

A COMPARATIVE STATISTICAL OUTLOOK ON SEVERAL DEMOGRAPHIC INDICATORS IN FRANCE AND ROMANIA

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Abstract: This article is a part of a wider sociological analysis, conducted in a comparative manner, on Romanian and French societies. The article is analysing, from a statistical point of view, several indicators such as the population volume, birth rate and mortality rate, which can be both causes and consequences of the functionality or malfunction of the social policies (especially those in the field of family and health). Starting from the analysis of these indicators, it can be considered, without any doubt, that France can be an example of good practice in terms of social policies in the field of family and health, an example that Romania could also take over and put into practice.

Keywords: population; birth and mortality rates; population ageing; health systems.

Introduction and context

In the social and economic evolution of any society, demographic indicators have a particularly important role and they are also representing the starting point of any forecast report on its evolution. Given that currently more than half of the world's population is living in urban areas, we are witnessing a paradoxical process by which demographic ageing occurs in the wider areas of the globe (developed societies), while demographic growth is located in the so-called “poverty pockets” areas. Briefly, the analysis of demographic indicators represents a starting point for developing a socio-economic analysis on the development of a certain society. Several factors can explain this situation. One first explanation is that people in the underdeveloped societies do not have the same access to contraceptive methods as people in developed societies. Also, they have many children, because in many cases children are used as a labour force in households, thus, being a “source of income” for the family.

For this article, we chose to present, in a comparative manner, the main demographic similarities or disparities of two European societies – the French and the Romanian one – based on the idea that they will never develop at a similar evolution rate, as long as they do not have the same profile from the demographic point of view.

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Demographic Indicators: the biological capital

Being a part of the human capital¹ the biological capital is very important when we want to explain also the economic evolution of a society. With regard to the population of the two countries on which we make a brief statistical analysis – France and Romania – there is a first difference in the number of population, France having a population approximately 3 times higher than that of Romania. We will also note that the policies implemented by the two societies, whatever the field in which they apply, are different, which can lead us to formulate examples of good practices that Romania could take into account in the development of intervention measures, in order to restore the demographic balance and to correct (diminish) demographic problems which, in the long run, may have economic, social and cultural consequences. Returning to the idea of the population of both societies, we must say that they are not different only in terms of number of population but also in terms of structure, particularly in terms of ethnic structure and age structure.

Table 1

Evolution of the volume of the population during the period 2013–2017
(FR-RO comparative analysis)

France*			Romania		
Year	Volume of the population	Population growth	Year	Volume of the population	Population growth
2013	63,703,164	0.45 %	2013	19,869,559	-0.79 %
2014	63,982,889	0.44 %	2014	19,722,859	-0.74 %
2015	64,258,297	0.43 %	2015	19,581,439	-0.72 %
2016	64,547,459	0.45 %	2016	19,426,550	-0.79 %
2017	64,837,923	0.45 %	2017	19,272,886	-0.79 %

* The data from the table above are only for metropolitan France and not for *Overseas France* (in French: *Départements et régions d'outre-mer* – DROM)

Source: INSEE Romania, INS France

Thus, from the table above, we can see that in the last 5 years, the trends in the demographic evolution for the two societies are different: while the population of France has increased by 1.78% in 2017, compared to 2013, the population decreased by 3.0%, compared to the same reference year (2013).

In the case of French society, the factors that contributed to the population growth are mainly the result of the implementation of successful demographic policies (especially in the area of births, which we will detail in the following paragraphs), maintaining a standard of living of a high quality of life, but also of

¹ See more in Bogdan Voicu, *Capitalul uman: componente, niveluri, structuri. România în context european*, in "Calitatea vieții", XV, nr. 1–2, Bucharest, 2014, pp. 137–157.

maintaining high migratory flows on a global scale, destined for the countries of Western Europe and, therefore, for France.

Also, the global refugee crisis, whose resolution involved, among other measures, the introduction of the quota² system, has contributed to the increase of the French population, which has received about 291000 asylum applications in the last 4 years. Thus, as shown in the table below, the evolution of the number of asylum applications for the 2013–2016 periods is different for the two societies, increasing in France and decreasing for Romania (Romania being especially a country of transit from southern Europe to Western European countries).

Table 2
Evolution of the number of asylum applications 2013–2016
(FR-RO comparative analysis)

Year	France	Romania
2013	66265	1495
2014	64310	1545
2015	76165	1260
2016	84270	1180
Total	291010	5480

Source: Eurostat, *Asylum and first time asylum applicants by citizenship, age and sex. Annual aggregated data*, last update 26/04/17.

