European Population Papers Series No. 1

Activities of the European Population Committee

Robert Cliquet
Chairman of the European Population Committee
Activities of the 
European Population Committee

Robert Cliquet 
Chairman of the European Population Committee

The European Population Papers Series is the European Population Committee’s working papers series. In this series the Committee publishes shorter reports which have been prepared on request from other committees or bodies of the Council of Europe. Occasionally it also publishes summaries of work appearing in the Population Studies Series or papers presented during the committee’s meetings.

The content in these working papers is the responsibility of the author and it does not necessarily reflect the view of the Council of Europe. The authors are also responsible for the language editing.

Council of Europe
European Population Committee
Directorate General III — Social Cohesion
F-67075 Strasbourg Cedex

© Council of Europe, March 2002
ISSN 1683-2663
Printed at the Council of Europe
1. Recent demographic trends in Europe

This section highlights briefly the recent population developments in Europe. It is largely based on the synopsis produced in the 2000 edition of the 'Recent Demographic Developments in Europe'. This yearbook includes, in addition to the synopsis, basic demographic statistics on the major population variables – partnership, fertility, migration and mortality - and their demographic effects on population age structure and population growth.

The demographic developments during the last decade of the 20th century are characterised partly by the prolongation of trends that gained pace in the 1960s and 1970s and partly by the stabilisation of some processes. In general, Europe is still characterized by a diversity in its demography, although, in many respects, there are converging trends. The diversity is due to a variety of factors such as the different pace at which countries or regions passed through the demographic transition, the recent political and socio-economic events in the countries in transition, the different policies pursued in some countries or regions and the persisting cultural values and norms.

1.1. Partnership

In the field of relational behaviour in the 1990s it can be observed that whereas age at first sexual intercourse further decreased, first marriage continued to be postponed. The age of leaving the parental home is in some countries, after a decrease in the 1970s and 1980s, on the increase in the 1990s. More young people leave the parental home to live some time on their own, before cohabiting or marrying. This results in an increasing number of single person households of young adults.

The postponed marriage is replaced or preceded by increasing cohabitation or ‘living-apart-together’ (LAT) relations. Both types of living arrangements show, however, a strong between-country variation, with high or very high proportions in the Scandinavian countries, France and the Netherlands and very low, though increasing proportions in southern and eastern Europe.

In many countries the decrease of nuptiality, measured by the total first marriage rate, slowed down and in some cases even seems to stabilise at a stationary level.

Divorce rates were still on the increase in the 1990s, but in northern Europe and in the UK, where a high prevalence was already recorded in past decades, a slowdown, stabilisation or even a slight decrease can be observed. Non-marital cohabitation is also subject to union dissolution. The increasing divorce and separation rates have resulted in increasing numbers of one-parent families, in majority headed by women. Another consequence of union dissolution is the increase in reconstituted families.

All these developments result in an increasing shift from life-long monogamy to serial monogamy; in earlier times this resulted from high mortality, but nowadays from divorce and separation. Partnership shows an increasing plurality in household types and individuals experience more and more complex family life courses.

---

1 Paper originally prepared for the Hearing of the Sub-Committee on Demography, Parliamentary Assembly of the Council of Europe, in April 27, 2001
1.2. Fertility
After a strong decline in the 1960s and 1970s in northern and western Europe, in the 1970s and 1980s in southern Europe and in the 1990s in eastern Europe, fertility – measured by the total fertility rate – seems in most countries to stabilise around the turn of the 20th century at more or less strong below replacement levels. This stabilisation was already apparent in most northern and western countries in the 1980s, but is now also observed in southern Europe, Ireland, and probably also in a number of eastern countries. Fertility levels still show a considerable between-country variation. Some of the Scandinavian countries have levels close to replacement, while in the largest part of southern and eastern Europe fertility is almost 60 percent below long term replacement. The socio-economic differentials in fertility are strongly reduced. In the west, salient higher fertility levels are mainly found among immigrant population from non-European countries.

