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Recent Demographic Trends in France Ongoing Impact of the COVID-19 Pandemic at Both Regional and National Levels

Overview

Every year, *Population* publishes an article on recent demographic trends in France. This edition focuses on the year 2021. The COVID-19 pandemic affected demographic behaviours less markedly than in 2020, but the various indicators—births, abortions, unions (marriages and PACS civil unions), and deaths—have still not returned to pre-crisis levels, signalling a recovery that remains partial and an ongoing demographic impact of the health crisis. Migration data for 2021 are not yet available, but this article provides new evidence of the effects of the pandemic on 2020 migration flows of third-country nationals who require a residence permit to reside in France. This year, the various indicators are analysed at subnational level, that of the former regions (NUTS Level 2 of the European nomenclature), to reveal geographical contrasts, but also to judge the effects of the health crisis on spatial variations in demographic behaviours.

On 1 January 2022, the population of France was 67.8 million, 187,000 more than on 1 January 2021. Natural increase totalled 81,000 in 2021, a figure below the INSEE estimates of net migration, before or after adjustment.

At the European level, France was one of the nine EU-27 countries with positive natural increase in 2021 and is still the main driver of growth in the

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European Union, whose overall population fell by 170,000 in 2021. While Germany still has Europe's largest population, ahead of France and Italy, its natural increase is negative, and total population growth was just 82,000. In Italy, the population declined by 253,000.

French population dynamics vary markedly across regions, in both the overseas territories and metropolitan France. The number of regions where populations have declined has risen from five between 2011 and 2016 (representing 9.3% of the population) to 12 between 2016 and 2021 (representing 29.2% of the population).

In 2020, the most recent year for which statistics are available, 211,255 third-country nationals (who must hold a residence permit to reside in France) entered France, a decrease of 17.8% with respect to 2019 (257,137). This drop is due mainly to the travel restrictions imposed during the COVID-19 pandemic. The decrease in admissions for employment reasons was especially strong, but admissions of students fell only slightly. Student numbers from Africa even increased. The share of asylum seekers remained stable (19%). The Paris region (Île-de-France) received the largest share of inflows to metropolitan France (38.4%), while Mayotte accounted for 50.2% of inflows to the overseas territories.

In 2021, 742,500 children were born in France, 7,300 more than in 2020 but 10,900 fewer than in 2019, the year preceding the health crisis. The recovery in births was only partial and did not begin until the summer of 2021. This increase was due almost entirely to an increase in fertility: the total fertility rate increased slightly from 1.80 in 2020 to reach 1.83 children per woman in 2021. It was women aged 30–34 and those aged 35–39 who had most children on average. France is still the country with the highest fertility in Europe but is followed closely by Romania. Age-specific fertility patterns vary across the French regions. Four different profiles can be distinguished: regions with relatively early fertility (peak at ages 25–29), mainly located in the north and centre of metropolitan France (Picardie, Nord-Pas-de-Calais, Centre-Val de Loire, Burgundy, Poitou-Charentes); those with relatively late fertility (peak at ages 30–34), mainly along the Atlantic coast in the south of metropolitan France (Provence-Alpes-Côte d'Azur, Brittany, Aquitaine, Midi-Pyrénées, Languedoc-Roussillon); the overseas departments (with higher rates at ages 20–24 than elsewhere); and the atypical departments of metropolitan France (Corsica with very low rates and a plateau at ages 25–34; Île-de-France with a sharp peak at ages 30–34). The prevalence of births outside marriage and child naming practices also vary across the regions, with generally higher levels of non-marital births and children with double names in the west than in the east.

Numbers of abortions remained relatively stable (224,200 in 2021 vs. 222,300 in 2020, down from 233,300 in 2019). The proportion of surgical abortions is declining each year, while that of medical abortions, often managed outside a hospital setting, is increasing (77% in 2021). While a majority of

abortions in 2021 (65%) took place in a health facility, the share of non-hospital medical abortions continued to increase (35% vs. under 20% in 2015). There are wide geographical disparities in the prevalence of abortion. Rates are above average in most of the departments of Île-de-France, in Provence-Alpes-Côte d'Azur, Languedoc-Roussillon, and in the overseas territories. Women living in Île-de-France, Rhône-Alpes, Provence-Alpes-Côte d'Azur, in certain departments of Midi-Pyrénées, and in Aquitaine more frequently have non-hospital medical abortions. The proportion of surgical abortions remains high in the departments of Indre-et-Loire and Loire-Atlantique (53% and 45%).

After reaching a historical low in 2020, the number of marriages rebounded in 2021 but without returning to its 2019 level. The number of new PACS unions in 2021 is still not available, but PACS unions outnumbered marriages for the first time in 2020. Same-sex unions accounted for 2.7% of marriages in 2021, a decrease of 0.3 percentage points with respect to 2020 and, for the second consecutive year, more marriages between women were registered than between men. Beyond the effects of the choice of wedding location, marriage intensity varies considerably across regions. While marriages are more frequent in the east (from Alsace down to the Mediterranean), they are outnumbered by PACS unions along the Atlantic coast and in the south-west. Same-sex unions also follow a geographical pattern. Unions between men are more concentrated in Île-de-France, while unions between women are more evenly distributed across the country.

The COVID-19 pandemic made it more difficult to celebrate new unions, but also to initiate divorce. While available divorce statistics remain incomplete, the number of divorces fell again in 2020 (57,400), a drop of 13% with respect to 2019. Divorce and PACS dissolutions are more frequent in the south and east of France, and much less so in the north-west.

In 2021, 657,500 deaths were registered, 1.7% fewer than in 2020, but still 7.2% more than in 2019. Between 2020 and 2021, life expectancy increased by 2.4 months for men (79.3 years) and 3.6 months for women (85.4 years), after losing 7 months and 5 months, respectively, between 2019 and 2020. This means that France has still not returned to pre-COVID mortality levels; excess mortality in 2021 is estimated at 6.3% (vs. 7.5% in 2020). COVID-related excess mortality has not modified the position of France in Europe. It still has low mortality at ages above 60 and high infant mortality relative to other European countries.

The disparities across French regions—between Mayotte, where mortality is highest, and Corsica, where it is lowest—are very large. The year 2020 was by no means an 'ordinary' year. The COVID-19 pandemic disrupted the traditional mortality rankings of the French regions, and those where mortality was highest in 2019 were not those with the highest excess mortality in 2020, in metropolitan France at least. While overall mortality tends to be low in Île-de-France and the south-east, excess mortality was high in these regions.

Lorraine, Nord-Pas-de-Calais, Basse-Normandie, and Picardie, where initial mortality levels were relatively high, were also severely affected.

I. General population trends and age structure

1. Slow population growth in 2021 but a larger increase than in 2020

On 1 January 2022, the population of France was 67.8 million, of whom 65.6 million in metropolitan France (mainland France and Corsica) and 2.2 million in the overseas departments and regions (3.2% of the population) (Papon, 2022a).⁽¹⁾ An increase of 187,000⁽²⁾ was recorded in 2021 (172,000 in 2020), representing a growth rate of 2.77 per 1,000 (2.55 per 1,000 in 2020).⁽³⁾ Growth thus recovered slightly in 2021, or at least made up for the slowdown in 2020 when it fell to its lowest level since the Second World War. The downtrend in French population growth that began 20 years ago is continuing, however.

The COVID-19 health crisis is ongoing. The year 2021 was marked by several new transmission waves, a third lockdown (though less strict than that of the spring of 2020), and major vaccination campaigns, initially targeting the most vulnerable and then extended to the younger population from the spring. While the impact of COVID-19 was much smaller than in 2020, it continued to affect population dynamics in 2021, producing excess mortality but also an upturn in births after the dip observed between November 2020 and early 2021 (Brée et al., 2021; Breton et al., 2021; Papon, 2022a). The quarterly number of births fell in the 3rd and 4th quarters of 2020 and in the 1st quarter of 2021 but then rose in the 3rd and 4th quarters of 2021 and the 1st quarter of 2022—9 months after the end of the first lockdown in April 2021 (Figure 1A). This upturn has fully made up for the shortfall of births in early 2021. The quarterly death figures spiked in the 2nd and 4th quarters of 2020 and rose again in 2021 and early 2022 but much less sharply (Figure 1B). In the 1st quarter of 2021, as in the 4th quarter of 2020, natural growth (difference between births and deaths) was negative, as in the 1st quarter of 2022 (provisional data).

The crude death rate in 2021 (9.8 deaths per 1,000 population) was very similar to that of 2020 (9.9 per 1,000) and well above that observed before the COVID-19 pandemic (9.1 per 1,000 in 2019). The crude birth rate was also stable. Despite a slight increase (11.0 per 1,000 in 2021 vs. 10.9 per 1,000 in 2020), it remained below the pre-pandemic level (11.2 per 1,000 in 2019).

(1) The database of appendices to this article can be accessed at: <http://hdl.handle.net/20.500.12204/AYTs6koXkOqZPUwFsEWi>

(2) This figure is the difference between the population counts on 1 January 2022 and 1 January 2021 before adjustment for migration. Taking account of INSEE's adjustment for migration in 2021, the total increase is around 221,000 (Table 1).

(3) These rates are different from those without adjustment for migration traditionally published by INSEE and shown in Table 1 (Papon, 2022a).

Table 1. Indicators of population change (metropolitan France and whole of France, 1990, 2000, 2010, 2020, and since 2015)

Years	Population on 1 January (thousands)		Births (thousands)		Deaths (thousands)		Natural increase (thousands)		Net migration (thousands)		Adjustment for migration (thousands)		Total change after adjustment (thousands)		Crude birth rate (per thousand)		Crude mortality rate (per thousand)		Total increase before adjustment (per thousand)		Total increase after adjustment (per thousand)	
	Metro. France	Whole of France	Metro. France	Whole of France	Metro. France	Whole of France	Metro. France	Whole of France	Metro. France	Whole of France	Metro. France	Whole of France	Metro. France	Whole of France	Metro. France	Whole of France	Metro. France	Whole of France	Metro. France	Whole of France	Metro. France	Whole of France
1990	56,577	57,996	762	793	526	534	236	259	80	77	-53	-52	316	336	13.0	14.0	9.3	9.2	5.6	5.8	4.7	4.9
2000	58,858	60,508	775	807	531	541	244	267	70	72	94	94	314	339	13.0	13.0	9.0	8.9	5.3	5.6	6.9	7.2
2010	62,765	64,613	802	833	540	551	262	282	43	39	0	0	305	320	13.0	13.0	8.6	8.5	4.9	5.0	4.9	5.0
2015	64,301	66,422	760	799	582	594	179	205	53	40	-63	-64	232	246	11.8	12.0	9.0	8.9	3.6	3.7	2.6	2.7
2016	64,469	66,603	745	784	581	594	164	190	88	65	-82	-84	252	255	11.5	11.8	9.0	8.9	3.9	3.8	2.6	2.6
2017	64,639	66,774	730	770	594	606	137	163	167	154	-98	-100	304	317	11.3	11.5	9.2	9.1	4.7	4.7	3.2	3.3
2018	64,844	66,992	720	759	597	610	123	149	103	87	27	30	226	236	11.1	11.3	9.2	9.1	3.5	3.5	3.9	4.0
2019*	65,097	67,258	714	753	599	613	115	140	155	140	-82	-84	270	280	11.0	11.2	9.2	9.1	4.1	4.2	2.9	2.9
2020*	65,284	67,454	697	735	655	669	42	66	155	140	-34	-34	197	206	10.7	10.9	10.0	9.9	3.0	3.1	2.5	2.6
2021*	65,448	67,626	702	743	644	662	58	81	155	140	-33	-34	213	221	10.7	11.0	9.8	9.8	3.3	3.3	2.8	2.8
2022*	65,628	67,813	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

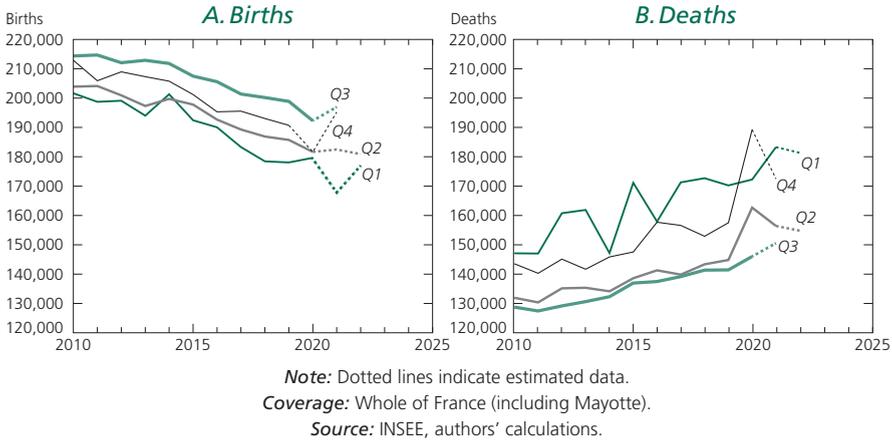
Note: * Estimated data; n/a = data not available. The numbers of births and deaths in 2021 are those published by INSEE on 28 July 2022 (they are slightly different from those published in the demographic report in January 2022).

Coverage: Whole of France, metropolitan France.

Source: INSEE, authors' calculations.

While natural growth in 2021 was positive (+81,000) and greater than in 2020 (+66,000), it remained much lower than the levels observed in previous decades. For the second straight year, natural growth contributed less to population increase than net migration, both before and after adjustment⁽⁴⁾ (106,000 and 140,000, respectively). Immigration is an ever stronger component of the demographic dynamics of France (Lê, 2021).

Figure 1. Quarterly numbers of births and deaths in France, 2010–2022



2. France is one of nine European countries with positive natural growth and net migration

While its population growth is slowing, France is still an exception. In the 27 countries of the European Union (EU-27), the population fell by 170,000 in 2021⁽⁵⁾ due mainly to strongly negative natural growth (−1.2 million). Only nine of the 27 countries, including France, had positive natural growth.⁽⁶⁾ While France was the country with the largest natural growth in absolute terms, it ranks 5th relative to its population (behind Ireland, Luxembourg, Sweden, and Cyprus). These nine countries also have positive net migration and represent a demographic driving force in the EU. Among the 18 countries with negative natural growth, half recorded an overall increase in population due to positive net migration. This was the case in Germany (+82,000 in 2021) and Spain (+40,000), for example. In Italy (−253,000) and Poland (−185,000), positive net migration was not sufficient to offset negative natural growth. In five countries—Greece, Latvia, Croatia, Romania, and Slovakia—net migration and natural growth were both negative.

(4) While net migration is difficult to estimate—hence the regular INSEE adjustments (Breton et al., 2020)—the problem is not specific to France and is shared by many countries (Beauchemin et al., 2021).

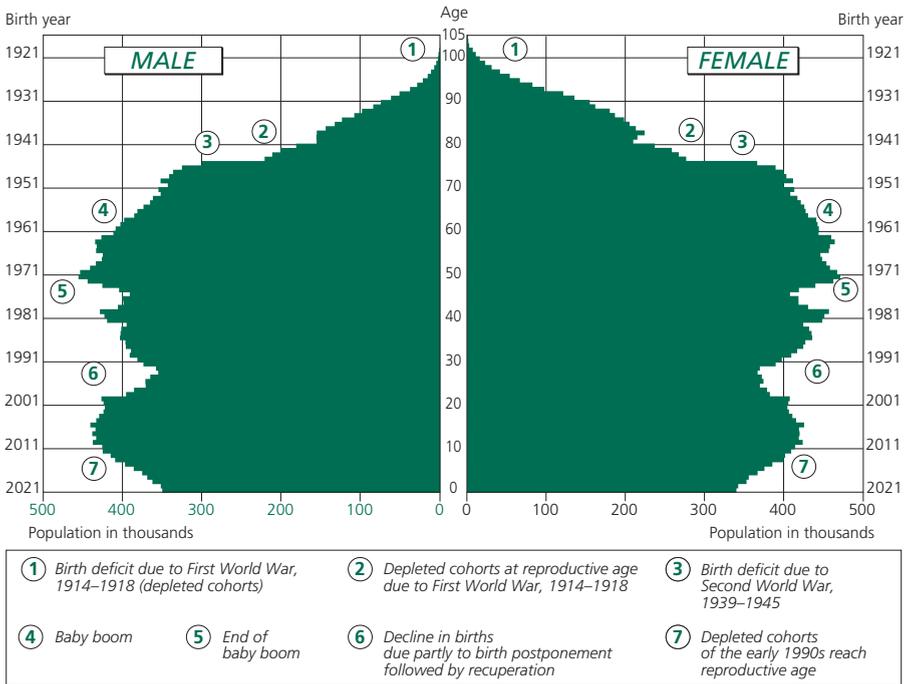
(5) Data available on the Eurostat website: <https://ec.europa.eu/eurostat/en/data/database>

(6) Alongside Ireland (+25,300), Sweden (+22,300), the Netherlands (+8,500), Denmark (+6,300), Belgium (+6,000), Cyprus (+3,000), Luxembourg (+2,200), and Malta (+200).

3. Less rapid ageing in France than in Europe as a whole, but France has the highest dependency ratio

The French population pyramid, which shows the population age–sex structure, is continuing to narrow at the base (i.e. at the youngest ages) due to a steady decrease in births over the last 10 years, and is widening at the top as the baby-boom cohorts grow older (Figure 2). People born in 1945 reached age 75 in 2020, and the share of over-75s has started increasing more sharply over the last 2 years, reaching 9.8% in metropolitan France on 1 January 2022 and 9.9% in France as a whole (Appendix 2). This age group will soon account for more than 10% of the population.⁽⁷⁾

Figure 2. Population pyramid of France on 1 January 2022



Coverage: Whole of France (including Mayotte).

Source: INSEE.

In the 20 years from 2001 to 2021, median age increased by 4.5 years, from 37.6 to 42.1 years.⁽⁸⁾ This increase is smaller than that observed in EU-27 as a whole (+5.7 years, from 38.4 to 44.1 years). Population ageing as measured by this indicator is especially severe in the countries of Eastern Europe (Romania, +8.6 years; Lithuania, +7.9 years; Slovakia, +7.1 years) and Southern Europe

(7) This increase is a follow-on from the increase in over-60s from 2006 and in over-65s from 2011.

(8) Rising from 38.9 to 43.6 years for women and from 36.2 to 40.2 years for men.

(Portugal, +7.9 years; Italy, +7.2 years; Spain, +7.1 years). Sweden and, to a lesser extent, Belgium and Luxembourg, have a more stable age structure, with respective increases of just 1.2, 2.5, and 2.8 years.⁽⁹⁾

Despite a steady decrease in births over the last 10 years, the French population pyramid is among the youngest in Europe (23.9% of under-20s, in second place behind Ireland, with 26.4%).⁽¹⁰⁾ And as the proportion of over-65s is close to the European average, this means that France was the EU country with the highest dependency ratio (0.8) in 2021,⁽¹¹⁾ with almost one person of generally non-working age (under 20 or over 65) for each working-age person (ages 20–64).

4. Strong regional disparities across France

Patterns of change are very variable across the country. To observe them, we use a regional breakdown corresponding to the former French regions,⁽¹²⁾ equivalent to Level 2 of the European Nomenclature of Territorial Units for Statistics (NUTS-2) (Appendix Figure A.1).⁽¹³⁾

Over the 5 years between 1 January 2016 and 1 January 2021, the largest mean annual population increases were observed in Mayotte (+36.7 per 1,000) and French Guiana (+15.3 per 1,000), the two overseas territories that still have a total fertility rate well above replacement level.⁽¹⁴⁾ These two outlier departments with relatively small populations (each representing 0.4% of the national total) are followed by the regions of southern and western France (Figure 3; Corsica, +9.6 per 1,000; Languedoc-Roussillon, +7.1 per 1,000; Aquitaine, +6.9 per 1,000; Midi-Pyrénées, +6.8 per 1,000; Pays de la Loire, +6.0 per 1,000; Rhône-Alpes, +5.6 per 1,000; Brittany, +4.8 per 1,000; Provence-Alpes-Côte d'Azur, +3.8 per 1,000; Île-de-France [Paris region], +3.7 per 1,000; Alsace, +3.6 per 1,000). At the other extreme, two other overseas departments, Martinique (−11.1 per 1,000) and Guadeloupe (−10.3 per 1,000), have seen a population decline. This was also the case in the regions of the east (Lorraine, Champagne-Ardenne, Franche-Comté)

(9) Sweden has moved from being Europe's third oldest country in 2001 (France was 16th) to its fifth youngest in 2021 (France is ninth). The median age has remained stable over the period, partly due to a steady number of births since 2010 and even an increase since 2001 (+25% vs. −8% in EU-27).

(10) Data available on the Eurostat website: <https://ec.europa.eu/eurostat/en/data/database>.

(11) The dependency ratio measures the share of the non-working-age population (children and older adults) with respect to the working-age population (adults), i.e. the ratio of the number (or proportion) of people aged 0–19 and 65+ to the number (or proportion) of people aged 20–64.

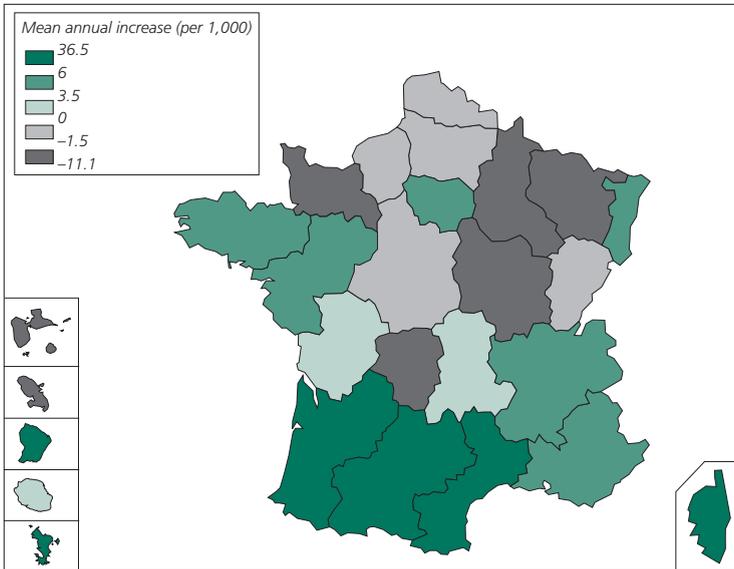
(12) The number of administrative regions of metropolitan France was reduced from 21 to 12 in January 2015. The territorial collectivity of Corsica and the five overseas departments and regions maintained their existing status under various specific arrangements. While the former regions no longer exist on an administrative or political level in France, they continue to exist for Eurostat as NUTS-2 territories (Seys, 2017).

(13) EU-27 is divided into 272 NUTS-2 regions, of which 27 are in France (Eurostat, 2020). The names and geographical location of these regions are shown in Appendix Figure A.1.

(14) Replacement level is between 2.05 and 2.10 children per woman. This is the mean number of children needed to ensure that 100 women give birth to 100 girls who will survive until mean childbearing age.

and the Centre (Limousin, Burgundy, Centre), located in the increasingly pronounced ‘empty diagonal’ (Oliveau and Doignon, 2016; Breton et al., 2017) but also in the regions of northern France (Nord-Pas-de-Calais, Picardie, Basse- and Haute-Normandie). In all, out of the 27 former French regions, 12 experienced population shrinkage between 2016 and early 2021, in which year they represented 29.2% of the population. Declines were recorded in only five regions between 2011 and 2016, when these regions accounted for just 9.3% of the population. The regions where growth became negative between 2016 and 2021 are the former Nord regions (Nord-Pas-de-Calais and Picardie), the two regions of Normandy, and Franche-Comté. Be it positive or negative between 2016 and 2021, the rate of population change slowed in all regions between the 2011–2016 and 2016–2021 periods, except in Alsace, where it remained practically stable (from +3.4 per 1,000 to +3.6 per 1,000).

Figure 3. Mean annual population increase in the French regions (NUTS-2) between 1 January 2016 and 1 January 2021



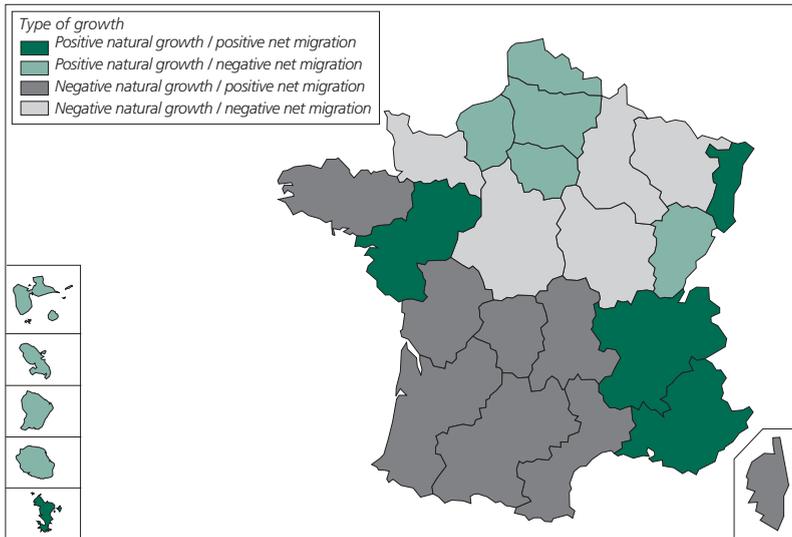
Source: Eurostat, authors' calculations.

