9
Croatia	74.7	81.0	6.3
Czech Republic	75.8	82.0	6.2
Denmark	78.7	82.8	4.1
Estonia	72.4	81.9	9.5
Finland	78.4	84.1	5.7
France excl. Mayotte <sup>(1)</sup>	79.2	85.4	6.2
Germany*	78.7	83.6	4.9
Greece	78.9	84.1	5.2
Hungary	72.3	79.4	7.1
Iceland	81.3	84.5	3.2
Ireland*	79.3	83.5	4.2
Italy	80.7	85.6	4.9
Latvia	69.1	79.4	10.3
Lithuania	69.2	80.1	10.9
Luxembourg	79.4	85.2	5.8
Netherlands	80.0	83.5	3.5
Norway	80.1	84.2	4.1
Poland	73.7	81.7	8.0
Portugal*	78.0	84.4	6.4
Romania*	71.4	78.7	7.3
Slovakia	73.3	80.5	7.2
Slovenia	78.2	84.1	5.9
Spain	80.4	86.2	5.8
Sweden	80.4	84.2	3.8
Switzerland	81.1	85.4	4.3
United Kingdom*	79.5	83.2	3.7

\* Provisional data for 2014.  
 (1) Whole of France excluding Mayotte.  
 Source : Eurostat (Table 00025, [http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search\\_database](http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database), accessed 17 June 2016), except France (INSEE).

Table A.13. Infant mortality in Europe 1980-2014 (rate per 1,000 live births)

Pays	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
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	3.1	3.0
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	3.5	3.4
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	7.3	7.6
Croatia	na	na	na	na	7.4	5.7	5.2	5.6	4.5	5.3	4.4	4.7	3.6	4.1	5.0
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	2.5	2.4
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	3.5	4.0
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	2.1	2.7
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	1.8	2.2
France excl. Mayotte <sup>(1)*</sup>	na	na	na	5.0	4.5	3.8	3.8	3.8	3.8	3.9	3.6	3.5	3.5	3.6	3.6
France metro. <sup>(1)*</sup>	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	3.5	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	3.3	3.2
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	3.7	3.8
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	5.0	4.5
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	1.8	2.1
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	3.5	3.3
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	2.9	2.8
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	4.4	3.8
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	3.7	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	3.9	2.8
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	3.8	3.6
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	2.4	2.4
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	4.6	4.2
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	2.9	2.9
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	9.2	8.4
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	5.5	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	2.9	1.8
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	2.7	2.8
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	2.7	2.2
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	3.9	3.9
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	4.0	3.9	3.9

\* Provisional data for 2014.

na: Not available.

(1) INSEE for the whole of France excluding Mayotte between 1995 and 2014 and for metropolitan France in 2010 and 2014.

Source: Eurostat, Infant mortality rate (<http://ec.europa.eu/eurostat/data/database>, accessed 17 June 2016), except (1).

