

Regional Population Meeting
Budapest (Hungary), 7-9 December 1998

NATIONAL REPORT

Submitted by the Government of Denmark

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Population Issues Denmark 1998

The Danish National Report on current population-related issues and policies, five years after the International Conference on Population and Development in Cairo.

The report contains an outline of the development in the demographic situation in Denmark after 1994, including a brief presentation of the Danish Government's perception and policy in the areas of family, health and population ageing. Finally the report includes an overview of the development in Denmark's development assistance in the area of population since 1994.

1. Population changes

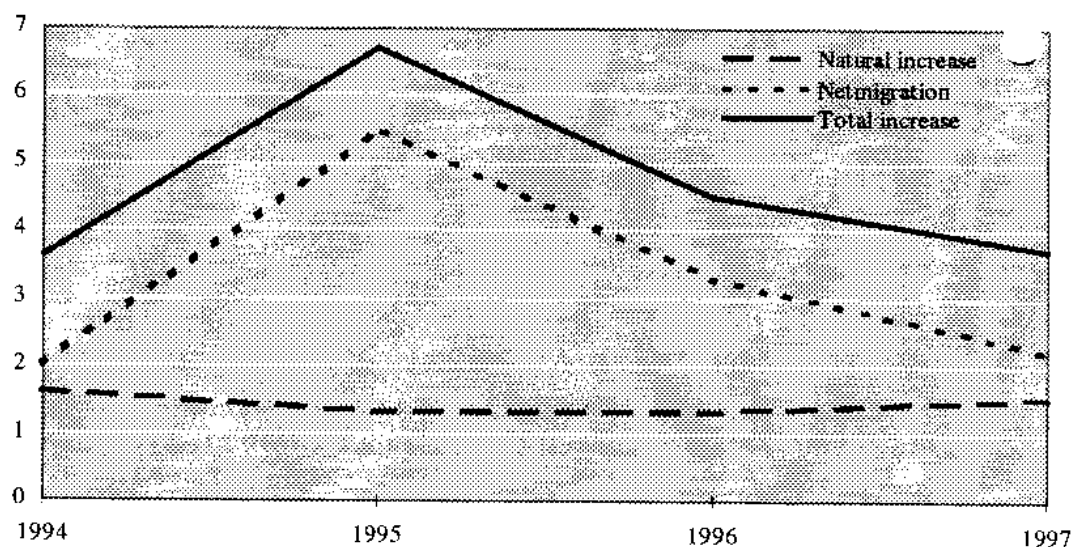
Population growth

The population of Denmark at the beginning of 1998 was 5.294.860. The percentage of the population in the productive age group (20 to 59 years old) was 57, while the proportion of persons under 20 years of age was 24 per cent and the proportion above 60 years was 20 per cent.

Since 1994 the population has increased by a total of 0.5 per cent per year. The increase is a result of both a positive natural increase - number of births exceed number of deaths - and a positive migratory balance. The most important role in the population growth is, however, played by the migration flow. As shown in the figure, the total increase in population reflect very much the net-migration.

Population increase 1994-1997

Pr. 1000



Migration

The number of foreign nationals residing in Denmark at the beginning of 1998 amounted to 250.000 or 4.7 percent of the population. Turkey was the largest single nation with 37.500 persons followed by former Yugoslavia with 34.000 persons.

The level of migration to and from Denmark has increased during the recent years. In 1997, there were 50,000 immigrants and 38,000 emigrants, which is an increase in immigration of 38 per cent and in emigration of 27 per cent compared with 1987.

In the 1990's the net-migration of Danish citizens has been fluctuating around zero, so the excess of immigrants is due to non-national immigrants. The level of foreign immigrants is highly influenced by people applying for asylum and family-reunion.

In the recent years more than 5.000 foreign nationals have been naturalised every year. Although there has been an increase in the number of foreign residents and in the number of naturalisations, the population of Denmark is still quite homogeneous, less than 7 per cent has a foreign background.

2. Fertility, family and reproductive health

Fertility

Since the middle of the 1990s the fertility in Denmark has been one of the highest in the European Union. In 1995 the number of live births was 69.800, generating a value for total period fertility rate of 1.81. Since then there has been a slight fall in fertility so that the rate for 1998 is likely to end around 1.7.