While the COVID-19 epidemic—which had a major impact on population structure at the end of the period—did not affect all regions equally (Le Minez and Roux, 2021), the hierarchy of regions in terms of population change remained very similar between the start of the period (from 1 January 2015 to 1 January 2020) and the end (from 1 January 2020 to 1 January 2021).⁽¹⁵⁾ The regions where the population declined between 2020 and 2021 are the same as those where it also fell between 1 January 2015 and 1 January 2020.

(15) Spearman rank coefficient of 0.96.

Total population growth in the regions is due mainly to net migration.⁽¹⁶⁾ Four groups can be defined in terms of their positive or negative natural growth and net migration (Figure 4). In all, five former regions have both negative net migration and negative natural growth. They are all located in the northern half of France. Île-de-France follows a singular pattern, with an increasing population (Figure 3) despite negative net migration (Figure 4).

Figure 4. Natural population growth and net migration in the French regions (NUTS-2) between 1 January 2016 and 1 January 2021



Source: Eurostat, authors' calculations.

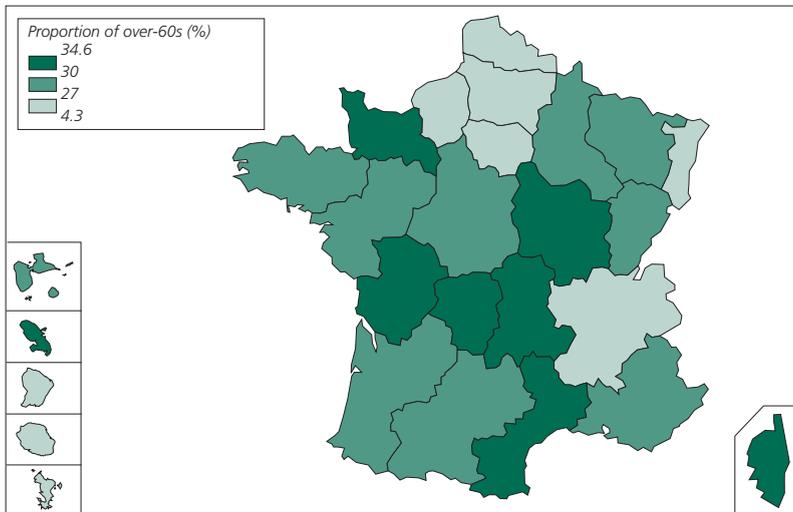
The variability of population growth dynamics in the French regions is unique in Europe, both in terms of total growth (Appendix Figure A.2) and the contribution of its components (Appendix Figure A.3). Regarding population growth, Spain is the only other country with strong regional contrasts, like those observed in France. In other countries, the situation is clearly more homogeneous, with either population growth, as in Sweden, Germany, Austria, Slovenia, and the Benelux countries, or decline, as in Portugal, Italy, Croatia, Greece, Bulgaria, Romania, Hungary, Poland, Finland, and the Baltic countries. Concerning the two components (natural growth and net migration), only Poland and Slovakia, like France, have regions in all the four possible combinations. In Germany, Sweden, and the Benelux countries, all regions have positive net migration combined with either positive or negative natural growth. In Italy, as in all countries of south-eastern Europe (Croatia, Hungary, Romania,

(16) The linear correlation coefficient between total growth over the period 1/1/2016 to 1/1/2021 and net migration rate is 0.62 (r^2) for the regions of metropolitan France, while the coefficient between total growth and natural growth rate is 0.1.

Bulgaria, Greece), natural growth is negative in all regions. This is also the case in Spain, excepting the regions of Madrid, Murcia, and the Balearics, and in Portugal (excluding Lisbon).

The age structures of the former French regions are also very diverse and, again, atypical. The regions with a relatively high proportion of over-60s (+30%) are Languedoc-Roussillon, due largely to retirement migration, but also the regions of central France where populations are declining because younger people are moving away (Figure 5; Brutel, 2022). Conversely, the share of over-60s is relatively small in the overseas regions (excepting the two Caribbean islands), in northern France, and Île-de-France, regions where the population is young and births are numerous, but which also attract students and young workers (mainly in Île-de-France).

Figure 5. Proportion of over-60s in France on 1 January 2021 by region



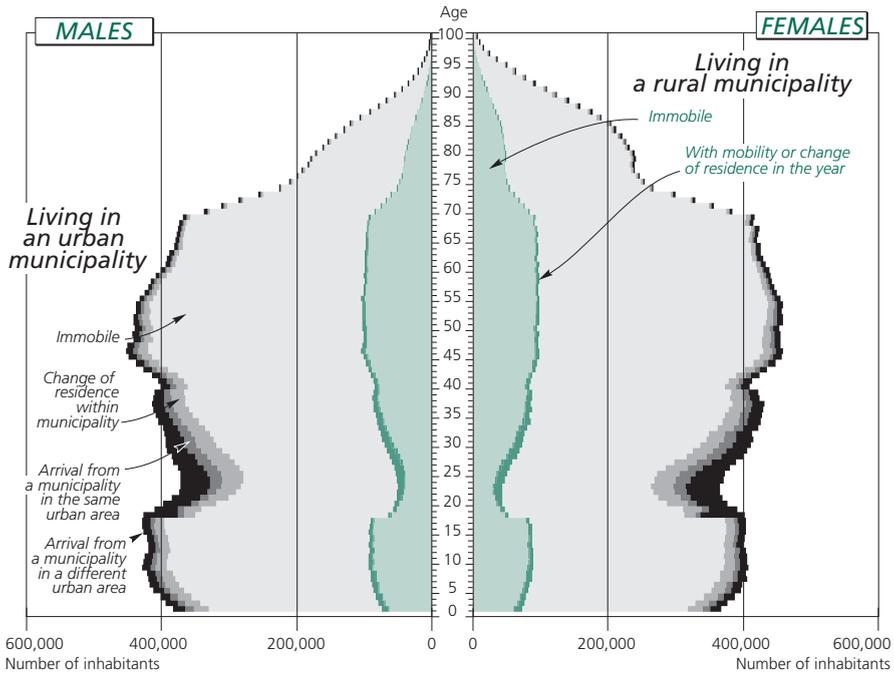
Source: Eurostat, authors' calculations.

At the European level, contrasts between regions are large in some countries, as is the case in France. In Spain, for example, the eastern regions are younger, while in Germany the eastern regions have the oldest populations. In other countries such as Italy, Greece, or Finland, the proportion of over-60s is above 30% in all or most regions. None of the countries of Eastern Europe (Appendix Figure A.4) is in this situation. Studies of age structure and population ageing in the NUTS-2 regions have shown an effect of urbanization, but no rural–urban divergence in ageing is observed between 2003 and 2013 (Kashnitsky et al., 2021). The convergence of age structures in urban and rural areas will depend partly on the demographic dynamics of working-age populations (migration and mortality), in the countries of Eastern Europe especially (Kashnitsky et al., 2017).

5. One in five French people live in a rural municipality

Since November 2020, municipalities qualified as sparsely or very sparsely populated in the municipality density grid are defined by INSEE as rural. (Beck et al., 2022).⁽¹⁷⁾ Under this definition, 1 in 5 French people live in a rural municipality (20% of women and 22% of men). This proportion varies with age. It is highest below age 18⁽¹⁸⁾ and lowest at ages 18–25 (Figure 6), when young adults

Figure 6. Population structure by age and sex in France on 1 January 2019 by place of residence and recent mobility



Urban municipality	% immobile	91.5%
	% women	51.7%
	Mean age of women	56.2
	Mean age of men	56.5
Rural municipality	% immobile	88.2%
	% women	50.1%
	Mean age of women	54.4
	Mean age of men	53.5

Coverage: Whole of France (excluding Mayotte).

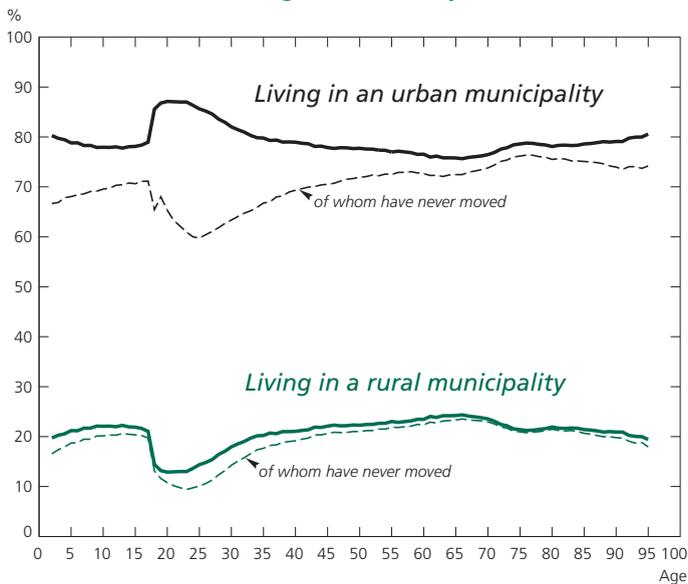
Source: INSEE, detailed census data sets, authors' calculations.

(17) 'The municipality density grid ranks [French] municipalities by their population and the distribution of inhabitants over their land area. Density increases as population size and concentration increases. ... The definition used by the European Union is based on a breakdown of land area into squares of 1 km² and the aggregation of squares of equivalent density into 'clusters'. Each municipality is then placed in a category according to the shares of its population living in the different types of clusters' (<https://www.insee.fr/fr/information/6439600>).

(18) It is also highest at ages 60–65, possibly due to a cohort effect that disappears at older ages and to the effect of rural–urban migration linked to ageing and old-age dependency.

leave home to attend university or to work in towns and cities. The share of women is slightly lower in rural municipalities, and the mean age of the population is slightly younger (Figure 6). The relative proportion of families with small children is higher due to migration at working ages and the movement of dependent older adults to urban settings where care is more easily available. Mobility at municipality level can be measured by estimating the number of people already living in the municipality the previous year (Figure 7, dotted curves). Mobility is high at early adult ages (when people move for reasons of education or employment), but also at advanced ages, above 80, when dependent older adults may need to move to a town to receive care or enter a care home.

Figure 7. Share of French population living in rural and urban municipalities at each age on 1 January 2019



Coverage: Whole of France (excluding Mayotte).

Sources: INSEE, detailed census datasets, authors' calculations.

II. Immigration from third countries

This section describes recent immigration trends⁽¹⁹⁾ based on residence permit statistics. It concerns third-country nationals who are required to hold a residence permit to reside in France, so immigrants from member countries of the European Economic Area⁽²⁰⁾ (EEA) and Switzerland are

(19) Immigrants are defined as persons born outside France to non-French parents, whether or not they subsequently acquire French nationality.

(20) Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom.

excluded (see Box 1 for an estimation based on other sources). To ensure consistency of comparisons over time, the statistics are established for constant geographical areas. We do not count people of nationalities that were formerly required to hold a residence permit but are now exempted.⁽²¹⁾ Due to the delays in registering certain types of residence permit, migration flows cannot be accurately determined beyond 2020. And the effect of the departure of the United Kingdom from the European Union cannot be analysed until statistics for 2021 become available.⁽²²⁾

Inflows of third-country nationals settling legally in France are estimated via the numbers of residence permits and long-term visas valid as residence permits granted by prefectures in France⁽²³⁾ and by embassies and consulates abroad. The relevant data are drawn from the system used by the French Ministry of the Interior to track the status of foreigners residing in France (AGDREF) and transmitted annually to INED. The method developed by d'Albis and Boubtane (2015) is used to construct these flows. It applies the basic principle whereby people are counted in the flows of the year in which they receive their first residence permit valid for 1 year or more.⁽²⁴⁾ This is generally the same as the year of entry, although in some cases it may be later (for example, if the person previously held a more short-term residence permit or if they are a minor). The term *inflows* used here thus corresponds specifically to the flow of people who obtain permanent migrant status as legal, long-term residents in France. It is not an estimation of physical entries into French territory, whose numbers are not directly recorded in France. Likewise, departures are not measured here.

1. An 18% decrease in inflows from third countries in 2020

Table 2 shows inflow data, as defined previously, for the years 2015 to 2020. Entries in 2020 totalled 211,255, far fewer than in 2019. The measures enforced to combat the COVID-19 pandemic included restrictions on international mobility.⁽²⁵⁾ Total inflows fell by 17.8% between 2019 and 2020, the largest recorded drop since the data series was first created (Appendix Table A.3).

The decrease was stronger for holders of residence permits valid for less than 10 years (–18.1%) than for those with a permit valid for 10 years

(21) The nationalities considered may vary from one demographic report to the next in response to legislative changes in rights of residence. Appendix 3 takes account of changes in scope.

(22) The United Kingdom has been counted as a third country since January 2021.

(23) Excepting New Caledonia, Polynesia, and Wallis and Futuna.

(24) The Ministry of the Interior also publishes a complementary series of migration flow statistics based on a count of all first residence permits issued to adults. Its scope is different as it includes residence permits valid for less than 1 year which will not necessarily be renewed by a longer-term permit. The inflows calculated by the Ministry thus include temporary migration.

(25) Under a prime-ministerial order of 18 March 2020, third-party nationals were prohibited from entering France. In coordination with other EU member countries, depending on country of origin and reason for entry, this ban was progressively lifted from 1 July 2020.

Box 1. Estimating inflows from the countries of the European Economic Area (EEA) and Switzerland

By definition, nationals of these countries cannot be counted using data from residence permit registers. INSEE estimates these entries using census data. According to Eurostat, these flows totalled 73,987 people in 2019 compared with 84,275 in 2015. While trending downward, migration from these countries represents a large share of migration towards France. We can thus estimate that more than 90,000 people entered France in 2019 from across the whole of Europe (EEA countries and those included in Table 4), representing around 22% of total inflows. It is nonetheless hazardous to sum estimates from different sources, especially in the case of migration flows, because estimates for a same geographical area vary across sources. INSEE estimates that 215,200 people entered France in 2020 (including from EEA countries and Switzerland), of whom 88,300 from Africa, 68,800 from Europe, 34,700 from Asia, and 23,400 from the Americas and Oceania.^(a)

(a) https://www.insee.fr/fr/statistiques/3633212#tableau-EEurope_radio2

or more (–15.9%). Among the individuals counted, the share of immigrants receiving a residence permit valid for 10 years or more (11.8% in 2020) increased very slightly. Residence permits valid for 10 years or more (typically resident cards) are rarely granted as first permits but generally after one or more permits of less than 10 years.

Table 2. Number of first residence permits valid for more than 1 year by first year of validity and period of validity

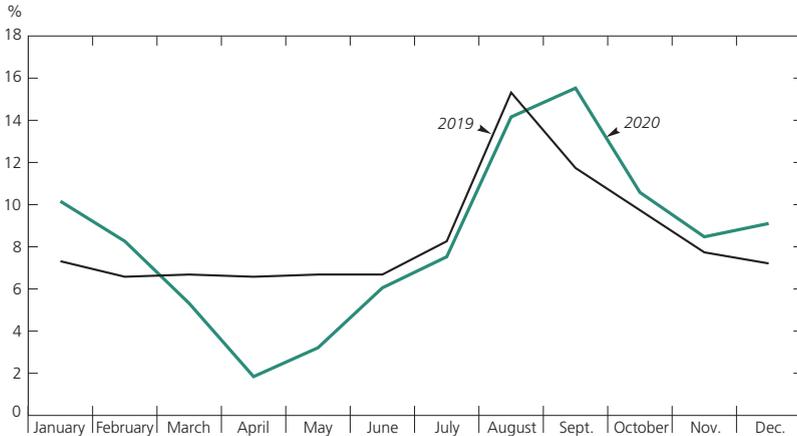
Period of validity	2015	2016	2017	2018	2019	2020
Less than 10 years	187,626	193,163	208,772	222,155	227,409	186,242
10 years or more	22,414	25,191	28,969	27,319	29,728	25,013
Total	210,040	218,354	237,741	249,474	257,137	211,255
Share of permits of 10 years or more in the total (%)	10.7	11.5	12.2	11.0	11.6	11.8

Coverage: Permits granted in France and in embassies and consulates abroad to foreign nationals, excluding citizens of the EEA and Switzerland (constant geographical area from 2015 to 2020). Permits granted in year n and included in the AGDREF data extracted in July of the year $n + 2$. Permits of less than 10 years are valid for between 364 and 3,649 days; permits of 10 years or more are valid for more than 3,649 days.

Source: H. d'Albis and E. Boubtane based on AGDREF data transmitted to INED by the Ministry of the Interior.

Because of the restrictive measures taken to combat the pandemic, 2020 was marked not only by a decrease in the number of residence permits issued but also by a change in their distribution over the year. This can be illustrated by comparing the distribution of permits granted each month in 2019 and in 2020 (Figure 8). Due to the closure of prefectures, only a small share of the annual total was granted during the first lockdown that began on 17 March 2020: only 1.8% of the 2020 total was granted in April compared with 6.6% the previous year. This shortfall was partly offset by an increase in the numbers issued in the last quarter of the year.

Figure 8. Share of annual residence permits granted each month in 2019 and 2020



Coverage: See Table 2.

Source: See Table 2.

2. Other measures of inflows

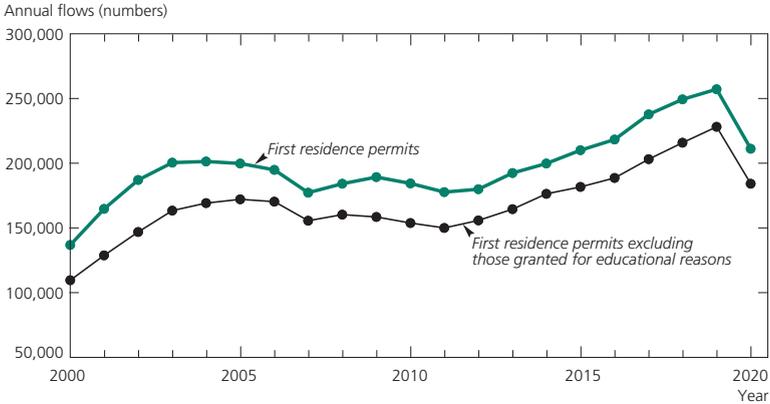
Inflows of foreigners can also be estimated from other statistical sources. INSEE uses population censuses and specifically a question on the place of residence in the year preceding the census survey. According to Eurostat, which disseminates INSEE data, 180,252 third-country nationals entered France in 2019,⁽²⁶⁾ 76,885 fewer than the number estimated based on residence permits (Table 2). This low estimate is perhaps due partly to the non-exhaustive coverage of foreign students in the census survey, even if they remain in France for more than 1 year.

Counting students in migration flows is a complex problem. Under certain statistical conventions, they should be counted if they stay for at least 1 year in the host country; this is the approach applied here. Under others, based on the rules of the National Account System, they should not be counted unless they plan to stay in the host country after completing their education. This is the convention applied by the Organisation for Economic Co-operation and Development (OECD). Flows based on the OECD convention can be estimated using the method proposed by d'Albis and Boubtane (2021b) by applying the rule of the first residence permit valid for more than 1 year to all permits except those granted for educational reasons. Hence, while people who hold a student permit throughout their stay in France are not counted (even if they stay for more than 1 year), those who receive a permit for another reason after holding a student permit are counted in the year of their first change of status. Figure 9 shows inflows since 2000 measured with these two methods. If we ignore first

(26) Variable MIGR_IMM1CTZ; only available for the 2013–2019 period on the Eurostat website at the following address: <http://ec.europa.eu/eurostat/en/data/database> (page accessed on 12 September 2022).

residence permits granted for educational reasons, annual inflows are necessarily smaller (184,210 people in 2020), but the numbers calculated using both methods have been evolving in parallel for the last 2 decades.

Figure 9. Annual inflows based on number of residence permits, including or excluding those granted for educational reasons, 2000–2020



Coverage: See Table 2.

Source: See Table 2.

3. Two-thirds of permits granted to young adults

Whatever the reason for admission, new immigrants counted in total inflows are young. In 2020, people aged 18–34 represented 66% of all arrivals (Table 3) and 73% of all immigrants who were adults when they received their first residence permit. The year 2020 was marked by a sharp decrease in the share of minors, whose number totalled 19,704 (9.3% of admissions), down from 31,491 the previous year. However, this figure for minors should be treated with caution: by definition, only minors with a residence permit⁽²⁷⁾ are counted in inflows. Foreign minors do not have to hold a residence permit but may

Table 3. Distribution (%) of first residence permits valid for 1 year or more by first year of validity and age group

Age group	2015	2016	2017	2018	2019	2020
0–17 ^(a)	10.2	10.3	10.3	10.8	12.2	9.3
18–34	62.5	63.1	64.5	64.0	62.5	66.0
35–64	25.5	24.9	23.7	23.5	23.6	23.2
65+	1.7	1.8	1.6	1.6	1.7	1.5
Total	100	100	100	100	100	100

(a) Foreign minors are not required to hold a residence permit. The first row includes minors born abroad who hold a residence permit.

Coverage: See Table 2.

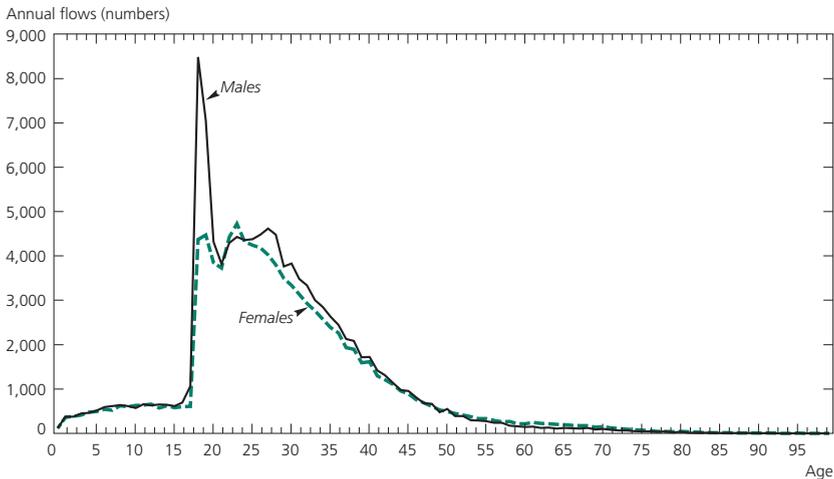
Source: See Table 2.

(27) In most cases, this permit is called a *document de circulation pour étranger mineur*. It was instituted by a decree published on 24 December 1991.

need to obtain one if they wish to travel outside France, for example. This drop in the number of minors is likely a consequence of the border closures linked to the COVID-19 pandemic. Note also that minors born in France to foreign parents are, by definition, not counted as immigrants. The first row of Table 3 thus only includes minors born abroad who hold a residence permit.

Figure 10 gives a more detailed representation of inflows by age and sex in 2020. The spike at ages 18 and 19 observed each year corresponds to people who arrived as minors and who apply for a residence permit when they reach age 18, often to enter the labour market. This spike is very pronounced for men⁽²⁸⁾ and represented more than 15,000 permits at ages 18 and 19. In all, 23.2% of men and 18.2% of women with a new residence permit are below age 20. Students also contribute to the large share of young people in the age distribution of inflows. Apart from the male spike at ages 18–19, the age distributions of women and men are very similar. Their mean age at arrival was 29.0 years and 27.9 years, respectively, in 2020 compared with 29.3 and 29.1 years in 2015, a notable age decrease for men.

Figure 10. Age and sex distribution of first residence permits valid for at least 1 year granted in 2020



Coverage: See Table 2.
Source: See Table 2.

4. Almost two-thirds of permits granted to Africans

The majority of third-country nationals⁽²⁹⁾ who enter France are from Africa, and their share has increased considerably in recent years. Africans accounted for 64.6% of total inflows in 2020 (Table 4), the highest percentage

(28) This difference may be linked to the fact that girls more frequently apply for a residence permit before age 18 than boys, although the reason for this remains unknown.

(29) These inflows do not include nationals from the EEA or from Switzerland.

since this data series was first recorded (d'Albis and Boubtane, 2015). The share of nationals from other continents is correspondingly lower. Inflows of Asian nationals are almost 3 times smaller than inflows of Africans.

