

National Report submitted by the Government of Italy

1. General

The population-related trends in the '90s have fully confirmed those which had already started at the end of the '70s and consolidated throughout the '80s. They show that Italy is a country with a very low fertility and nuptiality rate, with a high survival rates and a significant level of immigration. It is, therefore, a country with demographic features quite distinct from the stereotypes of high fertility and consistent emigration.

The changes in individual population behaviour have been slow and have affected collective demographic events in various periods and in different ways. These changes have taken place silently in Italian society – which has therefore paid little attention to them, also for cultural-background reasons – and the country was “surprised” to find itself to be the target of considerable immigration (including illegal immigration), then the 'oldest country in the world'. The problems posed by immigrations and the crisis of the welfare system, and especially the pension system, caused the government and the politicians (and public opinion to a somewhat lesser extent) to become aware, especially in recent years, of the extraordinary population changes and the major social and economic consequences ensuing from them.

2. Trends and policies related to the family and fertility

For over 5 years, Italian fertility rates have been at very low levels, under 1.30 children per woman (1.22 in 1997). This rate is considerably lower than the fertility needed to ensure zero population growth. It is a much lower fertility rate than in the other more populous countries of the European Union and just over the Spanish rate, as the data in Table 1 clearly show. With a mean age of 29.8 years at the first birth (1995), Italy occupies one of the top positions for countries with late fertility; only the Netherlands has recorded a higher mean age at first birth. The rate of birth of the third child or more is obviously falling; these totalled 13% of total births in 1995, which in the UK, for example, they totalled 24%.

Table 1 – Average number of children per woman (total fertility rate) in some European Countries, 1970-97

	1970	1975	1980	1985	1990	1995	1997
France	2.47	1.93	1.94	1.81	1.78	1.70	1.71
Germany	2.02	1.45	1.45	1.28	1.45	1.34	1.32 ^a
Italy	2.43	2.21	1.68	1.48	1.36	1.18	1.22
UK	2.45	1.81	1.89	1.80	1.83	1.71	1.71
Spain	2.86	2.80	2.21	1.64	1.36	1.17	1.15
Sweden	1.94	1.78	1.68	1.73	2.14	1.74	1.53

^a - 1996

Source: Council of Europe, 1998

The completed fertility by female cohort is too considerably under the replacement threshold. For women born in 1958, it is estimated that there will be the equivalent of 1.74 children per woman, while the rate falls to 1.59 for women born in 1963 (this rate is respectively 1.99 and 1.90 in the UK).

Fertility levels are becoming more homogeneous on a geographical basis. In 1985, Northern Italy (which includes the 8 regions which are the most advanced from the social and economic point of view)

had a fertility rate of 1.17 children per woman, while Central Italy (including 4 highly developed regions) recorded a rate of 1.27 and the *Mezzogiorno* (which includes the 8 southern regions, including the major islands, which are the most backward from the economic point of view) showed a fertility rate of 1.87, with a variation range of 0.70. In 1994 (the past year for which regional data are available), the values recorded were 1.04 for the North, 1.09 for the Centre and 1.47 for the South, with a variation range of 0.43.

In 1985, the regions with minimum fertility were Liguria and Emilia-Romagna, with 1.02 children per woman, and the region with the maximum rate was Campania, with 2.02. In 1994, Liguria recorded the minimum with 0.93 and Campania the maximum with 1.60. From 1985 on, *all* the Italian regions have shown a fertility rate lower than the replacement level. In 1994, 11 regions out of 20 showed a fertility rate of less than 1.10.

The central government and some local authorities have showed concern for this situation, also because the Italian fertility survey conducted in 1993-94 highlighted the fact that Italian women and couples want to have an average of about two children. The low fertility rate could, therefore, be seen as the expression of unfavourable conditions in society for having and raising children, and also as a lack of confidence in the future. During the discussion of the specialised and political aspects, attention has been called – especially by the Ministry for Social Solidarity – on the cost of a child and on the heavy economic burdens laid on couples who have a child or who will have one more.

Political initiatives have been focused on the increase of benefits payable to families. Benefits for the third child and maternity benefits for mothers who have no other form of social benefits will soon be introduced. The government is working on a reform of the welfare state to acknowledge the importance of family relationships and the responsibility of parents, and therefore offer resources, means and services to help families in raising children and taking care of the elderly. Parliament has approved a law for the promotion of the rights of childhood and adolescence, a law specifically designed to protect all children and not just those with problems.