Concerning the timing of births, it can be observed that, since the mid-1970s, both the mean age at first birth and the average age at childbearing increased continuously. Age at first birth lies now, in most countries, between 25 and 29 years. The postponement of births at younger ages is only very partially compensated by childbirth at higher ages. This is one of the reasons for the salient below replacement fertility in many countries. The increasing postponement of births confronts more and more women with bio-medical problems related to subfecundity and induces, at the social level, higher financial costs. Modern society induces processes and structures which are not adapted to the biological clock of women. People are incited to study a long time, to develop a career, to acquire a dwelling, to enjoy all of the recreation facilities modern society offers, but all this brings people close to their thirties. On the long run, modern societies will have to reconsider the organisation of the life course: some considerable reshuffling of the life course might become necessary in order to reconcile biological and social needs in the domains of creation, recreation and procreation.

The rise in different forms of cohabitation has as consequence that, in many countries, the proportion of births outside marriage has increased considerably. In some of the northern countries, one out of two first births are out of wedlock, whereas in some of the southern European countries it is one out of 10.

The contraceptive profile in advanced market economies continues to modernise and abortion rates continue to decline. In the East, the modernisation of birth control practices still has to go a long way.

The trend towards low fertility and more particularly towards below replacement fertility is the result of a large number of intertwined and interacting changing conditions and conceptions of life. The family is no longer a survival tool. There is the basic shift from internal towards external production systems, linked to the shift from rural to urban life, and including a shift from family to non-family dependence. The survival and utility of large numbers of children for parents, and of lifelong marital dependence bonds have dwindled away. The control of mortality, more particularly infant mortality, released the pressure to have many children. Occupational opportunities for social mobility and progress and enhanced demands for educational training increasingly come into competition with bearing and rearing children. Ever growing leisure opportunities overwhelm in many respects the joys and burdens of
raising a large family. All of those changing conditions of life are, moreover, sustained by changes in basic value orientations, more particularly in the fields of secularisation, democratisation and individualisation. Modern medical contraceptive and abortion technology are having important effects as well, not as a cause of low fertility, but as efficient instruments to avoid unwanted or unexpected births.

Virtually all features of modern culture seem to induce low fertility. Motives for parenthood have mainly shifted to the emotional sphere. Most people want children, but only one or two. For their parental emotional satisfaction and continuity, they do not need three children, let alone four or five. For the long-term replacement of the population, however, a considerable number of couples need to surpass the one- or two-family size to compensate for those who do not have or cannot have children or who have only one child.

Currently, European societies are clearly confronted with a diversity of ideological views and policy options on these issues. Some are of the opinion that a temporary decrease of the population in our crowded and resource consuming countries is desirable because it would have a favourable effect on the environment and our quality of life, and that only adaptive measures should be taken to adjust social structures and services to the newly emerging post-transitional demographic regime characterised by large proportions of people of high age. Others, on the contrary, are of the view that fertility should be redressed, not with the aim of having a new population growth, but to maintain long-term population continuity at a stationary level. These differences in view about the desirability or necessity to decrease temporarily the population size in the densely populated and resource absorbing European continent, however, can not disguise the fact that, on the long run, modern societies face a fundamental incompatibility between individual and societal needs in generational replacement.

1.3. Migration
Most advanced market economies have experienced moderate positive net migration in the 1990s. Major exceptions are West-Germany, Austria and Luxembourg with high migration inflows. The large influx in the first half of the 1990s in these countries has, however, slowed down in the second half of the 1990s.

Notwithstanding the introduction of new immigration laws and stricter border controls, the immigrant population continues to increase via family unification or family formation, asylum, temporary work/tourism and undocumented migration and also via the higher fertility of the immigrants, resulting in the production of an increasing second generation. Contrary to some expectations that a strong migration pressure will come from the central and eastern European countries, the movement from east to west has slowed down at the turn of the 20th century. Major immigration flows are from non-European countries into Europe. The former pull policy of European countries to attract workers has not only been replaced by migration restriction policies, but also by gradually growing push forces from developing emigration countries where the rising labour supply, as a result from the ongoing demographic transition, cannot keep pace with the labour demand and its resulting unemployment rates or degrading living conditions.
1.4. Mortality

The recent mortality trends in Europe show striking, but probably temporary differences between East and West.