Table 4. Breakdown and distribution (%) of first residence permits valid for 1 year or more by first year of validity and continent of origin

Continent of origin	2015	2016	2017	2018	2019	2020
Africa	122,294	126,171	138,921	147,611	157,886	136,544
Americas	21,835	20,437	21,146	22,961	21,977	16,033
Asia ^(a)	51,301	55,920	61,315	63,224	61,735	46,976
Europe ^(b)	13,266	14,541	15,036	14,423	14,251	10,712
Oceania	809	803	924	927	805	632
Total ^(c)	210,040	218,354	237,741	249,474	257,137	211,255
Africa (%)	58.2	57.8	58.4	59.2	61.4	64.6
Americas (%)	10.4	9.4	8.9	9.2	8.5	7.6
Asia ^(a) (%)	24.4	25.6	25.8	25.3	24.0	22.2
Europe ^(b) (%)	6.3	6.7	6.3	5.8	5.5	5.1
Oceania (%)	0.4	0.4	0.4	0.4	0.3	0.3
Total ^(c)	100	100	100	100	100	100

(a) Türkiye is included in Asia.
(b) Europe includes all European countries outside the EEA and Switzerland.
(c) The total is not equal to the sum due to missing values (origin of person unknown).
Coverage: See Table 2.
Source: See Table 2.

Since 2017, women no longer account for the majority of inflows, and in 2020 they represented only 47.3% of total entries versus 51.6% in 2015 (Table 5). In 2020, while there were fewer women than men among inflows from Africa (46.4%) and Asia (44.7%), they formed a large majority among inflows from the Americas (56.6%) and Europe outside the EEA and Switzerland (56.9%). The rising share of inflows from Africa partly explains the decreasing share of women in overall inflows.

Table 5. Share of women (%) among recipients of a first residence permit by first year of validity and continent of origin

Continent of origin	2015	2016	2017	2018	2019	2020
Africa	49.3	48.3	46.7	47.5	46.4	46.4
Americas	56.7	57.3	58.1	57.7	57.6	56.6
Asia	53.0	51.3	48.5	47.9	46.5	44.7
Europe (excluding EEA and Switzerland)	60.0	58.6	58.1	58.3	57.7	56.9
Oceania	52.7	53.5	54.8	52.5	48.8	50.0
Overall	51.6	50.6	48.9	49.2	48.0	47.3

Coverage: See Table 4 and note to Table 6.
Source: See Table 4.

5. A sharper fall in inflows from third countries for employment reasons

Inflows can be broken down by reason for admission stated on the first residence permit valid from more than 1 year (Table 6). Family reasons accounted for the largest share of admissions in 2020, representing 41.1% of the total. The other main reasons were education (28.3% in 2020), humanitarian (12.8%), and employment (11%). Admissions for all reasons decreased in 2020 but to very different extents. In 2020, 86,830 admissions were for family reasons, 18.2% fewer than in 2019, of which 44% concerned people with family ties to a French citizen. Admissions for educational reasons⁽³⁰⁾ in 2020 fell by just 6.8%, to 59,879, probably due to the easing of travel restrictions in the summer of that year. This smaller drop explains the increase in students among 2020 inflows, with admissions for educational reasons reaching a level unequalled since the data series was first established (i.e. since 2000; d'Albis and Boubtane, 2015). There were 27,128 admissions for humanitarian reasons in 2020, a drop of 19.7%. They mainly concern two types of situations: (a) people admitted as refugees, stateless persons, or beneficiaries of territorial asylum or subsidiary protection (23,922 people in 2020)⁽³¹⁾; or (b) foreigners who are ill (2,967 people). The number of

Table 6. Breakdown and distribution (%) of first residence permits valid for 1 year or more by first year of validity and reason for admission

Reason for admission	2015	2016	2017	2018	2019	2020
Family	93,069	89,169	89,849	93,969	106,213	86,830
Education	53,069	56,507	63,809	65,786	64,262	59,879
Humanitarian	19,490	25,866	34,233	31,883	33,800	27,128
including refugee ^(a)	13,265	19,581	30,180	27,887	29,403	23,922
Employment	16,287	18,151	21,812	27,518	30,888	23,166
Other	28,125	28,661	28,038	30,318	21,974	14,252
Total	210,040	218,354	237,741	249,474	257,137	211,255
Family (%)	44.3	40.8	37.8	37.7	41.3	41.1
Education (%)	25.3	25.9	26.8	26.4	25.0	28.3
Humanitarian (%)	9.3	11.8	14.4	12.8	13.1	12.8
including refugee ^(a) (%)	6.3	9.0	12.7	11.2	11.4	11.3
Employment (%)	7.8	8.3	9.2	11.0	12.0	11.0
Other (%)	13.4	13.1	11.8	12.2	8.5	6.7
Total	100	100	100	100	100	100

(a) The refugee row covers permits granted on the following grounds: refugee and stateless, territorial asylum, and subsidiary protection.
Note: The table is updated each year to take account of new information on reasons for admission communicated by the Ministry of the Interior.
Coverage: See Table 2.
Source: See Table 2.

(30) All registered students with a residence permit did actually come to France as these permits are validated by the police after arrival.

(31) Admissions for humanitarian reasons only include people whose asylum application has been processed and approved, so this figure does not include all asylum seekers.

permits granted to refugees has fallen back from the 2017 peak that was due largely to the war in Syria, when 30,180 permits were granted in response to the increase in asylum applications since 2014 (d'Albis and Boubtane, 2018a). Last, with a 25% drop between 2019 and 2020, admissions for employment reasons were severely affected by the restrictions associated with the COVID-19 pandemic. They totalled 23,166 in 2020, broken down into three categories: employees or self-employed (14,502), 'passeport talent'⁽³²⁾ holders (5,192), and seasonal or temporary workers with a residence permit valid for more than 1 year (3,472).

Reasons for admission vary by sex. Women are still over-represented among immigrants admitted for family reasons and under-represented among those admitted for humanitarian and, above all, employment reasons (Table 7). Among students, women are only slightly outnumbered by men.

Table 7. Share of women (%) among recipients of first residence permits valid for 1 year or more by first year of validity and reason for admission

Reason for admission	2015	2016	2017	2018	2019	2020
Family	61.1	61.2	61.3	62.4	60.0	59.5
Education	49.0	49.4	48.1	49.2	48.1	48.8
Humanitarian	41.3	38.9	34.8	34.6	35.3	33.0
Employment	30.2	21.5	16.9	22.9	22.9	19.6
Overall	51.6	50.6	48.9	49.2	48.0	47.3

Coverage: See Table 2.
Source: See Table 2.

Reasons for admission are distributed very differently across continents of origin (Table 8). The main reason for admission from all continents is still family-related, except for people from Asia, among whom this reason is under-represented (28.1% of these admissions in 2020 compared with 41.1% on average). It is over-represented, on the other hand, among Europeans from outside the EEA and Switzerland (50.5%), from Africa (44.5%), and from the Americas (44.4%). Educational reasons are under-represented among third-country Europeans (11.5% compared with 28.3% on average) and over-represented among those from the Americas (30.0%), and Africans (29.6%), while Asians are close to the average (28.5%). Humanitarian reasons account for a large share of permits granted to Asians (25.4% vs. 12.8% on average), notably due to the impact of the Syrian war, and to Europeans (14.7%), and are under-represented among Africans (9.3%) and, above all, those from the Americas (4.3%), for whom employment-related reasons are over-represented (13.3% vs. 11.0% on average), while Europeans are under-represented (8.8%).

Among Africans admitted to France in 2020, the share admitted for educational reasons increased sharply. Despite the pandemic, the number

(32) The 'passeport talent' residence permit is granted to people who are highly qualified, who want to set up a business or invest in France, or who work in the arts. It aims to promote qualified migration (d'Albis and Boubtane, 2021a).

Table 8. Breakdown and distribution (%) of first residence permits valid for 1 year or more by first year of validity, continent of origin, and reason for admission

Continent of origin and reason for admission	2015	2016	2017	2018	2019	2020
Africa						
Family	64,852	60,895	61,468	64,204	71,432	60,766
Education	27,858	31,321	38,288	38,891	39,986	40,367
Humanitarian	8,209	11,329	14,357	13,583	15,563	12,732
Employment	7,026	8,440	10,939	15,307	18,933	14,445
Africa (%)						
Family	53.0	48.3	44.2	43.5	45.2	44.5
Education	22.8	24.8	27.6	26.3	25.3	29.6
Humanitarian	6.7	9.0	10.3	9.2	9.9	9.3
Employment	5.7	6.7	7.9	10.4	12.0	10.6
Americas						
Family	8,228	7,518	7,653	8,279	9,343	7,115
Education	6,504	6,113	6,427	6,806	6,024	4,810
Humanitarian	389	416	709	789	980	683
Employment	2,922	2,514	2,717	3,075	3,055	2,135
Americas (%)						
Family	37.7	36.8	36.2	36.1	42.5	44.4
Education	29.8	29.9	30.4	29.6	27.4	30.0
Humanitarian	1.8	2.0	3.4	3.4	4.5	4.3
Employment	13.4	12.3	12.8	13.4	13.9	13.3
Asia						
Family	14,342	14,791	14,990	15,536	18,192	13,199
Education	16,834	17,261	17,291	18,464	16,749	13,369
Humanitarian	7,882	10,399	15,257	14,366	14,468	11,921
Employment	5,273	6,107	6,901	7,779	7,468	5,439
Asia (%)						
Family	28.0	26.5	24.4	24.6	29.5	28.1
Education	32.8	30.9	28.2	29.2	27.1	28.5
Humanitarian	15.4	18.6	24.9	22.7	23.4	25.4
Employment	10.3	10.9	11.3	12.3	12.1	11.6
Europe (excluding EEA and Switzerland)						
Family	5,268	5,581	5,359	5,554	6,801	5,413
Education	1,743	1,685	1,674	1,495	1,409	1,235
Humanitarian	2,775	3,527	3,700	2,947	2,533	1,578
Employment	868	909	1,004	1,127	1,190	948
Europe (%)						
Family	39.7	38.4	35.6	38.5	47.7	50.5
Education	13.1	11.6	11.1	10.4	9.9	11.5
Humanitarian	20.9	24.3	24.6	20.4	17.8	14.7
Employment	6.5	6.3	6.7	7.8	8.4	8.8
Coverage: See Table 2 and notes to Table 4.						
Source: See Table 2.						

of admissions for educational reasons even increased, rising from 39,986 in 2019 to 40,367 in 2020. Among inflows from the Americas, the share of admissions for educational reasons also rose, although their number decreased. Among Asians, the share admitted for educational and humanitarian reasons increased, with admissions for educational reasons outnumbering those for family reasons (13,369 and 13,199). Last, migration from third-country Europe observed here was marked by a further increase in the share of admissions for family reasons that began in 2019, and a decrease in humanitarian admissions (these were unusually high in 2016 and 2017 due to an inflow of Albanians) (Table 8).

6. Asylum seekers admitted for residence account for almost 19% of inflows from third countries

Asylum seekers may be admitted for residence in France (i.e. receive a residence permit of 1 year or more) in several ways. In the first case, if their application is accepted, they obtain a permit on humanitarian grounds and are counted as ‘refugees’ (Table 6, Row 5). The second case concerns those whose application is rejected, some of whom may be admitted for residence on different grounds, most often family reasons. The rates of admission for residence by date of submission of the asylum application are given in d’Albis and Boubtane (2018a). The perspective here is different. Table 9 shows the

Table 9. Numbers of people admitted for residence after applying for asylum, by first year of validity of first residence permit valid for 1 year or more, and distribution (%) by sex, continent of origin, and reason for admission

	2015	2016	2017	2018	2019	2020
Numbers	27,507	35,262	46,174	44,470	47,353	39,497
Share of women (%)	41.1	39.7	36.6	36.5	36.7	35.3
Continent of origin (%)						
Africa	35.9	36.9	38.2	38.8	42.2	44.6
Americas	4.1	3.0	2.8	2.8	3.0	2.5
Asia	44.0	43.9	45.5	46.0	43.4	42.6
Europe	14.9	15.3	12.9	11.9	10.7	9.6
Reason for admission (%)						
Family	27.1	24.2	21.2	24.0	24.8	25.7
Education	0.5	0.3	0.3	0.3	0.2	0.3
Humanitarian	57.8	62.9	68.9	65.3	65.2	63.5
Employment	6.2	6.3	5.1	5.8	5.5	6.3
<p>Coverage: Permits granted in France and abroad to foreign nationals who applied for asylum between 1985 and the first year of validity of the first residence permit valid for 1 year or more. Permits granted in year n and recorded in the data extracted in July of the year $n + 2$. See notes to Table 4.</p> <p>Source: See Table 2.</p>						

annual number of people having submitted an asylum application to the French Office for the Protection of Refugees and Stateless Persons (OFPRA) and who are admitted for residence, for any reason. They totalled 39,497 people in 2020 and represented 18.7% of overall inflows. The number of asylum seekers admitted for residence fell by 16.6% with respect to 2019, but their proportion in total inflows remained stable. Asylum seekers are not admitted solely on humanitarian grounds, so the total number of admissions is higher than the number admitted for this reason alone; 25.7% of asylum seekers who entered France in 2020 were admitted for family reasons.

The share of women among asylum seekers admitted for residence (33.5% in 2020) is lower than among the general population of residence permit holders. This proportion has been falling sharply since 2015, when it stood at 41.1%. Over recent years, the proportion of Africans has increased steadily, and they now account for the largest share of asylum seekers admitted for residence, at 44.6%, up from 35.9% in 2015. Conversely, the share of Asians is falling, down from 44.0% in 2015 to 42.6% in 2020.

7. Inflows centred on Île-de-France

The inflows presented above concern the whole of France, but spatial disparities are very large (Breton et al., 2017; d'Albis and Boubtane, 2018b). Practically all holders of first residence permits of 1 year or more (96.7% in 2019 and 97.2% in 2020) live in metropolitan France. Table 10 shows the number of permits granted and the inflows to each region of metropolitan France as a share of total inflows. The listed regions correspond to the NUTS-2 regions that existed until 2015. New arrivals are highly concentrated in Île-de-France, which accounted for 40.1% of total inflows to metropolitan France in 2019 and 38.4% in 2020. It is followed by the regions that include France's two other largest cities, Lyon and Marseille: Rhône-Alpes (9.5% of inflows in 2020) and Provence-Alpes-Côte d'Azur (7.9%). These three regions alone account for more than half of all inflows to metropolitan France. Flows to Île-de-France and Provence-Alpes-Côte d'Azur have been trending downward for the last 20 years, however.

Entries of third-country nationals to the overseas departments and regions of France are shown in Table 11. It gives the numbers and share of the total for the five overseas departments and regions, and for three overseas collectivities (Saint-Barthélemy, Saint Martin, and Saint Pierre and Miquelon). Mayotte accounts for more than half of inflows and French Guiana for more than a quarter. Inflows in 2019 represented 1.7% of its estimated population in 2017, a proportion 5 times higher than that of total inflows to France with respect to the French population.

Table 10. Breakdown and distribution (%) of first residence permits valid for 1 year or more by first year of validity and region of residence, metropolitan France

	2000		2019		2020	
	Numbers	Share of total (%)	Numbers	Share of total (%)	Numbers	Share of total (%)
Alsace	4,837	3.6	7,707	3.1	6,175	3.0
Aquitaine	3,572	2.7	8,890	3.6	7,086	3.5
Auvergne	1,274	1.0	3,578	1.4	2,718	1.3
Basse-Normandie	1,004	0.8	2,387	1.0	2,592	1.3
Brittany	2,115	1.6	6,409	2.6	5,811	2.8
Burgundy	1,601	1.2	3,719	1.5	3,411	1.7
Centre	3,440	2.6	7,159	2.9	6,400	3.1
Champagne-Ardenne	1,645	1.2	3,655	1.5	3,197	1.6
Corsica	875	0.7	838	0.3	515	0.3
Franche-Comté	1,809	1.4	2,811	1.1	2,241	1.1
Haute-Normandie	1,810	1.4	4,869	2.0	4,541	2.2
Île-de-France (Paris region)	58,806	44.3	99,734	40.1	78,815	38.4
Languedoc-Roussillon	6,176	4.7	8,037	3.2	6,458	3.1
Limousin	662	0.5	2,025	0.8	1,628	0.8
Lorraine	3,216	2.4	6,149	2.5	5,046	2.5
Midi-Pyrénées	4,518	3.4	10,166	4.1	8,494	4.1
Nord-Pas-de-Calais	4,378	3.3	9,467	3.8	8,833	4.3
Pays de la Loire	3,003	2.3	10,214	4.1	8,666	4.2
Picardie	2,232	1.7	4,702	1.9	4,210	2.0
Poitou-Charentes	1,272	1.0	3,908	1.6	2,696	1.3
Provence-Alpes-Côte d'Azur	12,097	9.1	19,105	7.7	16,314	7.9
Rhône-Alpes	12,415	9.4	23,067	9.3	19,525	9.5
Total	132,757	100	248,596	100	205,372	100
<i>Coverage:</i> See Table 2.						
<i>Source:</i> See Table 2.						

Table 11. Breakdown and distribution (%) of first residence permits valid for one year or more by first year of validity and region of residence, French overseas departments and territories

	2019		2020	
	Numbers	Share of total (%)	Numbers	Share of total (%)
Guadeloupe	631	7.4	262	4.5
French Guiana	2,153	25.2	1,531	26.0
Réunion	865	10.1	743	12.6
Martinique	316	3.7	237	4.0
Mayotte	4,396	51.5	2,955	50.2
Overseas collectivities	180	2.1	155	2.6
Total	8,541	100	5,883	100
<i>Coverage:</i> See Table 2.				
<i>Source:</i> See Table 2.				

III. Births and fertility

1. An increase in births after an atypical year in 2020

According to the most recent INSEE estimates, 742,500 children were born in 2021,⁽³³⁾ 7,300 more than in 2020 but fewer than in 2019 (753,400), the last year before the COVID-19 pandemic. This slight increase in births between 2020 and 2021 is due mainly to a catch-up effect following the slump observed between November 2020 and March 2021 (Brée et al., 2021). Contrary to certain predictions, including those formulated in the 2021 demographic report (Breton et al., 2021), this deficit of births has now been fully offset. The second lockdown in late 2020 (30 October to 15 December) had no apparent impact (no reduction in births in July and August 2021), and it is too early to assess the repercussions of the third lockdown in 2021 (3 March to 3 April).⁽³⁴⁾ However, the effects of these second and third lockdowns are more difficult to measure as they partly coincide with the period of recovery in births following the end of the first lockdown. That said, the population has likely become used to these periods of uncertainty linked to COVID-19 and reassured by the arrival of effective vaccines.

The year 2021 was marked by large seasonal fluctuations (a peak in births in October and not in July) and by an unprecedented amplitude, with a difference of more than 7,000 births between the months with the most and with the fewest births (February), compared with 3,500 to 4,000 in a normal year (Figure 11). The seasonality of births in the first months of 2022 appears to be returning to the pattern observed before the health crisis.

This was the seventh consecutive year that the number of births fell below 800,000 and the second with fewer than 750,000. A similar situation was observed between 1989 and 1999, with a very sharp dip in 1993 and 1994 (Appendix A.1), around 25–30 years ago.⁽³⁵⁾ Under a stable fertility regime (timing and intensity of fertility), the current dip in births was relatively predictable, given the slightly smaller size of the mean cohort⁽³⁶⁾ of women of reproductive age contributing to fertility in the year. If fertility behaviours remain unchanged, the number of births should remain below 800,000 for at least another 3 or 4 years.

In 2021, the increase in births is linked mainly to a change in behaviour (increase in age-specific fertility rates).

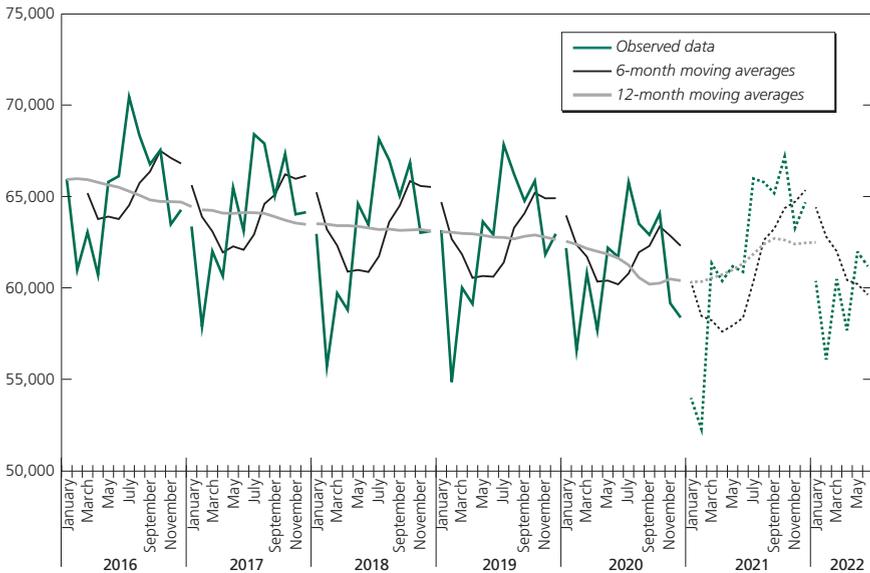
(33) This figure was obtained by summing the monthly birth estimates published on 28 July 2022. It is slightly higher (+0.5%) than the figure of 738,000 births published in early January. It will be recalibrated in early 2023.

(34) The second and third lockdowns were less stringent (reopening of schools and resumption of activity in numerous economic sectors).

(35) The dip in births in the early 1990s was linked to a long-term increase in age at childbearing and a probable postponement of births due to the economic crisis and the high levels of youth unemployment at that time.

(36) This number is obtained by combining the components of fertility timing in the year with the age structure in that same year. For more details, see the 2021 demographic report (Breton et al., 2021, p. 599). The detailed breakdown is not given here, but the figure fell from 405,395 to 404,772.

Figure 11. Monthly variation in births in France, January 2016 to June 2022



Note: Dotted lines indicate estimated data.

Coverage: Whole of France (including Mayotte since 2014).

Sources: INSEE, civil records and population census, authors' calculations.

2. A slight fertility rebound after 6 years of decline

The total fertility rate (TFR)⁽³⁷⁾ in 2021 was 1.83 children per woman for the whole of France and 1.80 for mainland France and Corsica, up slightly on the previous year in both cases but still below the rates of the years preceding the health crisis (Table 12). This slight rebound is due entirely to the fertility of women aged 30 and over, primarily the 30–34 age group (+20 per 1,000) and the 35–39 age group (+12 per 1,000). The steady increase in fertility after age 40 observed since the 1980s in France (Daguet, 2022), levelled off in 2021, doubtless due to the health crisis and the restriction of medically assisted reproduction services (Brée et al., 2021). Fertility before age 30 continued to decline. The age-specific fertility curve is increasingly symmetrical on either side of the peak childbearing age (Figure 12), which is gradually shifting to the right, from 29 years in 2000 to 30 years in 2007 and 31 years in 2019.

The mean age at childbearing is still rising (30.9 years in 2021). This is due mainly to the increase in age at first birth, which also pushes back the mean age at childbearing, and the mean age at second and third birth (Figure 13). These increases are almost parallel, but with a slightly steeper slope for the increase in mean age at first birth.⁽³⁸⁾

(37) Calculated as the sum of age-specific fertility rates over the period considered.

(38) The trend can be modelled by birth order with a linear regression (mean age by year). The slopes of the regression lines are 0.109 for first births, 0.073 for second births, and 0.057 for third births, with a parallel trend by birth order.

Table 12. Fertility by age group in France, 2016–2021

Age reached in the year	Sum of age-specific rates (per 1,000 women)						Absolute variation*				
	2016	2017	2018 (p)	2019 (p)	2020 (p)	2021 (p)	2016 2017	2017 2018 (p)	2018 2019 (p)	2019 2020 (p)	2020 2021 (p)
Under 20 years	32	30	29	28	26	24	-2	-1	-1	-2	-2
20–24	232	224	215	212	201	187	-8	-9	-3	-11	-14
25–29	575	559	545	539	525	518	-16	-14	-7	-14	-7
30–34	645	636	634	633	624	644	-9	-3	-1	-9	20
35–39	345	345	347	350	347	359	0	2	3	-3	12
40–44	89	92	94	96	95	95	3	2	2	-1	0
45+	6	6	7	7	7	7	1	0	1	0	0
Total (TFR*)	1,924	1,895	1,870	1,864	1,824	1,834	-29	-25	-6	-40	10
Mean age	30.5	30.5	30.6	30.7	30.8	30.9	0.0	0.1	0.1	0.1	0.1

* TFR: total fertility rate (sum of age-specific fertility rates) expressed as a mean number of children per 1,000 women. Due to rounding, the total may differ slightly from the sum, and the variations may not correspond exactly to apparent differences.
(p) Provisional data.
Coverage: Whole of France (including Mayotte since 2014).
Source: INSEE, authors' calculations.