On a more general level, the Ministry for Social Solidarity has identified three priority items in family-support policy:

- to help the family to take care of and raise their children, making it easier – especially for women, to ensure compatibility of procreation with working life, creating a network for child-care services and increasing financial support to families with children;
- to help young people to set up a family;
- to help families with non-self-sufficient members.

The local authorities are also starting to formulate and implement policies for supporting procreation. In some municipalities, amounts of money are granted upon the birth of a child.

The Government is undoubtedly concerned with ensuring a better balance in employment and living opportunities between men and women. In this regard, it should be stressed that in 1996, for the first time ever in its history, the Italian Government appointed a Minister for Equal Opportunities. The National Commission for Equality at the Prime Minister's Office and the National Committee for Equal Opportunities at the Ministry of Labour have existed for many years and continue to do so. This network is completed by Commissions for Equality set up at other ministries, in local government, public bodies and major private enterprises. The Minister is carrying out intensive activity, including the issue of a decree accepting and implementing the resolutions adopted in the World Conference for Women held in 1995 in Beijing.

The Government has undertaken action to support the position and activities of housewives through the extension of maternity benefits, already provided for women with subordinate employment, and the setting-up of a mutual-aid fund.

3. Trends and policies concerning mortality and health

The mortality and morbidity trends are considered to be quite satisfactory in Italy. The average length of life reached (in a 1996 estimate) 74.8 years for men and 81.2 years for women, some of the highest values in the world. Infant mortality has continued to decline, reaching 6.0 deaths in the first year of life for every 1,000 live births in 1996 (value a little bit higher than those registered in other EU countries). Despite this positive situation, there are still areas for concern. The health and survival rates of young people have not shown the same advances as that of adults and the elderly. Women have worse health conditions than men do, and there are consistent differences in morbidity and mortality between socio-economic groups.

The reduction of mortality for most causes of death has recently occurred particularly among the elderly and very elderly. It could be mentioned that this is a factor contributing considerably to the rapid ageing of the Italian population. On the other hand, mortality rates among adult males show contrasting evidence, especially in the 25-34 age group living in the wealthier Northern regions. This age group has recorded sharp increases in mortality, which have cancelled out the gains achieved over recent decades. AIDS, drug overdoses and road accidents are the main causes for this trend.

There is less concern for the subject of reproduction-related health. In Italy, pregnancy-, labor- and puerperium-connected mortality is very low. In 1994, 19 women died due to this cause, equivalent to 3 every 100,000 births. Voluntary abortion has been falling, going down from over 16 abortions for every 1,000 women in reproductive-age groups in 1982-84 to 9.3 in 1995-96. An extensive network of public consulting facilities ensures that the population, and especially women, receives the necessary information regarding reproduction-related health, although fewer women seem to be utilising the services of these facilities. In any case, a recent national survey on fertility (1995-96) has highlighted that 85-90% of women in the reproductive-age group use some form of contraception.

With regard to health conditions, in 1997, 42% of the population aged 65-74 said they had good health, despite the fact that 77% of them declared that they had a chronic disease. Among the over-75s, 27% stated that they were in good health and 85% said they had at least one chronic disease.

Cigarette smoking is still one of the major determining factors in health. The fall in smoking rates has stopped, and over the past four years 25-26% of the adult population reports they are smokers, with sharp differences between men (33%) and women (17%).

Government policy is aimed at maintaining and improving the mortality and morbidity levels already achieved, trying to make the intervention more compatible with the growing financial resources required for pursuing this goal. The aims include the following:

- closing the social and geographic differentials regarding health;
- promoting and favouring behaviour and lifestyles – with regard to diet, smoking, alcohol and exercise - which improve health conditions and lead to “successful ageing”;
- fighting the major pathologies which cause the most deaths, disabilities and diseases;
- helping people live with chronic diseases, especially the non-self-sufficient chronically ill, providing home care, family-support measures and integrated home assistance;
- fostering an integration of health care and social assistance, leading to improved assistance and lower expenditure;
- providing for a specifically *planned goal* of safeguarding mental health.

These are some of the most important factors appearing in the National Health Plan 1998-2000, approved on a preliminary basis by the Council of Ministers in May 1998.

4. Trends and policies related to population ageing

There is full, widespread awareness of the intensive and rapid ageing of the Italian population, which has become the world's oldest population because, as we have mentioned, it has the highest percentage of over-60s (23.1% in 1998) and, at the same time, the lowest percentage of young people under 15 (14.5%). There are also large regional differentials, being Central-Northern Italy older than Mezzogiorno.