The pattern with a fall in the age-specific fertility rates for the young women, especially those between 20 and 25 years, and a rise for the women between 30 and 39 years has been seen for several years, and it is still distinct.

The average age of women giving birth has been increasing since the beginning of the 1980s and in 1996 it was 29,4 years. The woman's average age at the birth of her first child was 27.7 years.

Family

A little more than 46 per cent of all children in Denmark are born outside marriage. This percentage has been more or less the same since 1990. The size of the figure reflects the fact that many couples in Denmark are cohabiting without marriage.

Government's perception and policy

In the field of reproductive health various measures are taken to ensure the health of women, embryos and children. Since 1972, Denmark has had a law on "obstetric help and sanitary measures concerning pregnancy". The law defines the rights of the pregnant woman. In 1998, the Danish Board of Health made new guidelines for health services on pregnancy, birth and maternity leave. With the new guidelines it was made clear that the services should be adapted to the needs of the individual. Special services, such as interpretation, courses to stop smoking and

various kinds of social support during pregnancy, maternity leave were made available. With the new guidelines special efforts were also made to reach the most vulnerable groups of society. Implementing the guidelines require close co-operation between the health services, the social services, the county level and the local authorities.

Since 1994, a number of reforms have been implemented to improve the situation for families with small children. The most important initiatives have been:

- a possibility for parents to take partly compensated leave up to one year to look after their child;
- many collective agreements now include provisions to create more family friendly working conditions, including the introduction of paid leave to look after a sick relative;
- a government objective of offering all parents to smaller children the possibility of having their child looked after during normal working hours. This objective has resulted in the establishment of 140.000 new day-care places since 1993.

3. Mortality and health

Life expectancy

The life expectancy at birth in Denmark has risen very slowly during the 90's, slower than in most other OECD-countries. Especially the life expectancy for women has shown stagnation or very little increase.

In 1995/96 the life expectancy for women at birth was calculated to 78.0 years compared to 77.5 ten years earlier. Thereby the life-expectancy for Danish women was lower than for almost any other OECD country. Only Turkish women had a lower life-expectancy. In the age group 35-64 years the excess mortality for Danish women has been especially high.

For men the life expectancy has increased from 71.6 to 72.9 in the same period. In 1996 life-expectancy of Danish males ranked as number 21 out of 24 countries. This development is in spite of a fall in the infant mortality rate from 8.3 per 1000 live born in 1986 to 5.6 in 1996.

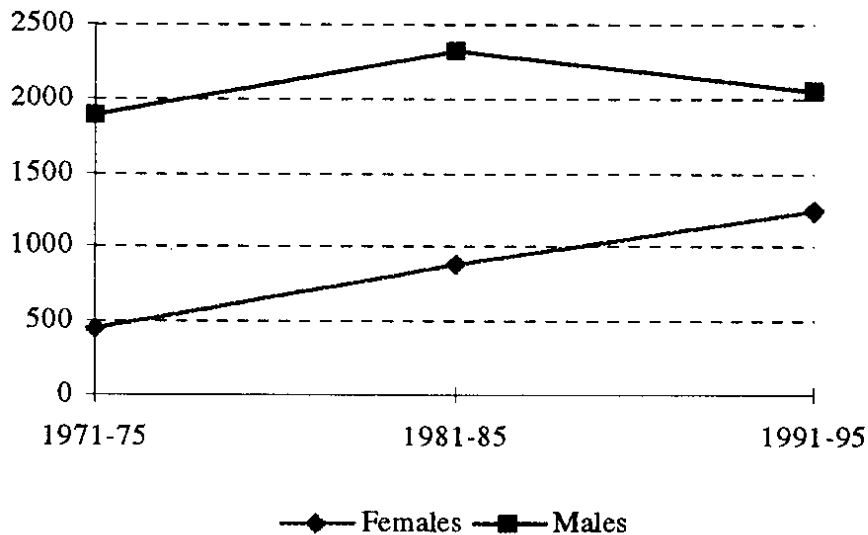
The relatively low life expectancy in Denmark is believed to be related to the fact that the Danes smoke and consume more alcohol than most other nationalities in OECD. In 1995, 36 percent of Danish women and 43 percent of Danish men were smokers and in 1994 the average consumption of alcohol was 12 litre. It has also been observed that health problems are closely related to the social status of the individual and that the mortality is generally higher among the lower social groups.

