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## Recent demographic trends in France: fertility remains stable

### I. General trends and population age structure

#### *Slower natural increase*

On 1 January 2013, the total population of France was estimated at 65.8 million, of which 63.7 million in metropolitan France (mainland France and Corsica). The island of Mayotte became a French *département* on 31 March 2011. Mayotte has an estimated population of 212,645 according to the latest census dated 21 August 2012 (a census is held in Mayotte every five years).<sup>(1)</sup>

In 2012, the population increased by an estimated 305,000, of which 290,000 in metropolitan France (Bellamy and Beaumel, 2013). As in previous years, natural increase accounts for the majority of overall growth. For metropolitan France, the total rate of increase in 2012 is estimated at 4.6 per 1,000<sup>(2)</sup> and the rate of natural increase at 3.6 per 1,000 (Appendix Table A.1),<sup>(3)</sup> down on 2011 (4.1 per 1,000) due to a slight dip in births<sup>(4)</sup> and an increase in

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(1) More detailed statistical data concerning Mayotte are currently being validated before they can be routinely produced and published (Bellamy and Beaumel, 2013). For this reason, the population of Mayotte is excluded from most of the updated statistical data in this year's article.

(2) The provisional estimate of net migration given by INSEE is +62,000. Whether or not the final estimate is positive, most of the total increase will still be due to natural increase.

(3) Appendix Tables A.1 to A.16 are given at the end of the article. They are updated annually if new data becomes available. Their numbers do not always correspond to the order in which they are cited in the text.

(4) The final figures are practically identical to the provisional figures published by INSEE and INED at the beginning of the year in their annual demographic reports (Bellamy and Beaumel, 2013; Pison, 2013).

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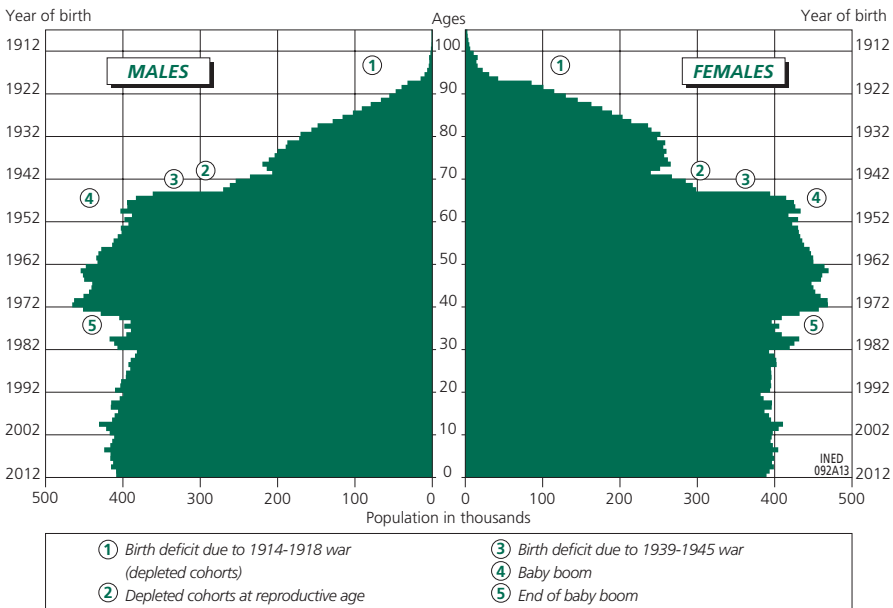
deaths, which totalled 560,000 in metropolitan France, and 571,000 in the country as a whole (Beaumel and Bellamy, 2013b). As 2012 was a leap year, the annual totals cannot be compared directly with those of the previous year. On a daily basis, 1,530 deaths per day were registered in 2012 versus 1,465 in 2011, representing an increase of more than 4%.

*Almost half the population is aged below 20 or above 60*

The long-term stability of fertility and birth rates (almost 800,000 annual births, despite slight falls in 2011 and 2012) means that the base of the French population pyramid is still quite broad (Figure 1). While natural increase is still clearly positive, the ageing process is reflected in a rising number of annual deaths (Appendix Table A.1) as the population with the highest risks of dying grows larger.

The proportions of under-20s and over-60s are similar, and these two groups together represent almost half of the population (Appendix Table A.2). Ageing due to the relative increase in the older population (summit of the pyramid) will continue in coming decades as the baby-boom cohorts reach advanced ages (Chardon and Blanpain, 2010). The number of multi-generational families (children, parents, grandparents and great-grandparents) is increasing thanks to increased life expectancy. This trend will continue over the coming decades, and families will span an ever wider range of ages.

Figure 1. Population pyramid of France on 1 January 2013



Coverage: Whole of France.

Source: INSEE.

### *An intermediate position in Europe*

According to Eurostat data, France occupies an intermediate position in the European Union in terms of population growth and ageing. In 2012, seven countries had a rate of increase greater than or equal to France:<sup>(5)</sup> Finland (+4.7 per 1,000), Denmark (+5.1 per 1,000), Austria (+5.4 per 1,000), Sweden (+7.7 per 1,000), Belgium (+7.9 per 1,000), Malta (+8.8 per 1,000), and Luxembourg (+23.0 per 1,000). Growth is negative in nine countries: Latvia (−11.9 per 1,000), Lithuania (−10.6 per 1,000), Bulgaria (−6.2 per 1,000), Estonia (−6.2 per 1,000), Spain (−6.2 per 1,000), Portugal (−5.2 per 1,000), Hungary (−2.6 per 1,000), Romania (−2.4 per 1,000) and Poland (−0.1 per 1,000). Data for Greece, Italy and Cyprus are not available for 2012, but in 2011, growth was negative in Greece (−1.8 per 1,000), positive in Italy (+3.2 per 1,000) and positive in Cyprus (+26.2 per 1,000). The rate of natural increase in Europe is falling due to fertility decline, but negative net migration due to a rise in emigration during the recent economic crisis has also contributed to a lower overall increase. This is notably the case in the Baltic countries and in southern Europe.

Population ageing in France is slower than in countries which have experienced a rapid and dramatic fertility decline. This trend is clearly illustrated in the very narrow base of the European Union population pyramid (Prioux and Barbieri, 2012). The French population is ageing nonetheless: 9.1% of French residents were aged 75 or over on 1 January 2013, up 50% with respect to 1990 (Appendix Table A.2); and while half were below age 33 in 1960, the median age was 39.8 years in 2010 and 40.5 years on 1 January 2013.

According to Eurostat projections<sup>(6)</sup> used in a summary report on the ageing of the baby-boom generation (Lanzieri, 2011), the median age of the French population will reach 44.5 years in 2060 (Table 1). In the eight countries where median age is projected to exceed 50 years in 2060, persons aged over 65 will represent between 31.5% and 35.7% of the population. According to these same projections, Ireland, the United Kingdom, Sweden, Belgium, Denmark and France will have the lowest median age in 2060 (below 45 years) and over-65s will represent some 25% of the population (Table 1). In some countries, population ageing is dramatic, notably in Romania where median age will be highest in 2060. In fact, the Romanian population pyramid is very singular, marked by abrupt demographic change (Statistical Yearbook of Romania, 2012).

Generally speaking, and especially when natural increase is slow or even negative in some countries, migration can play an important role in balancing the age structure thanks to the immigration of relatively young adults. Analysing the role of migration in the demographic ageing process in Europe, and using

(5) Eurostat website consulted in July (update dated 18 July 2013)  
[http://appso.eurostat.ec.europa.eu/nui/show.do?dataset=demo\\_gind&lang=en](http://appso.eurostat.ec.europa.eu/nui/show.do?dataset=demo_gind&lang=en)

(6) [http://epp.eurostat.ec.europa.eu/statistics\\_explained/index.php/Population\\_projections](http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Population_projections). For France, see Chardon and Blanpain (2010) and the animated population pyramids on the INSEE website.

the Eurostat projections as a basis, Ambrosetti and Giudici (2013) imagined projection scenarios with or without migration, and showed the potential of migration to rejuvenate the population age structure and slow the ageing process in Europe. Beyond purely demographic aspects, the positive economic impacts of migration are also considerable.

**Table 1. Median age and proportion of persons aged 65 and over on 1 January 1960, 2010 and 2060**

Country	Median age (in years)			Share of persons aged 65 or over (%)		
	1960	2010	2060	1960	2010	2060
Ireland	29.8	34.3	41.4	11.1	11.3	22.0
United Kingdom	35.6	39.5	42.3	11.7	16.4	24.5
Sweden	36.0	40.7	43.5	11.7	18.1	26.3
Belgium	35.2	40.9	43.7	12.0	17.2	25.5
Denmark	33.0	40.5	44.2	10.5	16.3	25.5
France	33.0	39.8	44.5	11.6	16.6	26.6
Finland	28.4	42.0	44.8	7.2	17.0	27.0
Luxembourg	35.2	38.9	45.2	10.8	14.0	26.4
Netherlands	28.7	40.6	45.3	8.9	15.3	27.2
Cyprus	na	36.2	45.6	na	13.1	27.4
Estonia	na	39.5	47.3	na	17.1	30.5
Austria	35.5	41.7	47.7	12.1	17.6	29.1
Lithuania	na	39.2	48.1	na	16.1	31.2
Czech Republic	33.2	39.4	48.1	9.5	15.2	30.7
Slovenia	na	41.4	48.7	na	16.5	31.6
Malta	na	39.2	48.8	na	14.8	31.0
Greece	na	41.7	49.2	na	18.9	31.3
Bulgaria	30.3	41.4	49.6	7.4	17.5	32.7
Spain	29.6	39.9	49.7	8.2	16.8	31.5
Italy	31.2	43.1	50.2	8.2	16.8	31.5
Hungary	32.0	39.8	50.5	8.9	16.6	32.1
Slovakia	27.5	36.9	50.7	6.8	12.3	33.5
Germany	34.8	44.2	50.8	11.5	20.7	32.8
Portugal	27.8	40.7	51.0	7.8	17.9	32.0
Poland	26.4	37.7	51.2	5.8	13.5	34.5
Latvia	na	40.0	51.9	na	17.4	35.7
Romania	na	38.3	52.4	na	14.9	34.8

na: not available.

Source: Eurostat projections,

[http://epp.eurostat.ec.europa.eu/statistics\\_explained/index.php/Population\\_projections](http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Population_projections)

## II. Immigration from non-EEA countries, as reflected in the granting of long-term residence permits

Flows of foreigners<sup>(7)</sup> arriving legally in France to establish residence in the country can be estimated from the statistics on long-term residence permits and long-term visas (one year or more) valid as residence permits. These statistics only concern countries whose nationals require a residence permit or visa to live in France, so they exclude all migration within Europe. They are based on data from the system used by the French Ministry of the Interior to track the status of foreigners residing in France (AGDREF), and were compiled at INED.

To ensure consistency of comparisons over time, the statistics presented below are established for a constant geographical area. They therefore exclude residence permits granted previously to immigrants from countries whose nationals no longer need a residence permit.<sup>(8)</sup>

The residence permits considered here have two important characteristics which explain the differences between the figures given below and those published elsewhere. First, the permits counted are valid for a period of 364 days or more, so all short-term permits are excluded. Second, among the permits of 364 days or more granted to a given immigrant, only the first is taken into account to avoid counting the same person more than once. Moreover, flows are characterized on the basis of the permits themselves: validity start date, period of validity, age at validity start date. These methodological choices enable us to focus on permanent migration and to count the inflow of foreigners with long-term migrant status. This means that migrants who are granted two successive seven-month permits then leave the country, for example, are not counted. So the results presented here do not correspond to the standard estimates of immigrant numbers determined in line with international recommendations and based on actual or planned duration of stay; they describe the activity of government services using specific information such as residence permit date of issue, period of validity, etc. Other sources, including the annual census surveys,<sup>(9)</sup> provide information on inflows.

The data described below include all first residence permits with a validity of 364 days or more, granted both to minors and adults, while the estimates in Appendix Table A.3 are also based on the AGDREF database, but exclusively for immigrants who arrived as adults in metropolitan France, with minors

(7) Born abroad to non-French parents.

(8) Member countries of the European Union on 30 June 2013, Vatican City State, Iceland, Liechtenstein, Norway, the principalities of Andorra and Monaco, the Republic of San Marina and Switzerland are excluded.

(9) The census bulletin includes questions on the year of arrival in France and the place of residence one year previously which can be used to estimate “net entries”: persons present at the time of the census who were not living in France on 1 January of the previous year. INSEE conducts methodological studies on the estimation of entries based on these two variables.

being estimated from other sources (family reunification and asylum data: Office des migrations internationales (OMI), Agence nationale de l'accueil des étrangers et des migrations (ANAEM), Office français de l'immigration et de l'intégration (OFII)). The Ministry of the Interior also publishes figures for the total number of permits granted (including short-term permits), while INSEE estimates the migrant's actual date of arrival in France and duration of stay.

