

ESTONIAN POPULATION 2007-2020
Mare Ainsaar, Lee Maripuu

Office of Minister of Population Affairs
Tallinn
December 2008

TABLE OF CONTENTS

1. PRESENT AND IN THE FUTURE OF ESTONIAN POPULATION	3
2. BIRTH RATE.....	12
3. WORK, FAMILY, ECONOMY	17
4. HEALTH	25
5. MIGRATION	32
6. REFERENCES.....	38

1. PRESENT AND IN THE FUTURE OF ESTONIAN POPULATION

Since the 1990s the population of Estonia has decreased (Figure 1). As of 1 January 2008 the population of Estonia was 1,340,935. **The population is likely to decrease in the future.** According to various forecasts, in 2020 the population of Estonia will be 1,311,000 (Giannakouris 2008) to 1,320,000 (Population 2007). In the more distant future the decrease of the population will strengthen further. The population will decrease in spite of the rise in the birth rate. Against the background of longer life expectancy and average birth rate the reason for the decrease lies in the weak birth rate through 1990-2000. Only positive immigration could make considerable changes to this age structure. A negative migration balance would worsen the demographic situation even further. Estonia's problem against the background of the decreasing population lies in the extremely small size of its population, which may increase the risks of functioning of the state and markets. However, Estonia already has one of the highest immigration rates in Europe.

In recent years the decrease of the Estonian population has started to slow down owing to a moderate rise in the birth rate and a decrease in the mortality rate. According to the initial forecasts for 2008, the population will decrease by less than 1,000 people. **However, the coming years of economic crisis may pose a problem to the continuance of these positive trends.** During a period of economic turmoil family policy, health care and employment policy measures that strengthen the demographic sustainability of the population are most required.

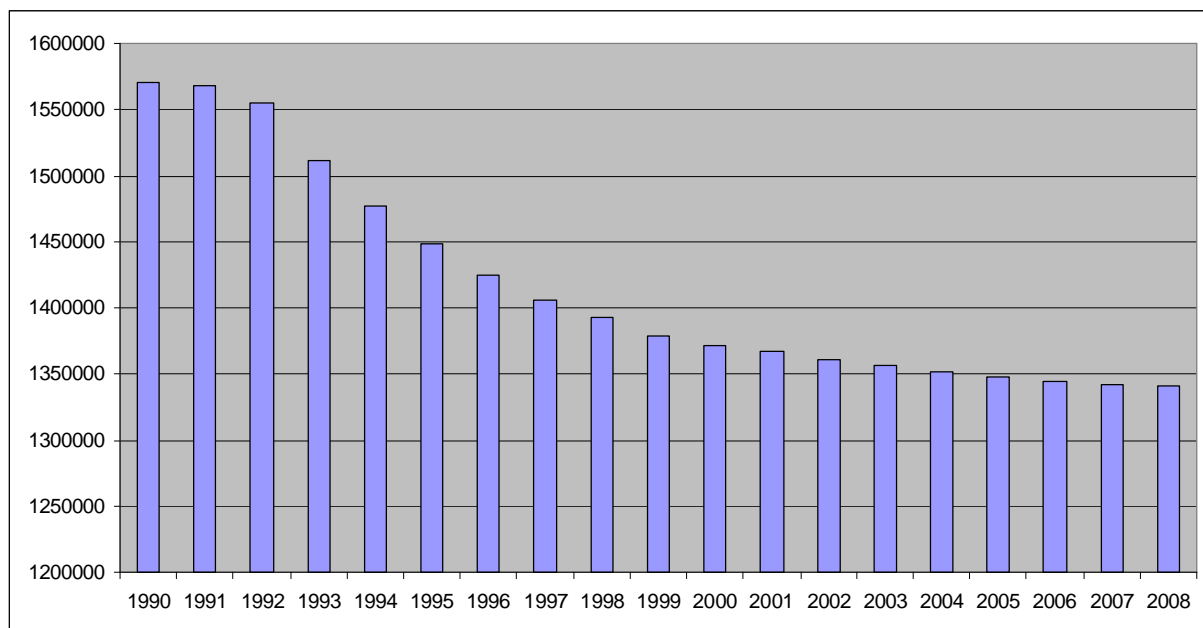


Figure 1. Estonian population 1990-2008

The change in the size of the population is divided unevenly within Estonia. Owing to the rise in the birth rate the population is growing in the Tallinn region, in rural municipalities surrounding Rakvere, in the surroundings of Paide, Tartu and Pärnu, in the city of Põlva (2008 ... 2008).

The short life expectancy of people, especially men, constitutes the most serious problem of all in terms of processes affecting the population – birth rate, mortality rate, migration. In the European Union the only states where the life expectancy of men is shorter than in Estonia are Latvia and Lithuania. The high mortality rate of men affects other demographical processes, because the loss of men can be noticed at the age where people usually start a family. The number of men exceeds that of women up to the age of 30 years (Figure 2). As of the age of 30 years the number of men falls short of the number of women and as the age rises the shortage of men increases. Although women usually live longer than men in most European states, the difference between the life expectancy of men and women in Estonia is one of the biggest in Europe.

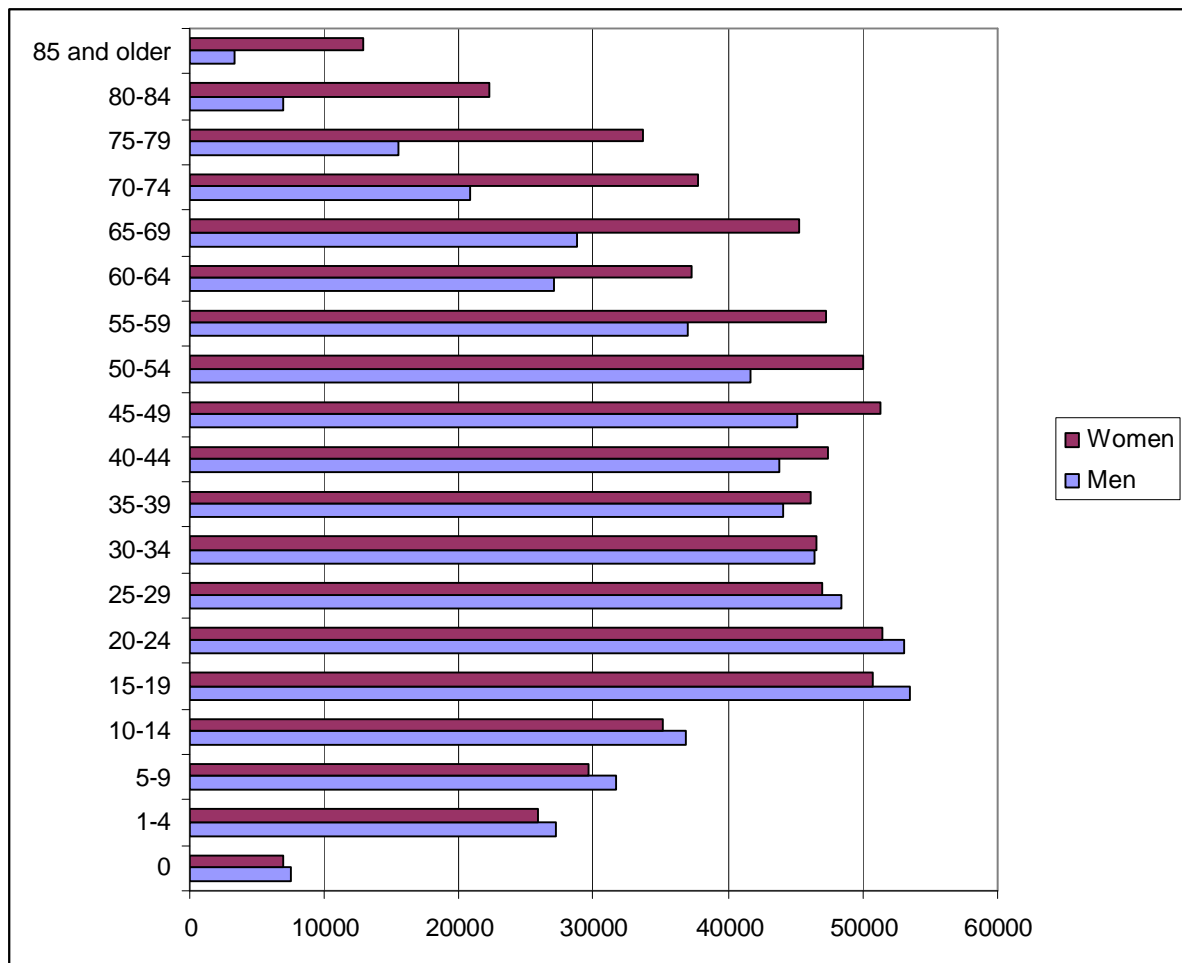


Figure 2. Age and gender structure of Estonian population 2006 (Data: Statistics of Estonia)

Future changes in structure of population – society of the elderly the

The age structure of Estonia and low birth rate will affect the size of the population and the labour market. Especially important changes will take place after the year 2018. Due to the decrease of the birth rate and the increase of the average life expectancy, in the long term Estonia can, like other European states, be characterised as an aging society. Although the proportion of the elderly is already relatively high in Estonia, it will change modestly until 2020 due to short life expectancy (Figure 3). In the more distant future Estonia will remain (Figures 4

and 5) an averagely aging state in Europe, although the smaller size of the younger populations will start causing more problems. By 2050 the biggest age group in society will be people aged 55-69 and the median age of the population will rise to 46 years of age (Leetma et al, 2004).

According to the Estonian Statistical Office, people aged up to 20 years accounted for 22% of the population and people aged 65 and above for 17% of the population. According to a forecast of the Statistical Office (Population 2007), the proportion of under 20-year-olds will remain almost the same until 2020 (22.5%), while that of over 65-year-olds will increase to 18.5%. Starting from 2020 all the population figures will quickly worsen considerably.

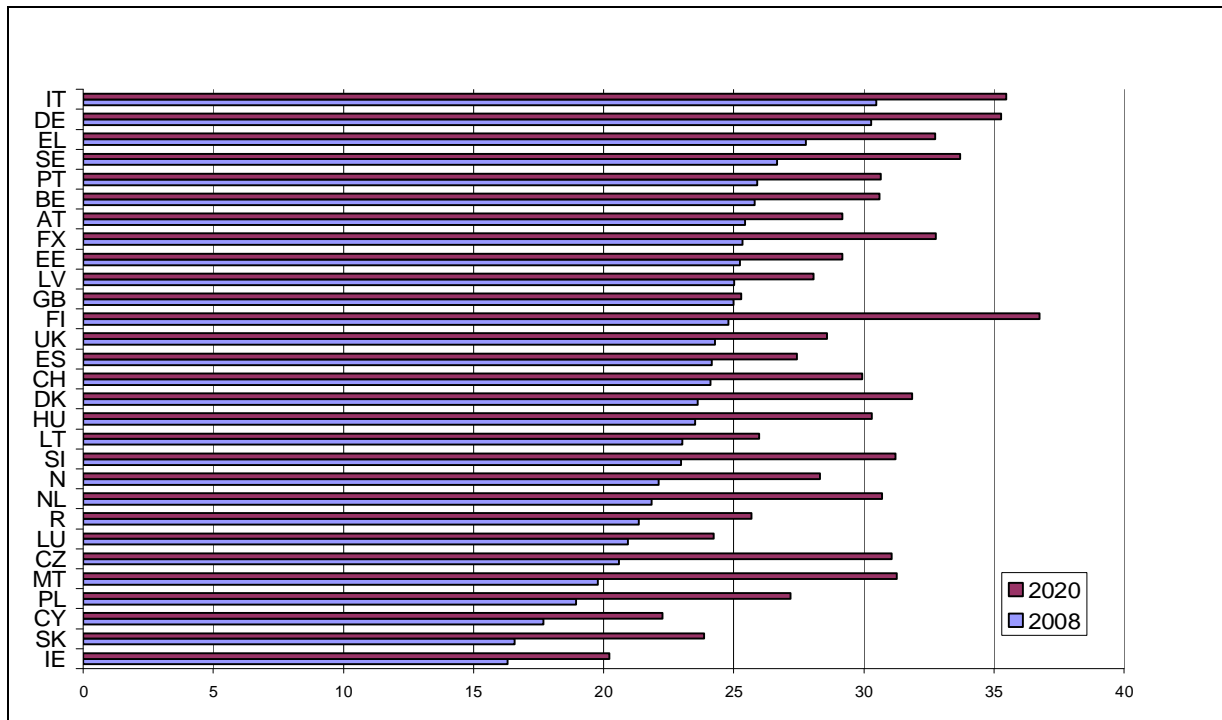


Figure 3. Rate of 65 and older people to 15-64 old people 2008 and 2020 (Source: Giannakouris 2008)

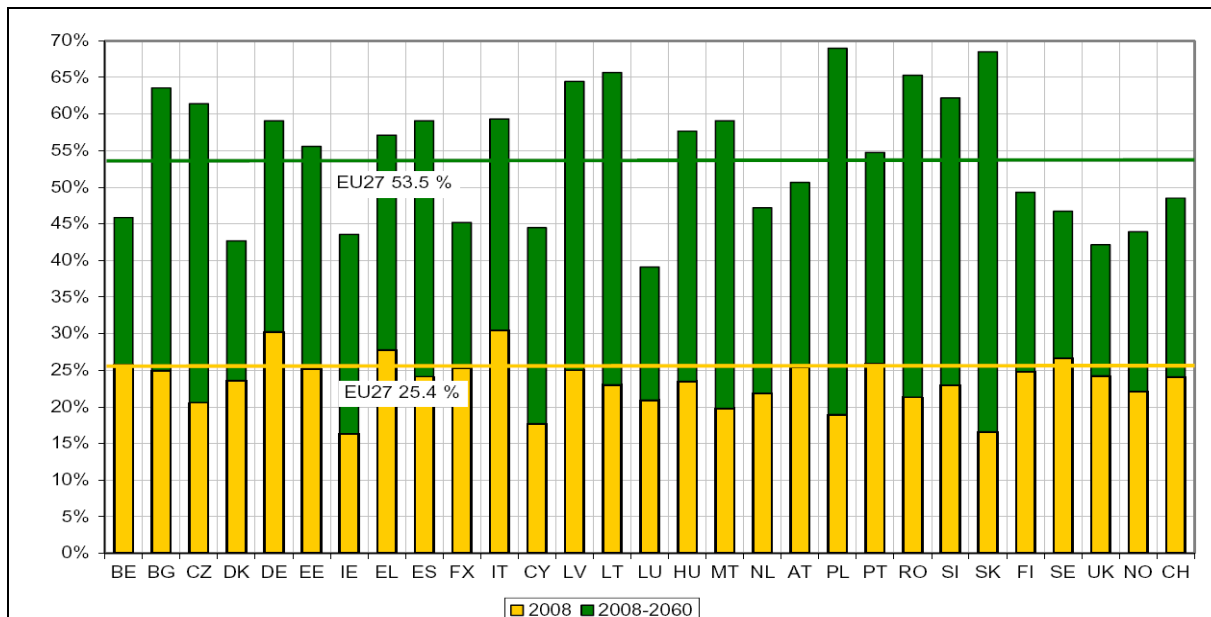


Figure 4. Rate of 65 and older people to 15-64 old people 2008 and 2060 (Source: Giannakouris 2008)