Morbidity

Compared to many other countries the incidence of cancer is higher in Denmark. During the past 25 years there has been an increase in most types of cancers in Denmark. and a larger proportion of those with cancer, dies from it.

For males, lung cancer is one the most prevalent types of cancer. For females, breast cancer is the most prevalent type of cancer. Different types of skin cancer are also prevalent. Among females the incidence of lung cancer has increased in the entire period (1971-95) whereas for males the incidence has slightly decreased since 1985.

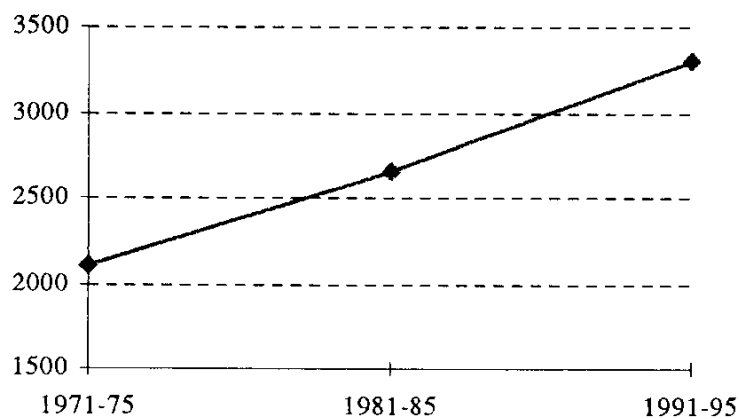
Trends in lung cancer incidence 1971-95.



The Danish Board of Health, 1998.

In the period 1971-1995 there has also been a clear increase in the incidence of breast cancer.

Trends in breast cancer incidence 1971-95.



The Danish Board of Health, 1998.

The Government's perception and policy in the area of health

The Danish Minister for Health has in spring 1998 set up a Cancer Committee which is now studying the causes and looking into ways of improving cancer treatment in Denmark.

Furthermore, the Danish Government is in the process of preparing a new health initiative "Health Promotion and Public Health Programme". The overall aim of the programme is to improve public health. The programme will be intersectoral, it will have clear targets and be of a duration of ten years. Expected intervention targets are: Tobacco, alcohol, obesity and nutrition/exercise. Special focus will be on children and old people.

The state of public health is a result of a number of different factors, such as education and occupation. An intersectoral approach is therefore a must in disease preventive health work. The programme involves the co-operation of the following ministries: the Ministry of Health, Ministry of Social Affairs, Ministry of Labour, Ministry of Education, Ministry of Housing and Cities, Ministry of Environment and Energy, Ministry of Traffic, Ministry of Culture and the Ministry of Food and Agriculture as well as the local authorities.

The following items will be considered a part of the programme (draft):

- Measures to combat smoking and heavy drinking.
- Ban on sale of tobacco to children under 15 years of age.
- Make a strategy to prevent an "epidemic of obesity".
- Involvement of general practitioners and hospitals in disease prevention.
- Initiatives concerning clarification of responsibilities between Government, counties and local authorities to Public Health matters.
- Plans of action for: suicide, abortions, social work in housing estates, road safety, cycle traffic, healthy work environment year 2005, the sector for children and elderly people and hygienic food.
- Initiatives concerning inequality in health: co-operation between The Ministry of Social Affairs and The Ministry of Health.
- Health education and policy of physical exercise in schools.
- The health of the child as top priority in families with abuse problems.
- The ability of elderly people to function should be maintained, focus on exercise of elderly people.
- The workplace as an arena for health promotion.

Activities under the programme will be directed towards the family, schools, the working-place, the community and health services.

The Minister for Health is expected to present the programme to the Danish Parliament in spring 1999.

4. Population ageing

Changes in the age structure of the population

According to the forecasts the number and the proportion of persons in the productive age group in Denmark will decrease in the years ahead, while the age group above 60 years will increase. As shown in the table, in year 2020 the proportion above 60 years will have increased from almost 20 percent today to around 25 per cent.