Among migrants receiving a first residence permit of 364 days or more, adults aged 18 or above in the year when their residence permit becomes valid are counted separately from minors, who are generally not legally required to apply for a permit. Table 2 gives the numbers of first permits awards between 2006 and 2011. The number of permits granted to foreign adults remains very stable, at around 164,000 per year. There is a slight downtrend since 2009, but the differences are small. The permits are issued in France while the long-term visas valid as residence permits are issued in French consulates abroad. The latter accounted for more than 40% of permits granted to adults.

The age distribution of adult permit holders remained very stable over the period (Table 3). It is concentrated in the younger age groups, with immigrants aged 18-34 accounting for 72% of adult holders, while the over-45s represent less than 12%. On average, the majority of residence permit holders are women (Table 4). There is no clear trend over the period. On a longer timescale, however, this feminization of inflows is a new phenomenon (Beauchemin et al., 2013). African nationals represent a large majority, although the proportion of immigrants from other continents increases slightly over the period (Table 5).

**Table 2. Number of first permits of more than 364 days granted to non-EEA nationals (constant geographical area) by year of validity start date**

	2006	2007	2008	2009	2010	2011
Adults	167,815	152,635	163,760	170,965	166,546	160,142
Minors	27,227	24,776	20,569	18,536	17,988	17,599
Total	195,042	177,411	184,329	189,501	184,534	177,741

**Coverage:** Permits granted in France and abroad to citizens of countries not listed in note 8. Permits granted in year  $n$  and recorded in the data extracted in July of the year  $n + 2$ , except for 2009, when extraction took place in July 2012.

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

**Table 3. Distribution of adult holders of a first residence permit of 364 days or more by age group, year and validity start date (%)**

	2006	2007	2008	2009	2010	2011
18-24	32.1	34.2	33.1	32.3	32.3	32.2
25-34	39.3	39.4	39.2	40.2	39.9	39.4
35-44	18.3	16.6	17.5	17.7	17.9	18.0
45-54	5.7	5.4	6.1	5.8	5.9	6.2
55-64	2.4	2.5	2.5	2.3	2.4	2.6
65+	2.2	1.9	1.7	1.7	1.5	1.6

**Coverage:** Permits granted to adult citizens of countries not listed in note 8.

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

Tables 3, 4 and 5 show the typical profile of long-term residence permit holders in recent years. They are typically young (around age 25), most often a woman from an African country.

The sex ratios of residence permit holders vary considerably by nationality (Table 6). The proportion of men is much lower among immigrants from America, Asia and above all Europe, but they represent a small majority among those from Africa. Migration from Asia and Europe is becoming increasingly feminized over time.

**Table 4. Distribution of adult holders of a first residence permit of 364 days or more by sex, year and validity start date (%)**

	2006	2007	2008	2009	2010	2011
Men	48.1	46.9	49.6	48.8	48.5	48.3
Women	51.9	53.1	50.4	51.2	51.5	51.7

*Coverage:* Permits granted to adult citizens of countries not listed in note 8.  
*Source:* Authors' calculations based on AGDREF data.

**Table 5. Distribution of adult holders of a first residence permit of 364 days or more by continent of origin, year and validity start date (%)**

	2006	2007	2008	2009	2010	2011
Africa	58.9	58.4	58.8	58.1	57.7	57.6
America	11.3	11.3	11.1	10.8	12.5	11.7
Asia	23.9	24.7	24.5	25.5	24.2	24.4
Europe	5.3	5.1	5.0	4.7	4.7	5.0
Oceania	0.4	0.4	0.4	0.6	0.6	1.1

*Coverage:* Permits granted to adult citizens of countries not listed in note 8, by nationality of origin. Turkey is included in Asia. The total does not necessarily sum to 100 due to rounding and missing values.  
*Source:* Authors' calculations based on AGDREF data.

**Table 6. Proportions of men and of young adults among holders of a first residence permit of 364 days or more by continent of origin, year and validity start date (%)**

	2006	2007	2008	2009	2010	2011
<b>Percentage males</b>						
Africa	50.9	50.0	53.6	53.1	52.7	52.7
America	41.0	41.5	42.1	40.1	39.6	40.1
Asia	46.9	44.5	45.5	45.3	45.7	44.6
Europe	36.9	35.8	39.5	34.8	35.7	34.5
Oceania	44.5	45.8	44.7	51.2	49.7	48.9
<b>Percentage aged 18-34</b>						
Africa	68.9	71.1	69.5	70.3	70.9	70.7
America	71.2	73.2	72.2	71.0	68.9	68.0
Asia	78.3	80.5	80.1	78.9	77.7	77.0
Europe	69.8	71.1	69.8	68.5	70.1	66.9
Oceania	63.5	66.4	61.8	66.2	66.8	59.8

*Coverage:* Permits granted to adult citizens of countries not listed in note 8.  
*Source:* Authors' calculations based on AGDREF data.

The age structure of permit holders also varies by continent of origin. Asian immigrants are younger than the average, while those from America and Europe are older. Here too, there are contrasting dynamics: African and Asian immigrants are proportionally younger than before, while those from Africa and Europe are older (Table 6).

### III. Births and fertility

#### *Fewer births, stable fertility*

Since 2010, the year when births reached a record high of 832,800 (of which 802,200 in metropolitan France), their number has fallen slightly. In 2012, they totalled 821,000, of which 790,000 in metropolitan France (Beaumel and Bellamy, 2013a), 2,400 fewer than in 2011 (Appendix Table A.1). As 2012 was a leap year, the extra day added a “bonus” of 2,500 births, so the decrease in births is more pronounced when determined on a daily basis.

This fall is the consequence of stable fertility (Appendix Table A.4) – the total fertility rate (TFR) barely changed over the two years, standing at 2.01 children per woman (1.99 in metropolitan France) – combined with a decline in the proportion of women of reproductive age (Bellamy and Beaumel, 2013a). Fertility in France remains high in comparison with other European countries<sup>(10)</sup> (Appendix Tables A.6 and A.7).

This levelling of fertility is observed at all ages, with only moderate upward or downward movements within different age groups. Age-specific rates increased slightly above age 30, and fell very slightly at younger ages (Table 7,

**Table 7. Fertility by age group since 2006 (per 1,000 women)**

Age reached in the year	Sum of age-specific rates							Absolute variation					
	2006	2007	2008	2009	2010	2011	2012	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012
Below 20	37	36	36	35	35	34	34	-1	0	-1	-1	-1	0
20-24	279	271	276	271	272	262	257	-8	+5	-5	+1	-10	-5
25-29	655	641	643	639	642	634	627	-14	+2	-4	+3	-8	-7
30-34	642	638	650	653	665	657	660	-4	+13	+3	+12	-8	+3
35-39	298	300	308	314	322	327	332	+2	+9	+5	+8	+5	+5
40+	70	73	76	76	80	83	84	+3	+3	0	+4	+3	+1
Total* (TFR)	1,980	1,959	1,990	1,989	2,016	1,997	1,994	-21	+31	-1	+27	-19	-3

\* Due to rounding, the total may differ slightly from the sum, and the variations may not correspond to apparent differences.  
**Coverage:** Metropolitan France.  
**Source:** INSEE and authors' calculations.

(10) Appendix Tables A.6 and A.7 present recent cohort data on fertility in Europe (see also Prioux and Barbieri, 2012).

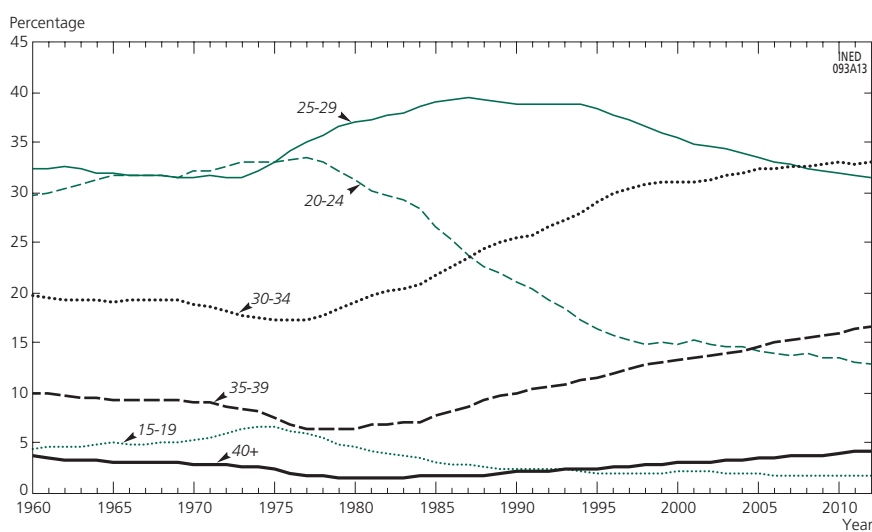


Figures 2 and 3). The largest increase in fertility is at ages 35-39, although the relative contribution of this age group to fertility is quite small. Observed over the long term, recent trends in age-specific fertility, in terms of contribution to overall fertility, appear to be stabilizing (Figure 2). The age groups that contribute most to fertility are 30-34 (33.1%), followed by 25-29 (31.4%) and 35-39 (16.7%), while the over-39s (4.2%) and last, the under-20s (1.7%) are the age groups which contribute least.

While the total fertility rate is unlikely to vary substantially in terms of intensity, the changes in birth timing may stabilize in years to come. The trend towards later childbearing should continue and eventually stabilize, as it is determined largely by the increase in age at first birth. Note that in 2012, the mean age at childbearing was 30 years (Bellamy and Beaumel, 2013), and the mean age at first birth was slightly above 28 (Davie, 2012). The distribution of women by number of children will probably not change much (Masson, 2013). The proportion of childless women should also remain steady, as the proportion of men and women wishing to remain childless is quite stable (Debest and Mazuy, 2013), a minority of couples are sterile, and only a small proportion of the couples who have difficulty conceiving and who resort to assisted reproductive technologies (ART) succeed in having children – when their fertility intentions are seen in a broader biographical context (La Rochebrochard, 2011).

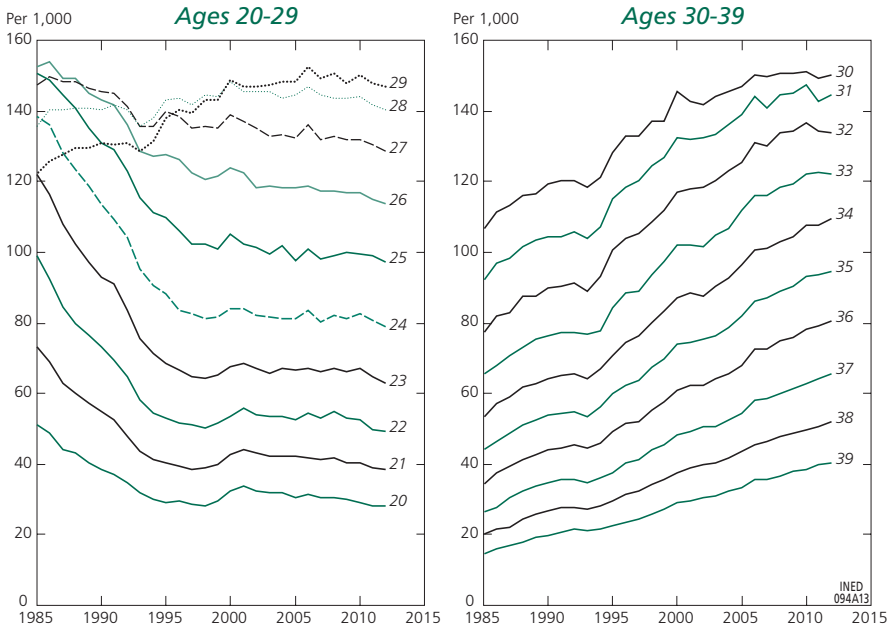
France seems to have evolved from a “model” of early fertility to one of later fertility, concentrated between ages 25 and 35 (Figures 2 and 3). Fertility at ages 34-39 continues to increase (Figure 3). With the two-child norm and

**Figure 2. Percentage contribution of each age group to the total fertility rate since 1960**



Coverage: Metropolitan France.  
Source: INSEE and authors' calculations.

Figure 3. Age-specific fertility rates between ages 20 and 39 since 1985 (per 1,000 women)



Coverage: Metropolitan France.  
Source: INSEE and authors' calculations.

a tendency towards closer average birth spacing (Davie, 2012), the current pattern of fertility timing in France is very likely to stabilize, despite the growing diversity of family situations.