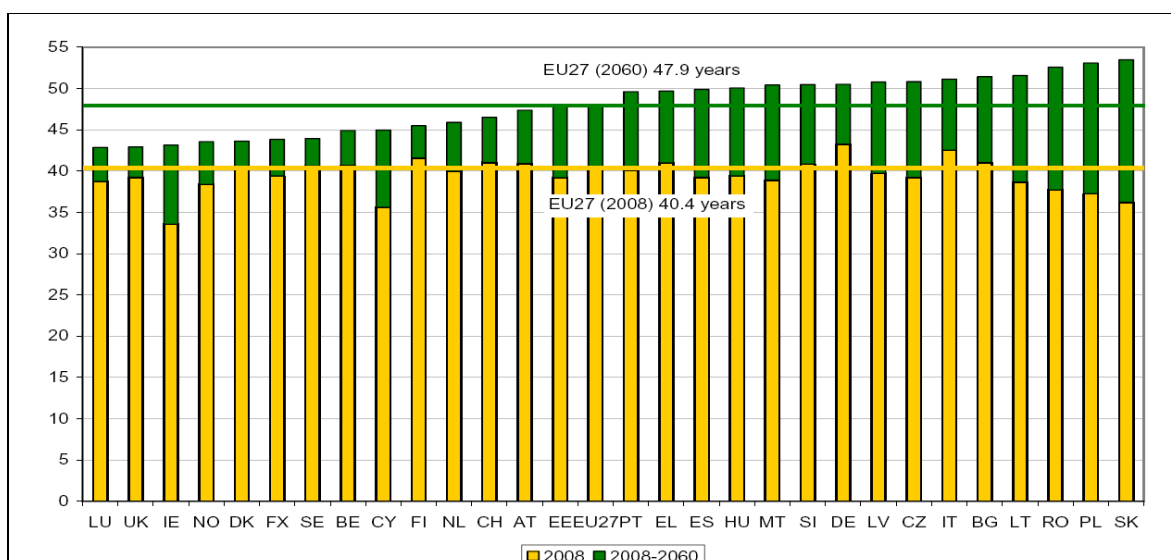


Figure 5. Median age in 2008 and 2060 (Source: Giannakouris 2008)

In connection with the aging of the population (2nd ... 2008) states are advised to take the following policy measures:

1. lay stronger emphasis on the family policy and supporting families with children;
2. support higher employment;
3. carry out reforms which increase labour efficiency;
4. implement immigration and integration policies;
5. ensure sustainable public financing of these activities.

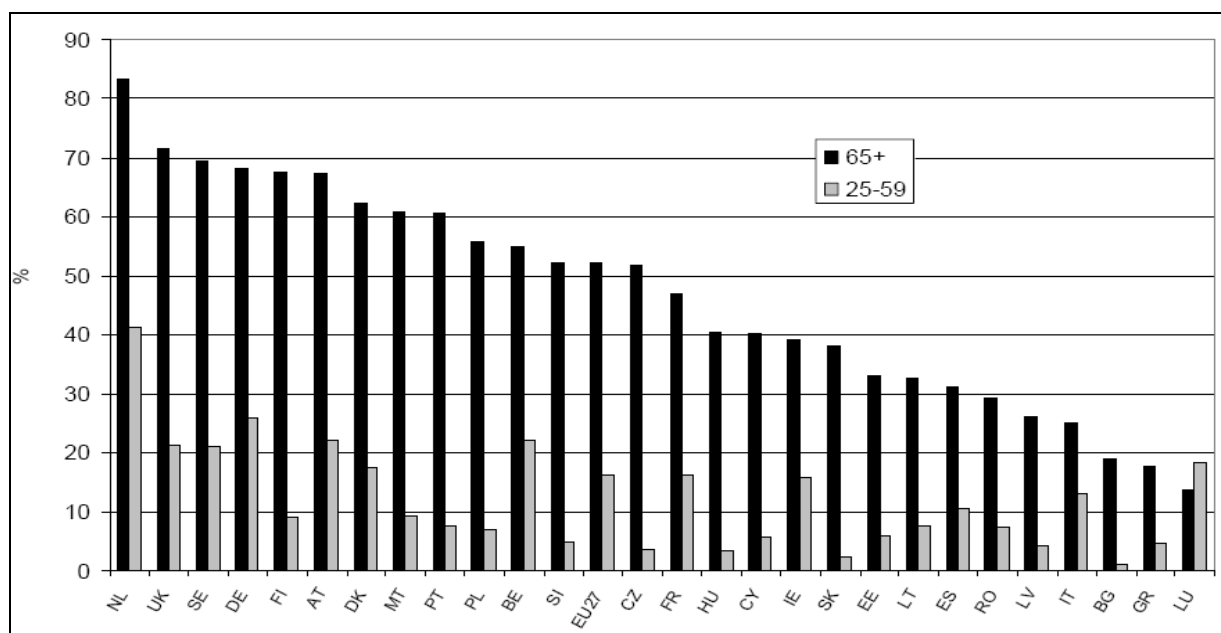


Figure 6. Share of part-time workers from population 25 and older (Source 2nd ... 2008)

Since the employment of up to 69-year-olds is already relatively high in Estonia (Figure 7) as is the proportion of women in the labour market (Figure 8) and the share of part-time workers is small (Figure 6), the **family policy and migration policy-related options remain the primary solutions. Investments aimed at health**, which would reduce problems relating to illnesses and incapacity for work, are relevant for increasing employment. The increase of the number of elderly in society may result in a decrease of the overall innovativeness level. In order to prevent this it is important to provide people with as diverse and good education as possible, because people with better education remain active and innovative for a longer period and are also able to cope with their personal (incl. health) problems better.

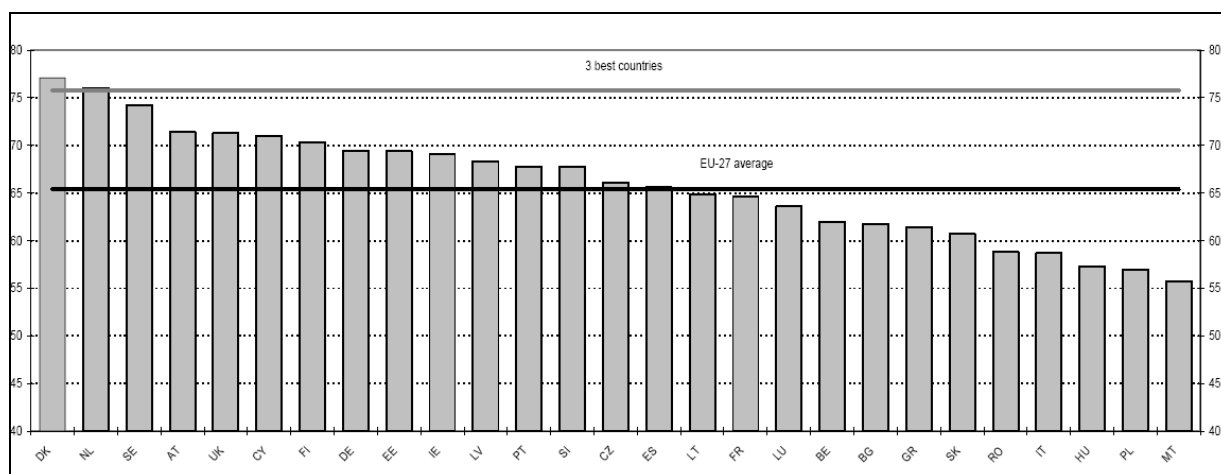


Figure 7. Employment rate of 15-64 old people (Source 2nd ... 2008)

Employment of people aged 17-64 is somewhat higher in Estonia than in the European Union on average (Figure 7). This can be attributed to the higher-than-average employment of women in Estonia (Figure 8).

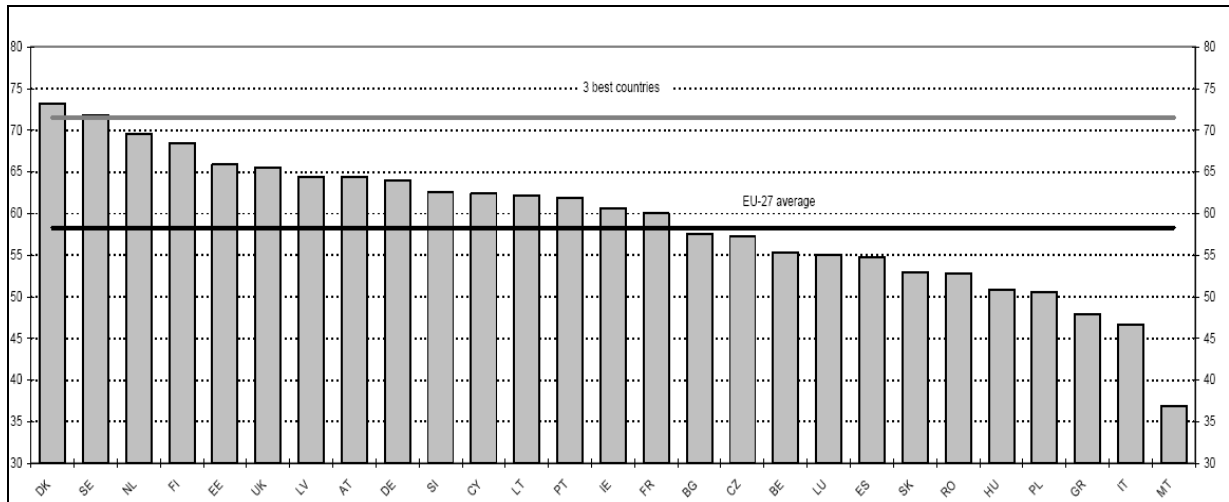


Figure 8. Employment rate of 15-64 old women (Source 2nd ... 2008)

The employment indicators of women are these days related closely to the family culture and social attitudes. A new tendency is that a high birth rate and employment rather support than preclude one another. Estonian women have a relatively highly rate of employment in spite of the high figure of persons obtaining education, the relatively long period of parental leave, and the increasing birth rate. Upon reduction of the shortage of nursery school vacancies, the readiness of women to participate in the labour market would be even higher. To that end equal participation of men and women in society and the possibilities of stress-free combination of family and working life must be consistently supported. The employment rate of men in Estonia is around the European average (Figure 9).

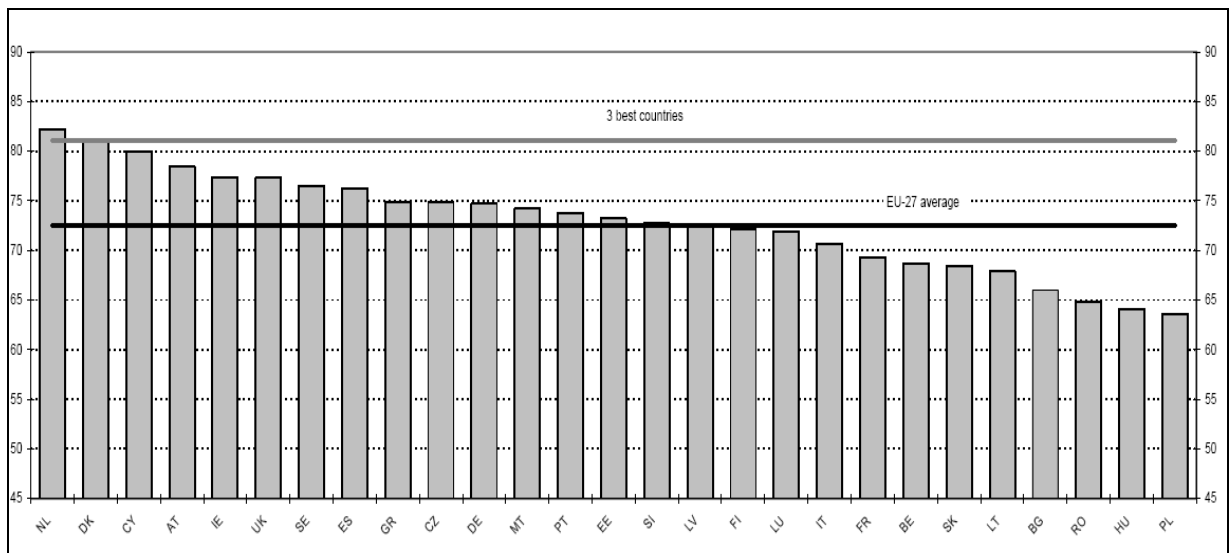


Figure 9. Employment rate of 15-64 old men (Source 2nd ... 2008)