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

Cause of death	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<b>23 groups of causes</b>																	
Lung cancer	63	67	70	70	66	65	64	63	63	64	63	62	60	60	58	58	56
Stomach cancer	20	17	14	12	10	9	9	9	9	8	8	8	7	7	7	7	7
Cancer of the intestine	31	29	29	28	25	25	24	24	24	24	23	22	22	22	22	21	21
Prostate cancer	28	30	32	29	26	26	26	26	24	23	22	22	21	20	20	19	18
Other cancers	176	180	171	160	152	151	149	146	140	139	136	134	131	129	125	121	119
Ischaemic heart diseases	117	118	96	85	76	72	70	68	64	62	58	56	54	51	48	46	45
Other heart diseases	130	115	93	90	81	79	78	78	72	71	69	69	68	66	64	59	58
Cerebro-vascular diseases	123	103	71	59	47	45	44	43	38	37	35	34	33	31	30	29	28
Other diseases of the circulatory system	38	35	29	26	21	21	20	19	17	16	16	15	15	13	13	11	11
Tuberculosis (all forms)	5	3	2	2	2	2	1	1	1	1	1	1	1	1	1	1	0
AIDS	0	0	8	13	3	3	3	2	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	1
Other infectious and parasitic diseases	11	12	10	11	12	11	12	12	10	11	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	40
Alcoholism and cirrhosis of the liver	56	46	35	29	28	28	27	27	25	24	24	23	23	22	22	21	20
Diabetes	11	11	9	9	15	15	14	15	14	14	13	13	13	13	12	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	43
Other diseases of the digestive system	41	35	29	25	20	20	20	21	19	19	19	18	18	18	18	16	16
Other diseases	56	50	40	37	36	36	35	37	33	32	32	31	32	31	31	27	28
Transport accidents	30	26	26	20	19	19	18	15	13	13	12	12	11	11	10	9	8
Suicides	29	34	30	29	26	25	25	26	25	25	24	23	23	24	23	23	21
Other external causes	63	54	51	44	36	35	34	36	32	31	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	60
<b>6 broad groups of causes</b>																	
Cancer	318	324	317	300	280	275	272	267	260	258	251	247	241	239	232	226	220
Cardiovascular diseases	409	371	288	260	225	217	211	208	190	187	177	173	169	161	156	145	142
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	54
Other diseases	193	169	143	131	138	140	138	144	130	132	129	126	128	126	124	118	120
External causes	123	114	106	93	81	79	78	77	70	69	67	66	66	66	64	63	60
Unspecified or ill-defined causes of death	74	70	56	48	46	49	49	51	44	45	43	44	46	47	55	53	60
<b>All causes</b>	<b>1217</b>	<b>1145</b>	<b>1005</b>	<b>928</b>	<b>842</b>	<b>826</b>	<b>814</b>	<b>815</b>	<b>751</b>	<b>753</b>	<b>723</b>	<b>713</b>	<b>705</b>	<b>694</b>	<b>684</b>	<b>657</b>	<b>656</b>

## Females

Causes de décès	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<b>23 groups of causes</b>																	
Lung cancer	6	7	8	9	10	11	12	13	13	14	14	15	15	16	16	16	17
Stomach cancer	9	7	6	5	4	4	4	3	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	12
Breast cancer	27	28	29	29	27	26	26	26	26	25	25	24	24	24	23	23	22
Cancer of the uterus	11	10	8	7	6	7	6	7	6	6	6	6	6	6	6	6	6
Other cancers	76	74	70	69	67	67	65	63	63	63	62	60	61	60	59	57	56
Ischaemic heart diseases	51	51	42	35	30	29	28	27	24	23	22	21	20	19	17	16	16
Other heart diseases	93	81	64	61	54	53	53	47	47	45	45	45	44	44	42	39	39
Cerebro-vascular diseases	88	74	52	41	33	32	31	27	26	25	23	23	23	22	21	21	21
Other diseases of the circulatory system	19	17	14	12	9	9	8	8	7	7	6	6	6	6	5	5	4
Tuberculosis (all forms)	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0
AIDS	0	0	1	3	1	1	1	1	1	1	1	1	0	0	0	0	0
Influenza	2	2	2	1	1	0	0	0	0	0	0	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	7
Other diseases of the respiratory system	33	33	31	30	24	21	22	23	19	21	18	19	19	19	17	18	20
Alcoholism and cirrhosis of the liver	19	15	12	10	9	9	9	9	8	8	8	8	7	7	6	7	6
Diabetes	10	9	8	7	10	10	10	10	9	9	9	8	8	8	7	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	36
Other diseases of the digestive system	27	23	18	16	13	13	13	12	12	12	11	11	11	11	11	10	10
Other diseases	38	34	29	28	27	27	27	29	25	24	24	23	24	23	23	20	21
Transport accidents	10	9	9	7	6	6	6	4	4	4	3	3	3	3	3	2	2
Suicides	11	12	10	10	8	8	9	8	9	8	8	8	8	7	7	7	6
Other external causes	36	31	27	23	19	19	19	20	17	16	16	16	16	15	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	34
<b>6 broad groups of causes</b>																	
Cancer	147	143	138	135	129	128	128	127	125	124	123	121	123	121	119	118	117
Cardiovascular diseases	250	223	172	148	126	123	119	119	106	104	98	95	95	91	86	81	80
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	28
Other diseases	116	103	91	85	91	92	93	98	85	85	84	83	84	83	81	77	80
External causes	57	53	46	40	34	34	33	33	29	28	27	26	26	26	25	24	23
Unspecified or ill-defined causes of death	48	44	35	31	28	29	30	32	26	27	26	26	27	27	31	30	34
<b>All causes</b>	<b>662</b>	<b>609</b>	<b>525</b>	<b>480</b>	<b>442</b>	<b>436</b>	<b>434</b>	<b>442</b>	<b>398</b>	<b>399</b>	<b>384</b>	<b>377</b>	<b>381</b>	<b>375</b>	<b>367</b>	<b>356</b>	<b>362</b>