### Levelling of completed fertility at 2 children per woman

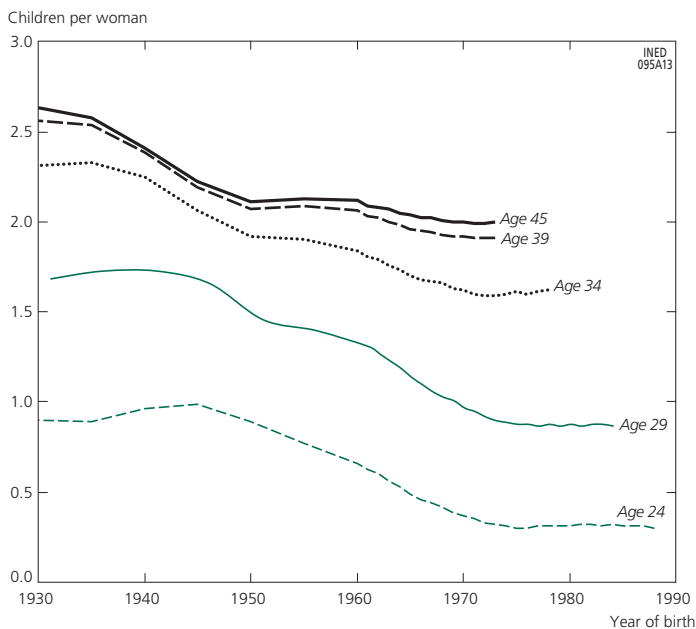
The long-term stability of the total fertility rate (but with large annual fluctuations) is reflected in the longitudinal data (Appendix Table A.5). The fertility decline is quite sharp for all the cohorts born between 1940 and 1970 (Figure 4). For the cohorts born in the 1970s and after, the mean number of children has stabilized at around 2 children per woman. If there is no unexpected break in the trend, completed fertility should increase for the cohorts born between 1970 and 1980, whose mean age at childbearing has risen from 27.5 to 30 years.

### Increase in births outside marriage

The proportion of non-marital births is still increasing. A total of 356,000 children were born outside marriage in 2012, representing 57% of total births.

The proportion was below 9% in the early twentieth century, and changed little in peacetime until the 1960s (Figure 5). It fell to its lowest level in the 1960s, when around 6% of births occurred outside marriage. Since then, the

**Figure 4. Incomplete fertility at ages 24, 29, 34 and 39 and completed fertility\* of women born after 1930**

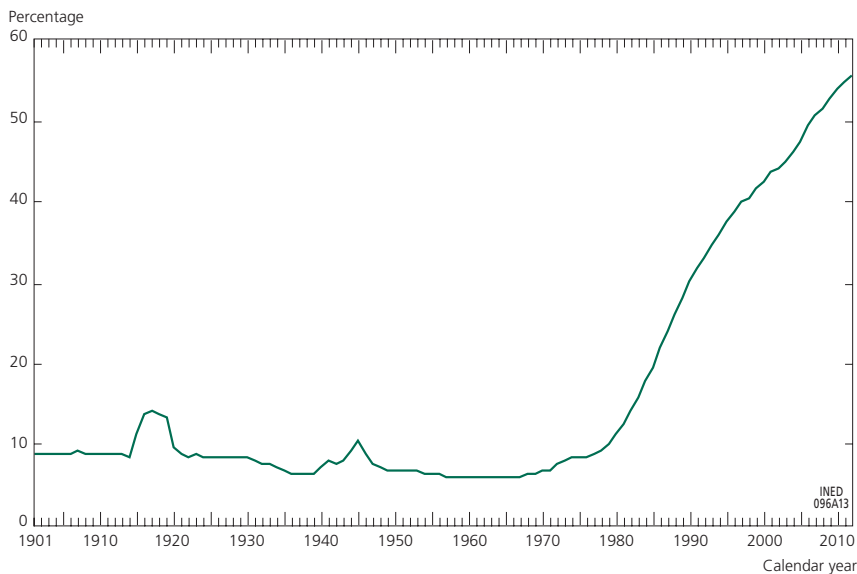


\* Completed fertility of recent cohorts is estimated.

Coverage: Metropolitan France.

Source: INSEE and authors' calculations.

**Figure 5. Percentage of births outside marriage since 1901**



Coverage: Metropolitan France.

Sources: Daguet (2002a, 2002b) and INSEE, authors' calculations.

trend has been upward, with non-marital births accounting for 30% of total births in 1990 and 43% in 2000 (Daguet, 2002b). New forms of union are emerging, as witnessed by the growing popularity of consensual unions, civil partnerships (introduced in 1999, and called *pacte civil de solidarité* or PACS), and unions where the partners “live apart together” or live together only part of the time. More than half of all births today occur outside marriage, and they account for 55% of the total fertility rate (Appendix Table A.4).

Since July 2006, French law no longer distinguishes between children born to married or unmarried parents. In the past, so-called “illegitimate” children had no filiation until the act of recognition was registered at the registry office. Today, the birth certificate certifies recognition by the mother. If the child is recognized by both parents, they are entitled to shared parental authority, each holding equal rights to the child. Other family reforms have been introduced, notably for the choice of surname (see Box), with few practical effects as yet, and, most recently, the legalization of same-sex marriage, voted in 2013, which will have practical implications for the legal recognition of women who have a child with a same-sex partner but are not the child’s biological mother (Descoutures, 2010). Many other issues are still under debate, such as the anonymity of egg and sperm donors for assisted reproduction (at present, gamete donation is anonymous and unpaid) or the legal status of third parties (notably step-parents), which as yet remains unclear. Parenthood covers an increasingly diverse ranges of situations which are progressively being legitimized (or otherwise) under law (Charrier and Clavandier, 2013, chapter 8).

There is broad adherence to the norms of parenthood, notably the concepts of “planned parenthood”, of agreement within the couple and of birth control associated with widespread contraceptive use (Bajos and Ferrand, 2006; Mazuy, 2009; Bajos et al., 2012). In parallel, social and family situations preceding childbearing have become more diverse: parents’ age at first birth and birth spacing (both linked to educational level; Davie and Mazuy, 2010), assisted reproductive technologies to achieve a pregnancy or to shorten time to conception,<sup>(11)</sup> parents’ conjugal status, family recomposition, absence of a partner, same-sex partnerships, etc. are some of the many factors that come into play.

Around 7% of births are registered to lone mothers. This proportion has remained stable since 2003 according to the latest perinatal surveys (Blondel and Kermarrec, 2011). Although these quantitative data give no information on the actual situations of these mothers, it is tempting to draw a parallel with the proportion of children registered under the mother’s name (6.6%) (Table 8). Lone parent situations at the time of the child’s birth vary by mother’s age. Some of

(11) According to data from the latest perinatal survey, 0.49% of pregnancies in 2010 were obtained using assisted reproductive technology (ART) (Blondel and Kermarrec, 2011), in half of cases by means of ovarian stimulation, and in the other half by ART with manipulation of gametes. Note that in most cases, the parents’ own gametes are used (Agence de biomédecine, 2011; Rozée and Mazuy, 2012).

### Box. The family name given to children born in 2012

Since the law no. 2002-304 of 4 March 2002 applicable to children born since January 2005,<sup>(a)</sup> parents can now choose between four options for their child's family name: the child can bear 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:

"When a child's filiation is established with respect to its two parents, at the latest on the day of birth registration or afterwards but simultaneously, the said parents choose the child's family name: either that of the father or of the mother, or the names of both given in the order of their choice, but with no more than one family name for each. In the absence of a joint declaration mentioning the choice of the child's family name, the registrar shall take the name of the parent with respect to whom filiation is first established and the name of the father if filiation is established simultaneously with respect to both parents. In case of disagreement between the parents, communicated by one of them to the registrar, on the day of birth registration, or after the birth when filiation is simultaneously established, the child shall take the names of both parents, limited to one family name for each, placed in alphabetical order." Article 311-21 inserted by Law no. 2002-304, modified by Law no. 2013-404 of 17 May 2013 - art. 11.

#### Nine percent of children born in 2012 bear both parents' names

Almost ten years after the new law was introduced, it is interesting to see how parents make use of the many choices available for naming their child. A large majority of parents (83%) choose to give the father's name (Table 8), and the mother's name is chosen for just 6.6% of children. In practically all cases, these are children not recognized by their biological father at birth, though a small number of fathers and mothers do deliberately opt for the mother's name. Some cases correspond to children born within a lesbian union and who are recognized by the biological mother only (the law authorizing the registration of two persons of the same sex on a child's birth record came into force in 2013).

Fewer than 10% of children have a double name (the father's name is most often in first position). Note that the general public is largely unaware of this new right to give a child both parents' names; in practice, the law has not substantially modified the way in which family names are transmitted.<sup>(b)</sup>

**Table 8. Distribution of family name choices for children born in 2012**

Choice of name type	Distribution
Father's name	83.0
Mother's name	6.6
Father's name followed by mother's name	7.3
Mother's name followed by father's name	1.7
Other name or coding problem	1.5
Total	100.0
<i>Coverage:</i> Live births registered in whole of France excluding Mayotte.	
<i>Sources:</i> INSEE, birth registers.	

<sup>(a)</sup> The Decree of 29 October 2004 and the implementing circular of 6 December 2004 specified the provisions of this reform applicable to children born from 1 January 2005.

<sup>(b)</sup> The implications, advantages, limits and drawbacks of the law are discussed in a series of articles published in issue 1/2002 of the journal *Travail, genre et sociétés* (Maruani and Meron, 2002). The contributions point up some of the potential consequences of the change in the law. Ten years on, there has been little further research on this issue.

the youngest mothers may not (yet) be living with the father at the time of the birth. Some of the older lone mothers may be women who have recently separated or found a new partner, or who are in other atypical situations (a stable non-cohabiting union for example). Such situations are difficult to detect through surveys or censuses that gather data using the question “Do you live with a partner”, which may be interpreted in rather restrictive way by respondents.

In France today, the social differences in fertility mainly concern birth timing. Highly educated women have their first child at a later age (30 years on average versus 25 for the least educated) and their births are more closely spaced (Davie and Mazuy, 2010).

#### IV. Induced abortion

The number of induced abortions remained stable in 2011. According to statistics based on medical procedures, 222,452 induced abortions were performed in 2011,<sup>(12)</sup> of which 209,291 in metropolitan France (Appendix Table A.8).

There are few variations in abortion indicators.<sup>(13)</sup> The overall abortion rate has remained steady at around 14-15 per 1,000 women aged 15-49 since 1990. The total abortion rate remains stable at 0.53 per women (Appendix Table A.8). Taking account of repeat abortions, it is estimated that 35% of women have an induced abortion at least once in their life (Prioux and Barbieri, 2012; Bajos et al., 2013). This is an overall indicator, with some geographical disparities, notably in the overseas *départements*, and in Languedoc-Roussillon, Île-de-France, Corsica and Provence-Alpes-Côte d'Azur, where abortion rates are higher (Vilain et al., 2013). More detailed studies of fertility and of the social and family situation of the women who undergo abortion would provide a clearer picture of the reasons behind these regional differences.

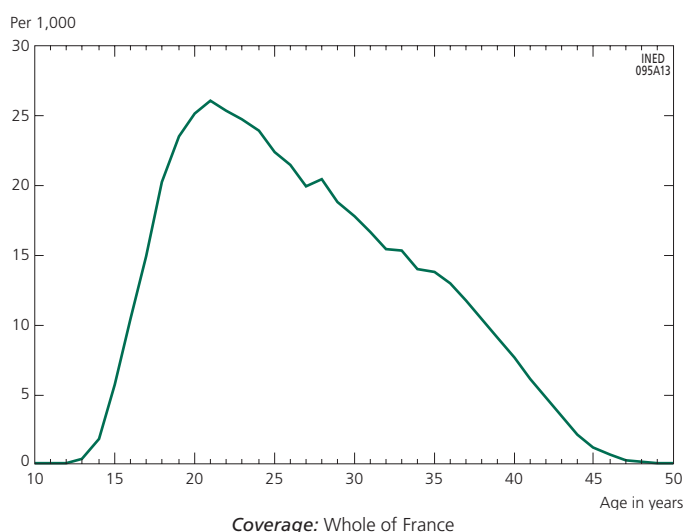
Abortion is most frequent at ages 20-24, when fertility is still quite low. The abortion rates of women under age 18 are between 1.8 per thousand at age 14 and 14.9 per thousand at age 17 (Figure 6) and have remained steady since 2006 (Prioux and Barbieri, 2012). The higher abortion rate in the 20-24 age group mirrors the growing concentration of pregnancies and births at ages 25-35, which is associated with a stigmatization of fertility and births among very young and older women; there is increasing social pressure to have children

(12) 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), so the data given in Appendix Table A.8 show a slight increase. Excluding terminations covered by these special regimes, 207,860 induced abortions were performed in metropolitan France in 2011, and 220,962 in the whole of France (Vilain et al., 2013).

(13) The abortion rates were calculated from the detailed age distribution of induced abortions recorded in the PMSI (supplied to us by DREES), adjusted to cover all abortions (including RSI and MSA). The 2011 abortion notifications are not available at the time of writing. A history of the various data sources can be found in Rossier et al. (2009).

neither too early nor too late (Bessin and Levilain, 2012). Repeat abortions are becoming more frequent and mean age at abortion is decreasing, notably for a first abortion; it fell from 28.0 years in the early 1980s to 26.6 years in 2007. These indicators translate the effects of a longer interval between sexual debut and first birth, and bear witness to the growing diversity of sexual and conjugal trajectories, which may affect the likelihood of an unplanned pregnancy and the decision to abort. Although contraceptive coverage is wide (Bajos et al., 2012), recourse to abortion may imply that the contraceptive methods available to a woman do not correspond to her practical needs at a particular moment in her life (Bajos et al., 2012).