Expected development in the Danish Population 1998-2020

Year	20-59 years	60 years and over	% over 60 years	Total
1998	3005376	1039839	19,6	5294860
2000	3015916	1045102	19,6	5323489
2005	2957767	1110001	20,5	5396808
2010	2873396	1224681	22,4	5451185
2020	2880664	1361482	24,6	5522765

Perception and policy related to population ageing

The government's work on senior citizen policy remains based on the fundamental idea that the public system is to act as a social safety net which ensures that everyone has a dignified old age. Amongst other things, this means that there are no current plans to change the level of the Danish retirement pension.

There is increasing awareness of the necessity of targeting public services at the elderly people who are most frail and who require most care, typically the oldest citizens - those over 80 years of age. Public efforts should to a larger extent be based on the needs of the individual, and to a much lesser extent designed as general guidelines. The general assumption in social legislation of the individual's responsibility for him- or herself as well as for his or her closest relatives, thus, also applies to society's oldest citizens.

A public debate is already in progress concerning these factors, at both national level and under the auspices of the local authorities where the practical senior citizen policy is drawn up.

In the debate the focus has been on the part of the population which will be senior citizens in the near future. The government sees a need to change this group's expectations in relation to future care for senior citizens. This is based not merely on the limits imposed on the social economy by demographic factors, but as much on an awareness that generally speaking the coming generation of senior citizens will have much greater economic and social resources than the present one.

This provides a natural basis for a healthy debate concerning public versus private responsibility for the life of future generations of senior citizens.

A number of political measures have been taken to improve the quality of life of elderly people. An improvement in the quality of life and the general state of health of the elderly population is

also expected to reduce the need for care and the costs associated therewith, and may, thus, help to meet the demographic challenge which the future will entail in this area.

In recent years the Danish welfare state has been the subject of debate, the demographic trend in particular making this debate increasingly relevant. The traditional perception of the role of the public sector in society can no longer be taken for granted, but must be seen through new eyes which reflect the reality of the coming millennium.

Labour market initiatives

The growing population of senior citizens and the declining number of citizens of active working age also entail a need for new thinking in labour market policy. The Danish government is aware of this need and has in recent years implemented various measures to counter the problems entailed by the future developments in demographic composition.

The government has implemented measures to promote the creation of jobs, which can secure the active participation of the entire labour force in social development. This is done via an increased focus on persons who do not have a full working capacity, but still have a lot to offer the labour market. Amongst other things, these measures include efforts to promote employment, such as support for creating flexible and scaled-down jobs, and participation in an active dialogue with employers concerning the social responsibility of the labour market.

Moreover, there is increasing awareness at both government level and amongst the parties in the labour market of the necessity of encouraging older members of staff to remain in the labour market for longer than they do today. Attempts are being made to encourage this via an active senior citizen policy, and the introduction of financial incentives to maintain a longer association with the labour market is being considered.

5. Denmark's Development Assistance in the Area of Population

In 1994 the Danish Parliament decided that Denmark's Development Assistance in the Area of Population should be strengthened. A new strategy was formulated and completed in the light of the recommendations from the International Conference on Population and Development in Cairo. With the new strategy sexual and reproductive health and rights was put high on the agenda. New target groups like adolescent and men were introduced and new topics were included, such as sexually transmitted diseases, including HIV/AIDS and infertility.

In the strategy the aim of the Danish Population Assistance is broadly defused and includes assistance to poverty alleviation, programmes improving girls access to primary and secondary education and assistance improving the access to programmes for sexual and reproductive health and rights.

Multilateral assistance

Within the multilateral assistance the population assistance has been strengthened. Especially through increased support to UNFPA, making Denmark UNFPA's third largest donor. The Danish support to a number of international NGOs working in this area has also been increased considerably. While the Danish multilateral assistance in the field of population in 1993 was 191 mio. DDK the Danish assistance had increased to 329 mio. DDK in 1997.

Bilateral assistance

On a bilateral basis, Denmark contributes primarily indirectly to the area of population through its contributions to the sector programmes in health and education and to some degree through the support given to promote gender equity and human rights. In 1997 about 44% of the total Danish bilateral assistance was directed to health, education, water and sanitation and other social infrastructure.