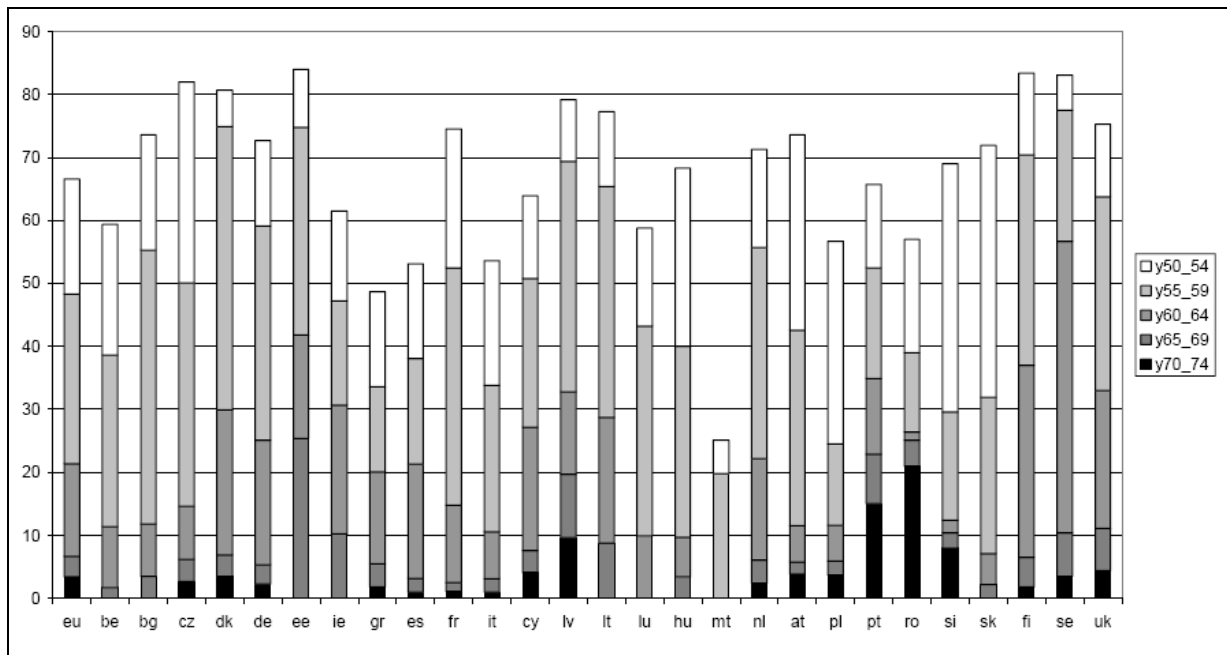


Figure 10. Share of employment 50year and older retired women (Source 2nd ... 2008)

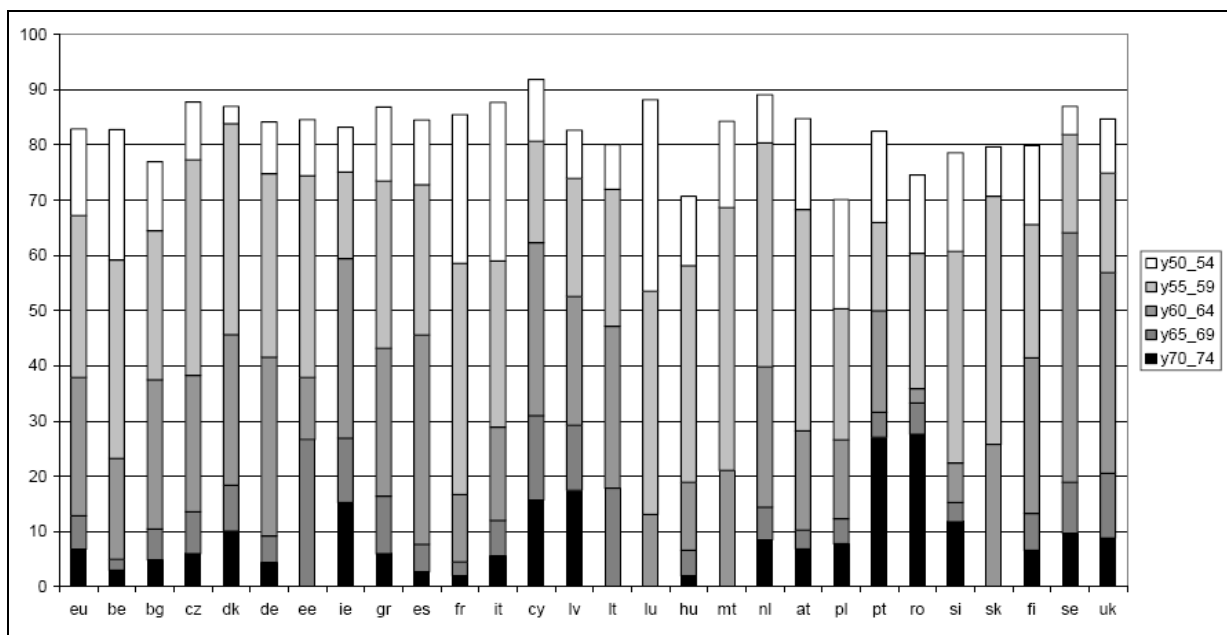


Figure 11. Share of employment 50year and older retired men (Source 2nd ... 2008)

When it comes to retired people we can see that the employment rate of women and men is relatively similar in Estonia (Figures 10 and 11). Traditionally, people do not work over the age of 70 years in Estonia, but until that age is reached they are relatively active. The high employment rate of women is especially remarkable.

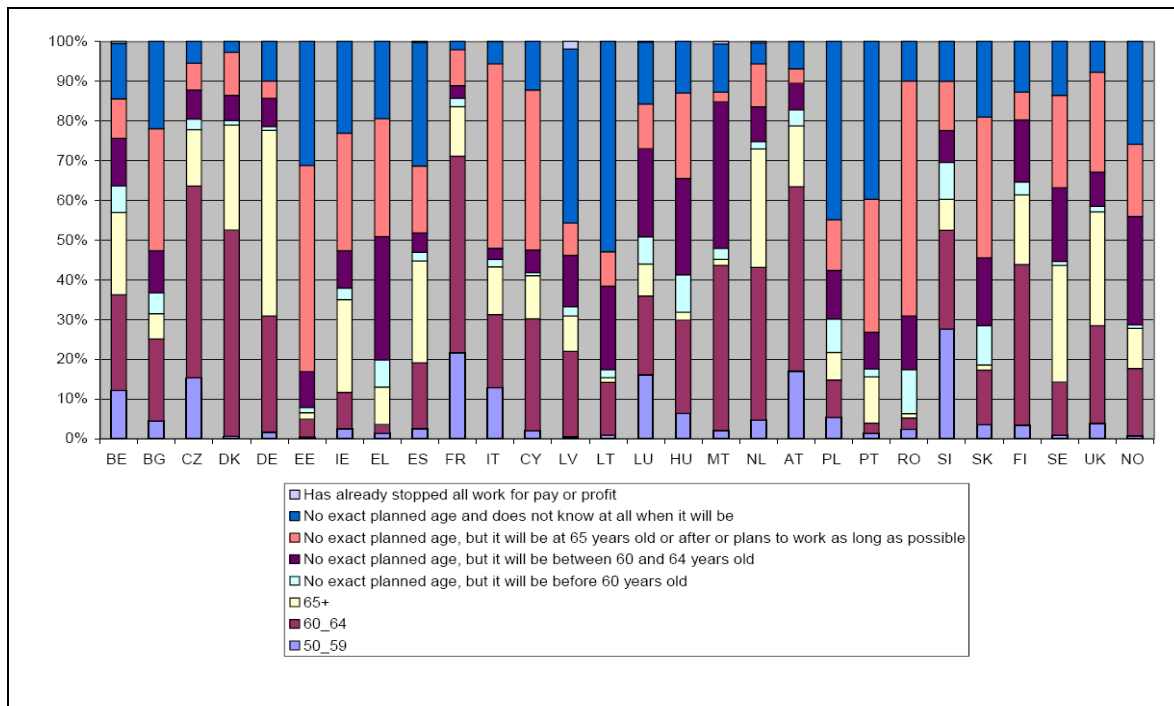


Figure 12. Plans for retirement age among working people (Source: Transition... 2008)

The pension plans of currently employed people do not give any reason to worry about the weak will to work among the elderly. A remarkably high portion of working people associate their retirement with the age of 65 years (Figure 12).

As of the overall population trends

- a) the increase of the migratory mobility of people, incl. activation of international migration,
- b) diversification of forms of cohabitation and families

must be taken into account for they pose new challenges to social security and people's plans for life.

The main problems to be solved in Estonia in the coming years are those relating to health and family policy.

Population policy proposals

1. In the conditions of the decreasing population all the factors affecting the size of the population must be attended to: the birth rate, life expectancy, health and migration issues.
2. In the near future the size of the population will be the most affected by the birth and mortality rates, but in the more distant future the migration policy strategies will need to be revised. Not later than in 2011 the migratory potential of European states and Estonia's demographic possibilities and needs will have to be analysed.
3. A successful policy of an aging society is based on the family policy and preventive health policy. In 2008 the biggest demographic problem in Estonia is people's poor health.
4. The demographic need for amendment of the retirement age policy will not arise before 2018.
5. The education policy is important not only on the labour market, but better education is also related to people's better health and higher activeness at an older age.
6. To administer the state and shape the population policy it is important to have a reliable overview of the population. In this respect the census of 2011 and work carried out to improve the quality of the population data must be considered the most important.

2. BIRTH RATE

After the very steep decrease of the birth rate at the beginning of the 1990s the birth rate has started to pick up since 1998 (Table 1). In 2007 the total fertility rate in 2007 in Estonia was 1.64, which is an average ratio in Europe.

Table 1. Live births, deaths, natural increase, total fertility rate 1990-2007

Year	Live births	Deaths	Natural increase	Total fertility rate
1990	22,304	19,531	2,773	2.05
1991	19,413	19,715	-302	1.8
1992	18,038	20,126	-2,088	1.71
1993	15,253	21,286	-6,033	1.49
1994	14,176	22,212	-8,036	1.42
1995	13,509	20,828	-7,319	1.38
1996	13,242	19,020	-5,778	1.37
1997	12,577	18,572	-5,995	1.32
1998	12,167	19,445	-7,278	1.28
1999	12,425	18,447	-6,022	1.32
2000	13,067	18,403	-5,336	1.39
2001	12,632	18,516	-5,884	1.34
2002	13,001	18,355	-5,354	1.37
2003	13,036	18,152	-5,116	1.37
2004	13,992	17,685	-3,693	1.47
2005	14,350	17,316	-2,966	1.5
2006	14,877	17,316	-2,439	1.55
2007	15,775	17,409	-1,634	1.64

Source: Estonian Statistical Office

Changes in the birth indicators are affected by resources (incl. family policy), values and changes in people's behaviour. In modern society the overall possible level of births is determined by the number of wanted children. The number of wanted children has traditionally been over two children per person in Estonia. Although in many states it has decreased in recent years, the value of children has remained relatively stable in Estonia (Figure 13). Men's assessments of the number of wanted children have not much differed from those of women (Tiit and Ainsaar, 2002). According to a survey conducted by the Women's Clinic of the University of Tartu in 20004 (Karro et al, 2007), 55% of women wanted two and 27% three children.

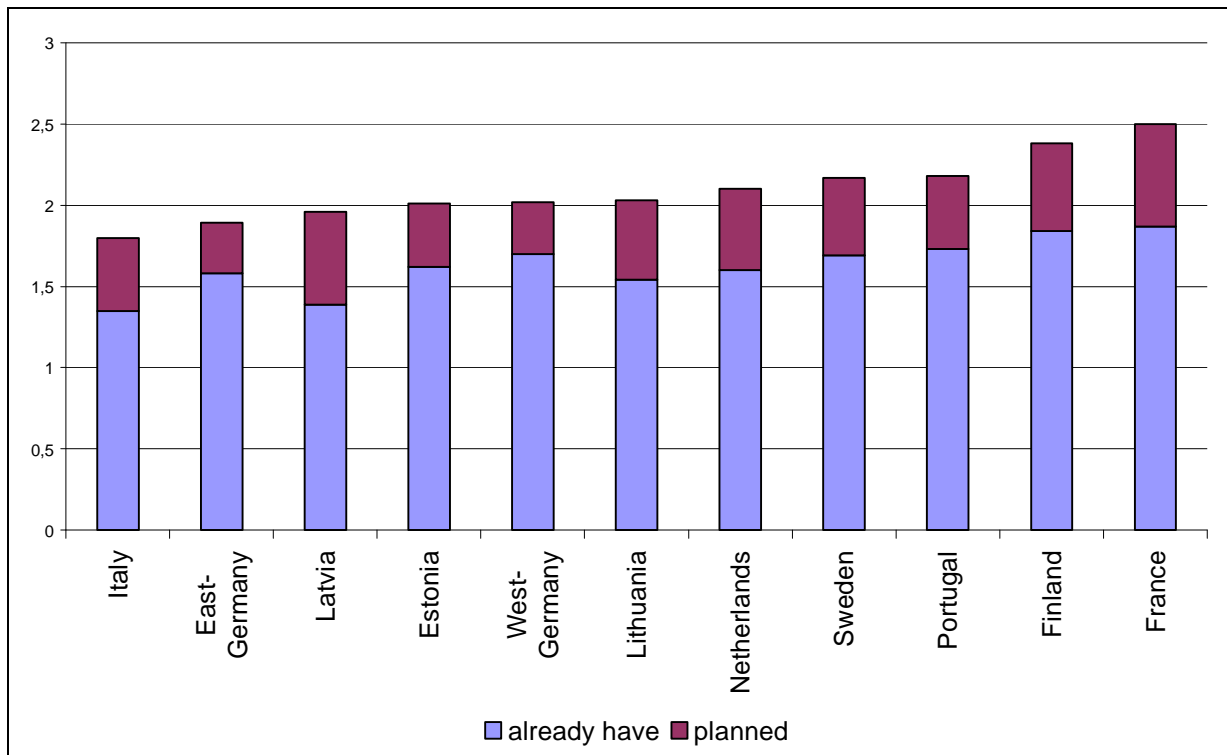


Figure 13. Wished and actual number of children in some countries (Data: Eurobarometer 2006)

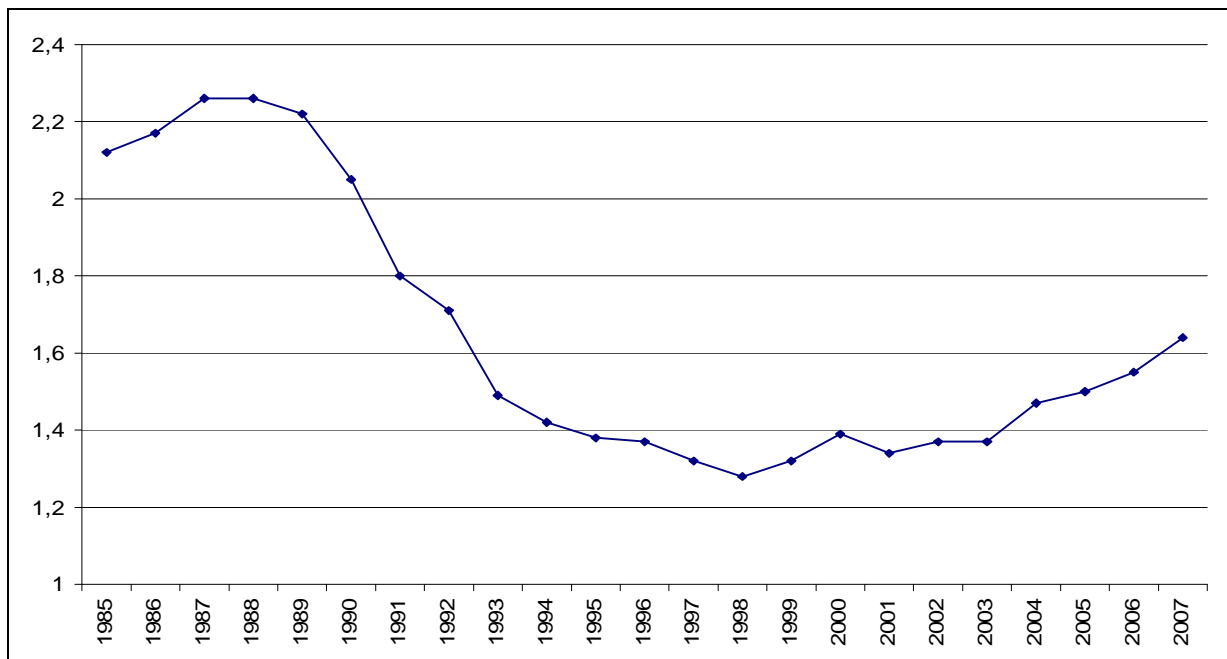


Figure 14. Total fertility rate in Estonia 1985- 2007 (Data: Estonian Statistical Office)

In 2007 the total fertility rate per woman was 1.65 (Figure 14). Like in many other European states the birth rate has risen in Estonia in recent years. Partially, this can be attributed to the realisation of births that had been postponed in the meantime.