**Figure 6. Age-specific abortion rate per 1,000 women in 2011**



Sources: Direction de la recherche, des études, de l'évaluation et des statistiques (DREES), authors' calculations based on the age structure of abortions in the PMSI.

## V. Civil partnerships (PACS), marriage and divorce

### *PACS statistics affected by a new registration procedure*

As of 2011, the PACS statistics supplied by the Ministry of Justice are incomplete because a law was passed on 28 March 2011 empowering notaries to register civil partnerships. The statistics (Table 9) do not yet include data provided by notaries, but will do so in the near future. The apparent fall in the number of PACS unions thus corresponds to a smaller share of registrations at magistrates courts: the decline is only observed in the three last quarters of 2011, following a 15% increase in the first quarter (Prioux and Barbieri, 2012). We can thus assume that a large number of PACS unions are registered with a notary.

Table 9. Numbers of PACS unions registered and dissolved since 2007

	2007	2008	2009	2010	2011*	2012*
<b>PACS registered (total)</b>	<b>102,023</b>	<b>145,948</b>	<b>174,593</b>	<b>205,592</b>	<b>144,120</b>	<b>142,957</b>
<i>Of which PACS in overseas départements</i>	953	1,182	1,450	1,646	1,368	1,731
Number of PACS by partners' sex						
Man-man	3,708	4,776	4,895	5,210	3,718	2,978
Woman-woman	2,510	3,420	3,542	3,938	3,092	2,705
Man-woman	95,707	137,745	166,151	196,435	137,309	137,274
Not recorded	98	7	5	9	1	1
<b>Dissolutions (total)</b>	<b>22,782</b>	<b>23,670</b>	<b>26,933</b>	<b>35,073</b>	<b>42,201</b>	<b>47,298</b>
Reason for dissolution:						
Mutual consent	10,847	12,774	16,290	20,811	24,106	27,455
Requested by one partner	747	715	914	1,151	1,288	1,440
Marriage	10,783	9,802	9,501	13,218	16,402	18,017
Death	371	351	293	335	399	368
Not recorded	34	24	28	28	6	18
* Only PACS unions registered in a magistrates' court.						
<b>Coverage:</b> Whole of France.						
<b>Sources:</b> Ministry of Justice, Secrétariat général, sous-direction de la Statistique et des études.						

The number of PACS dissolutions continues to increase each year. As notaries are also empowered to register dissolutions, the figure given is a low one, although it is reasonable to assume that couples who registered a PACS at the magistrates court will also register a dissolution there. Separations account for six in ten PACS dissolutions registered at magistrates' courts, while almost four in ten are dissolved because the couple decides to marry. A very small but stable fraction (below 1%) are dissolved following a death.

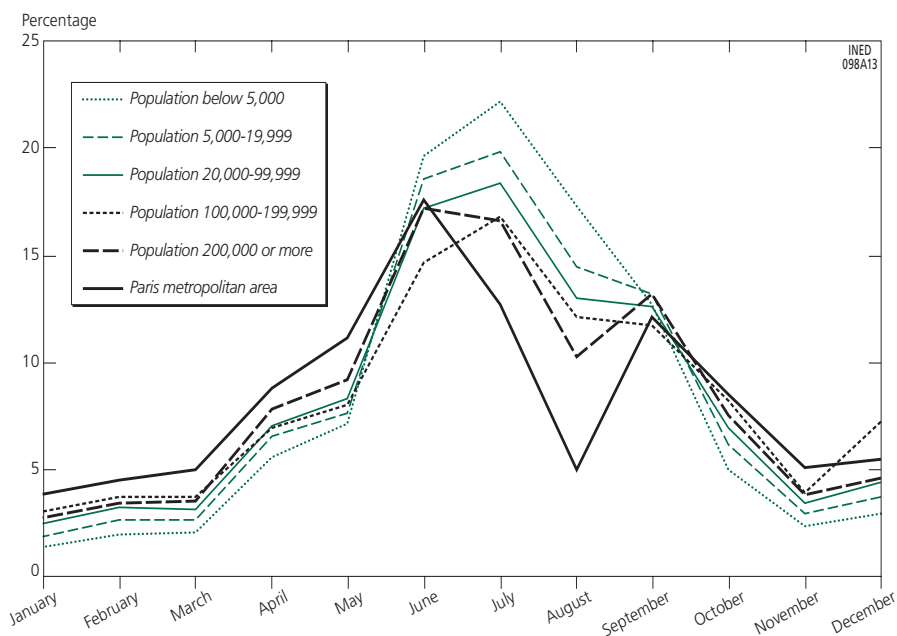
### *Marriage no longer in decline?*

According to provisional INSEE data, 241,000 weddings were celebrated in 2012, of which 235,000 in metropolitan France (Bellamy and Beaumel, 2013). If these provisional figures are confirmed, this would suggest that the number of marriages is levelling off (Appendix Table A.9) after a steady decline since 2000 (excepting 2005).

The seasonal distribution of marriages always follows a similar pattern, with fewer than 5% of annual marriages per month in the winter, and a very high proportion in summer (Figure 7). The Paris region stands out, however, with few weddings in July and August (5% in August), contrary to small towns and villages where summer marriages are much more frequent.



Figure 7. Monthly distribution of marriages in 2011, by size of urban unit (%)



**Note:** Monthly distribution based on a constant number of days per month (30.4). Rural municipalities and units with below 5,000 population are grouped in the first category.

**Coverage:** Whole of France.

**Source:** INSEE and authors' calculations.

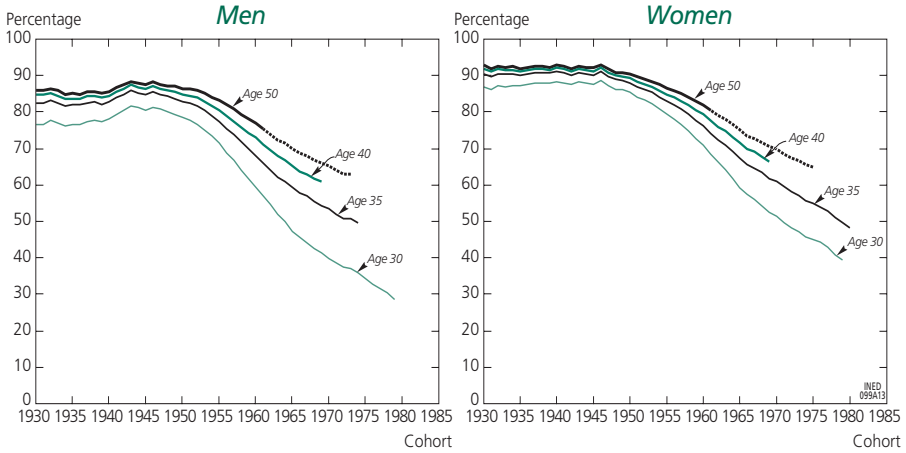
### Later and fewer first marriages

In 2011, 71% of marriages were first unions between two never-married partners. This proportion remained stable with respect to 2010 and represented a total of 168,583 marriages.

While 85-95% of men and women born in the early 1950s were ever-married at age 35, the proportion has fallen to 50% for men and 60% for women in the cohorts born in the 1970s (Figure 8). An estimated 65% of women in the 1975 cohort will have married at least once by age 50, and 63% of men in the 1973 cohort. First marriages in these cohorts were contracted at age 28.9 for women and age 30.6 for men (Appendix Table A.10).

The difference in age at first marriage between never-married men and women (1.7 years) reflects the age difference between spouses (the man is generally older than the woman). The mean relative age gap between spouses (first and subsequent unions) is 2.7 years for married couples and 2.1 years for heterosexual PACS unions. Age at marriage and age at entry into a PACS union are very similar however.

Figure 8. Proportion of ever-married men and women at different ages, by cohort (%)



Source: INSEE and authors' calculations.

Note: The dotted lines correspond to an estimate based on stable marriage rates in 2010.

## VI. Mortality

### Stagnation of progress in life expectancy in 2012

According to INSEE, for the first time since the mid-1970s, the number of deaths in 2012 reached the threshold of 560,000 in metropolitan France (569,800 for the whole of France and 11,000 in the overseas *départements*). The large increase in deaths in 2012 is due mainly to the cold weather early in the year which favoured several epidemics – influenza and respiratory diseases in particular – while the previous winter had been relatively epidemic-free (Bellamy and Beaumel, 2013). The year 2012 is not exceptional, since epidemics of infectious diseases are a regular winter occurrence. In fact, until flu vaccine became widely available in the 1970s, they were the leading cause of death in the winter months (Meslé, 2010). They remain a major threat for older adults and, as the population increases in age, are producing a parallel increase in the number of deaths from epidemics.

The other mortality indicators show a similar pattern. In 2012, the crude death rate stood at 8.7 deaths per 1,000 population, versus 8.4 in 2011. For the whole country, life expectancy at birth is estimated at 78.4 years for men and 84.8 years for women (78.5 and 84.9 years in metropolitan France in 2012, versus 78.4 and 85.0 in 2011). Despite a drop of more than two months in mean length of life for women (one month in metropolitan France – see Appendix Table A.11), France remains high in the European rankings for female life expectancy at birth (just behind Italy and Spain). For men, whose life expectancy remained stable with respect to 2011 (+0.1 year in metropolitan France), France is still in the top third of the European rankings (Appendix Table A.12). As

mortality has evolved differently for men and women, the gender gap in life expectancy has narrowed from 6.6 years in 2011 to 6.4 years in 2012. This represents an acceleration of the convergence between male and female mortality levels observed since the 1980s, when the gender gap was more than 8 years.

### *A narrowing of the gender gap in mortality before age 65*

Figure 9 illustrates the progress achieved at each age for both sexes over the two previous decades. It represents the ratio between the probabilities of dying available for the most recent period and those observed at the same ages 20 years previously. Random variations, which may be large at ages where the risk of dying is very low, are minimized by using multi-year life tables established by INSEE for metropolitan France (1988-1990 and 2008-2010), and by smoothing the ratios with a moving average calculated over three years of age. In these tables, life expectancy at birth is estimated at 72.5 years for men and 80.7 years for women in 1988-1990, and at 77.9 and 84.5 years, respectively, in 2008-2010.

At all ages, the mortality levels observed are well below those of the baseline period (baseline 100 in Figure 9). It is the risks of dying below age 20 that have decreased most over the period, with a fall of more than 50% on average for both sexes. This is especially the case for infant mortality, which fell from 7.3 deaths per 1,000 births in 1990 to 3.5 per 1,000 in 2010 (and 3.3 per 1,000 in 2012 according to provisional INSEE estimates). So France remains in a favourable position in the European rankings for infant mortality (Appendix Table A.13). However, as child mortality had already fallen to low levels by the end of the 1980s, the resulting gains in life expectancy at birth are low: 0.6 years (out of a total of 5.3 years) for men and 0.4 years (out of 3.8 years) for women, representing 11% in both cases.<sup>(14)</sup>

At all other ages, mortality fell by 25% or more between the two periods for both sexes, with the exception of two stages in the life cycle: around ages 40-50 and at extreme old age (above 85 years for men, above 90 for women). In these two age groups, the decrease was below 20%.

Progress has been systematically slower for women up to around age 65, and this accounts for the narrowing of the gender gap in life expectancy at birth. This gap has only decreased by 18 months, however, since mortality beyond age 67 has fallen more sharply for women than for men. For women, the progress in life expectancy at birth is thus due largely to lower mortality at advanced ages, while for men the mortality decline before age 65 makes a larger contribution. In fact, the mortality decrease between ages 10 and 65 accounts for more than 45% of the total increase in life expectancy at birth for men between 1988-1990 and 2008-2010, and just 25% for women. Conversely, more than 35% of life

(14) The contribution of groups of ages and of causes of death to differences in life expectancy at birth between the two periods or between the sexes is calculated in this article using the method proposed by Andreev et al. (2002).

Figure 9. Decrease in mortality at each age from 1988-1990 to 2008-2010 (ratio of age-specific probabilities smoothed over 3 years of age)

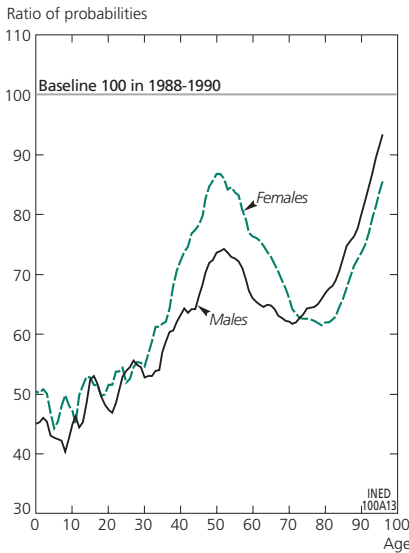
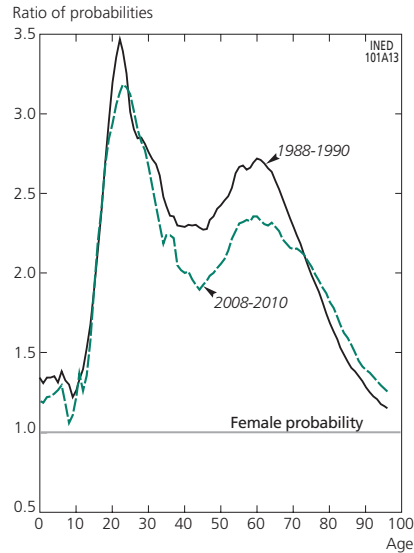


Figure 10. Male excess mortality at each age in 1988-1990 and 2008-2010 (ratio of male to female probabilities, smoothed over 3 years of age)



Source: INSEE, life tables 1988-1990 and 2008-2010.

expectancy gains for women are due to mortality beyond age 80, and less than 15% for men. Mortality in childhood and at ages 65-80 contribute similarly for both sexes to gains in life expectancy at birth (30% and 35%).