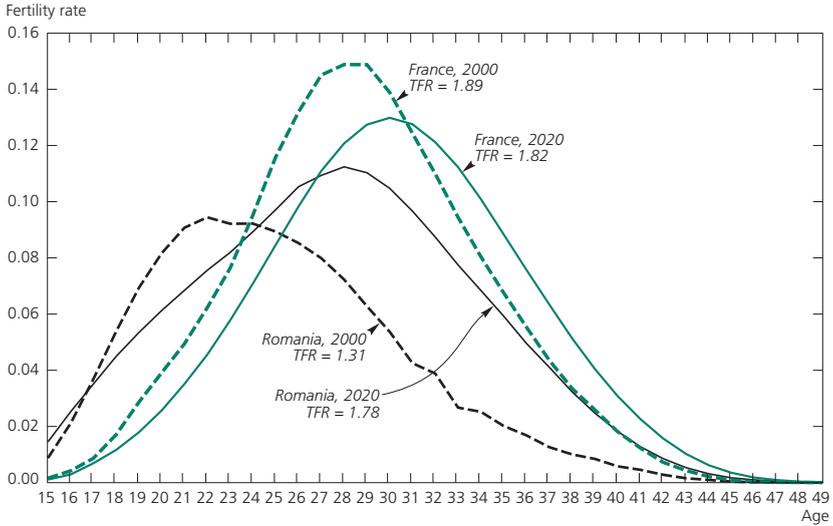
Women born in 1986 turned 35 in 2021. Assuming that fertility behaviours beyond age 35 will be the same as those observed the previous year (constant age-specific fertility rates), this birth cohort will not be fully replaced if its completed fertility is 2.01 children. Completed fertility may thus decrease from the 1982 to 1986 birth cohorts (Appendix 5),⁽³⁹⁾ but more slowly than the TFR, whose level and trends depend on changes in completed fertility across cohorts and the increase in age at childbearing. The completed fertility of the 1986 birth cohort may thus be equivalent to that of the 1968 cohort, but higher than that of the 1972 cohort (1.99 children per woman). France is still one of the few EU-27 countries, alongside Ireland and Sweden, with near-replacement levels of fertility, until the 1980s birth cohorts at least (Breton et al., 2019).

Despite the acceleration of fertility decline due to the pandemic, France was still the EU-27 country with the highest TFR in 2020. But its lead is now very small, with respect to Romania especially, where period fertility has been increasing each year since 2011 to reach 1.80 in 2020.⁽⁴⁰⁾ As in practically all Eastern European countries, fertility in Romania fell very sharply in the decade following the collapse of the Eastern Bloc and then rebounded somewhat, but not to its previous level. While the period fertility of France and that of Romania have been converging in recent years, and were similar in 2020, their age profiles are very different; fertility at young ages remains very high in Romania

(39) This scenario may seem somewhat pessimistic as fertility rates above age 35 fell between 2019 and 2020 due to the COVID-19 pandemic. But if the variations between 2018 and 2019 are applied, rather than those observed between 2019 and 2020, the result is identical. The correlation between observed completed fertility and cumulative fertility at age 35 is very strong ($r^2 = 0.99$ for the 1960–1970 cohorts).

(40) Estimate published by Eurostat and which contradicts the decrease initially announced in 2021.

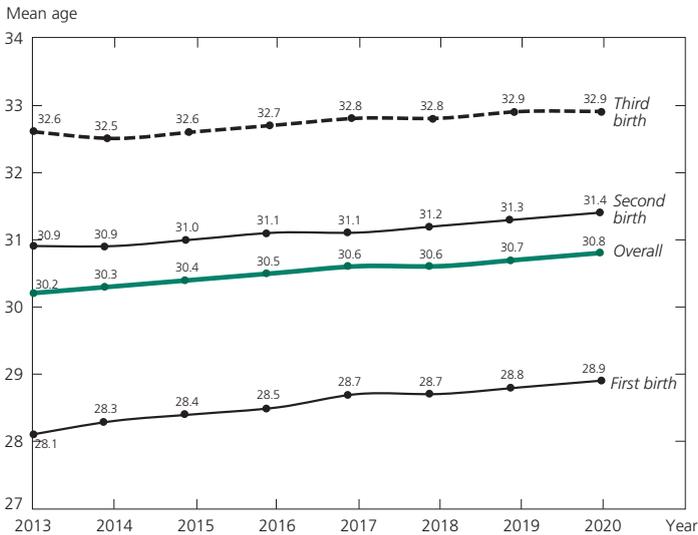
Figure 12. Age-specific fertility in the two EU-27 countries with the highest period fertility in 2020, France and Romania, 2000 and 2020



Note: The rates for 2020 are 1-year moving averages (15 and 49 years), 3-year moving averages (16 and 48 years) and 5-year moving averages for the other ages.

Source: Eurostat, authors' calculations.

Figure 13. Mean age at childbearing by birth order of children, France, 2014–2020



Coverage: France.

Sources: Eurostat, INSEE estimates based on the own-children method applied to annual census surveys (Davie and Niel, 2012; Breton et al., 2019).

(Figure 12). The pattern of age-specific fertility in Romania hints at the existence of two populations with different behaviours: one that has started to postpone births and to adopt behaviours akin to those of Western Europe, and a second that maintains the tradition of early fertility characteristic of Eastern European countries. This polarization is similar to that observed in England and Spain in the 2000s (Chandola et al., 1999; Kostaki and Paraskevi, 2007).

3. Fertility variations across French regions

According to the provisional estimates transmitted to Eurostat by INSEE, fertility declined in all the former French regions (NUTS-2) between 2019 and 2020, except Guadeloupe. The largest decreases were observed in Mayotte (−9.8%) and Martinique (−5.5%), but also in Auvergne (−4.0%), Lorraine (−3.7%), Poitou-Charentes, and Corsica (−3.5%). They reflect the economic and health impact of the COVID-19 pandemic (Brée et al., 2021). This decline did not change the hierarchy of regions observed before the health crisis (Desplanques, 2011; Aerts, 2013; Breton et al., 2017). The differences in fertility profiles and across regions remain small:⁽⁴¹⁾ in 2019–2020, three-quarters of the NUTS-2 regions had a TFR between 1.66 and 1.93 (1.63 and 1.86 for metropolitan France) and a mean age at childbearing between 30.1 and 31.0 years (30.1 and 20.9 years in metropolitan France) (Table 13). The regions can be divided into four groups by age-specific fertility rate (Figure 14):

- Regions of metropolitan France with relatively early fertility timing (peak fertility between ages 25 and 29) and a TFR generally between 1.7 and 1.8, except in Lorraine (1.6) and Centre-Val de Loire (1.9). More than half of the regions of metropolitan France are in this group (12), and most are located in the north, north-east, north-west, and centre of France (Figure 14, Group 1).
- Regions of metropolitan France with relatively late fertility timing (peak fertility between ages 30 and 34). This group includes eight regions that can be divided into two subgroups, the first comprising the south-western regions and Alsace, where the TFR is between 1.6 and 1.7, and the second comprising the western and south-eastern regions, with TFRs between 1.8 and 1.9 (Figure 14, Group 2).
- The overseas regions form a third group, with very high levels of fertility before age 25 in Martinique, Guadeloupe, and Réunion, and at all ages for French Guiana and Mayotte, not shown here (Figure 14, Group 3).
- ‘Atypical’ regions of metropolitan France, including Île-de-France, which has high fertility above age 30 (mean age 32.1 years), and Corsica, where rates are lower in all age groups (TFR = 1.4) (Figure 14, Group 4).

While differences across the regions of metropolitan France are small, they are persistent and correspond to differences in the socio-economic structure

(41) Excluding French Guiana and Mayotte, where fertility is still above 3.5 children per woman.

Table 13. Fertility indicators in the French regions (NUTS-2), 2010 and 2020

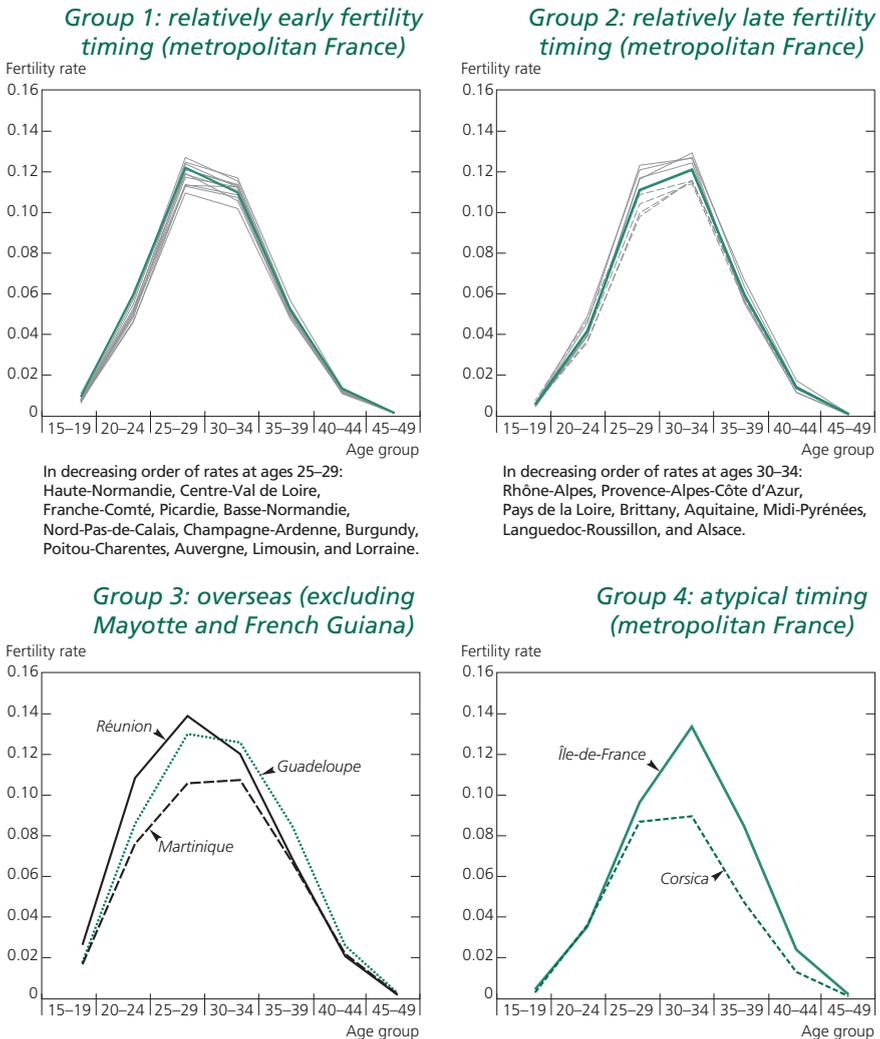
Region	Total fertility rate		Mean age		Proportion of births outside marriage	
	2009–2010	2019–2020	2009–2010	2019–2020	2010	2020
France	2.02	1.84	29.9	30.8	54.9	62.2
Alsace	<i>1.86</i>	<i>1.67</i>	29.9	30.8	46.4	53.5
Aquitaine	<i>1.84</i>	<i>1.64</i>	30.1	31.0	60.6	68.9
Auvergne	<i>1.88</i>	<i>1.70</i>	29.7	30.4	60.1	71.0
Basse-Normandie	2.01	1.75	29.4	30.2	62.3	72.7
Burgundy	<i>1.94</i>	1.75	29.5	30.2	57.4	66.7
Brittany	2.02	1.77	30.0	30.7	60.4	71.6
Centre–Val de Loire	2.07	1.87	29.5	30.3	56.6	65.7
Champagne–Ardenne	1.99	1.77	29.2	29.8	60.2	69.2
Corsica	<i>1.63</i>	<i>1.39</i>	30.0	30.9	58.1	<i>61.0</i>
Franche-Comté	2.06	1.78	29.4	30.2	54.0	62.9
Haute-Normandie	2.08	1.86	29.2	30.1	60.3	67.7
Île-de-France	2.04	1.91	31.1	32.0	<i>46.0</i>	<i>48.9</i>
Languedoc-Roussillon	1.97	1.77	29.8	30.6	58.1	65.1
Limousin	<i>1.82</i>	<i>1.69</i>	29.5	30.2	62.4	72.3
Lorraine	<i>1.83</i>	<i>1.61</i>	29.5	30.2	<i>54.7</i>	<i>63.0</i>
Midi-Pyrénées	<i>1.85</i>	<i>1.66</i>	30.3	31.1	58.7	66.4
Nord-Pas-de-Calais	2.09	1.84	<i>29.1</i>	<i>30.0</i>	57.3	66.1
Pays de la Loire	2.12	1.84	29.7	30.5	58.1	69.6
Picardie	2.09	1.83	<i>29.1</i>	<i>30.0</i>	60.3	68.2
Poitou–Charentes	<i>1.93</i>	<i>1.69</i>	29.4	30.1	64.1	73.7
Provence-Alpes-Côte d'Azur	2.03	1.94	30.1	30.8	<i>54.0</i>	<i>60.1</i>
Rhône-Alpes	2.05	1.85	30.2	31.0	49.2	56.5
Guadeloupe	2.13	2.33	29.4	30.2	77.2	84.1
French Guiana	3.43	3.71	<i>28.0</i>	<i>29.0</i>	87.5	89.3
Réunion	2.37	2.38	<i>28.4</i>	29.2	71.9	78.2
Martinique	2.05	1.95	<i>29.3</i>	30.1	76.6	80.9
Mayotte	—	4.39	—	28.9	—	91.8

Note: The fertility rates are a mean of the rates from two years (2009–2010 and 2019–2020). The highest one-third of indicators are in bold, the lowest one-third are in italics.

Source: Eurostat and civil records, authors' calculations.

of their populations. In northern and eastern France, for example, entry into adulthood occurs at a younger age, and the share of low-educated women is above the national average (Breton, 2010). Sociocultural factors linked to family systems (as defined by Le Bras and Todd in 2012) may also play a role, with a high prevalence of 'stem families' in the south-west, and of nuclear families in

Figure 14. Models of age-specific fertility in the French regions (NUTS-2), 2019–2020



Note: The fertility rates are a mean of the rates in 2019 and 2020.
 Source: Eurostat, authors’ calculations.

the north-west.⁽⁴²⁾ This observation is consistent with findings at the departmental level described in the 2017 demographic report (Breton et al., 2017).

As is the case at the national level, the TFR has been falling each year since 2010 in practically all regions (Table 13). The decline has been sharpest in the

(42) The *stem family* model is an extension of the *household society* system defined by ethnologists. It refers to a system of social organization built around a unique heir. The term ‘nuclear family’ refers to a system in which parent–child relations are liberal, and relations between siblings are egalitarian or relatively egalitarian.

Poitou-Charentes and Nord-Pas-de-Calais regions (−12.4%) and in Provence-Alpes-Côte d'Azur (−4.4%). The TFR is increasing in just four regions—Réunion (+0.4%), Mayotte (+6.0%), French Guiana (+8.2%), and Guadeloupe (+9.4%)—all located overseas. These increases are partly attributable to the particular characteristics of migration flows in these regions, with the departure of more highly educated populations and the arrival of less educated migrants.

At the European level, recent geographical studies show a relative convergence of fertility intensity between 1960 and 2015 within NUTS-2 regions and a weakening of the effects of living in a particular country (Buelens, 2022). Conversely, these studies reveal a persistence of cross-country disparities and particularities in fertility timing, beyond subnational differences, linked mainly to the presence or absence of large cities: age at childbearing is later in the most urbanized countries (Buelens, 2021). Other studies at the NUTS-2 level have shown that the effects of the 2008 economic crisis varied across regions but that the impact at national level was a more important factor than local characteristics (Matysiak et al., 2021). France was among the countries where fertility was least affected by this crisis (Papon, 2021). While France has ranked 1st in Europe for fertility for many years, in 2019–2020, it was the country where subnational variance was greatest among those with at least eight NUTS-2 regions.⁽⁴³⁾ This dispersion is largely due to the presence of Mayotte and French Guiana. Even when these two territories are excluded, France is still among the countries with the highest level of dispersion, alongside Southern countries (Spain, Italy, and Greece) and certain Eastern countries (Romania and Hungary). Dispersion is twice as large as in Germany, Belgium, Sweden, and the Czech Republic (Appendix Figures A.5 and A.6).

4. Higher rural fertility

Beyond the regional dimension, fertility in France varies substantially at the more local pseudo-canton level (Breton, 2010; Daguet, 2021; INSEE, 2021).⁽⁴⁴⁾ All these spatial analyses of differential fertility confirm the powerful effect of social and economic structures on these disparities, often proxied by education, and more specifically by level of qualification, but also by living standard (Reynaud, 2022). French studies of fertility differentials by socio-economic variables often use indirect methods based on census microdata, such as the own-children method.⁽⁴⁵⁾ These methods generally underestimate fertility (under-reporting of very young children, no way of linking certain children

(43) Variance is measured by the coefficient of variation (standard deviation/mean). The countries with at least eight NUTS-2 regions are Austria, Belgium, Czech Republic, France, Germany, Greece, Italy, Hungary, the Netherlands, Poland, Romania, Spain, and Sweden.

(44) Grouping of one or more entire municipalities.

(45) See 'Box 1. Using census data to estimate cumulative fertility at age x ' in the 2020 article on demographic trends (Breton et al., 2020, p. 476). This method provides good estimates for mothers up to age 35. One of the earliest studies of this kind in France dates back to the mid-1990s (Desplanques, 1993).

to their mother in a household, etc.) but can be used to assess the effect of certain characteristics by looking at relative differences.⁽⁴⁶⁾

Urban fertility is slightly lower than in rural areas (those outside urban units), where estimated cumulative fertility at age 35 is 1.14 times higher than in urban areas. This is partly linked to the larger share of highly educated women in urban areas (Table 14) who have fewer children. Cumulative fertility at age 35 decreases more sharply with educational level in urban than in rural areas, where educational differences are less pronounced. The urban–rural

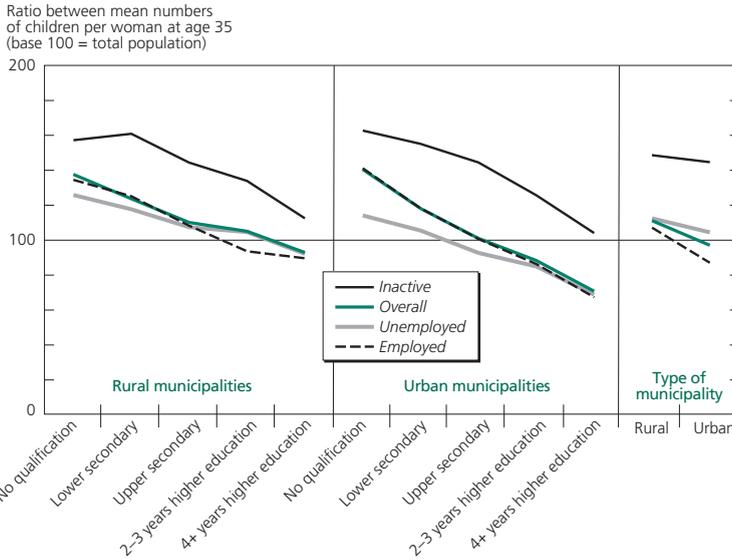
Table 14. Distribution and structure of female fertility at age 35 by education, labour market status, and place of residence, France, 2019

	Rural (20.8%)			Urban (79.2%)		
	% of total	% of the category	Fertility rate	% of total	% of the category	Fertility rate
No qualification						
Employed	2.4	48.1	1.35	3.4	35.1	1.41
Unemployed	1.0	19.8	1.26	2.3	23.9	1.14
Inactive	1.6	32.2	1.57	4.0	41.0	1.63
Overall	5.0	100.0	1.38	9.7	100.0	1.41
Lower secondary						
Employed	17.4	72.9	1.25	11.9	58.8	1.18
Unemployed	3.8	15.9	1.18	4.3	21.4	1.06
Inactive	2.7	11.2	1.61	4.0	19.8	1.55
Overall	23.9	100.0	1.24	20.2	100.0	1.18
Upper secondary						
Employed	21.7	83.4	1.08	15.0	71.0	1.01
Unemployed	2.5	9.5	1.07	3.2	15.4	0.93
Inactive	1.8	7.1	1.44	2.9	13.7	1.44
Overall	26.1	100.0	1.10	21.1	100.0	1.01
2–3 years higher ed.						
Employed	36.1	90.7	0.94	29.7	82.6	0.86
Unemployed	2.2	5.6	1.05	3.4	9.5	0.85
Inactive	1.5	3.7	1.34	2.9	7.9	1.26
Overall	39.8	100.0	1.05	36.0	100.0	0.88
4 or more years higher ed.						
Employed	9.1	89.0	0.90	19.5	85.9	0.67
Unemployed	0.7	6.6	0.92	1.9	8.2	0.69
Inactive	0.5	4.4	1.12	1.3	5.9	1.04
Overall	10.2	100.0	0.93	22.7	100.0	0.71
Total	100		1.11	100		0.97
<i>Note:</i> Fertility rate = ratio between estimated cumulative fertility at age 35 of the category concerned to that of all women aged 35.						
<i>Coverage:</i> Women aged 35 at time of census in the whole of France (excluding Mayotte).						
<i>Source:</i> INSEE, annual census surveys 2017, 2018, 2019, 2020, and 2021, authors' calculations.						

(46) Based on the assumption, used here, that the degree of underestimation is similar in the different categories.

differential is especially large for the most highly educated women (4 or more years of higher education): the ratio of the cumulative fertility at age 35 of highly educated rural women to that of all women in France is 0.92, and to urban women it is 0.69. These same ratios are 1.05 and 0.89 for women with 2 or 3 years of higher education. The differences are much smaller, or even negligible, for low-educated women (Figure 15, green curves).

Figure 15. Cumulative fertility at age 35 by educational level, employment status, and place of residence, France, 2019



Note: The reference category is all women.

Coverage: Women aged 35 at time of census in the whole of France (excluding Mayotte).

Source: INSEE, annual census surveys 2017, 2018, 2019, 2020, and 2021, authors' calculations.

Beyond urban–rural residence and educational level, women's fertility also depends on employment status; the weaker the attachment to the labour market, the higher the level of fertility (Figure 15, black curves).

Whatever their employment status or education, rural women, excepting the least educated, have higher fertility. The direction of causation is difficult to determine, however. For an equivalent level of education and labour market status, rural living may favour fertility (more affordable housing and proximity to family, friends, and carers). Alternatively, couples wanting more children may prefer to settle in a rural area.

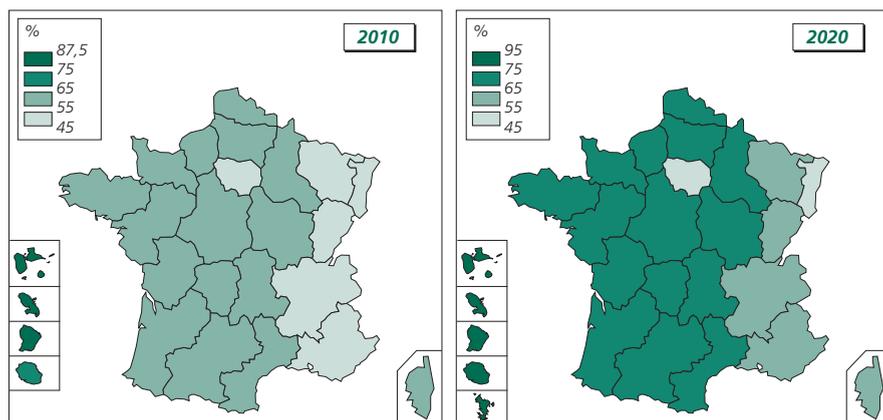
5. Fewer births outside marriage and more traditional child names in eastern France and Île-de-France

The uptrend in non-marital births in France is continuing, with the share reaching 63.5% in 2021 (up from 62.2% in 2020). In 2020, this proportion

was the highest in Europe, ahead of Bulgaria (59.6%), Portugal (59.7%), and Sweden (55.2%). This is almost double the share observed in Italy (33.8%), Germany (33.1%), and Romania (32.1%), and almost 5 times higher than that of Greece (13.8%). The European rankings are the same as those of 2018 (Breton et al., 2019).