(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.15 (item numbers refer to ICD-9 for 1990 and ICD-10 from 2000).

Coverage: Metropolitan France.

Source: F. Meslé from CépiDc-INSERM data.

Table A.15. Cause-of-death categories and the corresponding codes in the International Classification of Diseases (ninth and tenth revisions)

	ICD 9	ICD 10
<b>Cancer</b>		
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
<b>Cardiovascular diseases</b>		
Ischaemic heart diseases	390 to 459	I00 to I99
Other heart diseases	410 to 414	I20 to I25
Cerebro-vascular diseases	390 to 405; 415 to 429	I00 to I15; I26 to I51
Other diseases of the circulatory system	430 to 438	I60 to I69
<b>Infectious and parasitic diseases, diseases of the respiratory system</b>	440 to 459	I70 to I99
Tuberculosis (all forms)	000 to 139; 460 to 519	A00 to B99; J00 to J98
AIDS	010 to 018	A15 to A19; B90
Influenza	042 to 044	B20 to B24
	487	J10 to J11
Other infectious and parasitic diseases of ICD Chapter I	001 to 009; 020 to 041; 045 to 139	A00 to A09; A20 to B19; B25 to B89; B91 to B99
<b>Other diseases of the respiratory system</b>		
Alcoholism and cirrhosis of the liver	460 to 586; 490 to 519	J00 to J06; J12 to J98
Diabetes	240 to 389; 520 to 779	D50 to D89; E00 to H95; K00 to Q99
Other mental disorders and diseases of the nervous system	291; 303; 305.0; 571.0 to 3.;5	F10; K70; K73 to K74
Other diseases of the digestive system	250	E10 to E14
Other diseases	290; 292 to 302; 304; 305.1 to 389	F00 to F09; F11 to H95
<b>External causes</b>	520 to 570; 571.4; 571.6 to 579	K00 to K67; K71; K72; K75 to K93
Transport accidents	240 to 246; 251 to 289; 580 to 779	D50 to D89; E00 to E07; E15 to E89; L00 to Q99
Suicides	800 to 999	V01 to Y89
Other deaths from external causes	810 to 819; 826 to 829	V01 to V99
<b>Unspecified or ill-defined causes of death</b>	950 to 959	X60 to X84
	800 to 807; 820 to 825; 830 to 949; 960 to 999	W00 to X59; X85 to Y89
<b>All causes</b>	780 to 799	R00 to R99
	001 to 999	A00 to R99; V01 to Y89