The factors that led to the decline of the Romanian population (which is indeed a decrease that can be observed not only in recent years, but over the past two decades) are opposite to those described above: a set of demographic policies (particularly those in the area of births) that have proved to be ineffective; the decline in quality of life, due to the deterioration of the standard of living in recent years³; the numerous political crises that have often “paralyzed” the rhythm of functioning of Romanian society; poor management of the national budget (if we have an unbalanced and inefficient budget allowance to the education and health sectors); the increase in the rate of external migration, especially in rural areas, which has led to a sharp demographic decline, etc.

As regards the ethnic structure of the population in the case of Romanian society, it is composed of 88.9% of Romanians and 6.1% of Hungarians, 3.0% of

² Quotas are the number of refugees that a Member State of the European Union can receive on its territory. They are calculated by the European Commission according to the following indicators: the population of the country concerned, the GDP, the number of asylum applications during the last 5 years / mill. inhabitants in the 30% of the population and the GDP, the unemployment rate to 30% population and GDP.

³ Gabriela Motoi, Veronica Gheorghită, *The Consequences of Economic Recession on the Quality of Life in Romania, between 2009 and 2013*, in “Revista de Științe Politice. Revue des Sciences Politiques”, 56, 2017, pp. 34–35

Roma, the 2% the rest being represented by other ethnic groups (Germans, Ukrainians, Turks, Serbs, Bulgarians, Greeks, Jews, Italians and Armenians).

In France, the statistical data on national minorities are quite ambiguous, because from the legal point of view, there are no “national minorities” in French society, because ethnic statistics are not allowed. More precisely, Article 8 of the 1978 Law prohibits the collection of personal data that take into account, directly or indirectly, racial or ethnic origins. Thus, in the results of the French census, there is no reference to the ethnic origin of the citizen; without a legal basis, it is not mentioned anywhere in the official documents of a person⁴. For example, statistical surveys only mention, that of the entire population: 89.4% are French, 4.4% French by nationality, 6.2% foreigners and 8.9% immigrants.

Table 2

Population structure by ethnicity
(FR-RO comparative analysis)

France*			Romania		
Year of reference	Categories of population **	%	Year of reference	Categories of population	%
2016	French	89,4	2016	Romanians	88,9
	French by acquiring citizenship	4,4		Hungarian	6,1
	Foreigners	6,2		Roma	3,1
				Other ethnic groups	2,0
	Total	100,0		Total	100,0

* This is the only official data. Due to the law from 1978, France collects no census or other data on the race (or ethnicity) of its citizens.

**Source: INSEE Romania, INSE France.

For Suzie Guth, France is representing “multi-ethnic assembly” in which “abound” on the periphery of minorities (Bretons, Flamands, Lorrainers, Alsations, Savoyards, Corsicans, Catalans and Basques). These last are in a centrifugal movement but also attracted by cultural groups abroad⁵. Although official institutions do not collect data on ethnic origin, the results of a survey conducted in 2010 revealed that about 15% of the French population (about 10 million people) had a different origin from the French one⁶.

⁴ The only region where ethnic statistics are allowed is New Caledonia.

⁵ Suzie Guth, *Une sociologie des identités est-elle possible?*, Paris, Harmattan Publishing House, 1994, p. 61.

⁶ According to the data published by the The French Institute for Demographic Studies (fr. – *Institut national d'études démographiques* – INED) [online] available at <https://www.ined.fr/fr/publications/>

Table 3
Population structure by age group
(FR-RO comparative analysis)

France			Romania		
Year of reference	Categories of population	%	Year of reference	Categories of population	%
2016	People under 15 years	18,6	2016	People under 15 years	14,8
	People aged 15 to 64	62,3		People aged 15 to 64	70,4
	People aged 65 years and over	19,1		People aged 65 years and over	14,8
	Total	100,0		Total	100,0

Source: INSEE Romania, INSE France.

We can conclude that both societies are facing a process of “demographic ageing” (the proportion of elderly people exceeds the 12% threshold), but the causes that lead to its emergence and development are different: if in Romania we speak about demographic ageing, because of a decline in birth rates and an increase in external migration of young people, France's population is ageing not because of the fact that it has the second largest European fertility rate (2.1 children /woman, after Ireland), but rather by improving the health condition of the elderly, throughout adequate social policies. And this problem of population ageing is a severe one, with multiple consequences at economic and social level, if we take into consideration statistics that illustrates the fact that “in 2025 elderly people around the world will reach an impressive 1 billion; double that of the current elderly population”⁷.

The European Bureau of Statistics concludes that by 2060 there will be only two older workers (15–64 years) in the EU for every person over the age of 65 compared to a current four to one ratio. The strongest change in this direction is expected to take place between 2015 and 2035, when children born in the two decades after World War II (*baby-boomers*) are beginning to retire.