Figure 10 shows the male-to-female ratio of probabilities of dying by year of age in the 1988-1990 and 2008-2010 life tables. It shows a reduction in male excess mortality, at ages 40-65 especially. The gender gap in mortality has also decreased at the age where it was highest at the start of the period. Male excess mortality peaks at age 22 for both periods, but the male-to-female ratio of probabilities decreases slightly, from 3.5 in 1988-1990 to 3.1 in 2008-2010; in other words, male mortality was 3.5 times higher than that of females in 1988-1990, and 3.1 times higher in 2008-2010. After around age 75, the gender gap in life expectancy continues to widen due to faster progress for women at advanced ages.

**Decline in cardiovascular diseases is still the main driver of progress**

For both men and women, the decline in cardiovascular diseases accounts for the largest share of gains in life expectancy at birth between 1988-1990 and 2008-2010 (Table 10). Substantial progress has been achieved in ischaemic heart diseases, whose standardized rate has fallen from 96 deaths per 100,000 for men and 42 per 100,000 for women in 1990 to 48 and 17 per 100,000, respectively, in 2010 (Appendix Table A.14). Deaths from cerebrovascular

**Table 10. Contributions of groups of causes of death to differences in life expectancy at birth between 1988-1990 and 2008-2010 by sex (in years)**

Group of causes of death	Males		Females	
	Difference in years	Difference in %	Difference in years	Difference in %
Infectious and parasitic diseases	-0.18	3	-0.04	1
Neoplasms	-1.28	24	-0.44	12
Circulatory diseases	-1.80	34	-1.94	51
Respiratory diseases	-0.37	7	-0.28	7
Diseases of the digestive organs	-0.33	6	-0.29	8
Other diseases	-0.29	6	-0.19	5
Deaths from external causes	-1.03	19	-0.61	16
All causes	-5.29	100	-3.79	100

*Note:* See Appendix Table A.16 for the definition of groups of causes of death.  
*Source:* Authors' calculations based on data from INSEE and CepiDc-INSERM.

diseases have also declined sharply, with rates of 30 and 22 per 100,000 in 2010 versus 71 and 52 in 1990. The gain attributable to the decline in all diseases of the circulatory system is comparable for both sexes, standing at 1.8 years for men and 1.9 for women, although it represents more than half of the total gain for women (51%) versus just a third for men (34%).

For men, the decline in cancer mortality also contributes strongly to life expectancy gains, explaining 24% of the total (1.3 years) versus just 12% for women. This progress is due mainly to a decline in lung and prostate cancers, whose standardized rates have fallen, respectively, from 70 to 58 per 100,000, and from 32 to 20 per 100,000. For women, breast cancer mortality has declined sharply, from 29 to 23 per 100,000. Conversely, lung cancer mortality has increased considerably, with a doubling of the standardized rate (from 8 to 16 per 100,000) between 1990 and 2010, eroding the gains achieved for other types of cancer.

The decrease in deaths from external causes has also contributed to the increase in life expectancy at birth for both sexes, though slightly more for men (1.0 years representing 20% of the total) than for women (0.6 years, 16% of the total). The fall in road deaths has been especially beneficial for men in terms of years of life gained, with a standardized rate that fell from 26 to 10 per 100,000 between 1990 and 2010; for women it dropped from 9 to 3 per 100,000 over the same period. While the rate has been divided by 3 for both sexes, female mortality was already very low, so the decrease is much more visible for men. All other types of deaths from external causes have also decreased, including suicide, whose standardized rate has fallen by a quarter for men and by almost a third for women.

The other groups of diseases (notably infectious diseases, respiratory diseases and digestive diseases) make a much smaller contribution to the progress observed over the period, even though the decrease in terms of standardized rates was

large. This is the case, for example, for all respiratory diseases, which have declined by almost 50% for both sexes if influenza is included, but whose contribution to gains in life expectancy at birth is just 7% for both men and women.

### *The major role of cancers in reducing the gender gap in life expectancy*

Analysing the contribution of causes of death to the gains for men and women helps to explain why the gender gap in life expectancy at birth has narrowed. To this end, we began by calculating the contribution of each age group and each category of causes of death to the gender difference in life expectancy in 1988-1990 and 2008-2010 (Appendix Table A.15). The difference between contributions for each age group and each group of causes is shown in Figure 11 (which represents the difference between the first and second parts of Appendix Table A.15). The age groups and groups of causes which helped to narrow the gender gap have positive values, while those that widened it have negative values.

Our results reveal the progress (to the advantage of males) in the first year of life. While the decrease in infant mortality was similar for both sexes in relative terms, the higher rate for males (hence the larger decrease in absolute terms) helped to narrow the gender gap in life expectancy: the progress achieved in this one year of life account for 8.5% of the narrowing of the gender gap.

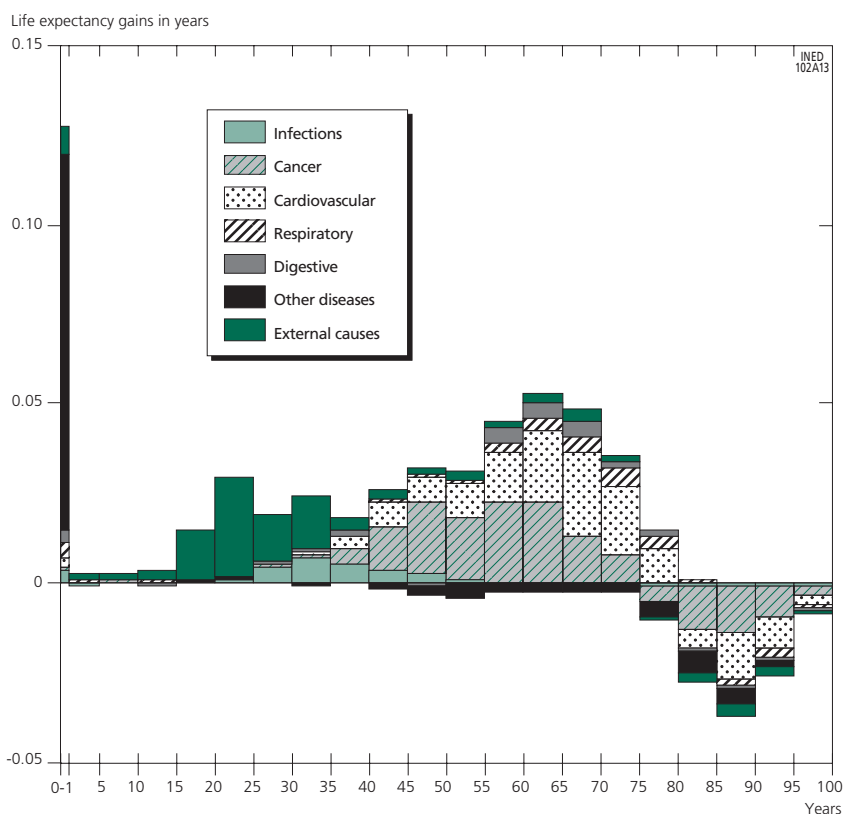
The gender gap has also narrowed in all age groups and for all causes up to age 80 (except for “other diseases”) because female gains have been smaller than male gains for external causes (especially among young people and adults up to age 35) as well as for cancers (from age 40) and cardiovascular diseases (notably at ages 55-75). At ages 75-79, women have progressed less than men for cardiovascular diseases and certain infectious diseases, but more than men for cancers and “other diseases”. Last, from age 80, gains are systematically larger for women, especially for cancers and cardiovascular diseases, the two leading causes of death.

### *Mortality differences between the départements*

There are marked differences in mortality across the *départements* of metropolitan France, with a gap of 6 years between extreme values for men and 3.4 years for women. As in the past, mortality is higher in the Nord, Alsace and Brittany regions. It is quite low in Paris and in the *départements* to the south-west of the Paris region (Île-de-France), as well as in the Rhône-Alpes region, in the Midi-Pyrénées (mainly for men) and, for women, in the northern *départements* of the Poitou-Charentes region and in Pays de la Loire.

As shown in the second article of this issue, which provides a detailed analysis of the ages at death and causes of death that account for these differences between *départements* (Barbieri, 2013), the geography of life expectancy at birth is now shaped by that of mortality above age 30. Among young people, children especially, the sharp mortality decline is associated with a notable

Figure 11. Contributions of age groups and cause-of-death groups to the narrowing of the gender gap in life expectancy at birth between 1988-1990 and 2008-2010 (1.5 years in total)



Note: See Appendix Table A.16 for the definition of groups of causes of death.

Coverage: Metropolitan France.

Sources: INSEE, life tables 1988-1990 and 2008-2010; CepiDc-INSERM, deaths by cause in 1988-1990 and 2008-2010.

reduction in geographical disparities. At working ages, man-made diseases (smoking, alcoholism and, for young adults, transport accidents and suicides) are the main causes of inequalities between *départements*. At ages 30-60, differences in cancer mortality explain most of the excess mortality in the most disadvantaged *départements*, while cardiovascular diseases play a major role beyond age 60, for women especially.

## Overview

On 1 January 2013, the population of France was 65.8 million, of which 63.7 million in metropolitan France, recording an increase that was due mainly to sustained natural growth (despite a slight slowdown in 2012). The relatively

broad base of the population pyramid implies that population ageing is not occurring as fast as in other European countries affected by a severe and persistent fertility decline. Median age in France is forecast by Eurostat to reach 44.5 years in 2060 versus 39.8 years in 2010.

The annual number of first residence permits (excluding short-term permits) granted to foreign adults over recent years (2006 to 2011) is stable, and totalled 160,142 in 2011. More than half the adults concerned are women (51.7% in 2011) and most are relatively young (more than 71.6% are below age 35).

Fertility is stable (two children per women) but as the proportion of women of childbearing age is decreasing, the number of births fell slightly in 2012 (821,000 births in 2012 versus 823,000 in 2011). The timing of fertility is now changing less rapidly, and age-specific fertility rates could stabilize in coming years. The relative share of fertility at ages 35-39 is still increasing, however, while below age 20 and above age 40 the shares remain quite small. Overall, it is women in the 25-35 age group who contribute most to fertility. Births outside marriage are increasingly frequent, and 57% of children born in 2012 were registered to unmarried parents.

The number of induced abortions remained stable in 2012, with little change in the total abortion rate. Age-specific rates were also stable. The increase in repeat abortions reflects the growing complexity and diversity of the sexually active periods of life.

After years of steady decline, provisional figures suggest that the number of marriages increased slightly in 2012. Marriage is still highly seasonal, with a clear preference for weddings in June, July and August (except in Paris). Regarding PACS civil partnerships, in 2011 it became possible to register a PACS with a notary, so statistics on this type of union are incomplete and recent trends are difficult to determine. Once statistics become available from notaries, it will be possible to see whether or not the growing popularity of this type of union in the 2000s was confirmed in 2011 and 2012. For now, the sharp drop in the number of PACS unions published by the Ministry of Justice corresponds to a decrease in PACS registrations at magistrates' courts. PACS dissolutions are growing in number, mostly due to separation by mutual consent.

The number of deaths increased between 2011 and 2012 to a total of 569,868, of which 559,227 in metropolitan France. Progress in life expectancy slowed in 2012 due to a series of winter epidemics. However, this slight pause does not affect the general mortality patterns observed over the last two decades, with regard either to changes in the structure by age or cause of death, or to the narrowing of the gender gap in life expectancy.

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





## STATISTICAL APPENDIX

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

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*	62,927	802	540	+262	+62	+324	12.8	8.6	+4.2	+5.1
2011*	63,249	793	535	+258	+62	+320	12.6	8.5	+4.1	+5.1
2012*	63,556	790	560	+230	+62	+292	12.4	8.8	+3.6	+4.6

<sup>(1)</sup> Population and rates revised after the 2010 census.  
\* Provisional.  
**Population:** Metropolitan France.  
**Source:** INSEE, Demographic Surveys and Studies Division, Bellamy and Beaumel (2013).

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

Age group	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011*	2012*	2013*
0-19	29.2	27.8	26.1	25.6	25.0	24.9	24.8	24.7	24.6	24.5	24.5	24.5	24.5
20-59	52.7	53.2	53.8	53.8	54.1	54.0	53.8	53.3	53.0	52.7	52.2	51.8	51.5
60+	18.1	19.0	20.1	20.6	20.9	21.1	21.4	22.0	22.4	22.8	23.3	23.7	24.0
including:													
65+	12.8	13.9	15.0	16.0	16.5	16.6	16.5	16.6	16.7	16.8	16.9	17.3	17.5
75+	6.3	6.8	6.1	7.2	8.1	8.3	8.5	8.6	8.8	8.9	9.0	9.1	9.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

\* Provisional.  
**Population:** Metropolitan France.  
**Source:** INSEE, Demographic Surveys and Studies Division, series revised after the 2010 census.