In the West, mortality indicators continued to decrease linearly in the 1990s. This is true for decline in infant mortality and especially for the reduction of mortality at higher ages. Life expectancy at birth reaches in several countries more than 80 years for women and more than 75 years for men. The causes of the present further mortality decline, more particularly among adults and the aged, can be ascribed to the sustained effects of the two more recent phases of the epidemiological transition, mainly characterised by technological advancements in pharmacology, curative medicine and food conservation and by behavioural changes related to the spreading of the new health culture. The effects could have been greater if counterproductive processes – pollution, traffic accidents, smoking, inactivity, overfeeding – could have been avoided or better controlled.

In the East, the mortality decline has not progressed at the same pace, and in many countries has even stagnated or reversed during the later decades preceding and the first years following the political transition. In recent years the situation started improving again, but the differences are still significant. The difference in male life expectancy at birth in the Russian Federation, which at present has the lowest value in Europe, and that in Iceland, which has the highest, is 16.5 years.

The causes of the stagnating or even reversing trends in eastern European life expectancy are considered to be complex and of multiple nature: slowing down of the economic production, innovation and wealth, failing health policies, lack of environmental policies, unfavourable psychosocial effects of the political regime and socio-economic living conditions before the transition and, in addition, collapsing social security systems after the transition.

For the future, further increases in life expectancy can be expected, at first by further approaching the potential life span, and later perhaps also by extending the potential life span.

1.5. Ageing

Ageing is the normal outcome of the demographic transition. It is a phenomenon all modern societies have been aiming at with great perseverance and success.

The combination of persistent low fertility and increase in life expectancy resulted in further population ageing in the 1990s. An additional ageing wave will only arrive in a couple of decades when the post-war ‘baby boom’ cohorts will reach the age of retirement and the ‘baby bust’ cohorts of the 1970s and following years will reach the middle age levels. However, the elderly, and more particularly the oldest old, steadily increase in numbers and proportions. The combined effects of increasing life expectancy, sex differences in life expectancy, low fertility, raising proportions of divorced people and the increasing wish or custom among the aged to remain in their own household result in increasing numbers and proportions of single elderly people, and more particularly of single elderly women.
Replacement migration is, on the long run, no solution to population ageing, because migrants also age. To compensate for the ageing process, ever increasing numbers of immigrants would have to be imported, without resolving the fundamental issue as has already been shown in the late 1980s.

Although life expectancy in terms of disability free years increased considerably for the younger aged in the past decades in many countries, policies have been fostering early retirement. Notwithstanding the fact that in recent years some countries have attempted to restrict early retirement because of the imbalances that it creates in the pension systems, there is still an overall tendency towards an earlier exit for men. Women, by contrast are increasing labour participation at higher ages. Nevertheless, the exit age for women is still lower than that for men.

1.6. Population size
The logical outcome of the demographic transition is the end of demographic growth. Europe is approaching this stage in its demographic history. Nevertheless, in most countries population continued to grow slightly in the 1990s, due to the combination of a positive rate of natural increase and/or of the positive rate of net migration. Some European countries, most of which are concentrated in the East, have experienced population decline since the beginning of the 1990s. In most cases this is due to a negative natural growth, in some cases also outmigration contributes to the population loss.

On the basis of present trends most European countries will start to experience a population decline in the course of this century. Replacement migration could halt this process, but would induce many other problems, a.o. in the field of in-group/out-group tensions. Most experts are of the opinion that the phenomena of population ageing and population decline should not be dealt with in a purely demographic manner, but should be considered in a broader societal perspective taking into account economic and technological developments, female employment, age at retirement, unemployment, and obviously also demographic factors such as fertility and migration.