## REFERENCES

- BAJOS N., PRIOUX F., MOREAU C., 2013, “L’augmentation du recours répété à l’IVG en France : des enjeux contraceptifs au report de l’âge à la maternité”, *Revue d’épidémiologie et de santé publique*, 61(4), pp. 291-298.
- BAJOS N., BOHET A., LE GUEN M., MOREAU C. and the FECOND SURVEY TEAM, 2012, “Contraception in France : new context, new practices?”, *Population and Societies*, 492, 4 p.
- BELLAMY V., 2015, “En 2014, 818 565 bébés sont nés en France”, *Insee focus*, 33.
- BELLAMY V., 2016, “123 500 divorces en 2014 - Des divorces en légère baisse depuis 2010”, *Insee première*, 1599, 4 p.
- BELLAMY V., BEAUMEL C., 2016, “Bilan démographique 2015. Le nombre de décès au plus haut depuis l’après-guerre”, *Insee première*, 1581, 4 p.
- BUISSON G., LAPINTE A., 2013, “Le couple dans tous ses états : non-cohabitation, conjoints de même sexe, pacs...”, *Insee première*, 1435, 4 p.
- CORTINA C., LAPLANTE B., FOSTIK A., CASTRO MARTÍN T., 2013, “Same-sex marriages and partnerships in two pioneer countries, Canada and Spain”, 27th IUSSP International Population Conference, Busan, 23 p.
- COMMISSION IVG, 2016, “IVG : État des lieux et perspectives d’évolution du système d’information”, Ministère des Affaires sociales et de la santé, 115 p.
- DAGUET F., 2002, “Un siècle de fécondité française. Caractéristiques et évolution de la fécondité de 1901 à 1999”, *Insee résultats, société*, 8, 305 p.
- DAGUET F., 2016, “De plus en plus de couples dans lesquels l’homme est plus jeune que la femme”, *Insee première*, 1613, 4 p.
- D’ALBIS H., BOUBTANE E., 2015, “Characteristics of migration flows to France based on residence permit data (1998-2013)”, *Population, English Edition*, 70(3), pp. 487-524.
- EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL, 2016, “Annual epidemiological report 2016 – Seasonal influenza”, Stockholm, ECDC.
- MAZUY M., BARBIERI M., D’ALBIS H., 2013, “Recent demographic trends in France: fertility remains stable”, *Population, English Edition*, 68(3), pp. 329-374.
- MAZUY M., BARBIERI M., D’ALBIS H., 2014a, “Recent demographic trends in France: the number of marriages continues to decrease”, *Population, English Edition*, 69(3), pp. 273-322.
- MAZUY M., TOULEMON L., BARIL E., 2014b, “A steady number of induced abortions, but fewer women concerned”, *Population, English Edition*, 69(3), pp. 323-356.
- MAZUY M., BARBIERI M., BRETON D., D’ALBIS H., 2015, “The demographic situation in France: recent developments and trends over the last 70 years”, *Population, English Edition*, 70(3), pp. 393-460.
- MESLÉ F., 2006, “Recent improvements in life expectancy in France: men are starting to catch up”, *Population, English Edition*, 61(4), pp. 365-388.

- OUELLETTE N., BARBIERI M., WILMOTH J.R., 2014, "Period-based mortality change: turning points in trends since 1950", *Population and Development Review*, 40(1), pp. 77-106.
- PAVIA A.T., 2016, "Influenza vaccine effectiveness: Mysteries, enigmas, and a few clues", *Journal of Infectious Diseases*, jiv579, 2 p.
- PISON G., TOULEMON L., 2016 "The number of deaths in France will increase over the coming years", *Population and Societies*, 531, 4 p.
- PRIOUX F., 2007, "Recent demographic developments in France: fertility at a more than 30-year high", *Population, English Edition*, 62(3), pp. 415-456.
- RAULT W., RÉGNIER-LOILIER A., 2015, "First cohabiting relationships: recent trends in France", *Population and Societies*, 521, 4 p.
- RÉGNIER-LOILIER A., ROHRBASSER J.-M., 2011, "Is there a childbearing season?", *Population and Societies*, 474, 4 p.
- ROSSIER C., PIRUS C., 2007, "Estimating the number of abortions in France, 1976-2002", *Population, English Edition*, 62(1), pp. 57-88.
- SARDON J.-P., 1996, "L'évolution du divorce en France", *Population*, 51(3), pp. 717-750.
- TOULEMON L., 2004, "Fertility among immigrant women : new data, a new approach", *Population and Societies*, 400, 4 p.
- TOULEMON L., MAZUY M., 2005, "Mesurer la fécondité des immigrants : un indice tenant compte de l'âge à l'arrivée en France et de la durée de séjour", in Lefèvre C., Filhon A. (eds.), *Histoires de familles, histoires familiales*, INED, Cahier 156, pp. 123-147.
- VILAIN A., 2016, "Les interruptions volontaires de grossesse en 2015", Drees, *Études et résultats*, 968, 6 p.