In absolute figures the first children are born the most frequently (nearly 50%), the second children account for approximately 30% and third children for around 10%. The following children account for an even smaller portion of the total number of children. The tendency showing that, against the background of the birth rate that is rising overall, the rise in the number of births of first children has remained relatively modest (Figure 15). The relative number of second and third children is what is rising. The birth rate of fourth and consecutive children is decreasing, but these births account for a relatively small number of all births. **Against the background of the birth rate that is rising overall the relatively small number of first children is a sign of the threat of a decrease of the future birth rate.** If the number of first children decreases, the second and third children cannot be borne in the future either.

Both in 1999 and 2004 the average number of children wanted in a family in Estonia was 2.3. However, the actual total fertility rates are considerably smaller than the number of wanted children. The very big difference between the actual behaviour and the number of wanted children refers to factors impeding the birth rate. In the middle of the 1990s the birth rate was affected the most by economic and dwelling problems, studies in progress and insecurity about the future (Tiit and Ainsaar, 2002). A survey of 2008 (Office of the Minister of Population and Ethnic Affairs, 2008) allows for claiming that all these reasons are still important, but the main impediment is the concern about the children's education, the desire to see stronger support by the state, i.e. the feeling of security about the future.

The aging of mothers continues. The age of the mother at the time of the birth of the first child started rising in the 1990s and this tendency is continuing. Upon an increase of the share of measures dependent on the pay, this tendency will continue in the future as well.

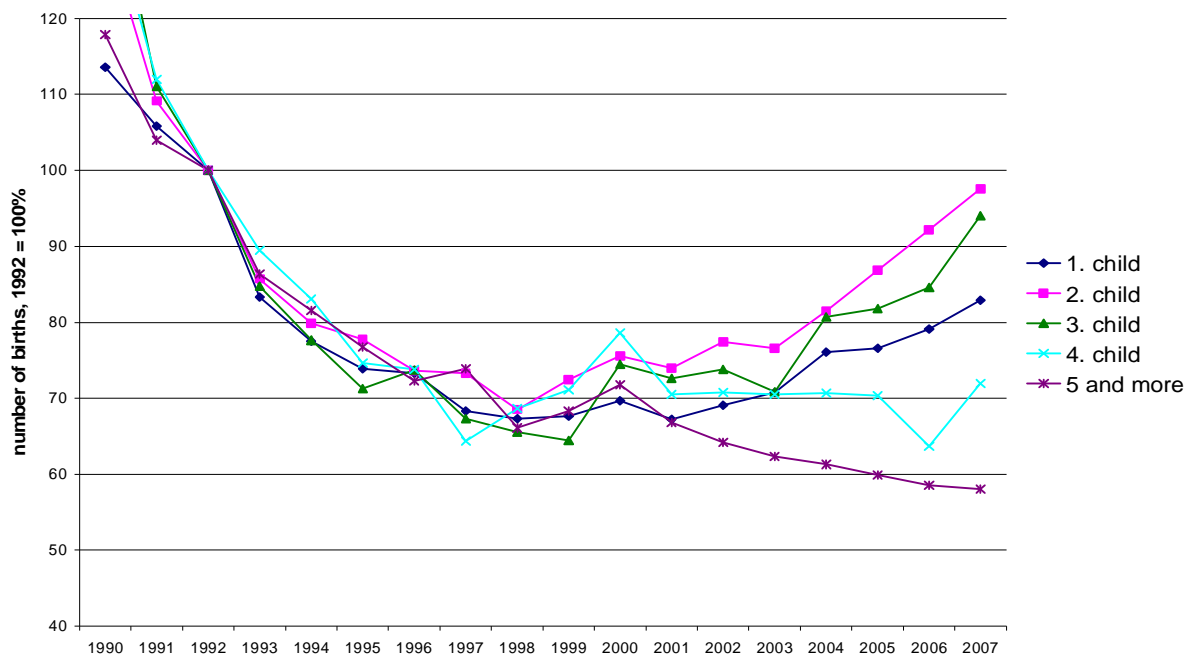


Figure 15. Share of births by parity 1992–2007, comparison with 1992. 1992 = 100%
(Source: Office of Minister of Population Affairs)

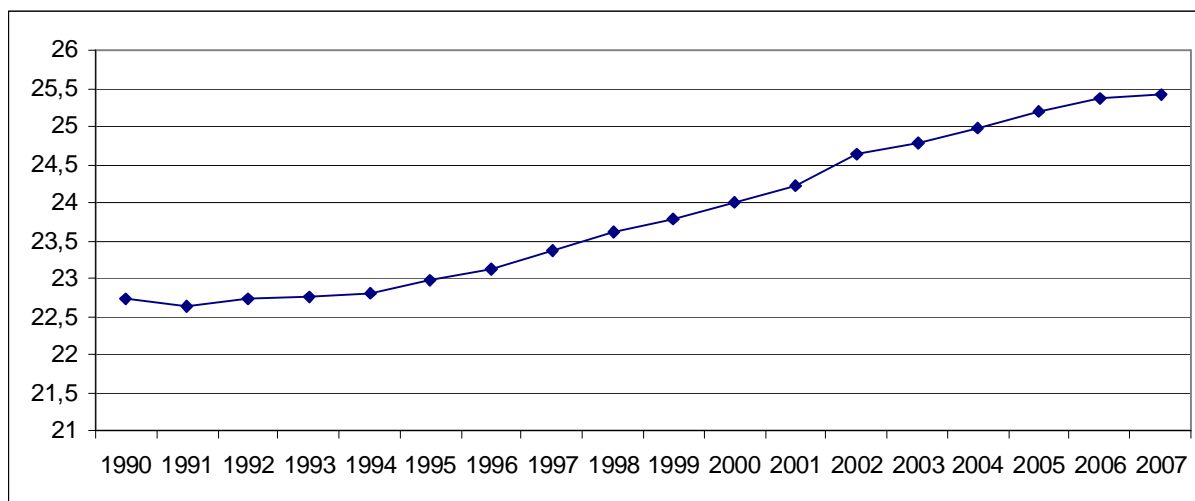


Figure 16. Age of mother at first birth 1990-2007 (Data: Estonian Statistical Office)

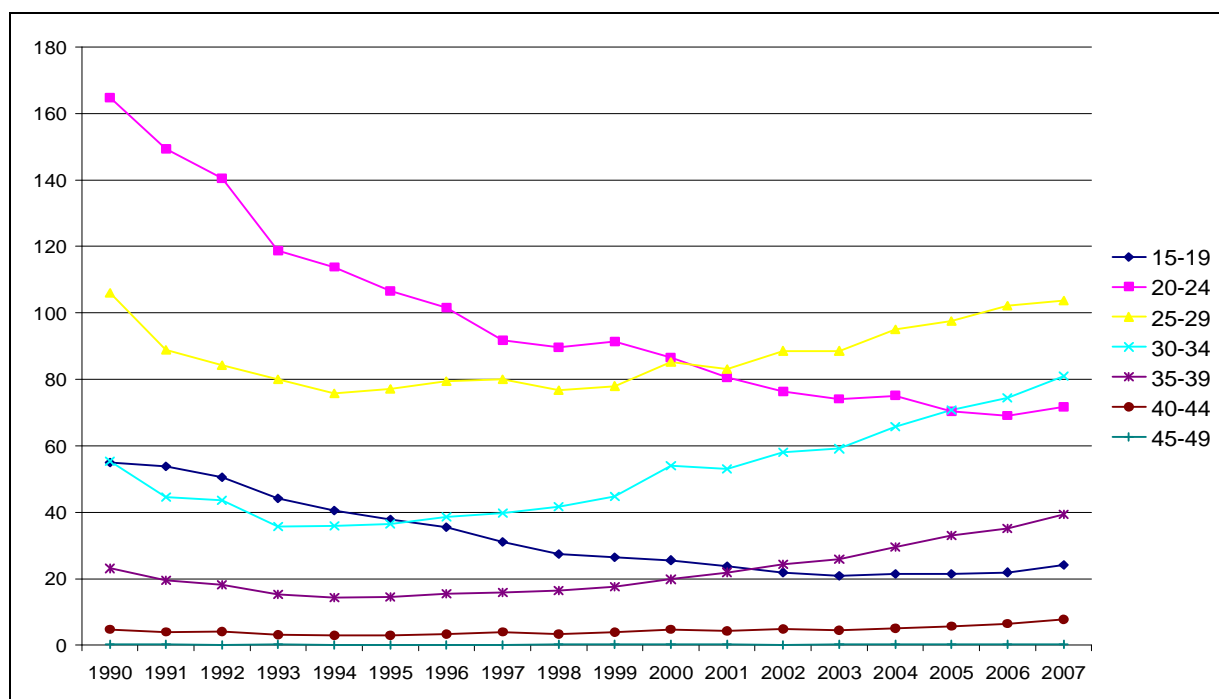


Figure 17. Age specific fertility rates 1990-2007 (Data: Estonian Statistical Office)

In 2007 the average age of women at the birth of the first child was 25.42 years (Figure 16). The share of mothers aged 25 and above is rising while that of younger mothers is decreasing (Figure 17). In comparison with other Member States of the European Union women become mothers in Estonia still at a relatively early age. For instance, in Spain, Italy, Germany and Great

Britain the average age of women who have given birth to their first child is over 29 years (Valgma, 2007). Although the impact of becoming a mother at an older age on the entire birth rate is debatable and there is no common position on that, the later start of family life certainly increases infertility problems. Thus, becoming a parent at an older age does not increase the birth rate on the whole.

In parallel to the rise of the age of mothers the average age of fathers has increased as well, i.e. from 28.1 years in 1992 to 31.3 years in 2006 (Estonian Medical ... 2007). Upon a shift of the age of becoming a parent to an older age, the circumstances of health and premature death of men will increasingly start affecting the birth behaviour. **It would be in the interest of the state to promote having children also at the age of 20-25 years.**

In Estonia marital (officially registered) and birth behaviour are not very strongly related. However, a registered marriage provides a stronger feeling of security regarding joint raising of children and joint future (Järviste et al, 2008). Figure 18 shows the increase of the popularity of registration of partnerships in recent years. The number of divorces has somewhat decreased, which can be attributed partially to the decrease of marriages in previous years.

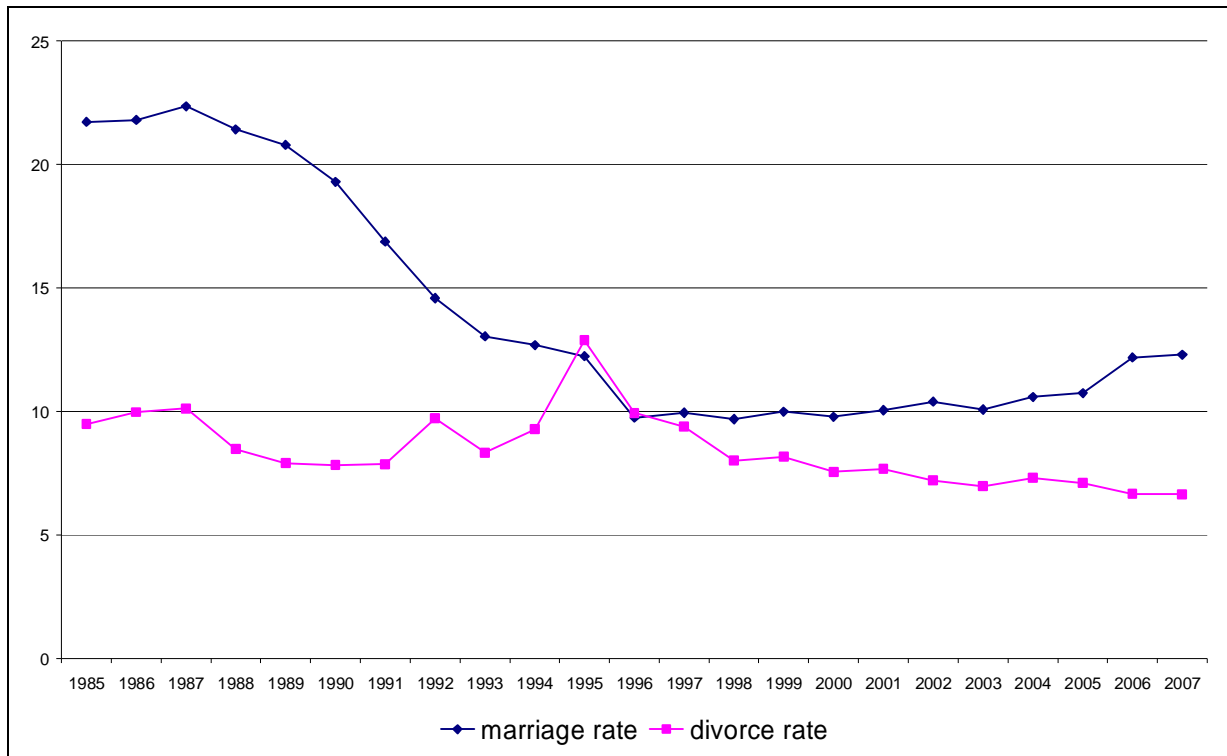


Figure 18. Marriage and divorce rate per 1000 16 and older persons (Data: Estonian Statistical Office)

3. WORK, FAMILY, ECONOMY

The economic security of families affects the birth rate, health behaviour as well as migration. In states where the family policy is stronger the satisfaction of parents is less dependent on income and they are also relatively more pleased with their life (Ainsaar, 2008). Stable income of both parents is the best means for prevention of poverty in families with children. Income and work have a strong impact on people's health and international migration depends first and foremost on the economic indicators of states. **Therefore the economic recession may bring about demographic problems if conscious steps to prevent them are not taken.**

A number of positive developments took place in the Estonian economy until 2007, which also influenced the demographic behaviour – the unemployment rate fell, the average income rose. Along with the overall rise in the living standards the financial status of Estonian families improved in recent years and the birth rate rose. However, it must be noted that although the income of all household types has increased, the differences between the income of households of different composition and the differences in functioning are remarkable (Table 2).