Also, there are studies that are stating the same idea of an increase of elderly and a general decrease of population, and that are advancing the idea that “in a society where the population is steadily decreasing, the importance of investing in education should be increased”⁸. And the investment in education should take into consideration all the age categories, including the elderly: we are talking here about policies and strategies of investing in long life learning or adult learning.

⁷ Carmen Stanciu, *Politicile sociale și asistența socială pentru persoanele vârstnice în contextul integrării României în Uniunea Europeană*, Timișoara, de Vest Publishing House, 2014, p. 14.

⁸ Andreea-Mihaela Niță, *The training impact on the labor market. Case Study: Mapping the labor market in Dolj County during 2015*, in “Forum on Studies of Society”, Bucharest, Pro Universitaria Publishing House, p. 83.

Birth and mortality rates

Romania is facing a population decline caused by many factors, “register in the coordinates of a demographic transition with a decline in fertility and birth rates and an increase in mortality”, and in the future the aging of the population will have socio-economic effects, contributing to the decline in the labour force and the inability of labour market assets to support large numbers of older people.

Regarding the birth rate, unlike Romania, which faces (as we will see in the table below) a decline in the birth rate over the last 5 years (with a birth rate of 8.4% in 2016), France has one of the highest fertility rates in Europe (2.1 children per woman in 2016) and a birth rate of 12.3% in the same year.

Table 4

Changes in birth and mortality rates and natural increase during 2013–2016
(FR-RO comparative analysis)

France				Romania			
Year	Birth rate	Death rate	Natural growth	Year	Birth rate	Death rate	Natural growth
2013	12,4	9,0	3,4	2013	9,6	11,2	-1,6
2014	12,6	9,3	3,3	2014	8,8	11,4	-2,6
2015	11,8	9,0	2,8	2015	9,0	11,8	-2,8
2016	11,3	10,1	1,2	2016	8,6	11,6	-3,0

Source: INSEE Romania, INSE France

The explanation of this difference in birth rate (and, implicitly, as will be seen below, and in terms of natural growth) can be formulated very simply if we take into account the socio-economic development gap. Thus, in the case of Romanian society, the deterioration of the standard of living in recent years (especially during the economic crisis of 2007 and after the recession) has been associated with the emergence of socio-economic problems (poverty, unemployment, destruction of the labour market), which often influenced the decision of young couples / families to have a child.

At the same time, Romanian social policies in the field of the family were far from having succeeded (although some authors dispute this success) of French social policies in this field. We must say that France is the first society to introduce active support policies for families, such as: family benefits (family allowances), introduction of specific forms of leave (maternity or paternity leave), reductions depending on the number of family members (for example, large family cards, etc.).

Indeed, French society offers a number of structures (health centres, canteens) that allow mothers to combine maternity and professional life, as shown by the statistics that show that 85% of women in France are employed in the labour market (compared to only 64% in Romania).

According to I. Stănescu in the paper entitled *Romania: a non-interventionist family support policy?*, the family policy in Romania has three main objectives:

“a) to allow a better balance between work and family life by increasing access to care services; b) to provide support for poor families through financial benefits; c) to provide social services for the care of abandoned children”⁹.

In the case of the Romanian society, what we have to remember is that in the first years after 1989 there were no implicit or concrete goals in family policies, which were related to the birth rate or fertility rate. And may Romanian researchers explain this situation by presenting two main reasons: one of the reasons would be the reaction that occurred after nearly 25 years of harsh pro-natalist policy, imposed by the communist regime; the other reason was the lack of capacity for the development of a complex system of family policies by the ministry, which was depending on the content of foreign policies provided by international institutions such as the World Bank or UNICEF¹⁰.

Being two different societies, in terms of the level of socio-economic development, the differences that exist between France and Romania from a demographic point of view are, as we already saw above, in terms of birth, but also, as we shall see in the tables below in terms of mortality (especially infant mortality). In addition, the two societies have completely different social protection systems, which largely contribute to shaping the differences in the health conditions of the French and Romanian population.

As it was shown in the Table 4, over the past five years in France the mortality rate has fluctuated slightly, but dropped sharply in 2016-2017, when it reached 8.0% below the European average. 9.4%. This low mortality rate can be considered as the expression of a powerful system of protection of health. Indeed, in 2001, according to a ranking of the World Health Organization, France ranked first, because of the universal coverage of the social protection costs of these two types of insurance (health insurance and insurance complementary), the receptiveness of health care providers, the freedoms and rights of patients and health care providers and, last but not least, the longevity of the population.

Moreover, in France, family policies focused on increasing birth rates are characterized by the following characteristics: first, public support is always aimed at mitigating the impact of children on the standard of living of families, thereby benefiting all families, including the rich; growing concerns about issues such as employment, gender equality and child poverty have gradually reconfigured the scope and content of family policies to help parents reconcile work and family life; Early childhood care and early access offer development opportunities and help parents find a balance between work and family life.