It is generally recognised that the outcomes of population change which occurs in the domain of partnership, fertility, mortality and ageing have profound implications for social protection, welfare policies and well being of citizens. At the societal level they are relevant for the scope and focus of state intervention.

Some of the key policy implications of recent population and family trends are associated with:

- increasing number of single person households of young adults;
- rise in different forms of cohabitation;
- increasing mean age at first birth and average age at childbearing;
- decrease of fertility more or less strongly below the level necessary to guarantee long term generational replacement;
- increase of the proportion of births outside marriage;
- changing gender roles regarding family;
- partial incompatibility between parenthood and work environment;
- persistent immigration particularly through family formation and reunification;
• increasing numbers of one-parent families, in majority headed by women;
• increase in life expectancy at birth;
• reduction of mortality and increase of disability free years at higher ages;
• decreasing age at retirement;
• increase in numbers and proportions of the elderly, and more particularly the oldest old.

2. Population trends world-wide

The world population counts now more than 6 billion and still increases with 75 million per year. In the course of this century the size of the world population will probably double once more before stabilising at a stationary level. 95% of the growth occurs in developing countries that pass through the demographic transition in less than one third of the time the old industrial countries needed. The tempo and the way in which the demographic transition can be completed in the developing world largely depend on the policies national governments develop and on the assistance of the international community.

Building upon the UN World Population Plan of Action (WPPA) of the 1974 Bucharest conference and the recommendations of the 1984 Mexico conference, the 1994 International Conference on Population and Development (ICPD) in Cairo addressed the demographic, developmental and environmental problems and their interrelations in a deepened and broader way. Population issues were dealt with in the developmental and environmental framework of sustainability. Family planning became integrated in a broader perspective of reproductive and sexual health, and gender equality and equity, and more particularly women’s empowerment, became a dominant goal in the population and development debate and a means for a rapid stabilisation of the world’s population.

Although the ICPD Programme of Action is a particularly robust charter, ethically well founded, with a firm scientific basis, it gives the overall impression to underestimate the seriousness and urgency of some problems, more particularly with respect to the effects of rapid population growth in under-developed and environmentally vulnerable regions. Mainly due to the action of a minority of backward looking fundamentalists and given the UN custom to reach consensus by all means, the Programme of Action has been weakened in several respects or does not address some issues in an adequate way. Moreover, due to the fuss which was made about a number of marginal subjects such as abortion, (homo)sexual behaviour, and sex outside marriage, the attention of the outside world has been diverted from the essential issues, namely the interrelationships between rapid population growth, sustained development and ecological sustainability. The same fault characterised 21st Special Session in June-July 1999 of the UN General Assembly when it reviewed and appraised the implementation of the ICPD Programme of Action in the past quinquennium and adopted a document ‘Key Actions for the Further Implementation of the Programme of Action’.

In the ICPD Programme of Action the necessary financial resources for the implementation of programmes in the area of reproductive health, including those for family planning, maternal health and the prevention of sexually transmitted diseases,
as well as for population data collection and analysis has been estimated to be $17 billion in 2000, $18.5 billion in 2005, $20.5 billion in 2010 and $21.7 billion in 2015. Additional resources are needed for supporting programmes addressing issues such as the status of women, employment, environment, social services and poverty.

From recent UNFPA reports on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development, it appears that the external assistance for population activities s.s. increased from $1.3 billion before ICPD (1993) to slightly over $2 billion after Cairo (1995). The momentum generated by the ICPD stalled already by 1996, when the international assistance remained at the 1995 level of $2 billion. This is only 35 percent of the $5.7 billion target agreed upon in Cairo as the international community’s share in financing the population activities of the Programme of Action. With its estimated $8 billion domestic financial resources for population activities, the developing countries as a whole reach approximately 70 percent of their expected share of two-thirds of the total costs.

More disquieting, however, is that instead of further increasing, the financial resources provided by the donor community decreased in recent years.