Table 2. Net monthly income of members of household by household type 1996-2006 (in kroons)

	1 adult	2 adults	1 adult and child(ren)	2 adults with 1 child	2 adults with 2 children	2 adults with 3 or more children
1996	1,768.8	1,780.4	1,050.9	1,593.1	1,300.6	1,006.5
1997	1,957.7	2,091.2	1,295.1	1,743	1,513.2	1,138.7
1998	2,292	2,281.9	1,410	2,216.2	1,718.5	1,552.9
1999	2,508.1	2,392.1	1,519.6	2,153.4	2,014.9	1,347
2000	2,519.8	2,743.3	1,658.9	2,509.5	2,006.2	1,556.4
2001	2,561.4	2,833.2	1,762.5	2,546.6	2,115.6	1,910.4
2002	2,829.4	2,975.1	2,106.4	2,732.6	2,525.3	2,020.6
2003	3,186.2	3,379.1	2,384.8	3,148.6	2,567.7	1,873.6
2004	3,233.7	3,650.4	2,300.5	3,604.9	2,981.5	2,565.3
2005	3,975.1	4,242.4	2,565	3,902.9	3,092.9	2,417.3
2006	4,687.8	5,248.7	3,125.8	5,222.4	4,027.2	3,749.2
2007	5,997.1	6,193.6	3,380.1	6,207.3	4,871.1	4,030.3

Source: Estonian Statistical Office

Prospects of financial functioning, which affect parents' decisions to have children. According to the Estonian Statistical Office, there are no significant differences between the income of families comprising two adults without children and families comprising two adults and one child, but the higher the number of children in a family, the smaller the income per member of the family. When comparing the income of all types of households per person it can be observed that families with many children and single-parent families hold the weakest position. Poverty is measured based on absolute as well as relative indicators. In 2006 every twelfth family and 11% of children were below the threshold of absolute poverty (Social Area ..., 2008). In recent years the relative poverty level of families with children has somewhat fallen. The poverty of children

and the family policy are closely related. The states where there are no differences between the overall poverty and the poverty of families with children or where families with children are at a smaller poverty risk can be considered a suitable environment for raising children. States with a relatively universal and strong family policy are the most successful in reducing the poverty of families with children. **In terms of the poverty of children Estonia is among average states** (Figure 19).

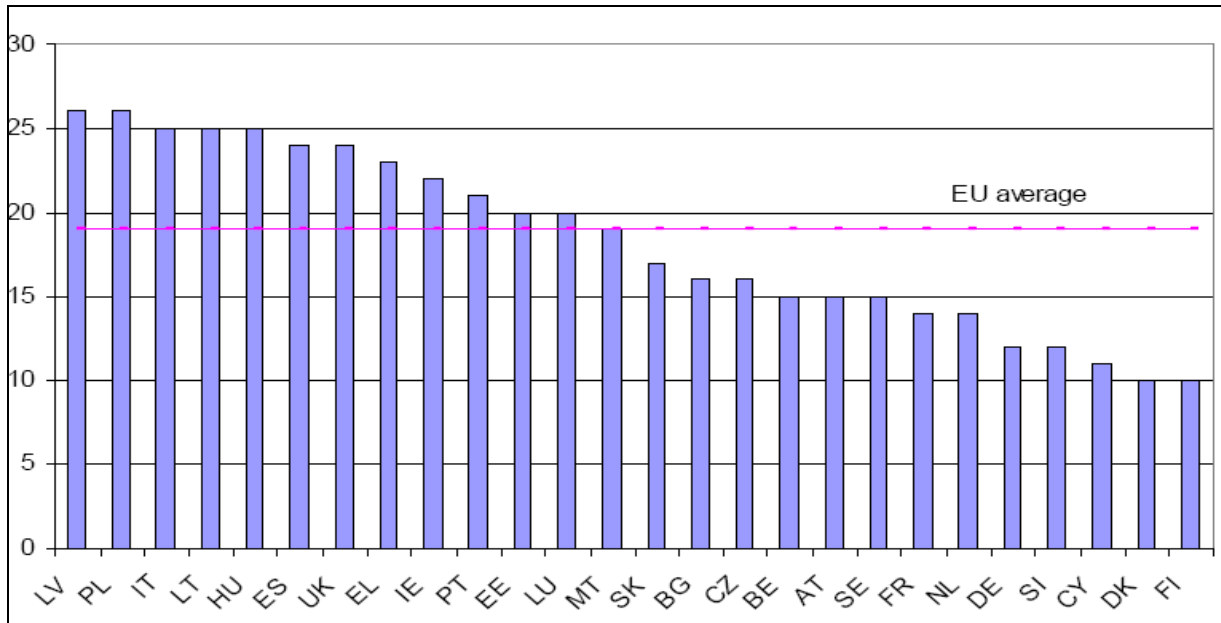


Figure 19. Share of children in poverty (60% income median 2006, Source: 2nd 2008)

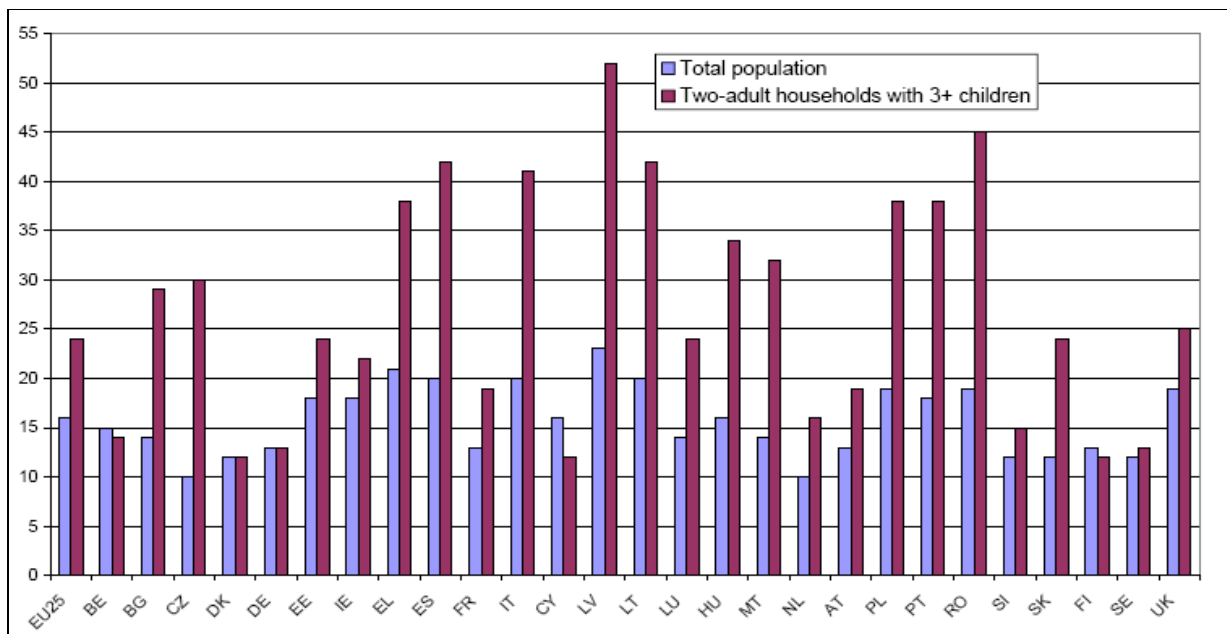


Figure 20. Poverty rate among families with three and more children in 2006 (Source: 2nd ... 2008)

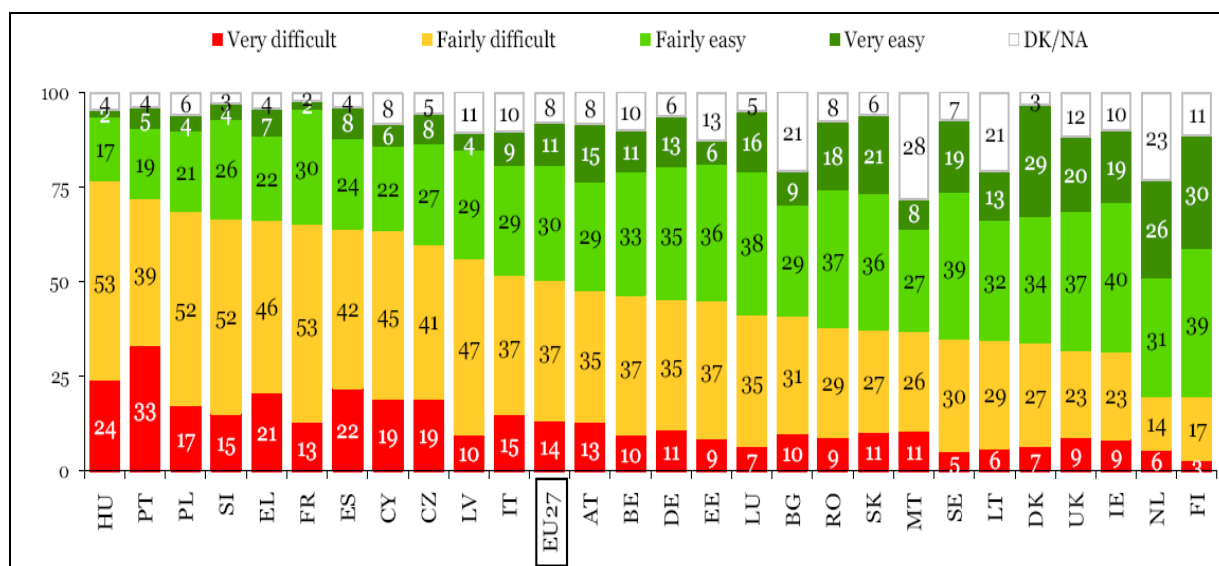


Figure 21. How difficult it is to personally combine work and family life (Source: Eurobarometer 2008)

Besides single-parent families, families with many children have difficulties managing the most often. In 2008 the family policy in Estonia supported in relative terms families with many children the most per child (Maripuu and Ainsaar, 2008). Therefore the poverty of families with many children is not as high as in many other states. However, the birth rate of fourth and consecutive children shows a strong tendency of decline in Estonia, referring to pre-selection – children are borne increasingly in families who are able to raise so many children. Nevertheless, the goal of the Estonian state should be the result whereby the level of poverty of families with many children is equal to or smaller than the average poverty of the state such as in Belgium, Denmark, Germany, Cyprus, Finland or Sweden (Figure 20).

Combining work and family life has become one of the priorities of the population policy in Estonia as well as elsewhere in the world. A conflict between the work and family life may pose a great threat to the birth rate as well as the functioning of parents, especially women. **In 2008 46% of the people of Estonia found that combining work and family life is difficult for them** (Figure 21). As for other Member States of the European Union the Finnish and the Dutch had the least difficulties in combining work and family life, while the Hungarians and the Portuguese perceived the most serious problems.

Less than 60% of mothers aged 20-49 who had at least one child under the age of 6 years worked in 2007 in Estonia (Figure 22) – a relatively modest result at the European scale. The reason may lie in the relatively long parental leave, the high birth rate in recent years, resulting in mothers staying at home with small children more often, a large share of student mothers, and the lack of nursery school vacancies. The employment of fathers was nearly 90%, which is an average European indicator (Figure 23).

Combining work and family life is a problem especially if parents have a strong motivation to work as well as to take care of the family. There are no big differences between the employment of women and men in Estonia and due to financial considerations most families cannot afford a housewife. Surveys also indicate that working is important for most people of Estonia, including women, and they do not want to give it up even if the family's financial status would enable it. The share of women who would like to give up work in the case of being financially secured has

decreased over the years. According to a survey titled "Woman, Family and Work", the share of such women in 2000 was less than a fourth (23%) (Hansson, 2001). A gender equality survey commissioned by the Ministry of Social Affairs shows that in 2003 the share of women who would stay at home if the partner had sufficient income was 18% and in 2005 merely 10% (Järviste, 2006). Only 2% of men would be prepared to give up work on the same conditions.