**Table A.3. Legal long-term immigration of foreign nationals (adults and minors) from the European Economic Area (EEA) and from countries without freedom of movement rights in Europe**

Year admitted for residence	EEA nationals*			Non-EAA nationals			Total admissions
	Adults	Minors	Total	Adults	Minors	Total	
1994	43,885	3,812	47,697	60,272	11,594	71,866	119,563
1995	41,118	3,305	44,423	54,123	7,634	61,757	106,180
1996	40,082	3,176	43,258	55,676	7,052	62,728	105,986
1997	38,485	2,821	41,306	78,620	7,505	86,125	127,431
1998	40,092	2,941	43,033	99,638	13,208	112,846	155,879
1999	40,064	2,727	42,791	89,698	12,631	102,329	145,120
2000	40,325	2,957	43,282	105,263	11,883	117,146	160,428
2001	39,406	3,146	42,552	127,287	12,855	140,142	182,694
2002	39,729	3,015	42,744	148,536	14,427	162,963	205,707
2003	39,012	3,073	42,085	158,504	14,808	173,312	215,397
2004	39,273	3,944	43,217	153,035	15,611	168,646	211,863
2005			52,600	151,396	13,291	164,685	217,285
2006			51,765	150,983	9,972	160,955	212,720
2007			55,000	134,859	9,799	144,658	199,658
2008			55,000	146,550	9,506	156,056	211,056

\* European Union member states + Iceland, Liechtenstein and Norway; enlargement from 14 to 24 countries from 2004; from 24 to 26 from 2007 with the entry of Bulgaria and Romania.

Pursuant to the Act of 26 November 2003, foreign nationals of the 14 old EU member states are no longer required to hold a residence permit. A provisional estimate of 40,000 admissions of these EU nationals from 2004 to 2007 was introduced to correct the resulting under-estimation. From 2005, figures are estimated from annual census survey data.

**Sources:** First residence permits with a validity of at least one year granted to foreign nationals arriving in France as adults: Ministry of the Interior (AGDREF) (calculated by INED). From 2006, entries of minors are also counted on the basis of data collected by the Ministry of the Interior (and no longer by the ANAEM, Agence nationale de l'accueil des étrangers et des migrations, as previously).

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

\* Provisional.  
**Coverage:** Metropolitan France.  
**Sources:** INSEE, Surveys and Demographic Studies Division. Series revised after the 2010 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*		Trend projection**	
	24	29	34	39	Completed fertility	Mean age at child-bearing	Completed fertility	Mean age at child-bearing
1930	90	177	231	256	263	27.5	263	27.5
1935	89	181	233	254	258	27.1	258	27.1
1940	96	181	225	238	241	26.4	241	26.4
1945	99	174	206	219	222	26.0	222	26.0
1950	89	154	192	207	211	26.5	211	26.5
1955	77	148	190	209	213	27.0	213	27.0
1960	66	139	184	206	212	27.7	212	27.7
1961	63	135	181	203	209	27.9	209	27.9
1962	60	131	179	202	208	28.1	208	28.1
1963	56	127	176	200	207	28.3	207	28.3
1964	53	122	173	198	205	28.5	205	28.5
1965	49	118	170	196	204	28.7	204	28.7
1966	46	114	168	195	202	28.9	202	28.9
1967	44	111	167	194	202	29.1	202	29.1
1968	42	109	166	193	201	29.2	201	29.2
1969	39	105	163	192	200	29.4	200	29.4
1970	37	103	162	192	200	29.5	200	29.6
1971	35	100	160	191	199	29.7	199	29.7
1972	33	98	159	191	199	29.8	199	29.9
1973	32	97	159	191	200	29.9	201	29.9
1974	31	96	160		200	30.0	202	30.0
1975	30	96	161		201	30.0	204	30.1
1976	30	95	160		201	30.0	205	30.2
1977	31	96	161		203	30.1	207	30.2
1978	31	95	162		203	30.1	209	30.3
1979	31	96						
1980	31	95						
1981	32	96						
1982	32	96						
1983	31	95						
1984	32							
1985	31							
1986	31							
1987	31							
1988	30							

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

\*\* For the 1930-62 cohorts, observed completed fertility and mean age at childbearing; for later cohorts, unobserved rates have been estimated by extrapolating the trend of the last 15 years.

*Population:* 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	2006	2007	2008	2009	2010	2011
Austria	1.65	1.47	1.46	1.42	1.36	1.40	1.40	1.38	1.41	1.39	1.44	1.42
Belgium	1.68	1.51	1.62	1.56	1.67	1.76	1.80	1.81	1.86	1.84		
Bulgaria	2.05	1.97	1.82	1.23	1.26	1.32	1.38	1.42	1.48	1.57	1.49	1.51
Cyprus	–	–	–	2.03	1.64	1.42	1.45	1.39	1.46	1.51	1.44	1.35
Czech Republic	2.10	1.96	1.90	1.28	1.14	1.28	1.33	1.44	1.50	1.49	1.49	1.43
Denmark	1.55	1.45	1.67	1.80	1.78	1.80	1.85	1.84	1.89	1.84	1.87	1.75
Estonia	–	–	2.05	1.38	1.38	1.50	1.55	1.63	1.65	1.62	1.63	1.52
Finland	1.63	1.65	1.78	1.81	1.73	1.80	1.84	1.83	1.85	1.86	1.87	1.83
France	–	–	–	–	1.89	1.94	2.00	1.98	2.01	2.00	2.03	2.01
France (metropolitan)	1.95	1.81	1.78	1.71	1.87	1.92	1.98	1.96	1.99	1.99	2.01	2.00
Germany	1.56	1.37	1.45	1.25	1.38	1.34	1.33	1.37	1.38	1.36	1.39	1.36
Greece	2.23	1.67	1.40	1.31	1.26	1.33	1.40	1.41	1.51	1.52	1.51	1.43
Hungary	1.91	1.85	1.87	1.57	1.32	1.31	1.34	1.32	1.35	1.32	1.25	1.23
Ireland	–	–	2.11	1.84	1.89	1.86	1.89	2.01	2.07	2.07	2.07	2.05
Italy	1.64	1.42	1.33	1.19	1.26	1.32	1.35	1.37	1.42	1.41	1.41	
Latvia	–	–	–	–	–	1.31	1.35	1.41	1.44	1.31	1.17	1.34
Lithuania	1.99	2.08	2.03	1.55	1.39	1.27	1.31	1.35	1.47	1.55	1.55	1.76
Luxembourg	1.38	1.38	1.60	1.70	1.76	1.63	1.65	1.61	1.61	1.59	1.63	1.52
Malta	–	–	–	–	1.70	1.38	1.39	1.37	1.44	1.43	1.38	
Netherlands	1.60	1.51	1.62	1.53	1.72	1.71	1.72	1.72	1.77	1.79	1.79	1.76
Poland	–	–	2.06	1.62	1.35	1.24	1.27	1.31	1.39	1.40	1.38	1.30
Portugal	2.25	1.72	1.56	1.41	1.55	1.40	1.36	1.33	1.37	1.32	1.36	1.35
Romania	2.43	2.31	1.83	1.33	1.31	1.32	1.32	1.30	1.35	1.38	1.33	1.25
Slovakia	2.31	2.25	2.09	1.52	1.30	1.25	1.24	1.25	1.32	1.41	1.40	1.45
Slovenia	–	1.71	1.46	1.29	1.26	1.26	1.31	1.38	1.53	1.53	1.57	1.56
Spain	2.20	1.64	1.36	1.17	1.23	1.35	1.38	1.40	1.46	1.39	1.38	1.36
Sweden	1.68	1.74	2.13	1.73	1.54	1.77	1.85	1.88	1.91	1.94	1.98	1.90
United Kingdom	1.90	1.79	1.83	1.71	1.64	1.78	1.84	1.90	1.96	1.94	1.98	
Iceland	2.48	1.93	2.30	2.08	2.08	2.05	2.08	2.09	2.15	2.23	2.20	2.02
Norway	1.72	1.68	1.93	1.87	1.85	1.84	1.90	1.90	1.96	1.98	1.95	1.88
Switzerland	1.55	1.52	1.58	1.48	1.50	1.42	1.44	1.46	1.48	1.50	1.52	1.52

Source: Eurostat (site accessed 18 July 2013).

Table A.7. Cohort fertility in Europe

Cohort	Completed fertility (per woman)					Mean age at childbearing (years)					Last available year
	1954	1959	1964	1969	1974	1954	1959	1964	1969	1974	
	1955	1960	1965	1970	1975 <sup>(1)</sup>	1955	1960	1965	1970	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 (metropolitan)	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) Two estimates are proposed. One is based on rates that remain unchanged with respect to the last observation year, the other on a continuation of the trend at each age over the last 15 observed years.

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

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

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

Year	Abortions reported in notifications <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		209,291*		26.4*	14.7*	0.53*

\* Total abortions recorded by SAE and the CNAM-TS health insurance fund.  
(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.  
(4) Based on INED statistics up to 2001, and on hospital statistics from 2002.  
**Coverage:** Metropolitan France.  
**Sources:** C. Rossier and C. Pirus (2007), Vilain et al. (2013).



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

Year	Number of marriages	Total first marriage rate				Number of divorces <sup>(3)</sup>	Total divorce rate per 100 marriages	Number of PACS unions	Number of PACS dissolutions
		Overall rate <sup>(1)</sup>		Overall probability <sup>(2)</sup>					
		Men	Women	Men	Women				
1985	269,419	0.53	0.54	0.69	0.73	107,505	30.5		
1986	265,678	0.52	0.53	0.68	0.71	108,380	31.1		
1987	265,177	0.51	0.52	0.67	0.70	106,526	31.0		
1988	271,124	0.52	0.53	0.67	0.71	108,026	31.3		
1989	279,900	0.54	0.55	0.68	0.71	107,357	31.5		
1990	287,099	0.55	0.56	0.68	0.71	107,599	32.1		
1991	280,175	0.54	0.55	0.67	0.70	106,418	33.2		
1992	271,427	0.52	0.53	0.65	0.68	107,994	33.5		
1993	255,190	0.49	0.50	0.62	0.65	110,757	34.8		
1994	253,746	0.48	0.49	0.61	0.64	115,785	36.7		
1995	254,651	0.48	0.50	0.61	0.63	119,189	38.2		
1996	280,072	0.53	0.55	0.65	0.67	117,382	38.0		
1997	283,984	0.54	0.56	0.65	0.67	116,158	38.0		
1998	271,361	0.52	0.54	0.62	0.65	116,349	38.4		
1999	286,191	0.56	0.58	0.64	0.67	116,813	38.9	6,139	7
2000	297,922	0.58	0.60	0.66	0.68	114,005	38.2	22,108	620
2001	288,255	0.57	0.59	0.64	0.66	112,631	37.9	19,410	1,859
2002	279,087	0.55	0.57	0.63	0.65	115,861	39.2	24,979	3,143
2003	275,963	0.55	0.56	0.62	0.64	125,175	42.5	31,161	5,229
2004	271,598	0.53	0.55	0.61	0.63	131,335	44.8	39,576	6,935
2005	276,303	0.54	0.55	0.61	0.63	152,020	52.3	59,837	8,564
2006	267,260	0.52	0.53	0.59	0.61	135,910	46.9	76,680	9,470
2007	267,194	0.51	0.52	0.58	0.60	131,320	45.5	101,045	22,555
2008	258,749	0.50	0.51	0.57	0.58	129,379	45.1	144,766	23,466
2009	245,151	0.47	0.48	0.54	0.56	127,578	44.7	173,143	26,770
2010	245,334	0.47	0.47	0.54	0.56	130,810	46.2	203,946	35,264
2011	231,100					129,802	46.2	142,752 <sup>(4)</sup>	41,821 <sup>(4)</sup>
2012	235,000*							141,226 <sup>(4)</sup>	35,762 <sup>(4)</sup>

\* Provisional.  
(1) Ratios of number of first marriages to number of persons of same age, summed to age 49.  
(2) Ratios of number of first marriages to (estimated) number of never-married persons at the same age, combined to age 49.  
(3) Direct divorces and separations converted into divorces.  
(4) Only PACS signed in court. Since April 2011 notaries have been empowered to register PACS unions. These PACS are not yet included in the statistics of the Ministry of Justice.  
**Note:** The numbers of PACS reported in *Population* up to 2012 concerned the whole of France (including overseas *départements*). The numbers given in this table concern metropolitan France only (mainland France and Corsica).  
**Coverage:** Metropolitan France.  
**Sources:** INSEE, Division of Demographic Surveys and Studies; French Ministry of Justice.