The below-level international financial support for population activities and its recent stagnation and even decline shows how necessary it is to periodically review and evaluate the progress made and to incite the world community, and in particular national and intergovernmental authorities of the developed world, to reinforce their efforts in the domain of population and development assistance.

The immediate future seems to offer only bleak prospects, since the 2001 session of the UN Commission on Population and Development failed to reach an agreement on a resolution endorsing the Cairo financial targets on international assistance in the field of population activities and to take a decision on the preparation of the ten-year appraisal and review of the Cairo Programme of Action in 2004.

The unmet needs of most developing countries remain high. They will not only have to intensify their efforts to stabilise their population at a stationary level and to enhance the quality of life of their citizens, but they will also be confronted with a fast population ageing for which the social security provisions – pensions, health and welfare care – have still largely to be developed.

3. The activities of the European Population Committee (CAHP)

On 6 July 2000 the Committee of Ministers decided upon the reform of the CDPO into the CAHP. This reform includes:

- an open-ended 15 member (+ chairperson) ad hoc committee of experts (called “European Population Committee” (in abbreviation CAHP), which will take up the functions of the former CDPO and those of its groups of specialists;
• a rotation system allowing all the member states to be represented in that committee within a period of five years;

• a web-site based European Population Network (EPN) in which all the member States are represented;

• a policy-oriented European Population Conference, financed by voluntary contributions, meeting at appropriate intervals, subject to the decisions of the Committee of Ministers.

The implementation of this reform started in the beginning of this year. The CAHP met for the first time on 6-8 February 2001. It intends, notwithstanding its reduced budget, to continue and even intensify, in an imaginative way, the activities of the former CDPO and to strengthen its cooperation with other Council of Europe bodies, and in particular with the Committee on Social Cohesion, and to contribute to the bilateral and multilateral assistance activities of the Council of Europe.

The year 2001 will be a year of transition. The three current Groups of Specialists will finalise their work. It concerns:

• The demographic characteristics of immigrant populations (PO-S-MIG);

• The demographic consequences of transition in countries of Central and Eastern Europe (PO-S-TEC);

• The demographic implications of social exclusion (PO-S-ES).

CAHP will obviously continue to prepare and publish its yearbook on ‘Recent Demographic Developments in Europe’. Furthermore it will finalise the publication of two former studies (on ‘Fertility and new types of households and family formation in Europe’ and on ‘Trends in mortality and differential mortality’), and prepare the publications of the above-mentioned current activities.

For the coming years CAHP prepared an ambitious programme of activities, the focus of which is concentrated on highly relevant policy-related population problems, more particularly with respect to the new strategic orientation the Council of Europe is taking in the field of social cohesion. CAHP proposed to conduct studies on the following themes, provided the necessary financial resources be made available:

*The economically active population in Europe: trends, perspectives and policies.* Based on a general descriptive analysis of current and future trends in the active population, this activity will focus on three policy domains which are of the utmost importance for future developments:

1) labour migration;
2) reconciliation policies to combine work and family life;
3) retirement policies.

• **Very low fertility: the patterns and their implications.** This study aims at investigating the different patterns of low fertility in Europe. It will a.o.
focus on trends in childlessness and single child families, and on the polarisation between a family and a non-family sector and their implications for social cohesion and society in general.

- **Active ageing in Europe.** This study focuses on the contributions of the elderly population of retirement age as well as the participation and integration of the elderly in the various domains of social life.

- **Contraceptive behaviour of young Europeans: Trends and implications.** This study aims at looking at the current patterns and trends in adolescent reproductive health behaviour and the risks with respect to teenage pregnancy, induced abortion, and exposure to sexually transmitted diseases, like HIV/AIDS, which may hamper their social integration and result in social exclusion.

Last but not least, CAHP proposes to produce ‘quick reports’ on specific population issues or problems which are requested as demographic background documents by other Council of Europe bodies, and in particular by the Committee on Social Cohesion, for their own activities.
References