The greatest worry concerns the pension system because of the continuous doubts, expressed both in Italy and by major international organisations, as to the long-term sustainability of the system, due above all to population-related trends. Over recent years, various pension-system reforms have been made, one of which is the retirement age, which will be gradually set at 65 for men and 60 for women by 2001. However, the main reforms are to link the amount of the pension with the amount of contributions paid over a person's working life (and no longer to the salary earned before retirement) and to set up a voluntary additional pension system based on savings and investment funds.

There is also some concern with regard to the significant, growing imbalance between the number of older and young people; this is already evident in some parts of Central-Northern Italy where the fall in the birth and fertility rates have been earlier and sharper.

5. Trends and policies concerning international migration

Over recent years, the number of foreigners living permanently in Italy has risen. In January 1997, there were 986,000 foreigners with residence permits (with an increase of 35% over the previous year), of whom 787,000 were from developing countries (a 47% rise) and 199,000 from developed countries (a 3% rise).

This sharp rise was due to the 1996 government decree that provided for a second phase (the first one took place in 1990) for the regularisation of foreign immigrants whose status was illegal but who had a job. The decree enabled approximately 250,000 to regularise their position.

In 1998, a framework law was approved on foreign immigration in Italy, providing a better definition of the entry procedures (a quota system to be established from year to year was adopted), of family-reunion rules and of immigrant rights and duties. This law also marked the start-up of an active policy for immigrant integration. Italian immigration policy focuses strongly on social integration and on fighting social exclusion. One of the consequences of this law has been a further regularisation of illegal immigrants who were in Italy in March 1998 (the month in which the law came into force) and who had a job. This process of regularisation, with preference being accorded to Albanians, Tunisians and Moroccans, will be extended over time, at least into next year.

The Schengen Agreement, firmly supported by the Government, came fully into force in Italy in October 1997; the agreement abolishes passport controls at border crossings with other countries signing the agreement, and requests the application of the Schengen rules for the control of the external borders, for the granting of visas and for the principle of the first country of asylum.

The Government is seriously worried by the continuous arrival of illegal immigrants, who are landed on the coasts of Southern Italy by "immigrant traffickers". After the political events of recent years and the Schengen Agreement, Italy has become the most vulnerable border area of the entire European Union, and regions like Apulia and Sicily, one near Albania and the other near Tunisia, have become frontier zones which practically speaking cannot be completely protected. This is also due to the strategies adopted by the traffickers, who sometimes throw the immigrants (who try to enter Italy and Europe by any

means) into the sea or abandon them in isolated coastal areas. The patrolling of Italian and international waters has been considerably boosted, but more effective political measures would be bilateral agreements with the immigration-sending countries in order to re-admit undocumented foreigners and combat illegal immigration.

6. Perception and policy of the Government related to population growth

The Italian population rose from 54.1 million in 1971 to 57.6 million in 1997. A further growth of approximately 0.3-0.4 million is expected up to 2006, after which a decline should begin. The growth of total population as such is not a source of concern for the government and therefore no specific targets have been set.

Over the past four years, the natural balance between births and deaths has been negative, with a rate of 0.4 for every thousand inhabitants. Growth has, therefore, been exclusively due to the migration increase, which had a rate of 2.2 for every thousand inhabitants in 1997. Future growth in immigration is quite difficult to forecast, since it depends on too many international and domestic factors.

The continuous rise in the expectation of life and the consequent rise in the elderly and very elderly population are judged positively as a sign of improvement in living arrangements. On the other hand, the long-lasting and low fertility rate is begin to trigger some concern with regard to the capacity to ensure a minimum balance between the generations.

7. Perception regarding the need for policy-related collection of data and research

Although Italy does not have a formal population policy with specific demographic targets, there is consensus on the fact that scientific information on population-related trends is relevant for policy makers and decision-makers in all sectors of society, including the private sector.

The government, relying on all the research facilities – universities, *ISTAT*-National Statistics Institute, *CNR*- National Research Council – is able to submit current analyses of the situation regarding health, abortion rates, ageing, foreign immigration and the causes and consequences of current trends to Parliament. The government is therefore keen for these bodies, especially *ISTAT*, to go more deeply into and enrich the surveys on population in the broad sense. The government is especially concerned with ensuring the improvement of statistics on international migration. On the contrary, enforcement of the law on privacy and administrative simplification will lead to a sharp fall in the available knowledge on the subject of births.

With regard to the collection of data and research, future interest will also focus on the topics of ageing, the economic and demographic contribution of immigrants and their integration, and the complex relation between the population and economic development. This aspect will be dealt with on the international and not just on the national level.

Gender perspective is included in population data collection and research on a regular basis.