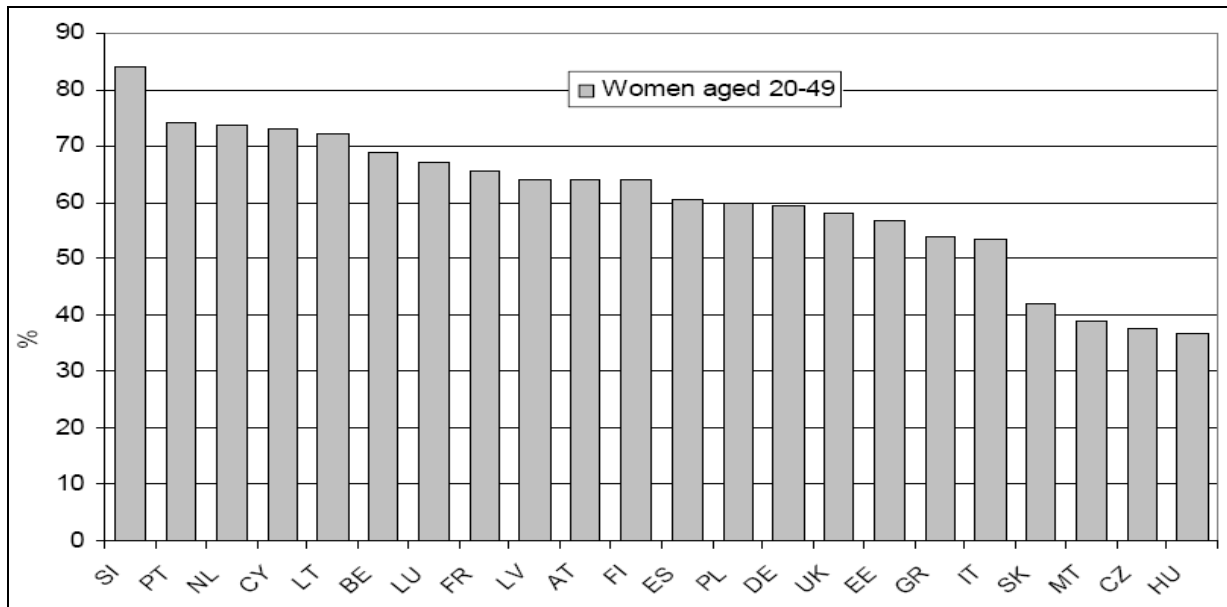


Figure 22. Employment rate of women with at least one below 6 year old child at home 2007 (Source: 2nd... 2008)

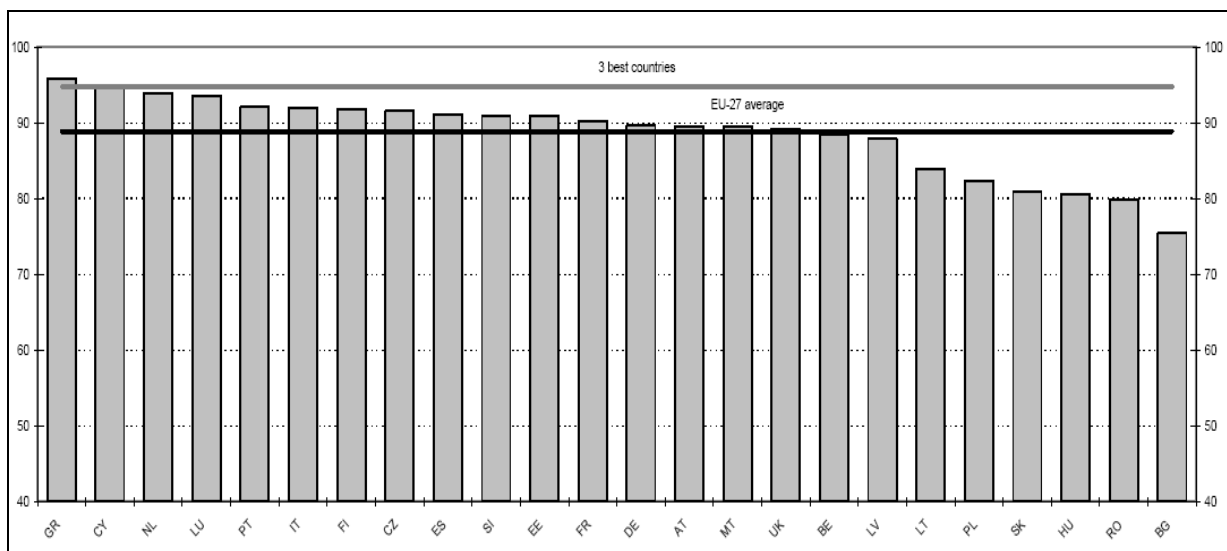


Figure 23. Employment rate of men with at least one below 6 year old child at home 2007 (Source: 2nd... 2008)

States where women with many little children are working include such where working is relatively easy (the Netherlands, Luxembourg) and such where it is complicated (Slovenia, Portugal, Cyprus, Latvia, France). The legislation of states and social attitudes help to combine

work and family life and favour or do not favour the competitiveness of people with children on the labour market.

While there are relatively few problems with the actual employment in Estonia, signs of threat can be seen in the attitudes towards the division of the work and family life of men and women. The present high employment of people can certainly be attributed to the financial need to work. Thus, the questions in the case of the ideal freedom of choice would give an overview of the situation where Estonia would be heading in the conditions of a higher economic wealth. In 2006 nearly 30% of women and 35% of men believed in 2006 that the woman's place in ideal circumstances is to stay at home and take care of children (Eurobarometer, 2006). Merely 13% of the people of Estonia would give men the preferential right to get a job in the case of financial difficulties. In the globalising individual world individual insurance systems are the most reliable and therefore, in order to resolve the inequality related to raising children it is possible either to (a) recognise the work of raising children equally to other work in individual insurance schemes or (b) work towards attainment of equality between paid work and household work of men and women along with the provision of stronger support to families with children at the expense of families without children.

Usually, three problematic areas are mentioned when it comes to combining work and family life – sharing household duties, looking after children and paid work. In order to be a successful parent, partner and employee, the duties of parents in all these spheres must be divided fairly.

Looking after children when a parent is working

All in all, the Estonian family policy favours the combination of work and family life of parents. The law ensures that the parent staying at home retains their former job until the child reaches the age of 3 years. The Parental Benefits Act gives parents a secure opportunity to withdraw from working life, retaining for the parent staying at home the former income for 18 months. In September 2007 the payment of the parental benefit was made more flexible. At first, fathers could apply for compensation only when the child reached the age of 6 months, but now fathers can stay at home when the child has reached the age of no less than 70 days.

However, fathers have been relatively modest in seizing the opportunity granted by law to share the parental leave with the mother. Nevertheless, in the last couple of years the number of fathers who have stayed at home with the child for a certain period and their share among the parents who have received the parental benefit has increased. In 2005 the number of such fathers totalled 88 (0.9% of the recipients of the parental benefit), but in 2007 319 (2.5% of the recipients of the parental benefit). Since 2008 at the time of the mother's pregnancy and maternity leave or within two months after the birth of the child fathers may take two-week paternity leave. In 2007 the allowance for the additional child care leave was 66 kroons per day for fathers, but as of 2008 the leave is remunerated to the full extent of the father's pay. This should value the role of fathers in the family as well as encourage them to stay home for a while after the birth of the child.

The little interest of fathers in using the parental benefit may on the one hand certainly be explained by the continuation of the traditional gender roles which depict a "good father" as a good money-maker. The time contributed by fathers to raising children is traditionally not considered as important as the time contributed by mothers. On the other hand, the decision on who is going to stay home with the child concerns the entire family and therefore the reasons as

to why fathers go on parental leave so rarely should be viewed on the whole, i.e. proceeding from the father and the mother. According to the authors of a survey titled "Fathers and Parental Leave in Estonia" carried out by Praxis, a centre for policy studies (Karu et al, 2007), a step-by-step process can be pointed out in the case of making decisions to stay at home:

1. **fathers' awareness of their right to the parental leave.** Many men do not know that fathers can receive the parental benefit and they automatically think that it is meant solely for mothers.
2. **Alternatively to the woman staying at home the man stays at home.** Even if men are aware of their right to stay home with the child they usually consider this as an opportunity of principle, not as a real opportunity and preclude the idea without giving it any serious thought.
3. **Agreement with the wife.** If only one parent would like to stay home with a child, besides the man's wishes it is important whether the mother is willing to give the father the right to take the parental leave himself. Upon weighing the fathers' decision to stay at home the aspects of the studies of both parents, the job and income are certainly important. Besides economic factors the parents' understanding of who and how should raise children play an important role in ensuring the child's well-being. Emotional reasons, the need to step out of the routine and the desire to experience something new are not less important (see the arguments in Table 3).

Table 3. Arguments in favour and against men staying at home

In favour	Against
The woman would like to go back to work/school	The child needs the mother more (breast-feeding)
The woman needs help at home	The fear of dealing with the child
The desire to be with the child	Material considerations
It is financially more expedient for the father to stay at home	The fear of threatening the career, losing the job
The desire to do something else besides working	Duties, sense of obligation before the employer
	The mother would like to stay home herself
	The fear of losing financial independence
	The fear of social condemnation

Source: Karu et al 2007

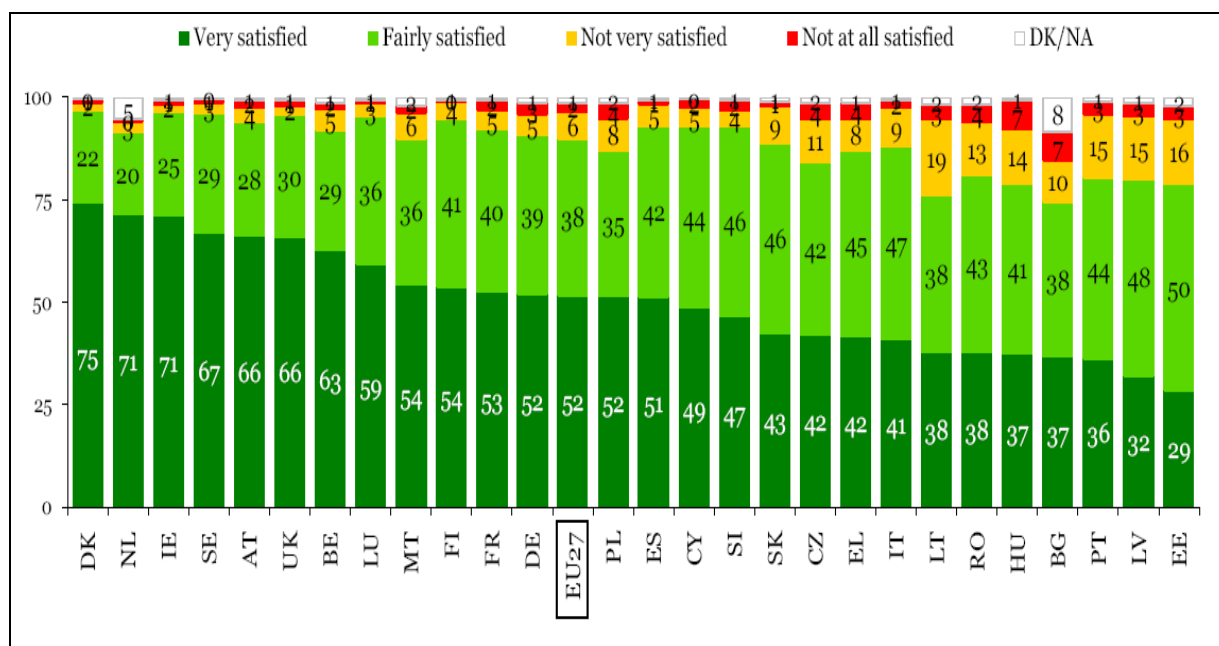


Figure 24. Satisfaction with family life (Source: Eurobarometer 2008)

In addition to the importance of fathers in taking care of small children a joint contribution to the household work is important from the point of view of the psychological well-being of families. However, surveys (Rämmer, 2008) show that upon choosing the job the people of Estonia decide primarily on the basis of the security of the job and the pay, not so much on the basis of whether it fits in the family life. Therefore there is no reason to worry that among Europeans the people of Estonia are the least pleased with their family life (Figure 24). Obviously, the factor influencing satisfaction with family life many not lie in combining work and family life, but family relationships and communication make a significant contribution as well. **Therefore it is important to pay more attention to civil and family studies at school for the purpose of improving the family life of the people of Estonia.**

Younger, more educated people who have a partner and a better financial status are in general more pleased with their family life.

Children's day-care

The results of the 2006 Eurobarometer survey show that only a fifth of the people of Estonia have the network of people whom to ask for help. In the case of looking after the child people rely mostly on the daycare service which has been promised to parents by law. In recent years the number and share of children in daycare has increased (Estonian Statistical Office). By an increase of the number of births the need for nursery school vacancies will increase further in the coming years. In Estonia nearly 90% of children aged three years and above go to the nursery school. This is a relatively average result in the European Union (Figure 25).

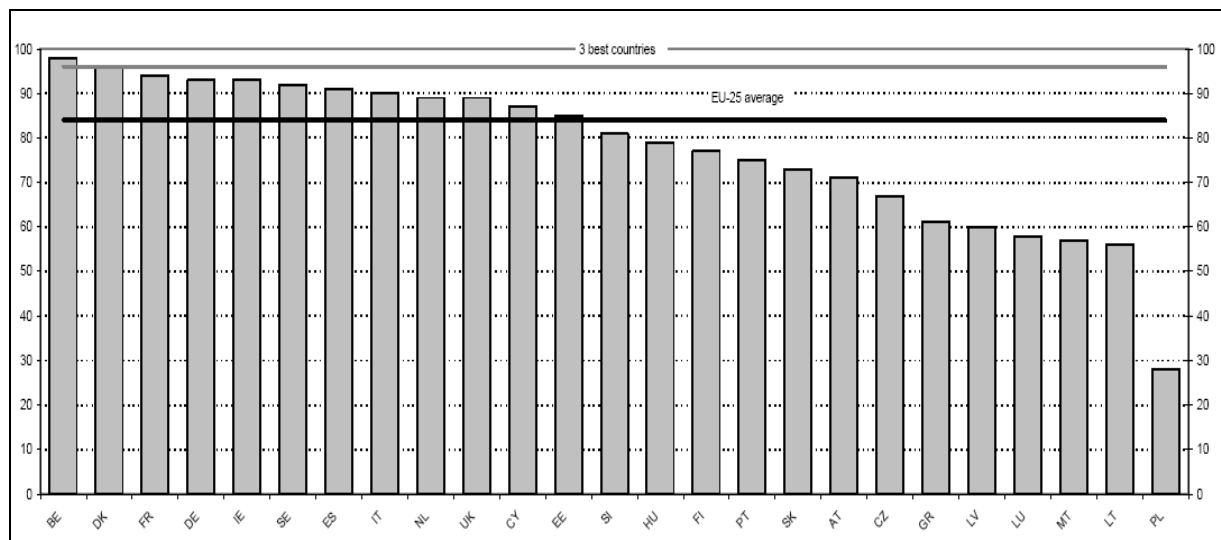


Figure 25. Share of children at day care from age 3 until compulsory school age 2006
(Source: 2nd... 2008)

The main problem concerning nursery schools lies in regional lack of nursery school vacancies. In nearly 40% of local authorities children are put on nursery school waiting lists (Ainsaar and Soo, 2008). 60% of the people of Estonia claim that the existence of nursery school vacancies affects their decision to have children (Eurobarometer, 2006). At the same time, comparisons between states (2nd ... 2008) show that in these countries where the availability of the daycare service is better, the birth rate is higher as well.