There is a difference between the two types of societies and the attitude of the population towards health insurance. Thus, in France “although 95% of the population is included in the social insurance system, 90% contributes to the supplementary insurance”. In addition, low-income earners are included by the state in the supplementary insurance system.

⁹ Iulian Stănescu, *Romania: a non-interventionist family support policy*, in “Mediterranean Journal of Social Sciences”, vol. 5, No. 19, Roma, 2014, p. 21.

¹⁰ *Ibidem*, p. 22.

Although it is far from perfect (especially the very high economic costs, which have generously paid the state budget over the last two decades), the social protection system of health in France is far to be comparable to the Romanian health system. Without insisting on the general description of this system, we only mention that since 2000, France has managed to cover the remaining 1% of the population who did not have medical insurance and included in the compensation insurance system 8% of the population with incomes below the minimum threshold¹¹.

Thus, the French health system is considered one of the best of the world because of its universal coverage¹², its rapid access to treatment and its positive results in terms of patient satisfaction with medical services¹³. In Romania, malfunctions of the social protection system in the field of health, difficulties of access of the population (especially population who is living in rural areas) to medical services have caused the deterioration of the quality of life of the population and have implicitly affected the increase in mortality rates (see Table 4).

In fact, Romania ranks third in the European Union, among the countries with the largest population decline, after Germany (−187,000 in 2015) and Italy (−161,800) in absolute terms, and experts expect a deepening of the demographic decline of Romania over the next decades. Unlike France, Romania has experienced significant political instability over the last 5 years, caused by many changes in the composition of government and conflicts between political parties, so that in this political and economic environment birth rate and, implicitly, the balance of natural growth) have received limited attention.

Regarding the health condition of the population, it should first be noted that in 2015, France occupies the second place in the world in terms of life expectancy for women (85.4 years), same time characterized by a well-being of the population (especially of the elderly population). In the same year, life expectancy was 82.4 years, exceeding the European average of 80.6 years.

Table 5

Life expectancy in years of birth
(FR-RO comparative analysis)

	France	Romania
Life expectancy in general	82,4	75,0
Life expectancy in men	79,4	71,4
Life expectancy in women	85,4	78,8
Ranking (world rankings)	9	67

Source: www.worldlifeexpectancy.com

¹¹ See more at Jean-Hervé Lorenzi, *L'importance économique de l'assurance*, in "Les Tribunes de la santé", 31(2), 2011, pp. 31–37.

¹² Victor G. Rodwin, *The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States*, in "American Journal of Public Health", 93(1), 2003, p. 32.

¹³ Mathieu Monconduit, *Le système de santé français, espoirs et réalités: À propos de la Loi santé du 17 décembre 2015*, in "Études", juillet-août, (7), 2016, p. 43 [online] available at <https://www.cairn.info/revue-etudes-2016-7-page-43.htm>.

Beyond these positive aspects, there is also a high rate of male deaths, particularly because of unhealthy accidents and unhealthy behaviours of tobacco and alcohol consumption, which we see in Romanian society where, according to a report of the Ministry of Health, in 2014, the main risk factors for the health of the population were the use of tobacco, alcohol and drugs. With regard to the ranking of the top five causes of death, they are presented in the table below:

Table 6
Leading causes of death and position in the international rankings
(FR–RO comparative analysis)

France			Romania		
Year	Causes of death	World ranking	Year	Causes of death	World ranking
2015	Lung cancer	16	2015	Cardiovascular illnesses	38
	Cardiovascular illnesses	171		Affection of the myocardium	66
	Alzheimer's / Dementia	12		Hypertension	2
	Affection of the myocardium	168		Liver cancer	16
	Breast cancer	19		Lung cancer	19

Source: www.worldlifeexpectancy.com

At the level of macro-systems, even in the case of French society, there are also problems related to inequalities in the socio-economic level of the population that favor the emergence of disparities in access to medical services, but lower than in the case of Romanian society.

Regarding Romania's health system, over the last 27 years, it has experienced a period of continuous reform, has encountered many obstacles and challenges, from economic and political instability to underfunding, to a state of dissatisfaction of patients, medical staff, hospital managers or service providers and medical products¹⁴. In addition, the strong political instability of the last five years that has occurred during a post-recession period, during which the Romanian health system was severely affected¹⁵ by the effects of the 2007–2010 economic crisis.

¹⁴ Călina-Ana Buțiu, *Healthcare Policy in Romania. Frameworks and Challenges*, in "Social Change Review", Volume 14, Issue 1, 2016, p. 3

¹⁵ Adrian Otovescu, Maria-Cristina Frăsie, Gabriela Motoi, Dumitru Otovescu, *Criza mondială*, Bucharest, ProUniversitaria Publishing House, 2011, pp. 149–150