At the regional level, the differences observed in 2020 were quite large, with the lowest shares in Île-de-France (48.9%) and Alsace (53.5%) and the highest in Poitou-Charentes (73.7%), Basse-Normandie (72.7%), and Limousin (72.1%) for metropolitan France, and in all the overseas regions (between 91.8% in Mayotte and 78.2% in Réunion) (Table 13). These proportions are rising in all regions. However, this increase is not correlated with the initial level of 2009–2010 ($r^2 = 0.1$), and the regions of eastern France, with their more ‘traditional’ family behaviours, are still outliers (Figure 16). The increase is especially strong in the three north-western regions (Pays de la Loire, Brittany, and Basse-Normandie) and in Auvergne, but it is slower in the overseas regions where the proportion of births outside marriage is high, and likewise in Île-de-France, where the proportion is low.

Figure 16. Proportion of births outside marriage in the French NUTS-2 regions in 2010 and 2020



Source: INSEE, civil records, authors' calculations.

The use of double family names increased again slightly in 2020, with 12% of children bearing the name of both their mother and father (vs. 11.8% in 2019), generally the father's name followed by the mother's (Table 15). To gauge the prevalence of this practice, it is preferable to calculate this proportion, whatever the order of names, with respect to children who bear their father's name only. This is because the proportion of children with the mother's name only is correlated with that of births not recognized by the father and with non-marital births (Breton et al., 2021). In 2020, this proportion was 12.9% (vs. 12.6% in 2019). Among children who bear their father's name, the proportion

with double names exceeds 15% in Aquitaine, Corsica, Midi-Pyrénées, Réunion, Languedoc-Roussillon, and Poitou-Charentes, and is below 11% in Haute-Normandie, Lorraine, Alsace, Nord-Pas-de-Calais, Franche-Comté, and Mayotte (Table 15).

Table 15. Family name attribution in the NUTS-2 regions, France, 2020

Region	Attribution of family name				
	Father's name only	Mother's name only	Father's name followed by mother's	Mother's name followed by father's	Double name prevalence index
France	81.1	6.9	9.3	2.7	12.9
Alsace	84.8	5.5	7.3	2.5	<i>10.3</i>
Aquitaine	77.5	4.8	14.1	3.5	18.6
Auvergne	83.5	4.8	9.4	2.3	12.3
Basse-Normandie	83.3	5.2	9.1	2.4	12.1
Burgundy	82.7	4.9	9.7	2.6	13.0
Brittany	82.0	4.5	10.8	2.7	14.1
Centre-Val de Loire	80.6	5.7	10.8	2.9	14.5
Champagne-Ardenne	79.9	9.6	8.4	2.2	11.7
Corsica	79.6	3.8	11.8	4.8	17.2
Franche-Comté	86.0	5.6	6.6	1.8	8.9
Haute-Normandie	84.1	5.9	8.1	1.9	<i>10.7</i>
Île de France	82.8	4.7	9.4	3.2	13.2
Languedoc-Roussillon	<i>78.1</i>	7.0	12.2	2.6	16.0
Limousin	80.0	6.8	10.5	2.7	14.2
Lorraine	84.8	5.4	7.6	2.2	<i>10.4</i>
Midi-Pyrénées	78.9	5.2	12.8	3.2	16.8
Nord-Pas-de-Calais	84.4	6.8	7.0	1.8	9.4
Pays de la Loire	82.5	5.2	9.7	2.5	13.0
Picardie	80.7	7.9	9.2	2.1	12.3
Poitou-Charentes	78.8	6.4	11.9	2.9	15.8
Provence-Alpes-Côte d'Azur	82.9	5.5	9.2	2.4	12.3
Rhône-Alpes	85.5	3.5	8.3	2.6	11.4
Guadeloupe	30.0	65.7	3.3	1.0	12.5
French Guiana	39.3	55.5	3.7	1.5	11.6
Réunion	61.4	26.4	8.5	3.7	16.5
Martinique	36.4	58.5	3.0	2.1	12.2
Mayotte	90.6	8.8	0.4	0.1	0.6

Note: The fertility rates are a mean of the rates from two years (2009–2010 and 2019–2020). The highest one-third of indicators are in bold, and the lowest one-third are in italics.

Sources: Eurostat, authors' calculations.

IV. Induced abortions

1. More than three-quarters of induced abortions are medical abortions

In 2021, 224,200 induced abortions were performed in France,⁽⁴⁷⁾ including 209,000 in metropolitan France (Table 16; Appendix Table A.6). Abortions slightly increased between 2016 and 2019 before decreasing in 2020, a year heavily marked by the COVID-19 crisis and particularly the first lockdown, which were followed by decreases in pregnancies, abortions and births, especially among the youngest age groups (Breton et al., 2021; Vilain et al., 2021). In 2021, the number of abortions remained lower than in the pre-COVID year 2019.

Over three-quarters of abortions performed in 2021 (77%) were medical abortions (42% in hospital and 35% in non-hospital settings) (Table 16). The availability of this option played an important role during the COVID-19 crisis. Following the mobilization of actors in the sector, who observed and anticipated difficulties with access to abortion at the local level—as issues of sexual and reproductive health are often overlooked in the context of crises, even though they represent major public health issues as well as key sexual and reproductive rights (Mazuy et al., 2020)—the time limit for medical abortions was extended by 2 weeks. This extension has since been made permanent, and the legal limit for surgical abortions has also been extended by 2 weeks.⁽⁴⁸⁾

Dividing the number of abortions by the number of women of reproductive age, we estimate that 15 abortions were performed per 1,000 women in 2021. However, this rate is not geographically uniform, and the local supply of services plays a determinant role in these variations. This section presents an analysis at the department level, which is better suited (because of how care is organized) to revealing these variations than the level of NUTS-2 regions. The rate was above the average in most departments in the Île-de-France, Provence-Alpes-Côte d'Azur, Languedoc-Roussillon regions, and in the overseas departments; it was below the average in many departments in the Burgundy,

(47) On the estimation of the number of abortions, see Box 2.

(48) In 2020, in the context of the COVID-19 crisis, a series of legal measures expanded access to abortion: a 2-week extension of the deadline for medical abortions in non-hospital settings (to the duration that was already in effect in hospitals), a measure with major implications (de Zordo et al., 2020); and the authorization for health professionals to provide them via telemedecine, as a special temporary measure. See decision no. 2020.0092/DC/SA3P/SBPP of the Haute autorité de santé (National Authority for Health) of 9 April 2020, on the adoption of rapid responses to COVID-19, medical abortion during the 8th and 9th week of amenorrhoea outside hospitals; the decree of 14 April 2020 supplementing the order of 23 March 2020; and the decree of 7 November 2020 amending the decree of 10 July 2020. A 2-week extension of the legal time limit for surgical abortions had been rejected, but it was adopted in March 2022 (Law no. 2022-295 of 2 March 2022), along with several other measures, including midwives being authorized (after specific training) to perform surgical abortions (an authorization that had initially been granted on an experimental basis for 3 years by Article 70 of the 2021 Social Security Financing Act), and making permanent the temporary measures enacted during the COVID-19 crisis (Marguet, 2022).

Box 2. Data sources

Various sources of medical data are used to establish abortion statistics: databases on medical care recorded by hospitals (public and private) and by the Caisse nationale d'assurance maladie for abortions performed outside hospitals and clinics (Breton et al., 2020).

The sources of these data, with the dates when reporting began, are as follows:

Since 2005: number of reimbursements (physicians' fees or prescription drugs) for medical abortions provided outside a hospital (CNAM), based on data from the general health insurance scheme (*régime général*) and the inter-scheme data marts (DCIR and DCIRS).

Since 2009: health centres and family planning or education centres.

Since 2010: data from the Mutualité sociale agricole and the Sécurité sociale des indépendants health insurance schemes.

Since 2014: the Programme de médicalisation des systèmes d'information (medical systems database, or PMSI) for hospital abortions.

Medical data have become increasingly complete with the progressive integration of the various health insurance schemes and healthcare actors in France.

The instructions for coding abortions in the PMSI have evolved as it has grown. Until February 2019, abortions were counted on the basis of diagnosis-related group (*groupe homogène de malades*) code 14Z08Z. Since March 2019, principal diagnoses with an extension code O04 (ICD-10 coding) have been used, which may have caused slight irregularities in the data series, especially for the year 2019 (Vilain et al., 2020, 2022).

Table 16. Distribution of abortions by site and method (%)

Year	Hospitals and clinics		Non-hospital	Total	Numbers*
	Medical abortion	Surgical abortion	Medical abortion		
2015	42.3	38.1	19.6	100	220,300
2016	44.9	34.9	20.2	100	216,000
2017	45.4	31.8	22.8	100	217,800
2018	44.4	30.2	25.4	100	225,500
2019	43.6	29.3	27.1	100	233,300
2020	44.3	24.4	31.3	100	222,300
2021	42.5	22.6	34.9	100	224,200

* Numbers including teleconsultations.

Note: Annual numbers are rounded and have been updated; they may thus be slightly higher than the estimates presented in previous years.

Coverage: Whole of France.

Sources: SNDS data (PMSI-MCO and CNAM); Vilain et al. (2022); authors' calculations.

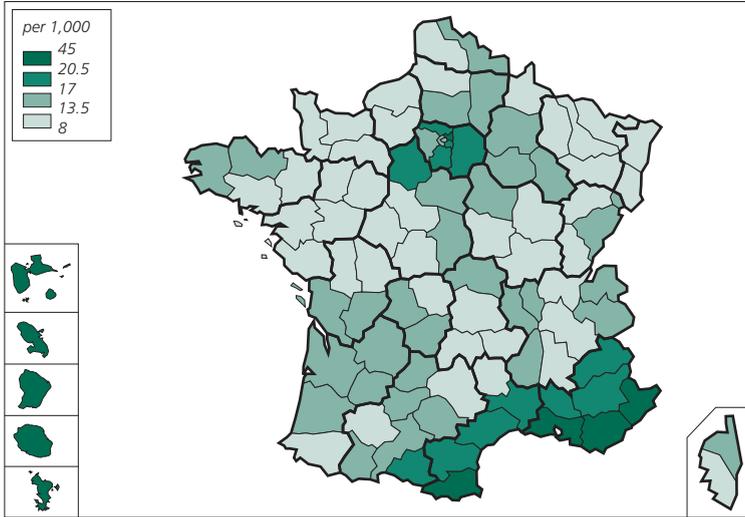
Franche-Comté, Alsace, Brittany, Normandy, Pays de la Loire, Limousin, and Auvergne regions (Figure 17).

The distribution of abortion between types of healthcare structures is also geographically differentiated. Women living in the Paris, Rhône-Alpes, and Provence-Alpes-Côte d'Azur regions and in certain departments in the southern parts of the Pyrénées and Aquitaine regions are more likely to have a medical abortion in non-hospital settings: more or less half of abortions (Figure 18). In contrast, women living in Corsica and in the Centre, Pays de la Loire, Nord-Pas-de-Calais, Alsace and Lorraine, and Midi-Pyrénées regions and in the

north-eastern part of the Aquitaine region are much less likely to have a medical abortion in non-hospital settings (less than 10% in each department).

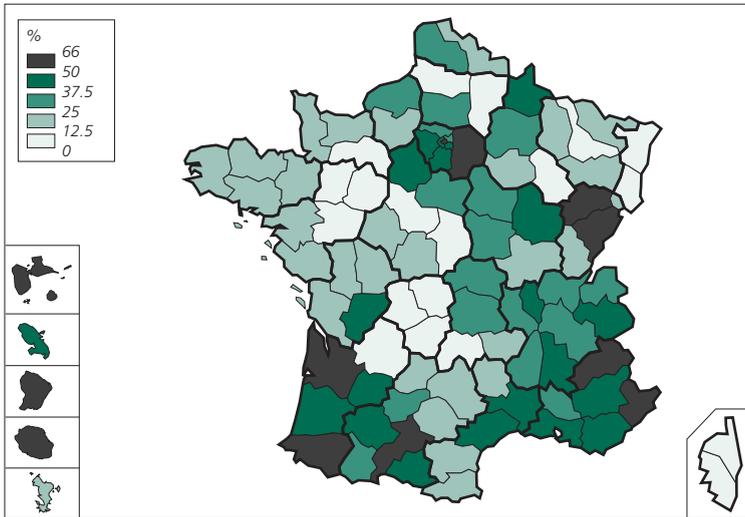
Surgical abortions are the most common (ahead of medical abortion in hospitals/clinics as well as abortions in non-hospital settings) in two departments: Indre-et-Loire (53 %) and Loire-Atlantique (45%).

Figure 17. Abortion rate, per 1,000 women aged 15–49 years, in 2021



Coverage: Whole of France.
Source: SNDS data (PMSI-MCO and CNAM).

Figure 18. Proportion of abortions performed in non-hospital settings in 2021 (%)



Coverage: Whole of France.
Source: SNDS data (PMSI-MCO and CNAM).

2. More than 1 in 10 abortions performed by midwives working in non-hospital settings

Authorized to provide medical abortions in non-hospital settings since 2016, midwives performed nearly 25,000 abortions in 2021. This represents more than 10% of all abortions and nearly a third of abortions provided in non-hospital settings.

Here again, the availability of this service through midwives is unevenly distributed at the local and department levels. Consequently, no clear tendencies emerge at the regional level. Midwives performed more than 75% of the abortions in non-hospital settings in the departments of Allier, Ardennes, Meuse, Mayenne, Côtes d'Armor, Pas-de-Calais, Landes, Puy-de-Dôme, and Lot-et-Garonne. At the other end of the scale, in Indre, Haute-Saône, Yonne, and Loiret, the corresponding proportion was below 10%.

While the scope of services that midwives are authorized to provide has expanded (gynaecological care since 2009, medical abortions since 2016, and, recently, surgical abortions), local specificities—in access to public services, the socio-economic characteristics of the population, environment (rural or urban), sexual and reproductive health norms, medical cultures, etc.—lead to major variations. In September 2022, the High Council for Gender Equality, with the support of many other organizations and actors, called for the enshrinement of the right to abortion in the French constitution in order to ensure its recognition as a fundamental human right,⁽⁴⁹⁾ guaranteeing access at any time throughout France.

3. Surgical abortions most often performed under general anaesthesia

In 2021, nearly a quarter of abortions were surgical. These were almost exclusively performed in public hospitals, which carried out 137,000 abortions, versus fewer than 10,000 in private clinics or hospitals (i.e. less than 7% of all hospital abortions and less than 5% of all abortions). Public hospitals are thus the main providers of surgical abortions.

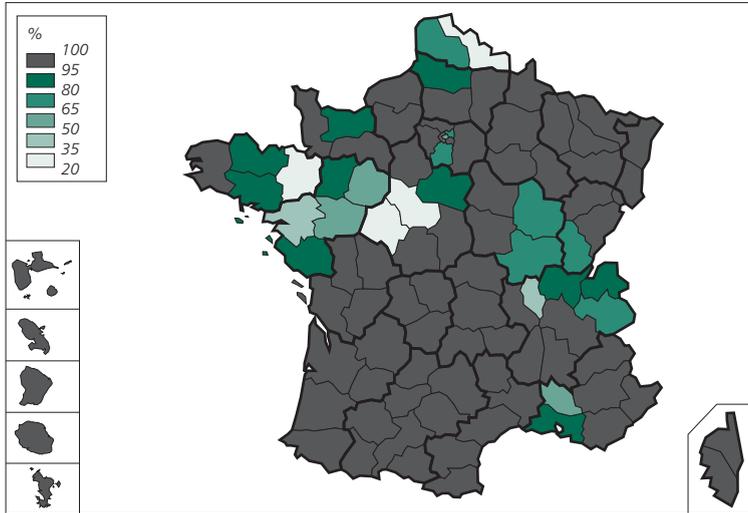
Most (80%) are performed under general anaesthesia. Some are performed under local anaesthesia, with large variations between institutions (Figure 19). Local anaesthesia is more prevalent in geographical areas where the proportion of surgical abortions performed in hospitals and clinics is above average (Bracq, 2022). This is most likely due to the greater presence of specialized units and personnel within these hospitals, and thus the greater availability of personnel able to use this technique. In all other *départements*, the likelihood of being

(49) On 24 November 2022, this bill was approved in the National Assembly (lower house of parliament in France). It must be approved by the Senate and then in a nationwide referendum (Article 89 of the French Constitution).

<https://www.vie-publique.fr/loi/287299-proposition-de-loi-droit-ivg-dans-la-constitution>

offered a surgical abortion with local anaesthesia is virtually nil, with hospitals and clinics mainly using general anaesthesia. This means that in these areas, persons who have a surgical abortion do not have a choice about the type of anaesthesia used. This method is dominant almost everywhere in France.

Figure 19. Proportion of general anaesthesia among surgical abortions in France in 2021 (%)



Coverage: Whole of France.
 Source: SNDS data (PMSI-MCO and CNAM).

The diversity of available methods and sites for abortions is increasing, but the national context (resources allocated to public hospitals and to sexual and reproductive healthcare) and the local environment (number of healthcare structures and professionals, medical culture, interprofessional networks, urban vs. rural) drive variations in practices among departments. This highlights the importance of improving the visibility of the different options available to individuals seeking an abortion, or simply information about abortions. Legal provisions do set out a general framework, but access, methods, and thus, importantly, availability and choice remain insufficient in certain respects.

V. Marriages, civil unions, and their dissolution

1. A clear rebound in marriages in 2021 but not enough to make up for 2020

After falling to a historically low level in 2020 (155,000 marriages) due to the restrictions associated with the COVID-19 pandemic, marriages strongly rebounded in 2021 (+42%), to 220,000 marriages⁽⁵⁰⁾ in France as a whole

(50) Provisional figure.

(Papon, 2022a). A large number of additional marriages might have been expected to compensate for those cancelled or delayed in 2020. But the number of marriages did not fully return to its pre-pandemic level (Table 17, Figure 20), with the number in 2021 remaining slightly below that of 2019 (more than 224,000 marriages). No doubt the still restrictive conditions on marriage celebrations in 2021⁽⁵¹⁾ played a role, especially among the youngest couples, whose number of marriages fell the most in 2020 (Papon, 2022b). This postponement may be spread out over multiple years, although it is also likely that the marriage plans of some couples have been or will be cancelled or redirected towards a civil union (*pacte civil de solidarité* [PACS]).⁽⁵²⁾

Table 17. Numbers of marriages and PACS unions by partners' sex, 2013–2021

Year	Marriages					PACS union				
	Between a man and a woman	Between men	Between women	Total	Percentage same-sex	Between a man and a woman	Between men	Between women	Total	Percentage same-sex
2013	231,225	4,307	3,060	238,592	3.1	162,714	3,354	2,734	168,802	3.6
2014	230,770	5,666	4,856	241,292	4.4	167,487	3,519	2,745	173,751	3.6
2015	228,565	4,085	3,666	236,316	3.3	181,949	3,933	3,085	188,967	3.7
2016	225,612	3,672	3,441	232,725	3.1	184,444	3,863	3,251	191,558	3.7
2017	226,671	3,637	3,607	233,915	3.1	188,233	4,084	3,252	195,569	3.8
2018	228,349	3,268	3,118	234,735	2.7	200,282	8,589	2,087	208,871	4.1
2019	218,468	3,061	3,211	224,740	2.8	188,014	8,356	1,963	196,370	4.3
2020	149,983	2,241	2,357	154,581	3.0	165,911	7,983	1,738	173,894	4.6
2021	214,000	6,000	220,000	220,000	2.7	n/a	n/a	n/a	n/a	n/a

Note: Provisional data for marriages in 2021 and PACS unions from 2017 to 2020; n/a = data not available.
Coverage: Whole of France (including Mayotte since 2014).
Sources: INSEE, Ministry of Justice.

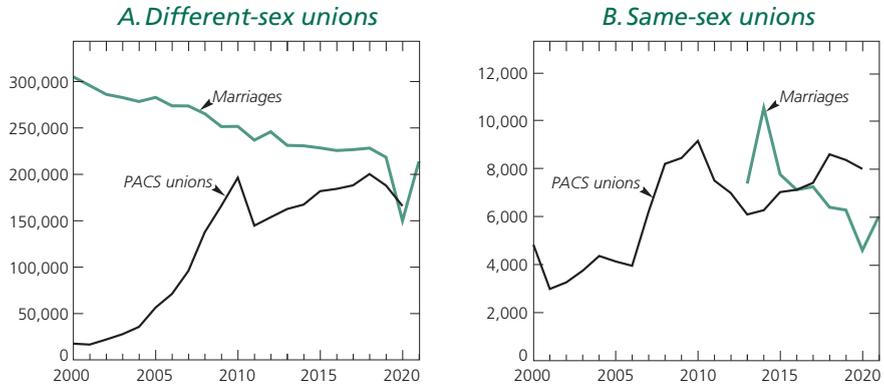
In 2020, for the first time, in the exceptional conditions created by the COVID-19 crisis, civil unions outnumbered marriages. As we previously hypothesized (Breton et al., 2021), notably because it remained possible to register a PACS union remotely through a notary throughout the pandemic, the number of PACS unions in 2020 decreased much less than the number of marriages (–31%). In 2020, 173,894 PACS unions were registered, or around 23,000 fewer than in 2019, a relative decrease of 11.4%. In addition to the more flexible conditions for registering PACS unions, this relative persistence may

(51) The national lockdown in April was preceded by local lockdowns which began in mid-March 2020. It was followed by a curfew until 21 June, the reopening of establishments open to the public in June but with occupancy restrictions, the implementation of a health pass for entry to restaurants in August, and the restriction of access to free PCR tests in October.

(52) This form of official civil union has been available to all couples in France since 1999.

be explained by the lesser association of this form of union with a tradition of celebrating with a large group of family and friends, and by its viability for couples wishing to quickly make their union official.

Figure 20. Number of marriages and PACS unions by partners' sex, 2000–2021



Note: Provisional data for marriages in 2021 and PACS unions from 2017 to 2020.

Coverage: Whole of France (including Mayotte since 2014).

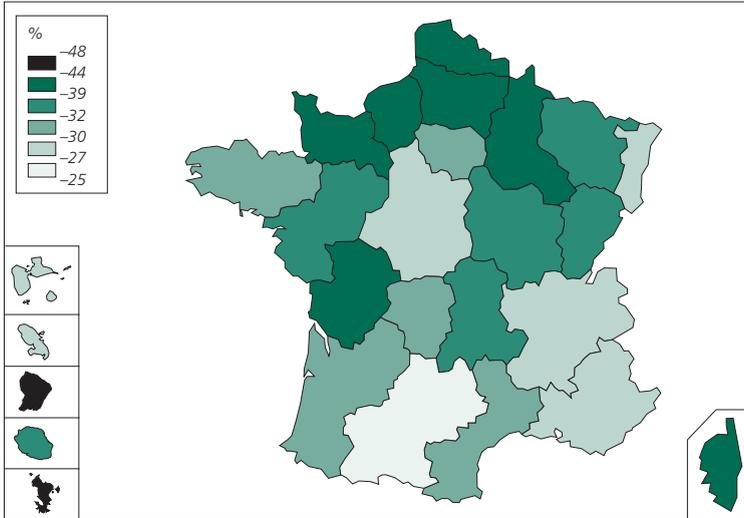
Sources: Civil records, INSEE, Ministry of Justice.

As in 2019, the decline in 2020 was significantly smaller for same-sex couples (–27% for marriages and –4.5% for PACS unions) than for different-sex couples (–31% and –12%). The proportion of same-sex unions among all unions continued to rise: 3% of marriages and 4.6% of PACS unions in 2020 (Table 17). For PACS unions, this is the highest level since 2013. However, the provisional figures for 2021 show a smaller rebound in same-sex marriages (6,000), and the relative share of these unions among all marriages (2.7%) is at the lowest level since marriage was made available to all couples in 2013, matching the previous low in 2018. Finally, in 2020, for the second year in a row, more couples of women than couples of men married (51.3% of same-sex marriages).

2. Regionally varied decreases in the number of marriages

The size of the decrease in marriages in 2020 differed between regions (Figure 21). It was above 35% in the regions of northern France, Corsica, and Poitou-Charentes, while it was lower (below 30%) in the southern regions and in Alsace. Restrictions on gatherings during ceremonies at town halls and registry offices were applied in a fairly uniform fashion throughout metropolitan France. This unequal distribution may thus be linked to regional differences in celebration practices, with marriages more likely to be postponed where their festive and convivial character is more heavily emphasized, particularly in northern France. The decrease was also larger in regions where marriages are more heavily concentrated in summer (probably due to the desire for favourable weather) and in regions where couples who marry are more likely

Figure 21. Regional decreases (NUTS-2) in the number of marriages celebrated in France, 2019–2020 (in %)



Coverage: Marriages by region of residence; whole of France.

Source: INSEE, authors' calculations.

to include at least one native of the region (in northern France especially), although no explanation is apparent.