4. HEALTH

In 2007 the average life expectancy of women in Estonia was longer than ever before – 78.7 years. The life expectancy of men even fell a little in comparison with 2006 and was 67.1 years. Since the life expectancy of men has increased more slowly than that of women, the difference between **the average life expectancy of men and women has increased further.**

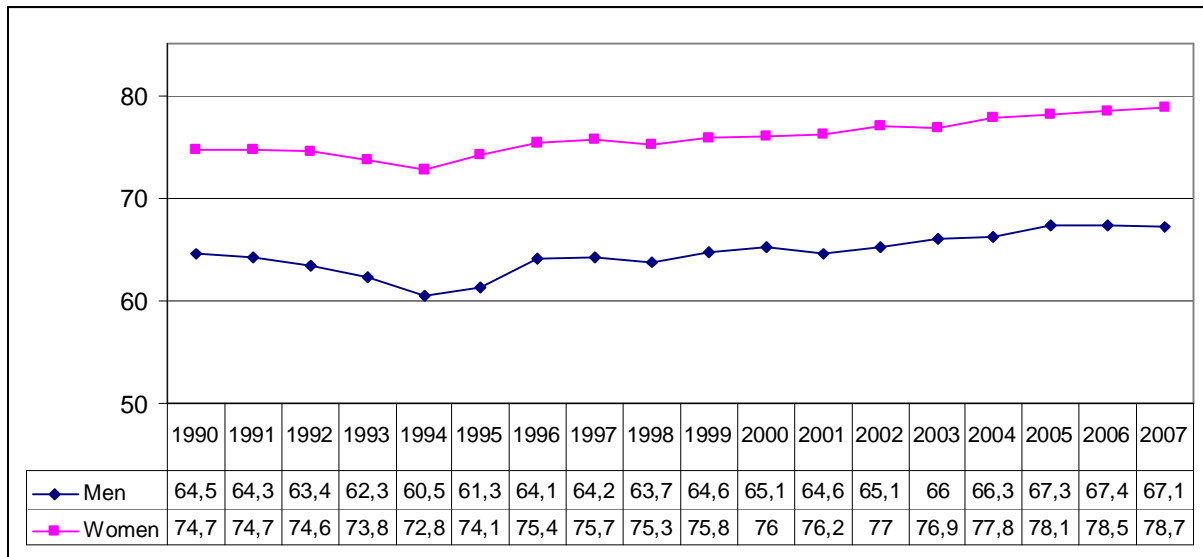


Figure 26. Life expectancy at birth for men and women 1991–2007 (Data: Estonian Statistical Office)

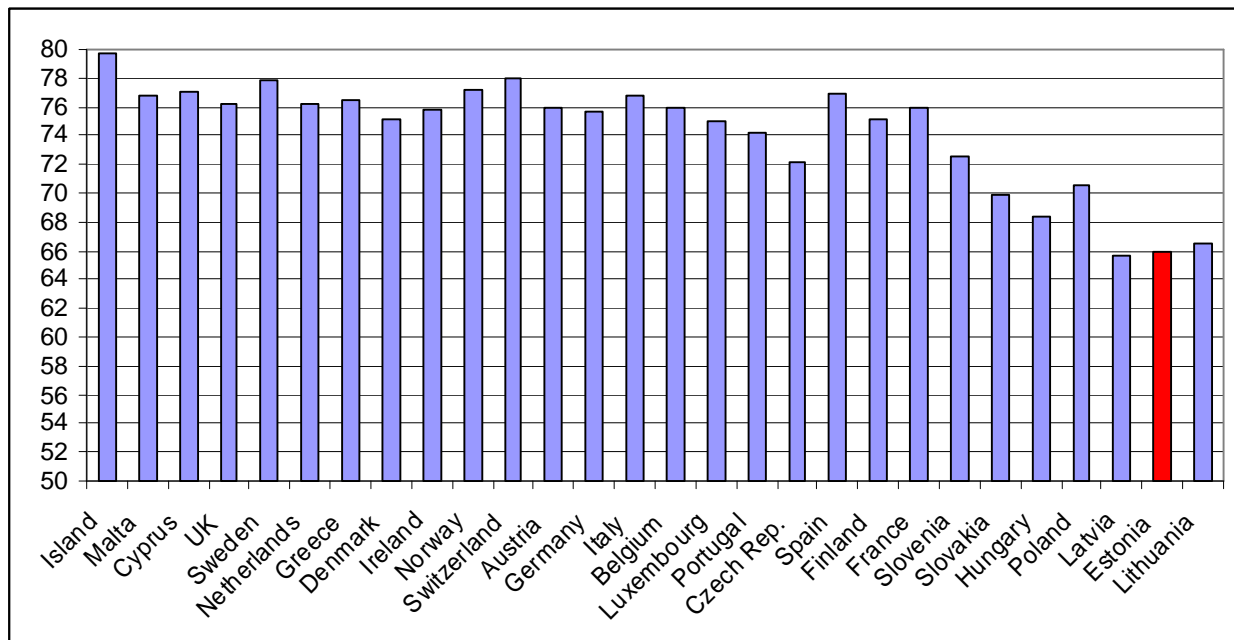


Figure 27. Life expectancy at birth for men in Europe 2006 (Data: Eurostat)

In 18 years the average life expectancy of men and women in Estonia at the moment of birth has increased by approximately three years (Figure 26). Since the restoration of independence of Estonia the life expectancy of both men and women was the shortest in 1994. The noticeable worsening of the health indicators of the population in the beginning of the 1990s is associated first and foremost with the difficulties of the transition period and an increase in alcohol consumption (Denissoff 2007).

The average life expectancy of the people of Estonia, in particular that of men, is much shorter than in most of the Member States of the European Union. In the European Union Estonia precedes merely the neighbouring states of Latvia and Lithuania in terms of the average life expectancy of men (Figure 27). The huge gender difference between the life expectancy of women and men is also worrying. In terms of this figure the Baltic States form a separate group as well (Figure 28). On average, women in Estonia live 12 years longer than men. In particular, such a huge difference can be attributed to the high mortality rate of relatively young men due to exogenic causes of death. However, the mortality rate of men at an early age due to other reasons is on average higher than in Europe as well.

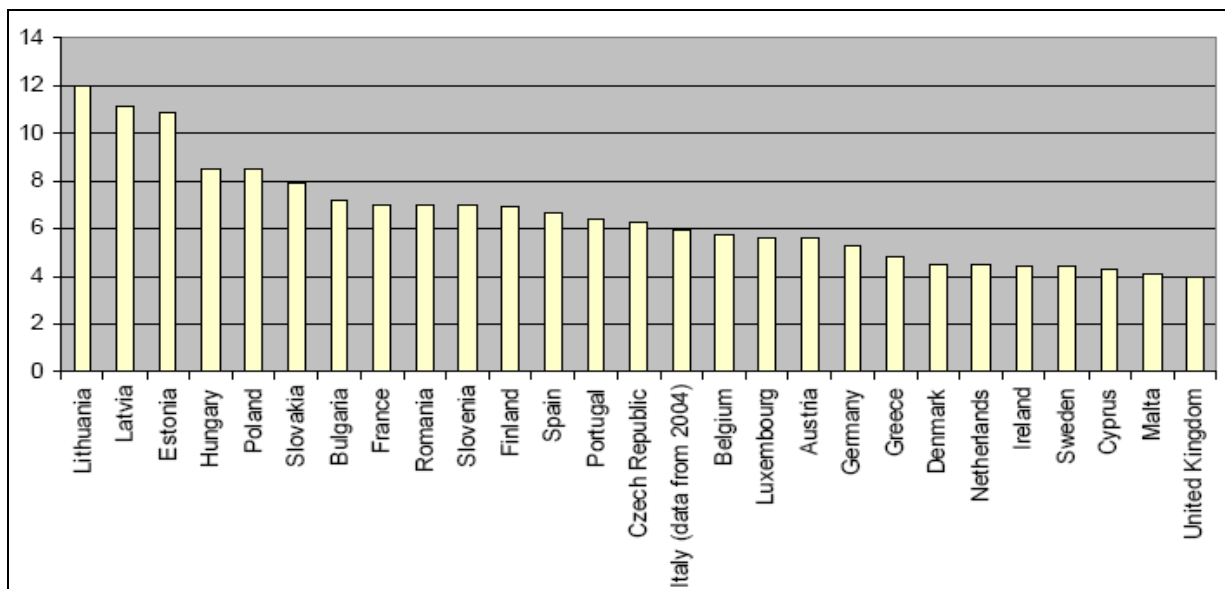


Figure 28. Difference between men's and women's life expectancy at birth (Source: 2nd 2008)

Figures 29 and 30 show the life expectancy of men and women at different ages. The difference between the average life expectancies of men and women who have reached the age of 80 years are smaller than at birth both in Europe and Estonia. The differences between states are small as well. The main source of differences in the life expectancy lies in the mortality rate before the age of 60 years. Thus, an Estonian man who has reached the age of 60 years will, on average, live to become 76 and an Estonian woman will live to become 82.

Over the years the main causes of death in Estonia have been cardiovascular diseases (658 cases per 100,000 people in men and 689 cases in women), followed by malignant tumours (317 cases per 100,000 people in men and 222 in women) and external causes (205 cases per 100,000 people in men and 47 in women). 31 men per 100,000 men and 9 women per 100,000 women die due to alcohol and narcotic drugs annually.

Figure 31 shows the division of the causes of death of men in different age groups. Until the age of 40 years the mortality rate affected by external factors is dominant. The share of cardiovascular diseases as the causes of death among the elderly is important both in the case of men as well as women. Deaths due to tumours also increase as of the age of 40 years among both men and women.

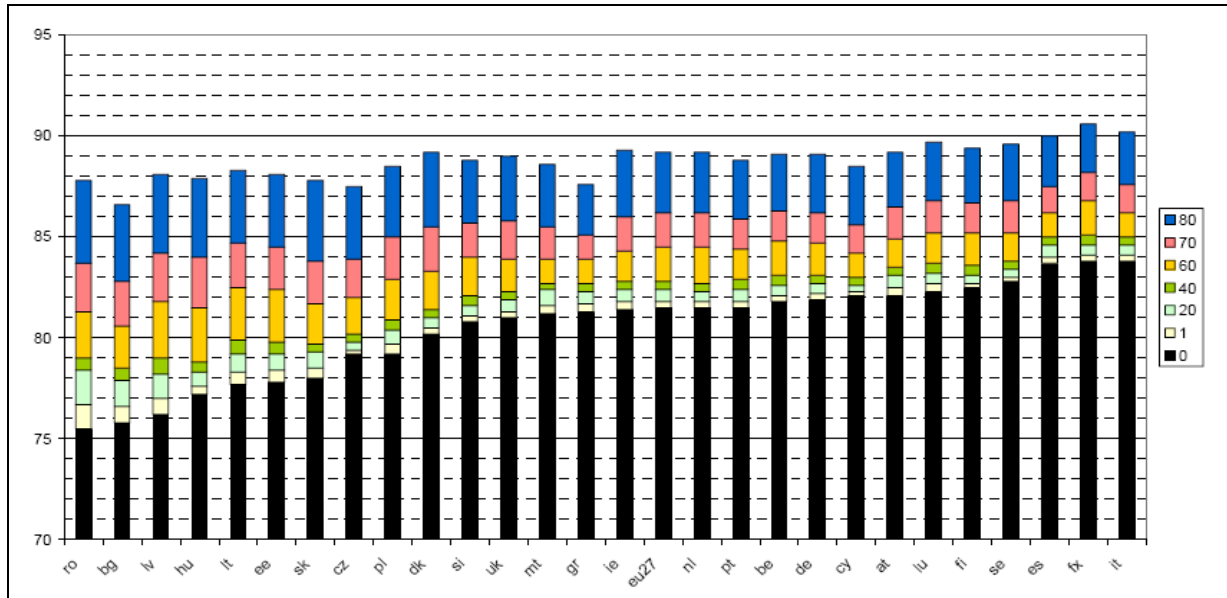


Figure 29. Life expectancy in different ages, women 2004 (Source: 2nd 2008)

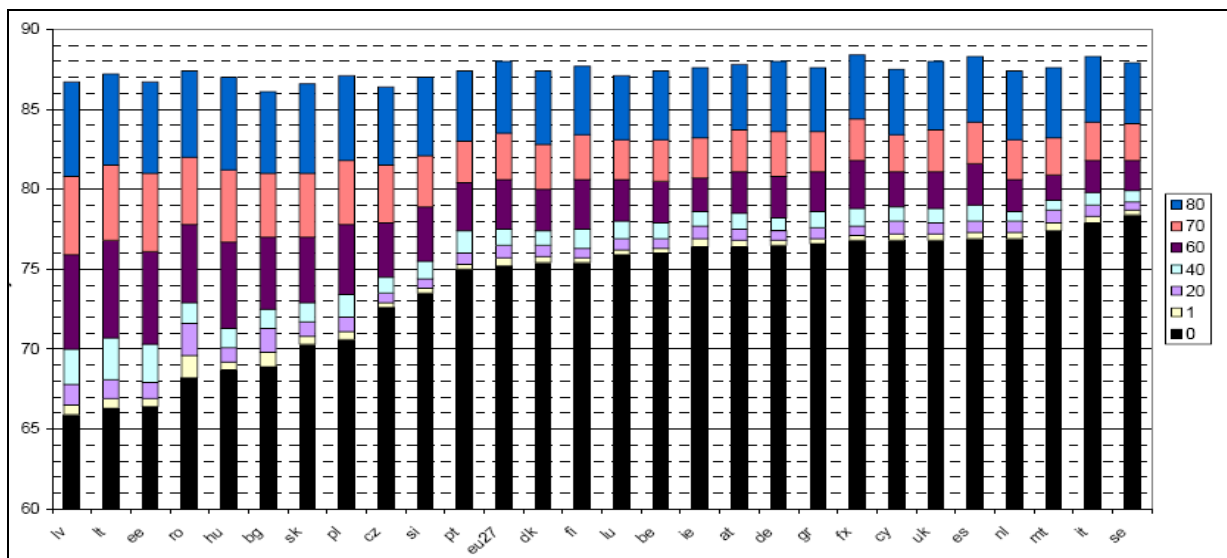


Figure 30. Life expectancy in different ages, men 2004 (Source: 2nd 2008)

In recent years the mortality rate of women due to cardiovascular diseases shows a tendency of decrease (Figure 32), but is relatively stable among men. The mortality rate attributable to malignant tumours is rising (Figure 33), in particular among men. The mortality rate of men due to accidents and killings was higher in 2007 than in 2006. The mortality rate of women due to external factors decreased in 2007 (Figure 34).