**Magali MAZUY, Magali BARBIERI, Didier BRETON, Hippolyte D'ALBIS • RECENT DEMOGRAPHIC DEVELOPMENTS IN FRANCE: A DECLINE IN FERTILITY, AN INCREASE IN MORTALITY**

On 1 January 2016, the population of France was 66.6 million (of which 64.5 million in metropolitan France), an increase of 3.7 per 1,000 over the previous year. Fertility decreased, from 1.98 children per woman in 2014 to 1.93 in 2015. This decrease was observed notably in young women. The number of residence permits issued – close to 200,000 in 2014 – increased slightly, and permit holders represent 0.3% of the population. More than half of permits were issued to women. The number of marriages (among both opposite-sex and same-sex couples) decreased slightly. Heterosexual unions were more often officially registered through a PACS civil partnership, and same-sex unions through marriage. The number of divorces decreased, as did the divorce rate; fewer minor children were affected by a divorce. There were more deaths in 2015 than in 2014, notably due to greater seasonal mortality. As a result of this mortality peak, life expectancy decreased significantly, by 0.3 years for men and 0.4 years for women.

**Magali MAZUY, Magali BARBIERI, Didier BRETON, Hippolyte D'ALBIS • L'ÉVOLUTION DÉMOGRAPHIQUE RÉCENTE DE LA FRANCE : BAISSÉ DE LA FÉCONDITÉ, AUGMENTATION DE LA MORTALITÉ**

Au premier janvier 2016, la France comptait 66,6 millions d'habitants (dont 64,5 millions en France métropolitaine), soit un accroissement annuel de 3,7 ‰. La fécondité est passée de 1,98 enfant par femme à 1,93. Cette baisse est observée notamment chez les femmes jeunes. Le flux de titres de séjour délivrés, proche de 200 000 pour l'année 2014, est en légère augmentation, représentant 0,3 ‰ de la population. Plus de la moitié des titres délivrés concernent des femmes. Le nombre de mariages (pour les couples de sexe différent et pour les couples de même sexe) est en légère baisse. Les officialisations d'union sont plus fréquemment des pacs pour les couples de sexe différent et plus fréquemment des mariages pour les couples de même sexe. Le nombre de divorces diminue, tout comme l'indice conjoncturelle de divortialité ; moins d'enfants mineurs sont concernés par un divorce. Le nombre de décès en 2015 a augmenté par rapport à 2014, notamment du fait d'une mortalité saisonnière plus importante. En raison de ce pic de mortalité, l'espérance de vie a reculé de manière significative : 0,3 an pour les hommes et de 0,4 an pour les femmes.

**Magali MAZUY, Magali BARBIERI, Didier BRETON, Hippolyte D'ALBIS • LA EVOLUCIÓN DEMOGRÁFICA RECIENTE DE FRANCIA: DISMINUCIÓN DE LA FECUNDIDAD, AUMENTO DE LA MORTALIDAD**

El 1° de enero de 2016 Francia contaba con 66,6 millones de habitantes (de los cuales 64,5 millones en Francia metropolitana), sea un crecimiento de 3,7 ‰. La fecundidad ha bajado de 1,98 hijos por mujer en 2014 a 1,93 en 2015. Esta baja se observa sobre todo en las mujeres jóvenes. Los permisos de residencia, cerca de 200 000 en 2014, están en ligero aumento y los que poseedores del permiso representan 0,3 ‰ de la población. Una mayoría de los permisos han sido concedidos a mujeres. El número de matrimonios (parejas de sexo diferente y parejas del mismo sexo) ha disminuido ligeramente. En las parejas de sexo diferente los pacs son más frecuentes que los matrimonios e inversamente en las parejas del mismo sexo. Tanto el número de divorcios como la divorcialidad disminuyen, así como el número de menores afectados por un divorcio. En 2015, el número de muertes ha aumentado respecto a 2014, notablemente debido a una mortalidad estacional más fuerte. A causa de este pico de mortalidad, la esperanza de vida ha disminuido de manera significativa: 0,3 años en los hombres y 0,4 años en las mujeres.

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**Keywords:** France, demographic situation, ageing, migration, fertility, conjugality, same-sex couples, mortality.

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