Marriages are not always celebrated in the couple's area of residence.⁽⁵³⁾ Younger, different-sex and never-married couples in particular are more likely to marry elsewhere (Papon, 2020). For France as a whole, 7.4% of marriages in 2018–2019⁽⁵⁴⁾ were registered outside the two partners' region of residence. The proportion was above the mean for only one region, Île-de-France: 12.5% of couples residing in this region married in another, probably because they chose to celebrate where they have family or residential attachments. The proportion in all other regions is below 7%. It is particularly low in the overseas departments and in Corsica (for obvious reasons of distance) as well as in Nord-Pas-de-Calais (below 3%). Regions close to Île-de-France (Burgundy, Basse-Normandie, Centre, Poitou-Charentes), Brittany and the Massif Central do not include a large city. They are mainly areas of emigration for young people, and 10%–15% of marriages celebrated there are between individuals who live elsewhere.

Patterns in the choice of where to marry differ by region of birth. In 2019, 61% of marriages took place in a region where at least one of the partners was born.⁽⁵⁵⁾ This proportion is above 70% in the north-eastern regions and as high

(53) The distinction between where the partners live and where their marriage was registered is available through data from marriage certificates, which record the place of marriage, each partner's place of birth, and the couple's place of residence.

(54) The data for the year 2020 were not analysed, given the extraordinary conditions of the period.

(55) In the case of marriages between a man and a woman, the marriage is slightly more likely to be registered in the woman's region of birth.

as 83% in Nord-Pas-de-Calais. The situation is much less common in French Guiana (30%), Corsica (33%), Île-de-France (48%) and the southern regions.⁽⁵⁶⁾

Table 18. Marriages by region of registration, of couple's residence, and of partners' birth, 2018–2020

Region	Proportion of marriages registered in another region (in %)	Proportion of couples not resident in the region of marriage* (in %)	Share (in %) of marriages where...		Change in resident marriages between 2019 and 2020
			At least one of the partners was born in the region of marriage**	Both partners were born in the region of marriage**	
Alsace	4.3	5.0	68.8	45.4	-26.9
Aquitaine	5.0	9.8	56.5	26.5	-30.3
Auvergne	4.6	11.2	63.8	33.7	-32.4
Basse-Normandie	3.2	13.6	69.4	43.3	-35.5
Burgundy	5.4	15.7	64.2	32.5	-34.4
Brittany	4.1	11.2	66.0	35.0	-30.1
Centre	6.1	11.5	59.9	28.6	-27.9
Champagne-Ardenne	5.7	10.3	73.4	45.0	-38.1
Corsica	3.0	13.8	33.6	19.7	-37.0
Franche-Comté	5.3	9.1	71.3	42.9	-34.1
Haute-Normandie	4.3	7.8	70.3	45.3	-37.4
Île-de-France	12.5	3.1	48.5	30.6	-29.6
Languedoc-Roussillon	4.4	9.8	50.0	20.8	-30.1
Limousin	6.8	13.1	61.4	27.7	-31.0
Lorraine	3.9	6.0	76.4	54.4	-34.7
Midi-Pyrénées	6.8	8.1	54.2	25.0	-24.9
Nord-Pas-de-Calais	2.8	5.4	82.9	66.1	-36.0
Pays de la Loire	5.3	8.5	68.1	38.0	-32.3
Picardie	5.5	10.2	65.5	36.8	-36.3
Poitou-Charentes	4.7	13.1	61.1	30.3	-36.2
Provence-Alpes-Côte d'Azur	4.6	6.3	54.8	28.8	-27.8
Rhône-Alpes	6.0	5.1	63.7	39.1	-28.8
Guadeloupe	3.1	5.4	71.5	50.2	-27.1
French Guiana	5.2	2.4	30.4	18.5	-44.2
Réunion	2.2	7.8	81.0	60.2	-33.3
Martinique	2.5	8.3	79.9	56.2	-27.3
Mayotte	4.2	4.1			-46.2
Whole of France	7.4	7.4	61.3	36.3	-31.2

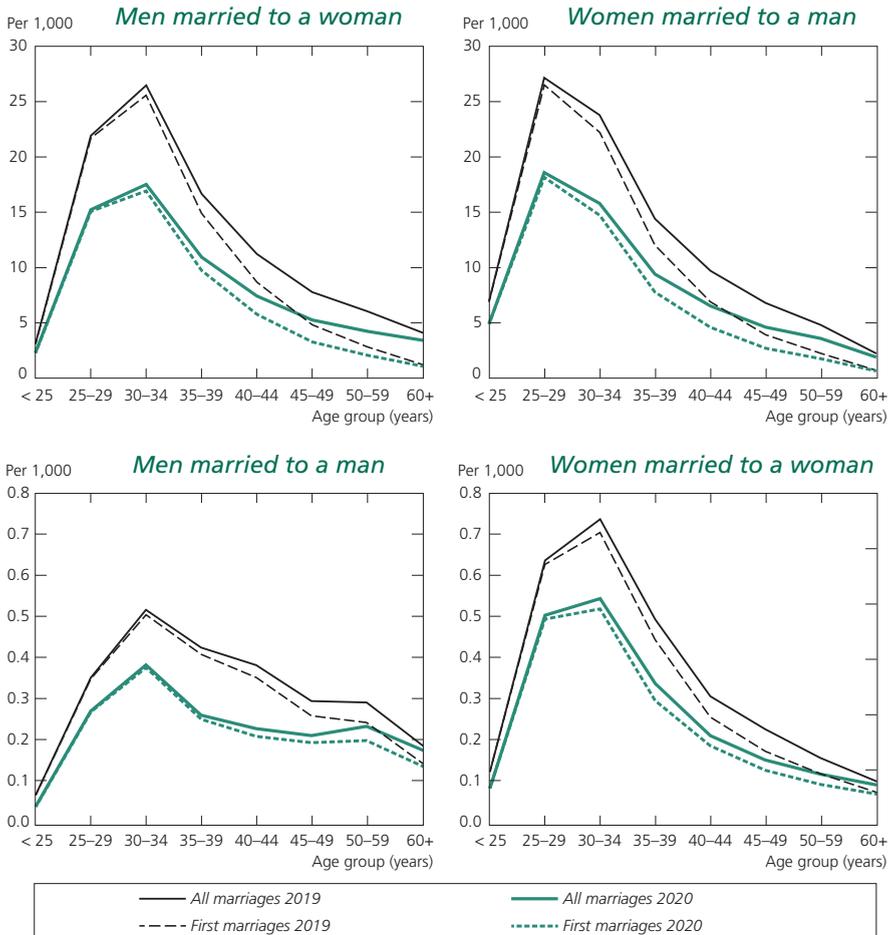
* marriages in 2018 and 2019; ** marriages in 2019.
Interpretation: 3.1% of marriages of couples living in Guadeloupe in 2018–2019 took place in another region.
Interpretation: 5.4% of marriages in Guadeloupe in 2018–2019 involved a couple who live in another region.
Interpretation: In 71.5% of marriages in Guadeloupe in 2019, at least one of the partners was born in the region.
Source: INSEE (authors' calculations).

(56) The same patterns can be seen in the proportion of marriages in which both partners were born in the region of marriage (Table 18).

3. In 2020, total marriage rates at a historic low and marriages happening later

In 2020, marriages (and first marriages) became less frequent at all ages, for both men and women, regardless of the partner's sex (Figure 22). But it is in the age range where marriages are most frequent (between ages 25 and 40) that they fell the most. Consequently, the average age at marriage increased significantly (+0.3 years) and identically for both women and men (Appendix Table A.12). It reached 35.7 years for women and 38.2 years for men in 2020,⁽⁵⁷⁾

Figure 22. Total marriage and first marriage rates by age group (per 1,000 individuals) by partners' sex, 2019 and 2020



Coverage: Whole of France.
 Source: INSEE (authors' calculations).

(57) These are mean ages at marriage, all orders combined, calculated from marriage rates at all ages, including above the age of 50 years. They thus differ from the most commonly presented indicator, which is calculated on the basis of marriages before age 50.

resulting from the slight delay in the average timing of first different-sex marriages (+0.2 years, or 33.2 years for women and 35.2 years for men) and the much larger shift for remarriages (from +0.5 to +1 year depending on sex and divorced/widowed status). After continuously decreasing since 2013, the average age of the partners in same-sex marriages went up in 2020 for the first time, to 43.0 years for men (+0.9 years) and 37.2 years for women (+0.1 year).

In 2020, consistent with the historic collapse in marriage rates, the total marriage rate fell to 377 marriages per 1,000 men and 372 per 1,000 women. And the total first marriage rate⁽⁵⁸⁾ fell to its lowest ever level, at 301 marriages per 1,000 men and 299 per 1,000 women (from 440 and 437 respectively in 2019, a decrease of 31.6%). The decrease was slightly lower for remarriages of different-sex couples (down less than 30%) and for same-sex marriages (−27%).

4. More marriages in eastern France, more PACS in the west

Here we examine regional differences in marriage and PACS based on total rates, calculated from annual union registration data. These indicators reflect regional dynamics in unions, without interference from dissolutions, which lead to the exclusion of some unions from instantaneous observations (when divorced people have repartnered). The last 2 years for which detailed regional data are available are 2018–2019⁽⁵⁹⁾ for marriages and 2015–2016 for PACS unions.

Regional disparities (Figure 23A) in different-sex unions are relatively similar for men and women, with more frequent marriages in the eastern regions of France, from Alsace to the Mediterranean basin. Marriage is less frequent in more rural regions such as Brittany, Limousin, Auvergne, and Midi-Pyrénées. The regional geography of the PACS (Figure 23B) is different, confirming analyses carried out at the department level (Breton et al., 2017; Robert-Bobée, 2018): it is in western France, from Basse-Normandie to Midi-Pyrénées, that PACS rates are highest. Finally, although PACS unions are more common in urbanized departments, it is in Île-de-France that they are least common among different-sex couples. One explanation may relate to the characteristics of the population of the region, who are more likely to be immigrants and less likely to own their home (Breton et al., 2017; Robert-Bobée, 2018).

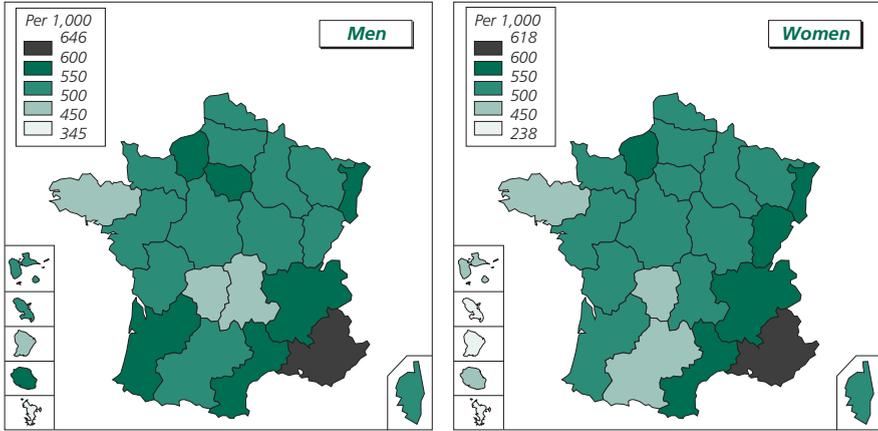
The contribution of first marriages to overall marriage rates can be estimated by dividing the total first marriage rate by the total marriage rate. The regional analysis shows that this ratio is higher in western France (in particular due to the lower frequency of divorces and remarriages) and lower in southern regions, in Guadeloupe, in French Guiana, and in eastern France.

(58) The total marriage (or PACS) rate represents the number of marriages (PACS) that would be observed in a cohort of 1,000 people who, at each age, experience the age-specific marriage (PACS) rates observed in a given year. This indicator can be calculated for a specific union order and type of union (marriage, PACS). By distinguishing marriages based on the partner's sex, two 'components', different-sex and same-sex marriages, can be calculated for both men and women. This indicator presents the advantage of eliminating the effects of different age structures, in this case between regions, for comparative purposes.

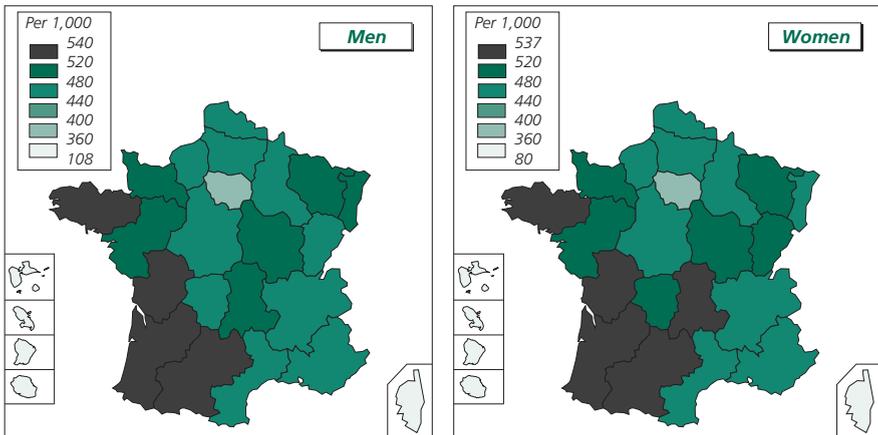
(59) The data on marriage rates in 2020 were not included due to the exceptional circumstances.

Figure 23. Total marriage and PACS rates by sex (per 1,000 people), different-sex unions

A. Different-sex marriages in 2018–2019



B. Different-sex PACS unions in 2015–2016



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

5. Unions between men are concentrated in Île-de-France, while those between women are more evenly distributed

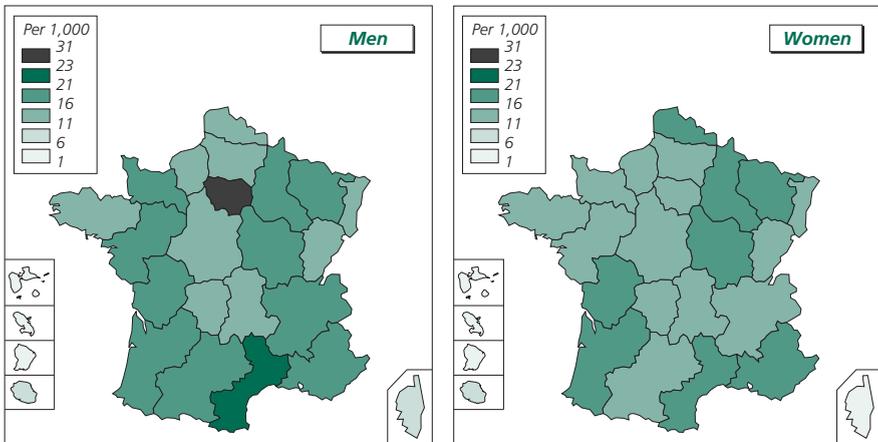
For same-sex unions, the total marriage and PACS rates are strongly and positively correlated. In other words, for both men and women, marriages are more frequent where civil unions are as well. These rates are thus due more to the regional presence of same-sex couples than to any specific preference for registering a union in one or the other of these ways. Finally, regional variations in same-sex unions, which are quite different from those in different-sex unions, are considerably greater for men than for women, almost certainly reflecting a greater concentration of couples of men in certain regions (Figure 24).

Geographically, the rate of same-sex unions is by far the lowest in the overseas regions, singularly so in Guadeloupe and Martinique, as well as in Corsica. Greater difficulty living as a same-sex couple, reinforced by an insular context (Gordien, 2018), may encourage emigration to metropolitan France as well as a lower propensity to form a union among gay and lesbian people in these regions.

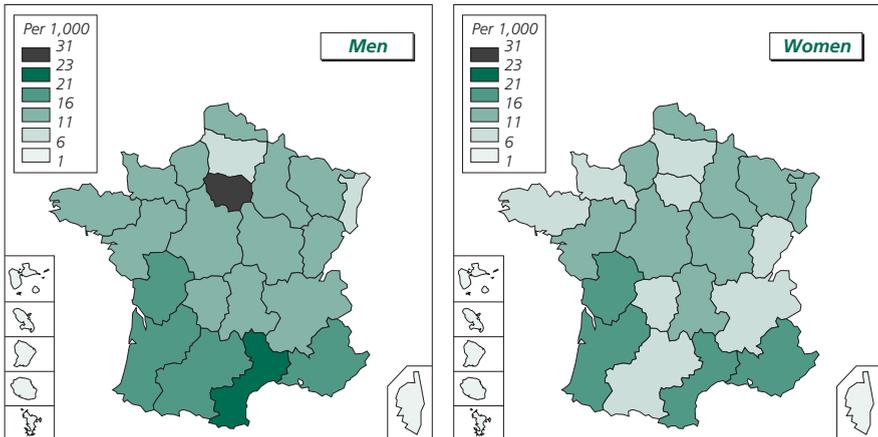
Unions between two men, both PACS and marriages, are most common in Île-de-France, in the Mediterranean regions, and in the southwest. Nearly 30% of marriages between two men in 2019 were between partners living in Île-de-France, versus only 21% of those between partners of different sexes,

Figure 24. Total marriage and PACS rates by sex (per 1,000 people), same-sex unions

A. Same-sex marriages in 2018–2019



B. Same-sex PACS unions in 2015–2016



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

and only 17% of those between two women.⁽⁶⁰⁾ Île-de-France is the only region in metropolitan France where two men are more likely to marry than are two women—indeed, twice as likely (24 same-sex marriages per 1,000 men vs. 12 per 1,000 women). In all other regions, women are more likely than men to marry a person of the same sex, while this is only the case in two regions for PACS unions (Picardie and Poitou-Charentes).

The frequency of marriage between two women is more homogeneous across regions. It is somewhat higher in the southern regions close to the Atlantic Ocean and the Mediterranean, as well as in the northeast around the Paris region. PACS unions are also much more common in the Mediterranean basin and in all regions along the Atlantic seaboard.

Although these geographical variations tell us nothing about how likely a same-sex couple is to register their union, they nevertheless reveal what regions these couples prefer to live in and thus the underlying geographical mobility. This is confirmed by same-sex couples tending to live further from their place of birth at the time of marriage (Papon, 2020).

6. A decrease in divorces in 2020

In 2020, 57,437 divorces⁽⁶¹⁾ were recorded in France, nearly 9,000 fewer than in 2019 (–13%). These figures are currently incomplete, as only statistics on divorces that are settled in court⁽⁶²⁾ have been compiled since 2017. Divorces registered by notaries, without the involvement of a judge, have not yet been integrated into the published data. The observed decrease is clearly related to the particular context of 2020, which limited access to legal services and lengthened divorce proceedings due to the various lockdowns. Dissolutions on all grounds (Table 19) are affected by the decrease, including accepted divorces (*divorces acceptés*) (–15%) and divorces due to irretrievable marriage breakdown (*pour altération définitive du lien conjugal*) (–7%), the most common grounds and which have been increasing since the 2017 reform of divorce legislation in France. Fault-based divorces have also continued the decline that began in 2010 (–17%), while divorces by mutual consent are now almost never referred to the courts, with couples in this situation now working with a notary. It is also possible that the context of the pandemic encouraged more couples to turn to notaries, who are more accessible, rather than to judges to organize the dissolution of their union. We will have to await the publication of notarial data to confirm this point. The decrease in divorces in 2020 was largest in the overseas regions and in the southwest (20% or more).

(60) On 1 January 2021, 18.2% of the French population lived in Île-de-France.

(61) Direct divorces and separations converted into divorces.

(62) Law no. 2016-1547 of 18 November 2016. Since 1 January 2017, divorces can be concluded without the involvement of a judge where the spouses agree on the divorce and its effects, and if no child of the couple asks to be heard by a judge.

Table 19. Annual divorces by grounds, 2010–2020

Grounds for divorce	Year						Absolute change between 2019 and 2020	Relative change between 2019 and 2021 (%)
	2010	2016	2017	2018	2019	2020		
By mutual consent	72,433	71,933	33,457	283	91	65	-26	-28.6
Accepted divorce	32,603	29,854	30,404	36,373	40,048	33,937	-6,111	-15.3
Irretrievable marriage breakdown	14,107	17,010	17,790	17,635	18,411	17,105	-1,306	-7.1
Fault divorce	13,117	8,036	7,665	6,989	6,662	5,516	-1,146	-17.2
Indeterminate direct divorce	468	731	935	747	590	599	9	1.5
Conversion of separation into divorce	993	479	362	290	279	215	-64	-22.9
Total*	133,721	128,043	90,613	62,317	66,081	57,437	-8,644	-13.1

* Divorces and conversions of separation.
 Since 2017, only divorces settled through a court have been counted and appear in this table.
Coverage: Whole of France.
Source: Ministry of Justice/SG/SEM/SDSE/Statistical analysis of the Répertoire général civil – Update: 02/11/2021.

7. More divorces in the south and east

Here we analyse regional variations in the frequency of divorces on the basis of divorces that occurred before the 2017 reform (latest comprehensive data). The analysis is thus not influenced by differential behaviours linked to the new options for divorce proceedings. We use the total divorce rate⁽⁶³⁾ for the period 2015–2016. This is the proportion of marriages that, under the conditions of the period, would end in divorce, as established each year for France up to 2016.⁽⁶⁴⁾ It has the advantage of being clearer and easier to interpret than the divorce rate.⁽⁶⁵⁾

Looking at marriages counted according to the couple's place of residence, large regional variations can be seen for the years 2015 and 2016. The frequency of divorce increases with movement from the north-west to the south-east. It is highest in the southern regions (Figure 25) along with Alsace (more than

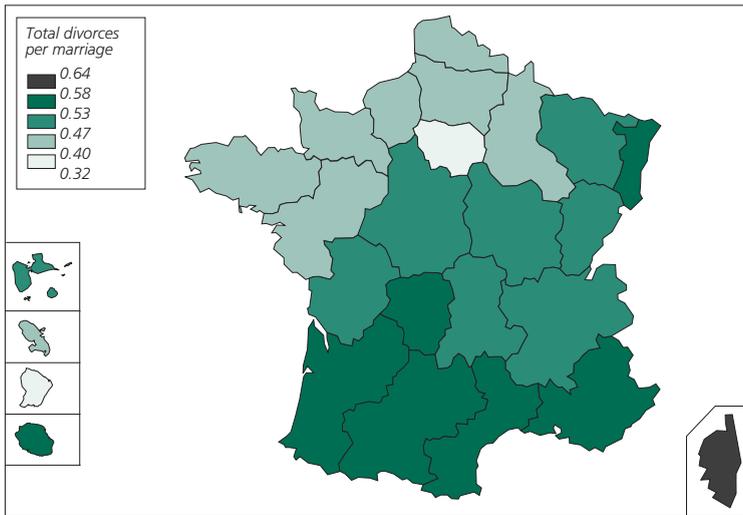
(63) This indicator represents the ratio of the average number of divorces in each region in 2012 and 2013 to the weighted average of marriages of residents in each region in the preceding years. To simplify, the weighting here consists in the arithmetic mean of marriages in the years corresponding to the marriage durations where divorces are the most frequent. In the present case, the denominator is thus the average of marriages for the years 2001 to 2010, and the durations considered are from 4 to 13 years.

(64) This indicator is obtained for France by taking the sum of duration-specific divorce rates up to 2016. It cannot be calculated for 2017 or subsequent years due to incomplete data.

(65) The divorce rate is the ratio of the mean number of divorces during a period in each region to the number of married people under the age of 70 in the middle of the period (expressed as a number per 1,000). To validate this choice, we verified that these two indicators are strongly correlated for the period 2012–2013. The choice of 2012–2013 is linked to the available data, both for divorces and for the size of the married populations in the NUTS2 regions (the official administrative regions of France up to the year 2014). The divorce rate is thus the ratio of the average number of divorces in 2012 and 2013 in each region to the number of married people aged below 70 on 1 January 2013.

0.53 divorces per marriage) and lowest in Île-de-France (0.4 divorces per marriage) and in north-western France. These observations match fairly closely with those that emerge from the analysis of the divorce rate (per 1,000 married people under the age of 70), except for a few regions such as Martinique, French Guiana, and Île-de-France, where the estimated divorce rate is lower than the corresponding total divorce rate, whereas it is higher for Corsica (0.6 divorces per marriage). These differences are likely due to migration after marriage: the movement of married couples towards southern regions, particularly from Île-de-France, leads the total divorce rate to overestimate the frequency of divorce in the regions of arrival and to underestimate it in the regions of departure.⁽⁶⁶⁾

Figure 25. Total divorce rate in 2015–2016 in French regions (per marriage)



Source: INSEE, Ministry of Justice (SDSE); authors' calculations.