Table A.10. Characteristics of nuptiality by birth cohort

*Men*

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

*Women*

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

\* Unobserved marriage probabilities are assumed to be stable at the average level observed in 2010.  
**Coverage:** Metropolitan France.  
**Source:** Calculations and estimates based on INSEE data.

Table A.11. Characteristics of overall mortality since 1985

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

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

Table A.12. Life expectancy at birth in Europe in 2011

Country	Life expectancy at birth (years)		
	Male	Female	Difference (F – M)
Austria	78.3	83.9	5.6
Belgium (e)	77.8	83.2	5.4
Bulgaria	70.7	77.8	7.1
Czech Republic	74.8	81.1	6.3
Denmark	77.8	81.9	4.1
Estonia	71.2	81.3	10.1
Finland	77.3	83.8	6.5
France excl. Mayotte*	78.4	85.0	6.6
Germany	78.4	83.2	4.8
Greece	78.5	83.1	4.6
Hungary	71.2	78.7	7.5
Ireland	78.3	82.8	4.5
Italy (e)	80.1	85.3	5.2
Latvia	68.6	78.8	10.2
Lithuania	68.1	79.3	11.2
Luxembourg	78.5	83.6	5.1
Netherlands	79.4	83.1	3.7
Poland	72.6	81.1	8.5
Portugal	77.6	84.0	6.4
Romania*	71.0	78.2	7.2
Slovakia	72.3	79.8	7.5
Slovenia	76.8	83.3	6.5
Spain	79.4	85.4	6.0
Sweden	79.9	83.8	3.9
United Kingdom	79.1	83.1	4.0
Croatia	73.9	80.4	6.5
Iceland	80.7	84.1	3.4
Norway	79.1	83.6	4.5
Switzerland	80.5	85.0	4.5

\* Provisional data.  
(e) Estimates.  
**Source:** Eurostat, except France (INSEE).

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

Country	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012
Austria	14.3	11.2	7.8	5.4	4.8	4.2	3.6	3.7	3.7	3.8	3.9	3.6	na
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	na
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
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
Denmark	8.4	7.9	7.5	5.1	5.3	4.4	3.8	4.0	4.0	3.1	3.4	3.5	3.4
Estonia	17.1	14.1	12.3	14.9	8.4	5.4	4.4	5.0	5.0	3.6	3.3	2.5	3.6
Finland	7.6	6.3	5.6	3.9	3.8	3.0	2.8	2.7	2.6	2.6	2.3	2.4	2.4
France 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
France (metropolitan) <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
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	na
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	na
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
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	na
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	na
Latvia	15.3	13.0	13.7	18.8	10.4	7.8	7.6	8.7	6.7	7.8	5.7	6.6	6.3
Lithuania	14.5	14.2	10.2	12.5	8.6	6.8	6.8	5.9	4.9	4.9	4.3	4.2	3.9
Luxembourg	11.5	9.0	7.3	5.5	5.1	2.6	2.5	1.8	1.8	2.5	3.4	4.3	2.5
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	na
Poland	25.4	22.1	19.4	13.6	8.1	6.4	6.0	6.0	5.6	5.6	5.0	4.7	4.6
Portugal	24.2	17.8	11.0	7.5	5.5	3.5	3.3	3.4	3.3	3.6	2.5	3.1	3.4
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
Slovakia	20.9	16.3	12.0	11.0	8.6	7.2	6.6	6.1	5.9	5.7	5.7	4.9	5.8
Slovenia*	15.3	13.0	8.4	5.5	4.9	4.1	3.4	2.8	2.4	2.4	2.5	2.9	1.6
Spain*	12.3	8.9	7.6	5.5	4.4	3.8	3.5	3.5	3.3	3.2	3.2	3.1	3.5
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
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	na
Croatia	na	na	na	na	7.4	5.7	5.2	5.6	4.5	5.3	4.4	4.7	na
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	na
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
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

na : not available.

\* Provisional data for 2011 and 2012.

Source: Eurostat, except (1).

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

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

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

## Females

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

(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 1980 to 1999 and ICD-10 from 2000).

Coverage: Metropolitan France.

Source: F. Meslé from CépidC-INSERM data.

**Table A.15. Contributions of age groups and cause-of-death groups to gender differences in life expectancy in 1988-1990 and in 2008-2010 (in years)**

Age group	Cause-of-death group							All causes	All causes (%)
	Infectious and parasitic diseases	Cancers	Diseases of the circulatory system	Diseases of the respiratory system	Diseases of the digestive system	Other diseases	External causes		
<b>1988-1990</b>									
0	-0.004	-0.001	-0.002	-0.006	-0.004	-0.157	-0.008	-0.181	2.212
1-4	0.001	-0.002	0.000	-0.001	0.000	-0.007	-0.015	-0.023	0.278
5-9	-0.001	-0.003	-0.001	0.000	0.000	-0.001	-0.012	-0.018	0.217
10-14	0.000	-0.003	-0.001	-0.001	0.001	0.001	-0.024	-0.028	0.344
15-19	-0.002	-0.006	-0.002	-0.001	-0.001	-0.007	-0.135	-0.153	1.862
20-24	-0.004	-0.009	-0.004	-0.001	-0.001	-0.013	-0.271	-0.304	3.704
25-29	-0.025	-0.004	-0.007	-0.002	-0.003	-0.012	-0.192	-0.244	2.980
30-34	-0.038	-0.002	-0.018	-0.003	-0.007	-0.012	-0.180	-0.259	3.156
35-39	-0.029	-0.012	-0.043	-0.004	-0.015	-0.021	-0.136	-0.260	3.175
40-44	-0.027	-0.057	-0.071	-0.008	-0.025	-0.025	-0.125	-0.338	4.125
45-49	-0.023	-0.138	-0.095	-0.012	-0.035	-0.030	-0.109	-0.442	5.386
50-54	-0.015	-0.247	-0.143	-0.019	-0.052	-0.036	-0.097	-0.609	7.421
55-59	-0.011	-0.380	-0.200	-0.032	-0.074	-0.044	-0.078	-0.819	9.990
60-64	-0.012	-0.439	-0.253	-0.047	-0.073	-0.041	-0.065	-0.929	11.325
65-69	-0.010	-0.421	-0.285	-0.061	-0.065	-0.039	-0.055	-0.937	11.423
70-74	-0.013	-0.400	-0.282	-0.076	-0.050	-0.044	-0.044	-0.910	11.093
75-79	-0.010	-0.325	-0.251	-0.085	-0.038	-0.039	-0.037	-0.784	9.561
80-84	-0.007	-0.220	-0.165	-0.082	-0.019	-0.032	-0.025	-0.551	6.720
85-89	-0.006	-0.111	-0.074	-0.060	-0.009	-0.020	-0.011	-0.291	3.549
90-94	-0.001	-0.037	-0.018	-0.029	-0.003	-0.005	-0.003	-0.097	1.179
95-99	-0.001	-0.008	-0.002	-0.011	-0.001	-0.002	0.000	-0.025	0.300
Total	-0.238	-2.826	-1.916	-0.539	-0.474	-0.584	-1.623	-8.200	100.000
Total (%)	2.9	34.5	23.4	6.6	5.8	7.1	19.8	100.0	
<b>2008-2010</b>									
0	-0.001	0.000	0.000	-0.001	0.000	-0.052	-0.001	-0.054	0.806
1-4	-0.001	0.000	0.000	0.002	-0.001	-0.005	-0.010	-0.015	0.222
5-9	0.000	-0.001	0.000	0.000	0.000	0.000	-0.003	-0.003	0.043
10-14	0.000	-0.004	0.001	0.000	0.000	0.000	-0.011	-0.013	0.199
15-19	0.000	-0.007	-0.001	0.000	-0.001	-0.004	-0.067	-0.080	1.191
20-24	0.000	-0.009	-0.004	-0.002	-0.001	-0.008	-0.131	-0.155	2.315
25-29	0.000	-0.002	-0.006	-0.002	-0.002	-0.011	-0.124	-0.147	2.192
30-34	-0.002	0.003	-0.012	-0.003	-0.004	-0.014	-0.109	-0.140	2.084
35-39	-0.003	0.009	-0.024	-0.003	-0.010	-0.019	-0.119	-0.169	2.517
40-44	-0.008	0.004	-0.039	-0.005	-0.023	-0.034	-0.110	-0.214	3.194
45-49	-0.010	-0.039	-0.062	-0.006	-0.038	-0.042	-0.101	-0.297	4.432
50-54	-0.010	-0.159	-0.098	-0.012	-0.052	-0.055	-0.087	-0.473	7.052
55-59	-0.009	-0.270	-0.129	-0.020	-0.055	-0.056	-0.066	-0.605	9.027
60-64	-0.010	-0.329	-0.153	-0.028	-0.054	-0.052	-0.048	-0.674	10.055
65-69	-0.010	-0.355	-0.168	-0.039	-0.043	-0.052	-0.040	-0.708	10.566
70-74	-0.010	-0.365	-0.185	-0.051	-0.038	-0.056	-0.039	-0.745	11.124
75-79	-0.013	-0.346	-0.202	-0.067	-0.031	-0.060	-0.040	-0.760	11.338
80-84	-0.012	-0.279	-0.191	-0.079	-0.023	-0.065	-0.037	-0.686	10.237
85-89	-0.009	-0.175	-0.142	-0.066	-0.013	-0.043	-0.028	-0.476	7.100
90-94	-0.005	-0.080	-0.060	-0.043	-0.006	-0.015	-0.015	-0.223	3.334
95-99	-0.002	-0.023	-0.016	-0.016	-0.002	-0.001	-0.006	-0.065	0.973
Total	-0.115	-2.424	-1.490	-0.440	-0.395	-0.642	-1.194	-6.700	100.000
Total (%)	1.7	36.2	22.2	6.6	5.9	9.6	17.8	100.0	



Table A.15 (cont'd). Contributions of age groups and cause-of-death groups to gender differences in life expectancy in 1988-1990 and in 2008-2010 (in years)

Age group	Cause-of-death group							All causes	All causes (%)
	Infectious and parasitic diseases	Cancers	Diseases of the circulatory system	Diseases of the respiratory system	Diseases of the digestive system	Other diseases	External causes		
Difference									
0	-0.004	-0.001	-0.002	-0.005	-0.004	-0.104	-0.008	-0.127	8.5
1-4	0.002	-0.002	0.001	-0.002	0.001	-0.002	-0.005	-0.008	0.5
5-9	-0.001	-0.003	-0.001	0.000	0.000	-0.001	-0.010	-0.015	1.0
10-14	0.000	0.001	-0.002	-0.002	0.001	0.000	-0.013	-0.015	1.0
15-19	-0.001	0.001	0.000	-0.001	0.000	-0.003	-0.068	-0.073	4.9
20-24	-0.004	-0.001	0.000	0.001	0.000	-0.005	-0.140	-0.149	9.9
25-29	-0.025	-0.002	-0.002	0.000	-0.001	-0.001	-0.067	-0.098	6.5
30-34	-0.036	-0.004	-0.006	0.000	-0.004	0.002	-0.071	-0.119	7.9
35-39	-0.026	-0.021	-0.018	-0.002	-0.006	-0.002	-0.017	-0.092	6.1
40-44	-0.020	-0.061	-0.032	-0.003	-0.002	0.008	-0.015	-0.124	8.3
45-49	-0.013	-0.099	-0.034	-0.006	0.002	0.012	-0.007	-0.145	9.6
50-54	-0.005	-0.088	-0.045	-0.007	0.000	0.019	-0.010	-0.136	9.1
55-59	-0.003	-0.111	-0.071	-0.012	-0.019	0.012	-0.012	-0.214	14.3
60-64	-0.002	-0.110	-0.100	-0.019	-0.019	0.011	-0.016	-0.255	17.0
65-69	0.000	-0.066	-0.116	-0.022	-0.022	0.012	-0.015	-0.229	15.2
70-74	-0.003	-0.035	-0.097	-0.025	-0.012	0.012	-0.005	-0.164	11.0
75-79	0.003	0.021	-0.049	-0.018	-0.006	0.021	0.003	-0.024	1.6
80-84	0.005	0.058	0.025	-0.004	0.004	0.034	0.013	0.135	-9.0
85-89	0.003	0.064	0.068	0.006	0.004	0.022	0.017	0.185	-12.3
90-94	0.004	0.043	0.042	0.013	0.003	0.010	0.012	0.127	-8.4
95-99	0.001	0.015	0.014	0.005	0.000	-0.001	0.006	0.041	-2.7
Total	-0.123	-0.401	-0.426	-0.099	-0.080	0.058	-0.428	-1.500	100.00
Total (%)	8.2	26.8	28.4	6.6	5.3	-3.8	28.5	100.0	