8. A PACS union, then a marriage: more common in the north-west and in Alsace

In 2017, the latest year for which figures are available, 82,345 PACS unions were dissolved.⁽⁶⁷⁾ Nearly half (48%) of these dissolutions are linked to the marriage of at least one, and most often both partners; the other half (48%) are linked to their separation by agreement; the remaining 4% are for other reasons (death or at the request of one of the two partners). In 2016, the

(66) A comparison with census data would be useful, but it is impossible because conjugal status (reported on census surveys since 2015) only covers individuals' current situation, and not any previous unions. The size of the divorced population would thus be largely underestimated, since conjugal status (being in a couple, whether married, PACS or consensual union) now takes precedence over marital status.

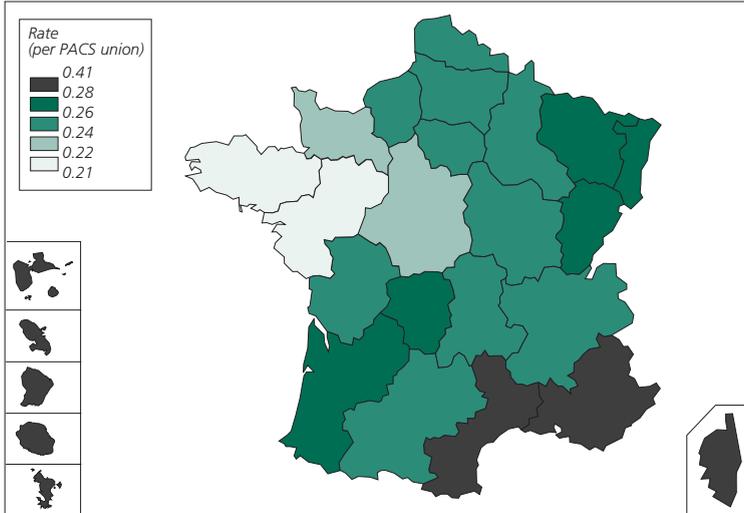
(67) The dissemination of these data has been slowed by the transfer of the registration of PACS declarations and dissolutions from the courts to municipal registry offices in late 2017, combined with the establishment in 2011 of the legal option of completing these formalities through a notary. Source: Ministry of Justice/SG/SEM/SDSE/Statistical analysis of the Répertoire général civil and the notarial database.

frequency of PACS dissolutions⁽⁶⁸⁾ was 49% for all reasons combined (separation, death, marriage). Excluding dissolutions by marriage, under the conditions of 2016, approximately 1 in 4 PACS would ultimately be dissolved.

The chances of ending a PACS to get married differ quite widely between regions (Table 20): dissolutions through marriage are high, representing the majority of PACS dissolutions, in north-western France (57% in Pays de la Loire, 52% in Brittany and Basse-Normandie) and Alsace (53%). They are less common in the overseas departments (around 30%), in Corsica (30%), and in the south (43% in Provence-Alpes-Côte d’Azur and 42% in Languedoc-Roussillon). Given regional differences in marriage rates, marriages were more often preceded by a PACS in Alsace, Brittany, and Pays de la Loire (more than 22% of marriages). This is less common in the overseas departments (less than 5% of marriages), Corsica (6%), the north (15% in Île-de-France, 14% in Picardie, 16% in Nord-Pas-de-Calais), and on the Mediterranean coast (15% in Provence-Alpes-Côte d’Azur and 14% in Languedoc-Roussillon).

The total PACS dissolution rate⁽⁶⁹⁾ in 2015–2016 (Table 20), excluding PACS unions ended by marriage (Figure 26), is used to capture the frequency of permanent union dissolution, most often by agreement, and not couples’ propensity to end their civil union by getting married. With this indicator, regional

Figure 26. Total rate of PACS union dissolutions except by marriage in 2015–2016



Source: INSEE, Ministry of Justice (SDSE); authors’ calculations.

(68) Representing the cumulative sum of duration-specific PACS dissolution rates: in the conditions of the year 2016, 49% of PACS would be dissolved before reaching a duration of 17 years (as the first PACS were registered in 1999).

(69) Obtained by taking the ratio of PACS dissolutions in 2015–2016 to a weighted mean of PACS registered annually between 1999 and 2016. The weighting coefficients are the duration-specific PACS dissolution rates calculated in 2016 for the whole of France.

Table 20. PACS union dissolutions in 2015–2016 by region

Region	Total PACS rate in 2016 (p dissolution er PACS)	PACS dissolved in 2015–2016			Proportion of marriages in 2015–2016 that followed a PACS dissolution**
		By mutual consent between the partners (%)	By marriage (%)	Other grounds* (%)	
Alsace	0.56	43.6	52.8	3.6	22.5
Aquitaine	0.52	50.0	46.3	3.7	19.4
Auvergne	0.47	50.5	45.7	3.8	18.4
Basse-Normandie	0.49	44.4	52.5	3.1	19.4
Burgundy	0.48	49.2	46.6	4.1	18.8
Brittany	0.45	44.9	51.7	3.4	22.2
Centre	0.47	46.5	50.0	3.5	17.9
Champagne-Ardenne	0.49	47.4	49.6	2.9	20.1
Corsica	0.42	66.0	30.0	4.0	5.9
Franche-Comte	0.51	48.0	48.6	3.5	19.7
Haute-Normandie	0.51	45.6	50.6	3.7	18.3
Ile-de-France	0.48	47.2	48.5	4.3	14.7
Languedoc-Roussillon	0.49	54.5	42.4	3.1	14.3
Limousin	0.50	48.7	46.8	4.5	19.6
Lorraine	0.53	49.0	47.3	3.7	19.4
Midi-Pyrénées	0.47	51.1	45.7	3.2	19.2
Nord-Pas-de-Calais	0.48	50.7	46.0	3.3	16.2
Pays de la Loire	0.48	40.3	56.9	2.8	22.3
Picardie	0.44	52.6	43.4	4.0	13.8
Poitou-Charentes	0.48	49.3	47.5	3.2	20.0
Provence-Alpes-Cote d'Azur	0.53	52.7	43.0	4.2	14.8
Rhone-Alpes	0.49	46.8	50.1	3.1	16.9
Guadeloupe	0.48	62.1	28.1	9.8	2.8
French Guiana	0.52	70.9	22.6	6.5	3.5
Réunion	0.47	64.8	31.4	3.8	4.6
Martinique	0.31	80.9	10.0	9.1	0.5
Mayotte	0.45	52.2	30.4	17.4	2.0
Whole of France	0.49	48.3	48.0	3.6	17.0

* The other grounds for dissolution are: unilateral request by one of the partners, death or on the initiative of the guardian.
** Ratio of PACS dissolved by marriage in 2015–2016 to the number of resident marriages in 2015–2016.
Source: Ministry of Justice/SG/SEM/SDSE/Statistical analysis of the Répertoire général civil and the notarial database.

variations in the dissolution of civil unions are more overt: PACS unions are more often dissolved in the south-eastern regions and the overseas departments (above 28%) and in the south-west and north-east (from 26% to 28%) but less often in the northwest (below 22%) and in central France and Basse-Normandie (24%). These different behaviours may be associated with the interregional mobility of working-age populations (Fabre and Dejonghe, 2015) and the tendency of different regions to attract them or drive them away. This can

encourage couples in common-law unions to register their union in order to facilitate movement between regions (particularly for civil servants), which brings an increased risk of dissolution.

In summary, these indicators highlight distinct union dynamics and models in different parts of the country. They show a contrast, for example, between Brittany, where PACS unions are very widespread and often followed by marriage, and where unions are more stable (fewer divorces and PACS breakdowns), and Provence-Alpes-Côte d'Azur, where marriage is more common, including for same-sex couples, and unions are more fragile.

VI. Mortality

1. Life expectancy increasing again, but still below pre-COVID levels

According to INSEE's still provisional figures, there were an estimated 639,000 deaths in 2021 in metropolitan France and 18,000 in the overseas departments, making 657,000 in the whole of France (INSEE, 2022a). The corresponding crude death rate is 9.7 deaths per 1,000 inhabitants (9.8 in metropolitan France). Estimated life expectancy at birth in 2021 was 79.3 years for men and 85.4 years for women (79.4 and 85.5 in metropolitan France). After losing 7 months of life expectancy for men and 5 months for women between 2019 and 2020 due to the COVID-19 pandemic, the country regained 2.4 and 3.6 months, respectively, in 2021. In 2019, life expectancy for the whole of France was 79.7 years for men and 85.6 years for women (79.8 and 85.6 in metropolitan France). The country thus did not fully return to its pre-COVID level in 2021, particularly for men (-0.4 years compared to 2019 and -0.1 years for women).

Based on the provisional figures provided by CépiDc (INSERM), the body responsible for collecting, coding, and publishing deaths by medical cause, INSEE estimates that the number of deaths directly attributable to COVID-19 stands at 'between 130,000 and 145,000' for the 2 years combined. Given the age structure of the population and change in mortality rates during the recent period, estimated excess mortality for 2020 is 7.5% and 6.3% for 2021 compared to the expected level. The improvement observed in 2021 seems to have mainly benefited women, whose excess mortality decreased from 6.4% in 2020 to 4.3% in 2021, while it remained high for men (8.6% and 8.3%) (Blanpain, 2022).

2. The pandemic did not change France's position in Europe

In 2021, France remained close to the European average for life expectancy at birth and infant mortality, with no notable change compared to 2019.

Women's life expectancy in France continues to be close to the top of the ranking (85.4 years), just behind Switzerland (85.9) and Spain (86.2), and ahead

of Italy (85.1). Italy moved down one place in the European ranking due to excess mortality during the pandemic, losing 0.6 years of life expectancy at birth among women between 2019 and 2021. Life expectancy increased during the period in Sweden (+0.2 years), Belgium (+0.1) and Switzerland (+0.1). France's position for male mortality is much less favourable and deteriorated slightly during the pandemic, dropping a place in the European ranking (from 10th to 11th) behind Denmark.⁽⁷⁰⁾ Denmark is one of the few European countries in which male life expectancy at birth increased between 2019 and 2021 (+0.1 years), along with Luxembourg (+0.5) and Norway (+0.4). Eastern European countries suffered by far the most from the pandemic, with losses in life expectancy at birth reaching up to 3.5 years in Bulgaria.⁽⁷¹⁾

France ranks particularly well in mortality at advanced ages, but its position in infant mortality has gradually deteriorated since the early 2000s, due to the stagnation of the probability of dying before age 1 and even a slight increase in this probability in the periods 2005–2009 and 2011–2019. This contrasts with the continuous progress recorded in many other European countries. However, French infant mortality seems to have resumed its decline in 2019 and 2020. According to provisional figures from INSEE, the rate fell from 3.6 per 1,000 births in 2019 to 3.4 in 2020 and 2021. This is higher than the rate in Denmark, Greece, Germany, Ireland, and Austria, where it is between 3.0 and 3.2 per 1,000 births, and especially in Spain, Finland, Iceland, Italy, Norway, Portugal, and Sweden, where less than 3 out of 1,000 children die during their first year (less than 2 in Finland and Norway). It is comparable to the rate in Belgium and Switzerland, and lower than that of many Eastern European countries as well as Luxembourg and the Netherlands.

3. Stalling decline in infant mortality due to deaths during the first months of life

The stagnation of infant mortality in France since the mid-2000s contrasts with the very rapid decline in the probability of dying before age 1 observed during the last 2 decades of the 20th century. The infant mortality rate fell from 10 deaths per 1,000 births in 1980 to 4.4 in 2000, a decrease of more than 50% in metropolitan France. The rate continued to decrease between 2000 and 2005, reaching 3.6 per 1,000. It has since fluctuated slightly around that level.

Infant mortality is broken down into three periods: the early neonatal period, constituted by the first week of life; the late neonatal period, which covers the following 3 weeks; and the post-neonatal period, which represents the remainder of the first year of life (after the first 4 weeks of life and until the child's first birthday). These different components of infant mortality have changed at very

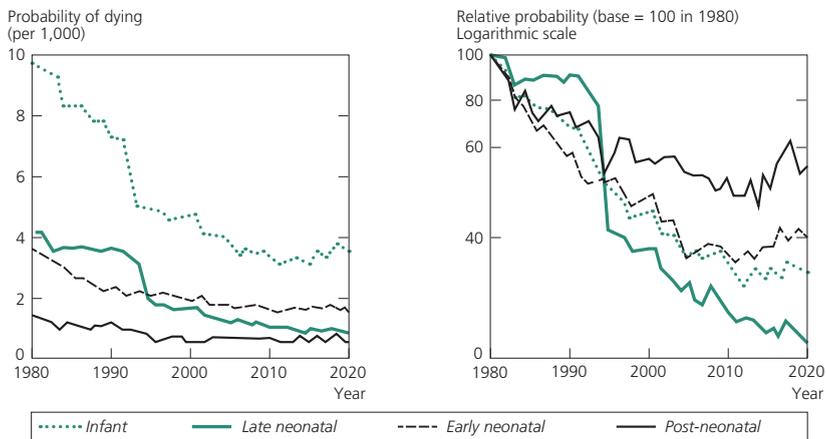
(70) After excluding the United Kingdom and Iceland, for which the necessary indicators are not available for 2021.

(71) More than 2 years for men in Hungary, Estonia, Latvia, Poland, Czech Republic, Romania, and Slovakia, and for women in Lithuania, Poland, Romania, and Slovakia.

different rates in recent decades. Since the 1950s,⁽⁷²⁾ first-month mortality has always progressed more slowly than post-neonatal mortality, except in the 1980s and 1990s. In that period, mortality during the first 4 weeks after birth decreased very rapidly, with the probability of dying falling from 5.8 per 1,000 in 1980 to 2.9 in 1995, while post-neonatal mortality stagnated at around 3.6 to 3.7 per 1,000 between the mid-1980s and the early 1990s. Post-neonatal mortality then dropped significantly in the 1990s, from 3.8 per 1,000 in 1991 to 1.6 per 1,000 in 2000. Change in mortality between 1 and 12 months of age reflects change in the prevalence of sudden infant death syndrome (SIDS), the leading cause of death at the time in this age group. Rates of SIDS had increased sharply during the 1980s following recommendations given to parents to lay their babies on their stomachs to sleep. Changes in recommendations, along with high-profile public awareness campaigns on putting babies to sleep on their backs or sides starting in 1994, led to a rapid drop in post-neonatal mortality in the second half of the 1990s (Sénécal et al., 1998; Meslé, 2000).

Unlike the previous period, the stagnation of infant mortality since the mid-2000s is entirely attributable to the unfavourable trend in first-month mortality. Post-neonatal mortality continues to decline steadily, although more slowly than before, with the probability of dying between the 1st and 12th months falling from 1.6 to 0.9 per 1,000 between 2000 and 2020, according to still provisional figures from INSEE. In contrast, neonatal mortality, which reached 2.3 per 1,000 in 2005, increased to 2.7 per 1,000 in 2017 before stabilizing at 2.5 per 1,000 in 2020. This unfavourable trend has affected mortality both in the first week and in the following 3 weeks (Figure 27). The reasons for this development are

Figure 27. Absolute and relative change in infant mortality and its components in France, 1980–2020



Coverage: Metropolitan France.

Source: INSEE (2022; Table 70).

(72) The figures in the following paragraphs only concern infant mortality in metropolitan France, as INSEE has only published the corresponding indicators for the overseas departments since 1994.

difficult to determine in so far as, unlike in other countries, the data needed for an analysis of the factors responsible are not available in France. A number of countries record information on gestational age and birth weight on the death certificate, but not France, even though this information is decisive in understanding the role of the conditions of pregnancy in the stagnation of early infant mortality. Similarly, the mother's characteristics, regarding both social situation (level of education or income, for example) and behaviour (smoking or alcohol consumption) or health status (obesity, diabetes, hypertension), are not routinely available, making it very difficult to analyse the influence of these risk factors on mortality in young children (Blondel et al., 2019; Claris, 2022; Trinh et al., 2022). There are considerable geographical disparities in levels and trends in infant mortality, as in general mortality.

4. The persistence of geographic inequalities in mortality

INSEE publishes mortality indicators (infant mortality and life expectancy at birth by sex) for the old (NUTS-2) and new regions of metropolitan France since 1990 and for the overseas departments since 1999 (2014 for Mayotte).⁽⁷³⁾ The current coverage of these series extends to 2020, the latest year available. In addition, CépiDc (INSERM) publishes standardized mortality rates by group of causes of death and department and region, but only for the years 1990 to 2017.

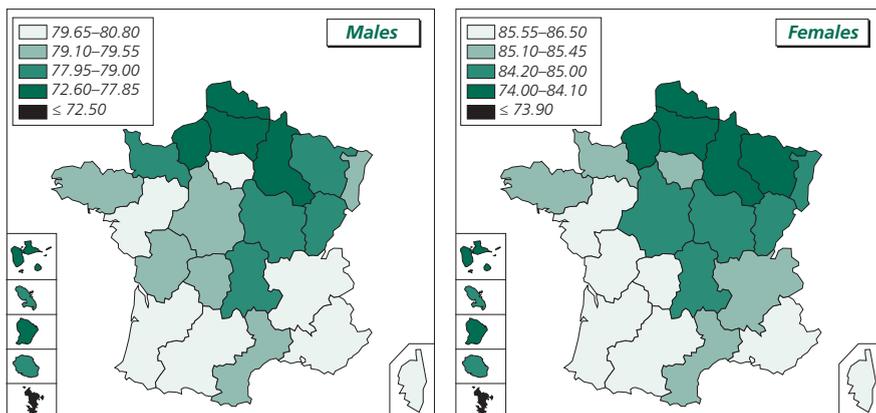
In 2020, a year of high excess mortality due to COVID-19, life expectancy at birth for the whole of France was 79.1 years for men and 85.1 years for women, but these averages conceal important regional differences (Figure 28). Across the 27 NUTS-2 regions, the gap between the extreme values of life expectancy at birth is considerable: 8.3 years for men (from 72.5 years in Mayotte to 80.8 years in Corsica) and 12.6 years for women (from 73.9 years in Mayotte to 86.5 years in Corsica). However, mortality is much higher in Mayotte than in any other French region. Regional life expectancy is second lowest in Guadeloupe, where it is nonetheless almost 10 years higher than in Mayotte for women (83.2 years) and 4.3 years higher for men (76.8 years). In metropolitan France, the gap between the regions at the bottom and the top of the ranking has improved for men since 1990, narrowing from 4.8 to 4.1 years, but increased for women, going from 2.8 to 3.0 years. These changes have come along with changes in the regional map of life expectancies at birth.

Figure 28 presents life expectancy at birth for the two sexes in France in 2020. For metropolitan France, the maps show a fragmentation of the crescent of high mortality which, bypassing Île-de-France, traditionally extended along the western, northern, and eastern borders of the country, from Brittany to Alsace. According to the latest available data, the lowest life expectancies are still mainly found in the regions to the north and east of Île-de-France (from

(73) INSEE, Vital statistics and population estimates (Table P3D: General population indicators by department and region).

Haute-Normandie to Lorraine), along with the overseas departments. Mortality is relatively low in Île-de-France and in the regions located south of Brittany and to the west of a line that can be traced from Tours to Nîmes (Pays de la Loire, Poitou-Charentes, Aquitaine, Auvergne, and Midi-Pyrénées); and in Corsica, the region with the fastest progress in life expectancy at birth for the past 30 years, for both women and men. Finally, the mortality situation in the south-eastern quarter of the country (the Rhône-Alpes, Provence-Alpes-Côte d'Azur, and Languedoc-Roussillon regions) is more favourable than in the centre of the country (Centre, Burgundy, Franche-Comté, and Auvergne regions), where levels of life expectancy at birth are close to those of Brittany and Basse-Normandie.

Figure 28. Life expectancy at birth by sex and region (NUTS-2), 2020



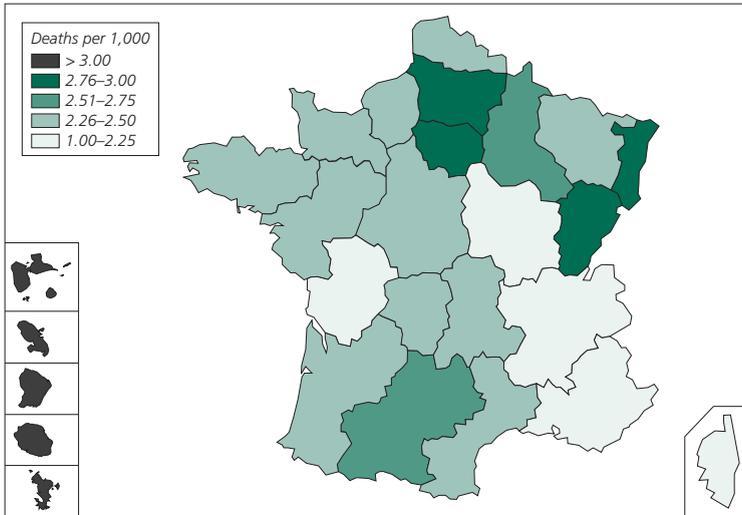
Source: INSEE, vital statistics and population estimates.

Regional inequalities in mortality are particularly large for infant mortality. On one side, there are the overseas departments, where more than 4 out of 1,000 children died during their first year (7.4 in Mayotte, between 4 and 5 in other overseas territories) in 2018–2020; on the other are the regions of metropolitan France, where the rate is no more than 3 per 1,000 (in Île-de-France), and less than 2 per 1,000 in Burgundy, Poitou-Charentes, and Provence-Alpes Côte d'Azur (Figure 29).

But the biggest single factor in regional mortality differences is mortality linked to cardiovascular diseases because of its particularly large contribution to general mortality. In 2017 (the last year for which data are available), the standardized mortality rate⁽⁷⁴⁾ for this group of causes was 2.5 times higher in Mayotte (482 deaths per 100,000 inhabitants) than in Île-de-France (192 per 100,000) for men and 2.8 times higher for women (333 deaths per 100,000 inhabitants in Mayotte vs. 120 in Île-de-France). Aside from Mayotte, the

(74) Using the standardized rate allows age structures that vary in time and space to be taken into account. Unlike the crude mortality rate, which is higher in an older than a younger population under equal mortality conditions, the standardized mortality rate eliminates the effects of age structure, reflecting only differences in the risk of death.

Figure 29. Infant mortality rate per 1,000 births (average for 2018–2020) by region (NUTS-2)



Source: INSEE, vital statistics and population estimates.

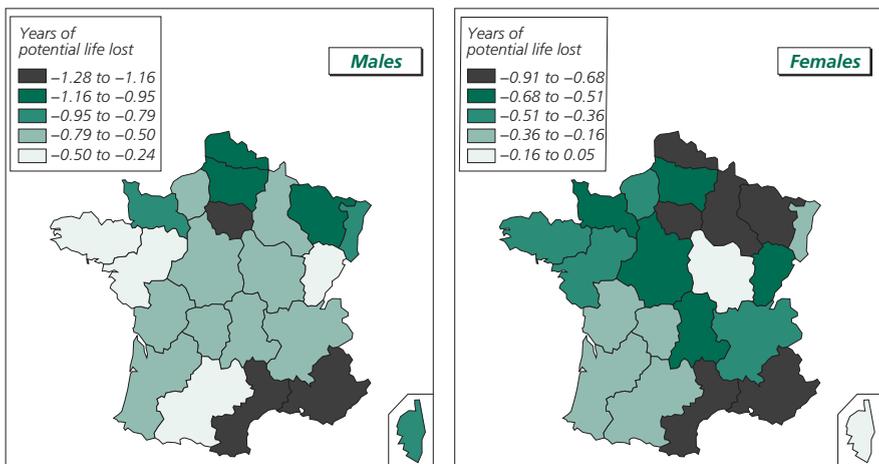
regions with particularly high cardiovascular mortality rates are, in decreasing order, Nord-Pas-de-Calais, Brittany, Champagne-Ardenne, Poitou-Charentes and French Guiana for men (with standardized rates above 300 per 100,000 in all these regions) and Languedoc-Roussillon, Rhône-Alpes, French Guiana, Réunion, Nord-Pas-de-Calais, and Picardie for women. Regional variations in cancer mortality are also considerable, with a twofold difference in rates between the highest and lowest rates for men (215 per 100,000 in Mayotte vs. 425 in Lorraine) and a 1.5-fold difference for women (from 142 per 100,000 in Guadeloupe to 213 in Nord-Pas-de-Calais). Unlike cardiovascular mortality, cancer mortality is relatively low in the overseas departments, a phenomenon that may be due to differences in behaviour between these regions and metropolitan France. A recent study (INSEE, 2021), confirming some of the results of another analysis (Barbieri, 2013), highlights the role of individual behaviours (smoking, alcohol consumption, and driving) in explaining regional differences in mortality. However, given the particularly high proportion of deaths from ill-defined causes in certain departments (such as Mayotte, Guadeloupe, and Guyana), caution is needed in interpreting the apparent differences.