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

	CIM 9	CIM 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</b>		
Other diseases of the respiratory system	460 to 586; 490 to 519	J00 to J06; J12 to J98
Alcoholism and cirrhosis of the liver	240 to 389; 520 to 779	D50 to D89; E00 to H95; K00 to Q99
Diabetes	291; 303; 305.0; 571.0 to .3;.5	F10; K70; K73 to K74
Other mental disorders and diseases of the nervous system	250	E10 to E14
Other diseases of the digestive system	290; 292 to 302; 304; 305.1 to 389	F00 to F09; F11 to H95
Other diseases	520 to 570; 571.4; 571.6 to 579	K00 to K67; K71; K72; K75 to K93
<b>External causes</b>	240 to 246; 251 to 289; 580 to 779	D50 to D89; E00 to E07; E15 to E89; L00 to Q99
Transport accidents	800 to 999	V01 to Y89
Suicides	810 to 819; 826 to 829	V01 to Y99
Other deaths from external causes	950 to 959	X60 to X84
<b>Unspecified or ill-defined causes of death</b>	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

- AGENCE DE LA BIOMÉDECINE, 2011, Rapport annuel 2010, 191 p.
- AMBROSETTI E., GIUDICI C., 2013, "L'Europe rajeunie par ses migrants", *Projet*, 335, pp. 32-38.
- ANDREEV E. M., SHKOLNIKOV V. M., BEGUN A. Z., 2002, "Algorithm for decomposition of differences between aggregate demographic measures and its application to life expectancies, healthy life expectancies, parity-progression ratios and total fertility rates", *Demographic Research*, 7(14), pp. 499-522.
- BAJOS N., FERRAND M., 2006, "L'interruption volontaire et la recombinaison de la norme procréative", *Sociétés contemporaines*, 61, pp. 91-117.
- 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. ET L'ÉQUIPE DE L'ENQUÊTE FÉCOND, 2012, "Contraception in France : new context, new practices?", *Population and Societies*, 492, [http://www.ined.fr/en/resources\\_documentation/publications/pop\\_soc/bdd/publication/1606/](http://www.ined.fr/en/resources_documentation/publications/pop_soc/bdd/publication/1606/)
- BARBIERI M., 2013, "Mortality in France by département", *Population*, English Edition, 68(3), pp. 375-418.
- BEAUCHEMIN C., BORREL C., RÉGNARD C., 2013, "Immigrants in France: a female majority", *Population and Societies*, 502, [http://www.ined.fr/en/resources\\_documentation/publications/pop\\_soc/bdd/publication/1648/](http://www.ined.fr/en/resources_documentation/publications/pop_soc/bdd/publication/1648/)
- BEAUMEL C., BELLAMY V., 2013a, "Statistiques d'état civil sur les naissances en 2012", *Insee résultats*, Société, 147, <http://www.insee.fr/fr/publications-et-services/irweb.asp?id=irsocsd20121>
- BEAUMEL C., BELLAMY V., 2013b, "Statistiques d'état civil sur les décès en 2012", *Insee résultat*, Société, 148, <http://www.insee.fr/fr/publications-et-services/irweb.asp?id=irsocsd20123>
- BELLAMY V., BEAUMEL C., 2013, "Bilan démographique 2012. La population croît, mais plus modérément", *Insee première*, 1429, <http://www.insee.fr/fr/ffc/ipweb/ip1429/ip1429.pdf>
- BESSIN M., LEVILAIN H., 2012, *Parents après 40 ans*, Paris, Autrement, 189 p.
- BLONDEL B., KERMARREC M., 2011, *Enquête nationale périnatale 2010. Les naissances en 2010 et leur évolution depuis 2003*, Paris, INSERM-DREES-DGS, 132 p, [http://www.sante.gouv.fr/IMG/pdf/Les\\_naissances\\_en\\_2010\\_et\\_leur\\_evolution\\_depuis\\_2003.pdf](http://www.sante.gouv.fr/IMG/pdf/Les_naissances_en_2010_et_leur_evolution_depuis_2003.pdf)
- CHARDON O., BLANPAIN N., 2010, "Projections de population 2007-2060 pour la France métropolitaine", *Insee résultats*, Société, 117, <http://www.insee.fr/fr/publications-et-services/irweb.asp?id=projpop0760>
- CHARRIER P., CLAVANDIER G., 2013, *Sociologie de la naissance*, Armand Colin, Collection U Sociologie, 340 p.

- DAGUET F., 2002a, "Un siècle de fécondité française. Caractéristiques et évolution de la fécondité de 1901 à 1999", *Insee résultats, Société*, 8, 305 p.
- DAGUET F., 2002b, "La fécondité en France au cours du xx<sup>e</sup> siècle", *Insee première*, 873, [http://www.insee.fr/fr/ffc/docs\\_ffc/ip873.pdf](http://www.insee.fr/fr/ffc/docs_ffc/ip873.pdf)
- DAVIE E., 2012, "Un premier enfant à 28 ans", *Insee première*, 1419, <http://www.insee.fr/fr/ffc/ipweb/ip1419/ip1419.pdf>
- DAVIE E., MAZUY M., 2010, "Women's fertility and educational level in France: Evidence from annual census surveys", *Population, English Edition*, 65(3), pp. 415-450.
- DEBEST C., MAZUY M., 2014, "Rester sans enfant : un choix de vie à contre-courant", *Population et sociétés*, forthcoming.
- DESCOUTURES V., 2010, *Les mères lesbiennes*, Paris, PUF, 248 p.
- LA ROCHEBROCHARD (DE) E., TROUDE P., BAILLY E., GUIBERT J., BOUYER J., 2011, "Rentrer à la maison avec un bébé après avoir initié un traitement par fécondation *in vitro*", *ADSP, Revue du haut conseil de la santé publique*, 75, pp. 20-23.
- LANZIERI G., 2011, "The greying of baby boomers. A century-long view of ageing in European populations", *Population and Social Conditions, Statistics in Focus*, 23/2011, Eurostat, 12 p, [http://epp.eurostat.ec.europa.eu/cache/ITY\\_OFFPUB/KS-SF-11-023/EN/KS-SF-11-023-EN.PDF](http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-SF-11-023/EN/KS-SF-11-023-EN.PDF)
- MARUANI M., MERON M., 2002, "Le nom du père en question", *Travail, genre et société*, 1(7), pp. 173-201.
- MASSON L., 2013, "Avez-vous eu des enfants ? Si oui, combien ?", *France Portrait social*, pp.93-109
- MAZUY M., 2008, "Monoparentalité au moment de la naissance. Contours et contenus", paper presented at the Journées d'études Elfe sciences sociales, 30 June and 1 July 2008, CNAM, Paris.
- MAZUY M., 2009, "Avoir un enfant : être prêts ensemble", *Revue des sciences sociales*, 41, Université March Bloch, Strasbourg, pp. 30-41.
- MAZUY M. PRIOUX F., BARBIERI M., 2011, "Recent demographic developments in France. Some differences between the overseas *départements* and metropolitan France", *Population, English Edition*, 66(3-4), pp. 363-414, [http://www.ined.fr/en/publications/demographic\\_trends/bdd/publication/1589/](http://www.ined.fr/en/publications/demographic_trends/bdd/publication/1589/)
- MESLÉ F., 2010, "A spectacular decline in influenza mortality: the role of vaccination", *Population and Societies*, 470, [http://www.ined.fr/en/resources\\_documentation/publications/pop\\_soc/bdd/publication/1513/](http://www.ined.fr/en/resources_documentation/publications/pop_soc/bdd/publication/1513/)
- OECD, 2013, *International Migration Outlook 2013*, OECD Publishing, 423 p.
- PISON G., 2013, "France 2012 : stable fertility, declining infant mortality", *Population and Societies*, 498, [http://www.ined.fr/en/resources\\_documentation/publications/pop\\_soc/bdd/publication/1634/](http://www.ined.fr/en/resources_documentation/publications/pop_soc/bdd/publication/1634/)
- PRIOUX F., BARBIERI M., 2012, "Recent demographic developments in France: Relatively low mortality at advanced ages", *Population, English Edition*, 67(4), pp. 423-472, [http://www.ined.fr/en/publications/demographic\\_trends/bdd/publication/1641/](http://www.ined.fr/en/publications/demographic_trends/bdd/publication/1641/)
- ROSSIER C., TOULEMON L., PRIOUX F., 2009, "Abortion trends in France, 1990-2005", *Population, English Edition*, 64(3), pp. 443-476, [http://www.ined.fr/fichier/t\\_publication/1489/publi\\_pdf2\\_en\\_abortions.pdf](http://www.ined.fr/fichier/t_publication/1489/publi_pdf2_en_abortions.pdf)
- ROZÉE V., MAZUY M., 2012, "L'infertilité dans les couples hétérosexuels : genre et "gestion" de l'échec", *Sciences sociales et santé*, 30(4), pp. 5-30.

TOULEMON L., 2012, “Changes in family situations as reflected in the French censuses”, *Population, English Edition*, 67(4), pp. 551-572,  
[http://www.ined.fr/fichier/t\\_publication/1640/publi\\_pdf2\\_en\\_population\\_en\\_2012\\_4\\_france\\_census\\_family\\_situations.pdf](http://www.ined.fr/fichier/t_publication/1640/publi_pdf2_en_population_en_2012_4_france_census_family_situations.pdf)

VILAIN A., MOUQUET M.-C., GONZALES L., RICCARDIS (DE) N., 2013, “Les interruptions de grossesse en 2011”, DREES, *Études et résultats*, 843, 6 p.,  
<http://www.drees.sante.gouv.fr/IMG/pdf/er843.pdf>

### Magali MAZUY, Magali BARBIERI, Hippolyte d'ALBIS • RECENT DEMOGRAPHIC TRENDS IN FRANCE: FERTILITY REMAINS STABLE

On 1 January 2013, the population of France was 65.8 million, of which 63.7 million in metropolitan France, an increase of more than 0.4% with respect to the previous year. The number of adults who received a long-term residence permit in 2012 remained relatively stable. The majority are young women. Fertility remained unchanged with respect to the previous year, but as the proportion of women of reproductive age is falling, the number of births fell slightly in 2012. Age-specific fertility rates changed little, although fertility in the 35-39 age group continued to increase. Births outside marriage are increasing, and 57% of children born in 2012 were registered to unmarried parents. The number of induced abortions remained stable in 2012, with little change in the total abortion rate or in age-specific rates. After years of steady decline, provisional figures suggest that the number of marriages increased slightly in 2012. Marriage is still highly seasonal and the vast majority of weddings take place between June and September. Progress in life expectancy slowed in 2012 due to a series of winter epidemics. The number of deaths increased by more than 4% between 2011 and 2012.

### Magali MAZUY, Magali BARBIERI, Hippolyte d'ALBIS • L'ÉVOLUTION DÉMOGRAPHIQUE RÉCENTE EN FRANCE : LA FÉCONDITÉ EST STABLE

Au premier janvier 2013, la France comptait 65,8 millions d'habitants, dont 63,7 millions en France métropolitaine, soit un accroissement annuel supérieur à 4%. Le nombre de personnes adultes bénéficiaires d'un titre de séjour de longue durée est relativement stable, ces personnes sont majoritairement des femmes et d'âge jeune. La fécondité est équivalente à l'année précédente, mais la proportion de femmes en âge de procréer diminue, entraînant une légère baisse de la natalité en 2012. La fécondité par âge s'est peu modifiée, mais celle des femmes âgées de 35 à 39 ans continue d'augmenter. Les naissances hors mariage se sont banalisées et concernent 57 % des enfants nés en 2012. Le nombre des interruptions volontaires de grossesse (IVG) reste stable en 2012, ainsi que l'indicateur conjoncturel d'IVG et les taux par âge. Après une baisse régulière, le nombre de mariages aurait légèrement augmenté en 2012 d'après les données provisoires. La saisonnalité des mariages reste encore très marquée et la grande majorité des unions sont concentrées de juin à septembre. La mortalité a connu en 2012 un ralentissement en termes de progrès d'espérance de vie en raison des épidémies hivernales. Le nombre de décès a augmenté de plus de 4 % entre 2011 et 2012.

### Magali MAZUY, Magali BARBIERI, Hippolyte d'ALBIS • LA EVOLUCIÓN DEMOGRÁFICA RECIENTE EN FRANCIA: UNA FECUNDIDAD ESTABLE.

El 1° de enero de 2013, Francia contaba con 65,8 millones de habitantes, de los cuales 63,7 millones residían en Francia metropolitana; ello supone un crecimiento anual superior a 4 p. 1000. El número de personas adultas poseedoras de un permiso de estancia de larga duración es relativamente estable; esas personas son mayoritariamente mujeres y jóvenes. La fecundidad es equivalente a la del año precedente, pero la proporción de mujeres en edad de tener hijos ha disminuido, provocando una ligera baja de la natalidad en 2012. La fecundidad por edad se ha modificado poco aunque la de las mujeres de 35 a 39 años sigue aumentando. Los nacimientos fuera del matrimonio se han banalizado y constituyen el 57 % del total en 2012. El número de abortos voluntarios (IVG) es estable en 2012, igual que el indicador coyuntural de IVG y las tasas por edad. Después de una baja regular, el número de matrimonios podría haber aumentado ligeramente según datos provisionales. La estacionalidad de los matrimonios sigue siendo muy fuerte, y la mayor parte de ellos son concluidos entre junio y septiembre. La progresión de la esperanza de vida ha frenado ligeramente a causa de las epidemias invernales. El número de fallecidos ha aumentado de más de 4 % entre 2011 y 2012.

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

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