But 2020 was not an ordinary year. The COVID-19 epidemic muddied the waters to some extent: the regions with the highest general mortality in 2019 are not the same ones that suffered the highest excess mortality due to COVID-19 in 2020 and 2021, at least in metropolitan France.⁽⁷⁵⁾ Figure 30 presents the

(75) The data used to compare levels of mortality by sex and age in 2021 to those of 2020 at the regional level are drawn from the French Human Mortality Database (<https://frdata.org/fr>), consulted on 22 August 2022. Unfortunately, they do not include data for the overseas departments. This is the only source of regional mortality statistics for 2021 that is already available.

differences in life expectancy at birth between 2019 and 2021 for men and women at the regional level. Men lost more years of life than women (see below), and there were also larger regional disparities in men’s loss of life expectancy (although the scale on the two maps is not equivalent). Excess mortality in 2020 and 2021 was particularly high in Île-de-France, Lorraine, and the south-east (Languedoc-Roussillon and Provence-Alpes-Côte d’Azur)—regions that, except for Lorraine, previously had above-average life expectancies. In these four regions, the loss of life expectancy at birth was more than a year for men (up to 1.3 years in Provence-Alpes-Côte d’Azur), and between 0.7 years in Languedoc-Roussillon and 0.9 years in Lorraine for women. Excess mortality linked to COVID-19 was also relatively high in other northern regions, in particular in Basse-Normandie, Nord-Pas-de-Calais, and Picardie, for both sexes, and Alsace for men. The only regions where no loss of life expectancy was recorded between 2019 and 2021—and only for women—are Burgundy and Corsica. Decreases were also relatively low for women in the south-western regions (Poitou-Charentes, Aquitaine, Limousin, and Midi-Pyrénées) and, for men, in Brittany, Pays de la Loire, Midi-Pyrénées, and Franche-Comté. Analysis of detailed mortality data by cause of death in 2020 and 2021 will be able to identify the proportion of these regional disparities that are due to direct effects of COVID-19, and the proportion due to the indirect effects of the epidemic (through other causes of death).

Figure 30. Differences in years of life expectancy at birth for each sex between 2019 and 2021 by region (NUTS-2), metropolitan France



Source: French Human Mortality Database, data downloaded on 22 August 2022.

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APPENDICES

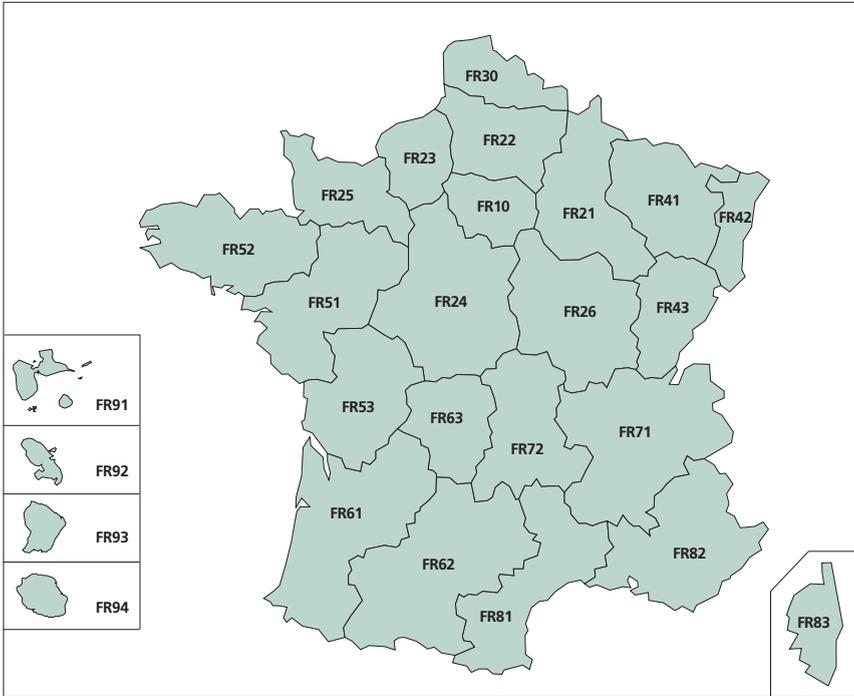
The appendix tables are available on INED's website
and on the Archined open archive:

<http://hdl.handle.net/20.500.12204/AYTs6koXkOqZPUwFsEWi>

Figure A.1. Map of French regions (NUTS-2), codes and names of regions

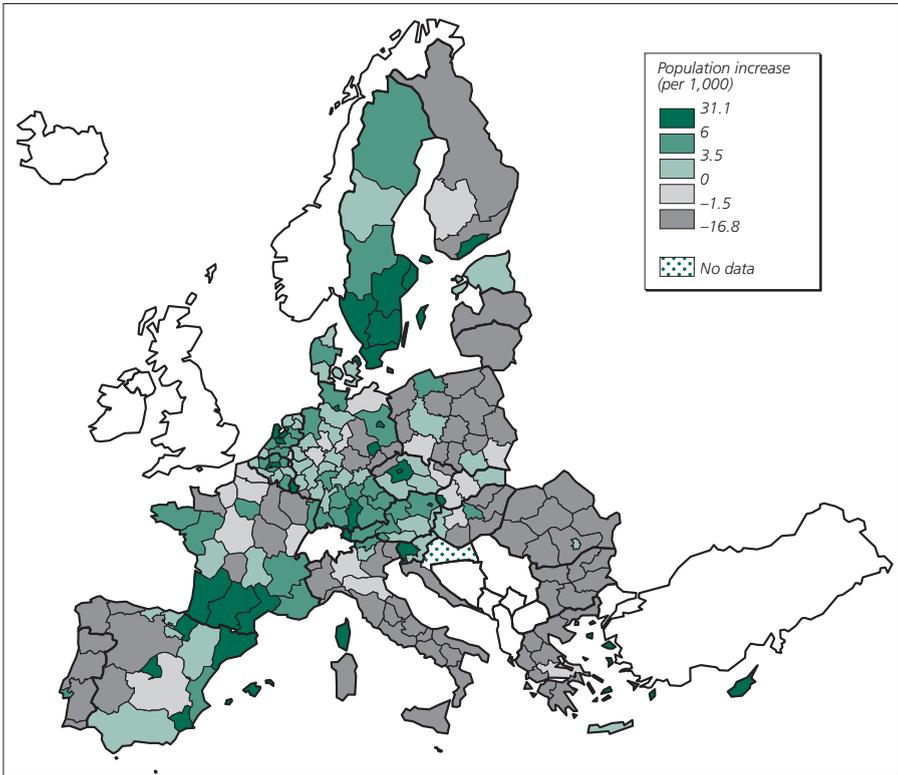
Code 2010	NUTS level 2
FR10	Île-de-France
FR21	Champagne-Ardenne
FR22	Picardie
FR23	Haute-Normandie
FR24	Centre
FR25	Basse-Normandie
FR26	Burgundy
FR30	Nord-Pas-de-Calais
FR41	Lorraine
FR42	Alsace
FR43	Franche-Comté
FR51	Pays de la Loire
FR52	Brittany
FR53	Poitou-Charentes
FR61	Aquitaine
FR62	Midi-Pyrénées
FR63	Limousin
FR71	Rhône-Alpes
FR72	Auvergne
FR81	Languedoc-Roussillon
FR82	Provence-Alpes-Côte d'Azur
FR83	Corsica
FR91	Guadeloupe
FR92	Martinique
FR93	French Guiana
FR94	Réunion
FR96	Mayotte

Figure A.1 (cont'd). Map of French regions (NUTS-2)



Source: INSEE, Vital statistics and population estimates.

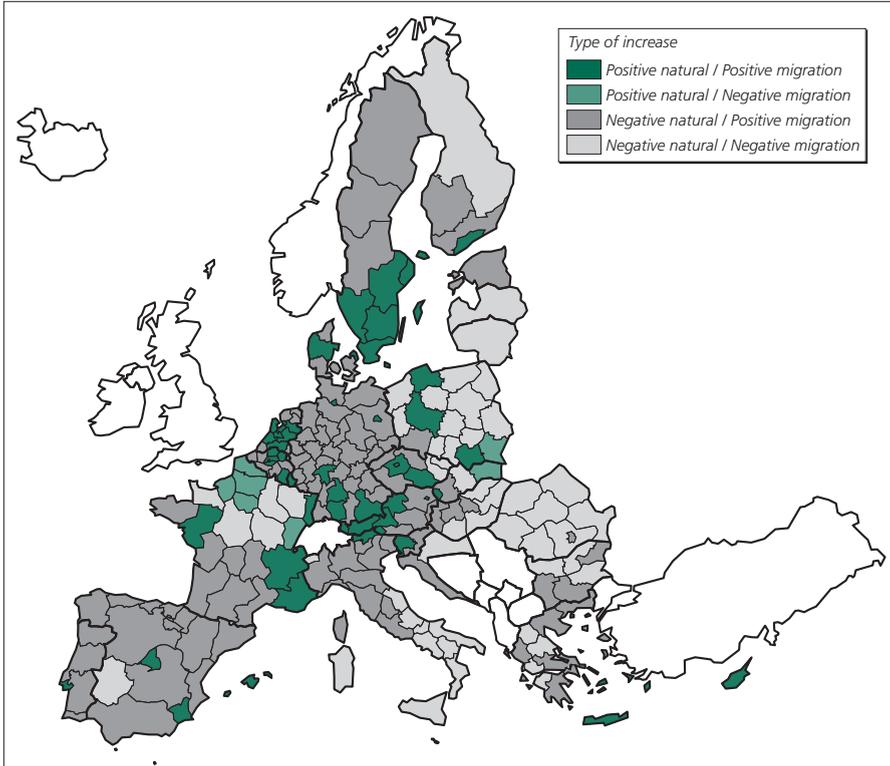
Figure A.2. Mean annual population increase in NUTS-2 regions of EU-27 between 1 January 2016 and 1 January 2021



Note: The scale used is that of France applied to all NUTS-2 regions of Europe.

Source: Eurostat, authors' calculations.

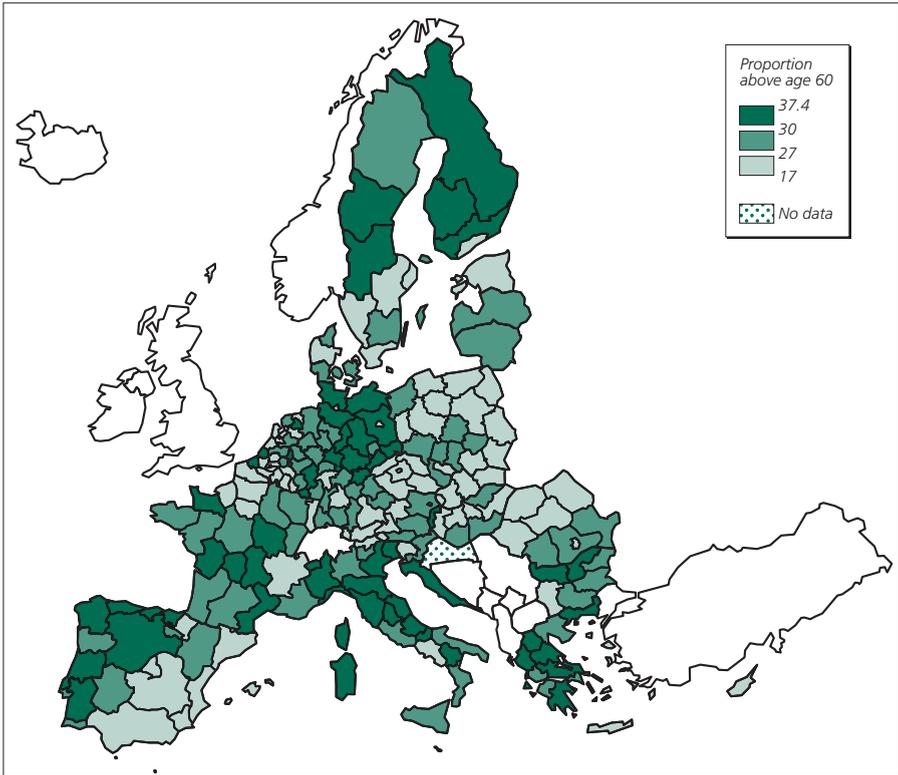
Figure A.3. Components of population increase in NUTS-2 regions of EU-27 between 1 January 2016 and 1 January 2021



Note: The scale used is that of France applied to all NUTS-2 regions of Europe.

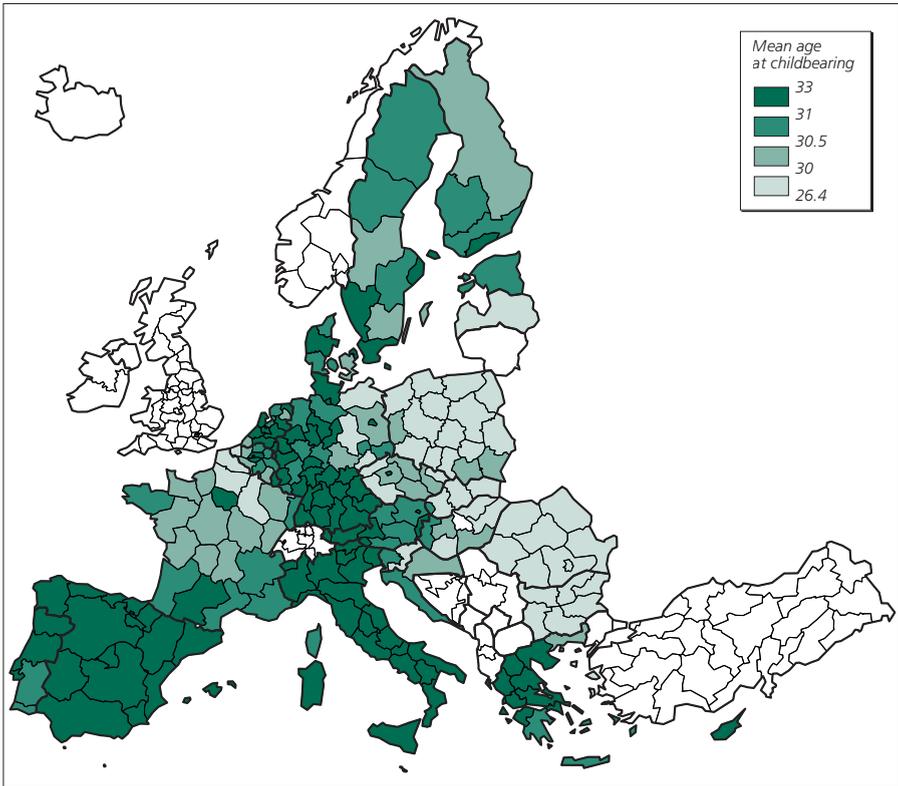
Source: Eurostat, authors' calculations.

Figure A.4. Proportion of population aged 60 and above in the NUTS-2 regions of EU-27 on 1 January 2021



Note: The scale used is that of France applied to all NUTS-2 regions of Europe.
Source: Eurostat, authors' calculations.

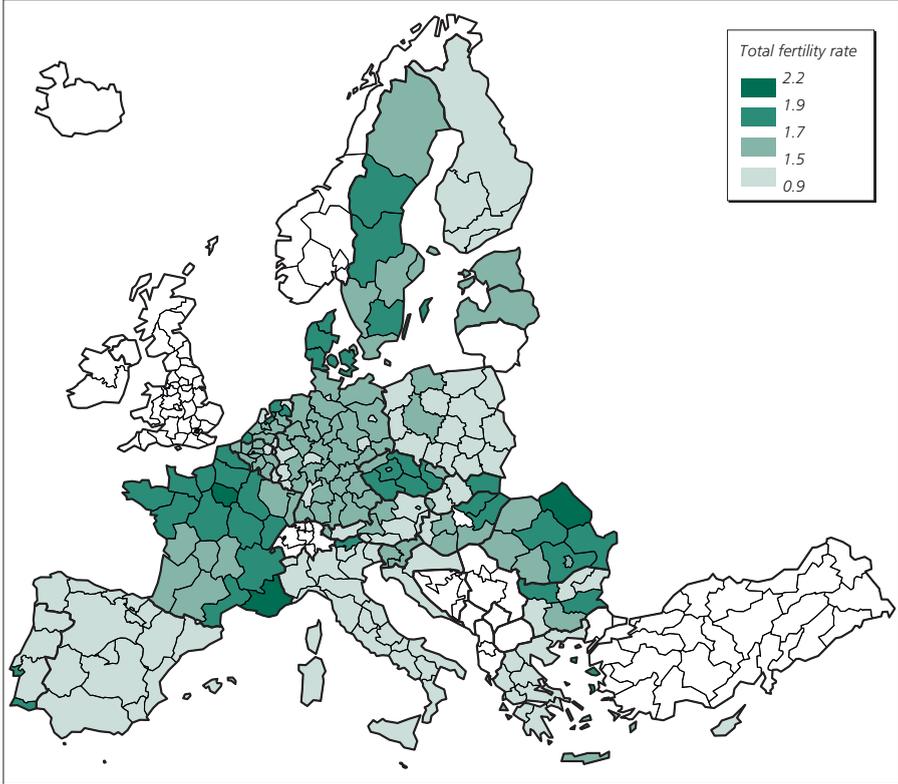
Figure A.5. Mean age at childbearing in the NUTS-2 regions of EU-27, in 2019–2020



Note: The scale used is that of France applied to all NUTS-2 regions of Europe.

Source: Eurostat, authors' calculations.

Figure A.6. Total fertility rate in the NUTS-2 regions of EU-27, 2019–2020



Note: The scale used is that of France applied to all NUTS-2 regions of Europe.

Source: Eurostat, authors' calculations.



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**Didier BRETON, Nicolas BELLIOU, Magali BARBIERI, Hippolyte d'ALBIS, Magali MAZUY •
RECENT DEMOGRAPHIC TRENDS IN FRANCE. ONGOING IMPACT OF THE COVID-19
PANDEMIC AT BOTH REGIONAL AND NATIONAL LEVELS**

On 1 January 2022, the population of France was 67.8 million, 187,000 more than on 1 January 2021. Numbers of births, abortions, and marriages in 2021 were higher than in 2020 but did not return to the levels observed before the COVID-19 pandemic (2019). Mortality followed a similar pattern, with an improvement in 2021, but not a return to pre-crisis levels. In 2021, France was one of nine countries in EU-27 with positive natural population increase, although net migration made a larger contribution to demographic growth. The French population is still growing, therefore, but more slowly than before the pandemic. In 2020, admissions of third-country nationals with a residence permit fell sharply due to the health crisis. Admissions for employment reasons decreased most markedly. Inflows were concentrated in the Paris region (Île-de-France). In 2021, the total fertility rate increased very slightly (1.83 children per woman) due mainly to an increase in rates at ages 30–39, with an age profile that varies across regions. The number of abortions remained stable between 2020 and 2021, but the share of medical abortions is increasing each year (77% in 2021), above all those managed in non-hospital settings. There are large geographical disparities, however, due to inequalities in care provision at local level. The upturn in marriages in 2021 only partially made up for those that could not be celebrated in 2020. PACS unions outnumbered marriages for the first time in 2020. Marriages are more frequent in eastern France, and PACS civil unions along the Atlantic coast and in the south-west. While lower than in 2020, the number of deaths remained high in 2021. Life expectancy in 2021 was still 4.6 months lower than in 2019 for men, and 1.4 months lower for women. Estimated excess mortality was 6.3% in 2021, after reaching 7.5% in 2020. The most affected regions are not necessarily those where mortality was initially high.

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L'ÉVOLUTION DÉMOGRAPHIQUE RÉCENTE DE LA FRANCE. EN RÉGION COMME AU NIVEAU
NATIONAL, DES COMPORTEMENTS DÉMOGRAPHIQUES ENCORE MARQUÉS PAR LA COVID-19**

Le 1^{er} janvier 2022, la France comptait 67,8 millions d'habitants soit 187 000 de plus qu'au 1^{er} janvier 2021. Les nombres de naissances, d'IVG et de mariages en 2021 ont augmenté si on les compare à 2020, sans toutefois retrouver les niveaux observés avant la crise sanitaire (2019). Il en est de même pour les décès dont le nombre a diminué, mais reste encore supérieur à celui observé en 2019. En 2021, la France fait partie des 9 pays européens parmi les 27 dont le solde naturel est positif. Son solde migratoire l'est également et, en 2021, est supérieur au solde naturel. Au total, la population de la France continue d'augmenter, mais à un rythme plus faible qu'avant la pandémie. En 2020, les flux d'entrées de personnes venant de pays tiers avec un titre de séjour ont très fortement diminué du fait de la crise sanitaire. Ce sont les titres pour raison professionnelle qui ont le plus baissé. Les demandes se concentrent en Île-de-France. En 2021, l'indice conjoncturel de fécondité augmente très légèrement (1,83 enfant par femme), principalement du fait de la hausse des taux entre 30 et 39 ans. Le profil par âge varie selon les régions. Le recours à l'avortement est plutôt stable entre 2020 et 2021, mais la part des IVG réalisées par la méthode médicamenteuse augmente d'année en année (77 % en 2021), surtout celles pratiquées en cabinet de ville. Cependant, on observe d'importantes différences territoriales, du fait d'une offre de soins inégale au niveau local. En 2021, le rattrapage des mariages qui n'ont pu être célébrés en 2020 n'a été que partiel. Pour la première fois en 2020, le nombre de pacs dépasse celui des mariages. Les mariages sont plus fréquents sur le flanc est du pays et les pacs sur la façade atlantique et dans le Sud-Ouest. Le nombre de décès reste important en 2021 malgré une amélioration par rapport à 2020. L'espérance de vie en 2021 reste inférieure de 4,6 mois pour les hommes par rapport à 2019, et de 1,4 mois pour les femmes. La surmortalité est estimée à 6,3 % en 2021 après avoir été de 7,5 % en 2020. Les régions les plus touchées ne sont pas nécessairement celles où la mortalité était initialement forte.

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LA EVOLUCIÓN DEMOGRÁFICA RECIENTE DE FRANCIA. TANTO A NIVEL REGIONAL COMO
NACIONAL, COMPORTAMIENTOS DEMOGRÁFICOS AÚN MARCADOS POR LA COVID-19**

El 1 de enero de 2022, Francia contaba con 67,8 millones de habitantes, es decir, 187 000 más que el 1 de enero de 2021. El número de nacimientos, de IVG y de matrimonios en 2021 aumentó en comparación a 2020, pero sin alcanzar los niveles observados antes de la crisis sanitaria (2019). Lo mismo ocurrió con las defunciones, cuyo número disminuyó, aunque seguía siendo superior al observado en 2019. En 2021, Francia se encontraba entre los 9 países europeos de los 27 cuyo crecimiento vegetativo era positivo. El saldo migratorio también lo era y, en 2021, fue superior al crecimiento vegetativo. En su conjunto, la población de Francia continúa aumentando, pero a un ritmo más lento que antes de la pandemia. En 2020, los flujos de entradas de personas

provenientes de países terceros con permiso de residencia disminuyeron considerablemente debido a la crisis sanitaria. Los visados por razones profesionales fueron los que más cayeron. Las solicitudes se concentraban en Île-de-France. En 2021, el índice coyuntural de fecundidad experimentó un ligero aumento (1,83 hijos por mujer), principalmente por la subida de las tasas entre los 30 y los 39 años. El perfil por edad varía según las regiones. El recurso al aborto se mantiene más bien estable entre 2020 y 2021, pero la parte de IVE realizadas por el método farmacológico aumenta año tras año (77 % en 2021), sobre todo las practicadas en consultorios urbanos. No obstante, se observan importantes diferencias territoriales, por una oferta de atención sanitaria desigual a nivel local. En 2021, la recuperación de matrimonios que no pudieron celebrarse en 2020 tan sólo fue parcial. Por primera vez en 2020, el número de PACS (Pacto Civil de Solidaridad) sobrepasaba al de matrimonios. Los matrimonios son más frecuentes en el este del país y los PACS en la costa atlántica y en el suroeste. El número de defunciones seguía siendo importante en 2021 aunque hubiera mejorado con respecto a 2020. La esperanza de vida en 2021 se redujo 4,6 meses para los hombres con respecto a 2019, y 1,4 meses para las mujeres. El exceso de mortalidad se estima en 6,3 % en 2021 tras haber alcanzado el 7,5 % en 2020. Las regiones más afectadas no son necesariamente aquellas que presentaban en principio una mortalidad más acusada.

Keywords: France, demographic situation, migration, fertility, induced abortion, marriage, civil union, divorce, separation, same-sex couple, ageing, mortality, cause of death, COVID-19, pandemic, region, Europe

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