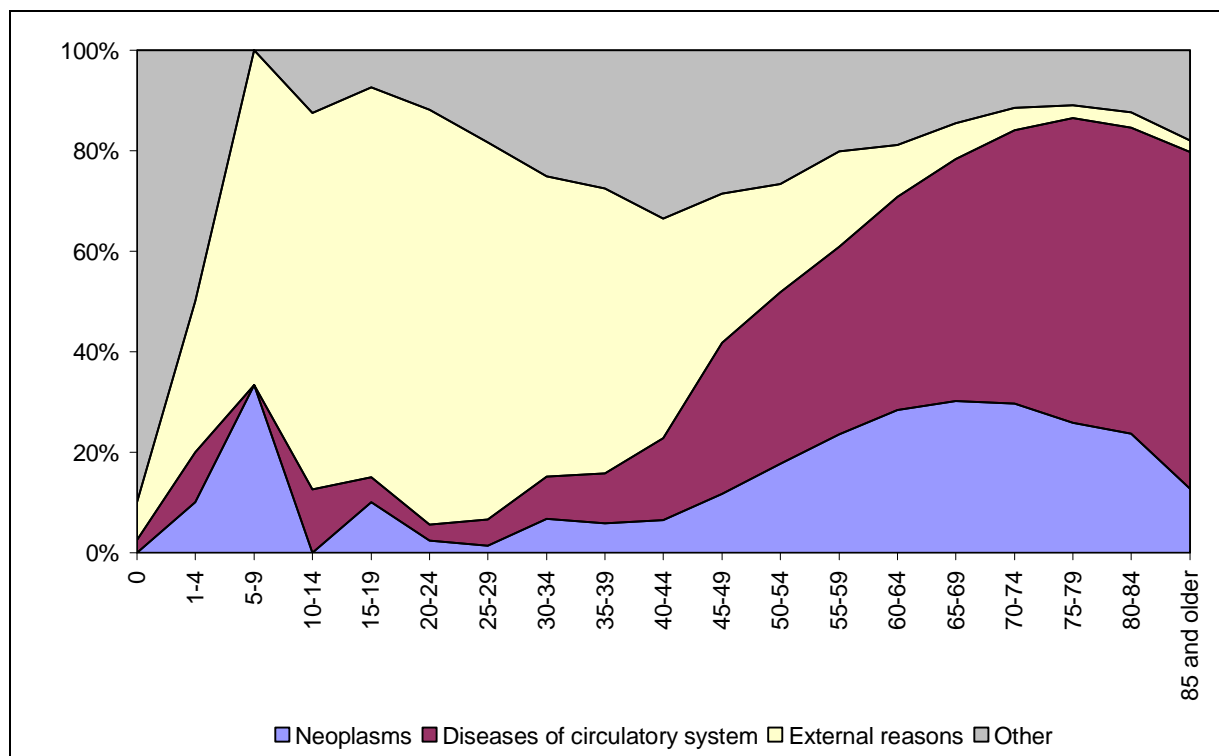


Figure 31. Main reasons of death for men by age (Data: Eesti Statistikaamet)

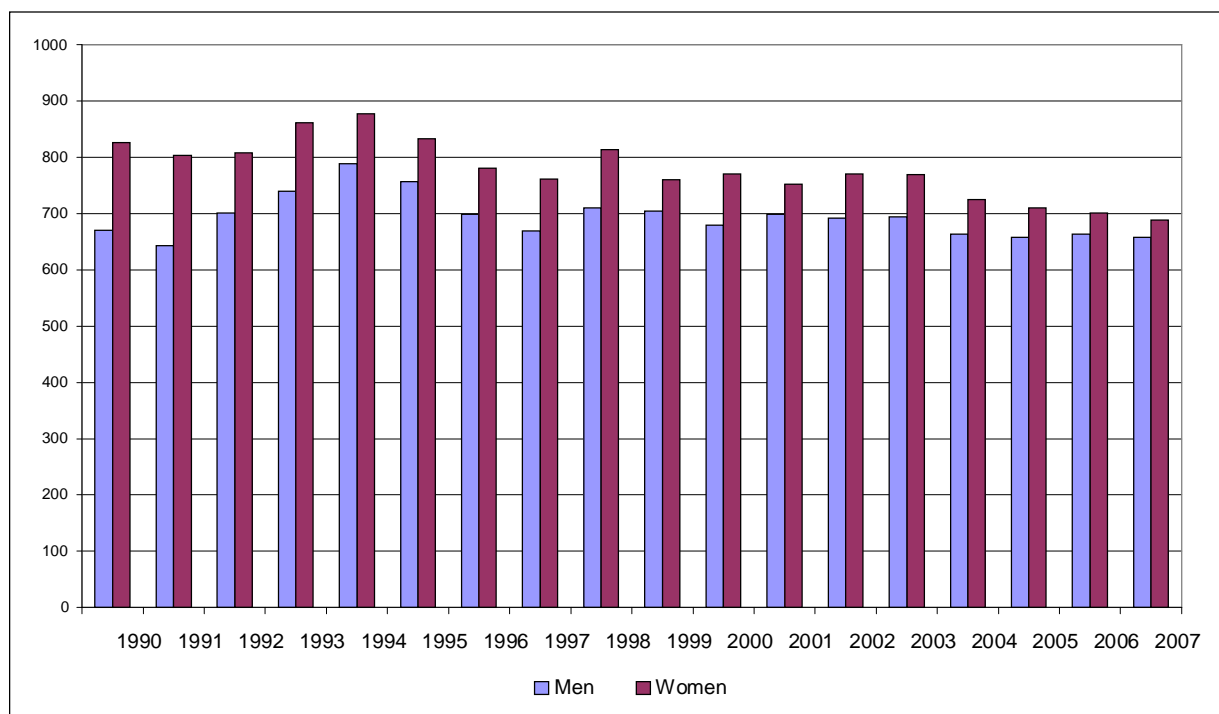


Figure 32. Deaths because of circulatory diseases per 100 000 inhabitants 1990–2007 (Data: Estonian Statistical Office)

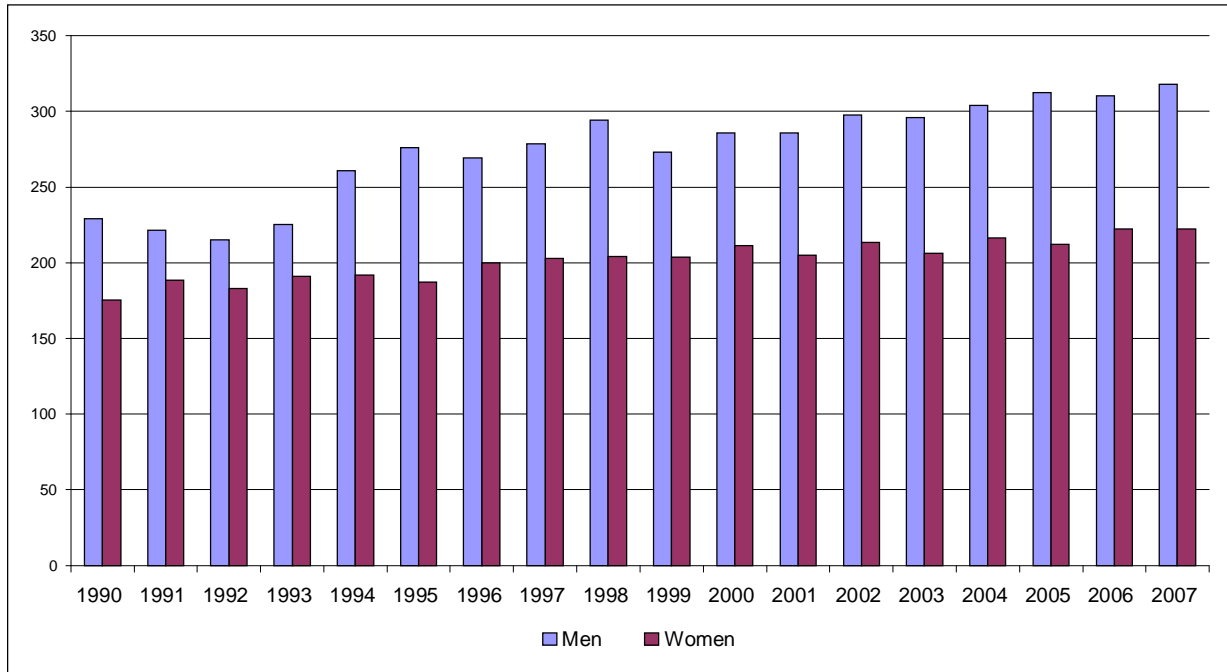


Figure 33. Deaths because of cancer per 100 000 inhabitants 1990–2007 (Data: Estonian Statistical Office)

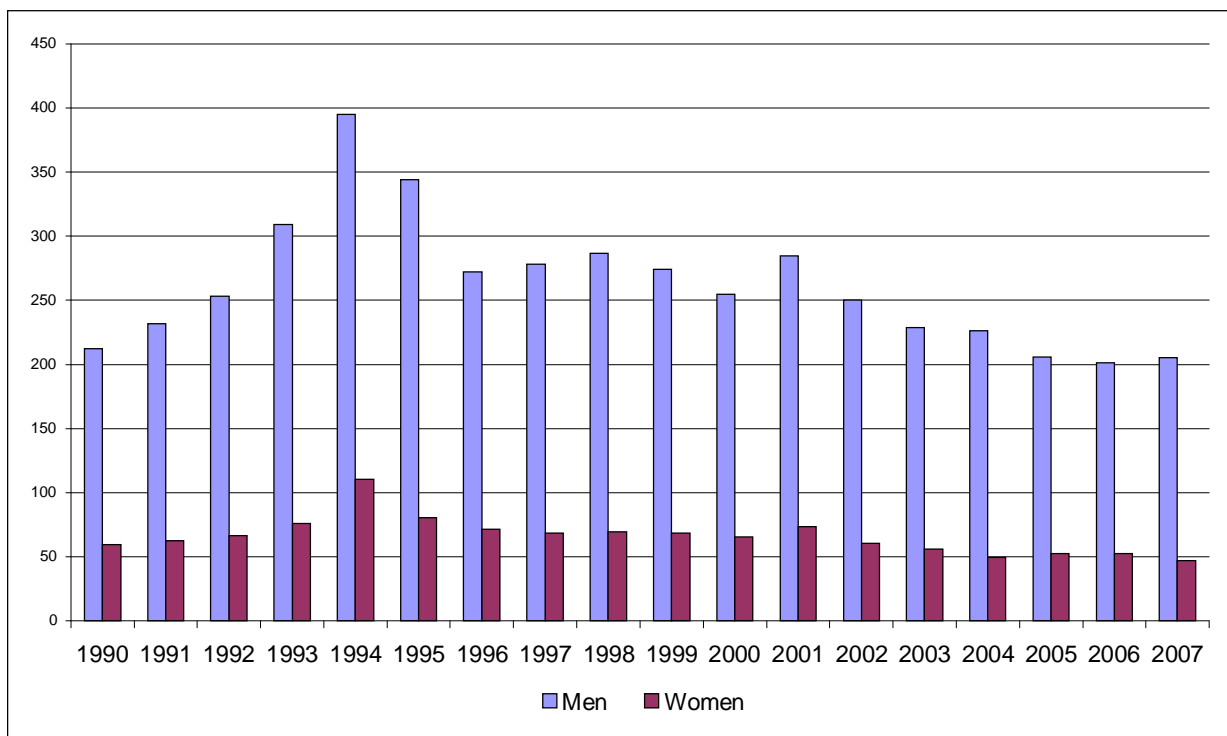


Figure 34. Deaths because of accidents and homicides per 100 000 inhabitants 1990–2007 (Data: Estonian Statistical Office)

The mortality rate of men due to respiratory diseases and lung cancer is rising the most remarkably. According to a survey of health behaviour conducted in 2006 41% of men and 20% of women were daily smokers. The share of social smokers among men and women amounted to approx. 7%. The number of daily smokers was clearly the highest among less educated women and men. Over a half of men and approximately 40% of women aged 25-54 years who have primary or basic education are regular smokers. Keeping in mind the health care of women and children it is worrying that in comparison with the 1990s the number of women who admit that they smoked during pregnancy has constantly risen. In 1992 their share was 3%, in 2007 it was 7.8% and in 2006 8.7% (Estonian Medical ..., 2007).

It has been found that one of the main factors affecting the mortality rate in Estonia is **alcohol** (Leinsalu, 2004). According to the Estonian Institute of Economic Research, in 2006 the residents of Estonia consumer 12 litres of pure alcohol per resident, i.e. 9% more than in 2005 (taking into account the consumption of alcohol by tourists on the spot, but not the alcohol exported by them) (Alcohol ..., 2008). According to the Survey of the Health Behaviour of Adult Population in Estonia in 2006 carried out by the National Institute for Health Development, there are huge differences between alcohol consumption by men and women. The share of women who consume alcohol on a daily basis is less than one percent in all age groups, while 15% of men aged 35-44 consume alcohol on a daily basis and nearly every tenth older man consumes alcohol every day. 38% of men and 13% of women consume alcohol more than once a week. What is alarming is not only the frequency of alcohol consumption by men, but the extremely large quantity of alcohol consumed by men. Nearly every fifth man drinks once a week no less than six doses of alcohol and 8% of men aged 35-44 do that on a daily basis.

Excessive alcohol consumption increases the risk of many illnesses and injuries and may cause psychological illnesses, internal illnesses (e.g. liver and heart illnesses) as well as lethal poisonings. In the case of Estonia the main causes of death include both deaths due to an injury relating to alcohol consumption (e.g. traffic accidents caused by a state of intoxication) as well as killings and suicides. According to the Estonian Statistical Office, over the last decade nearly 4,500 people, mostly men of the working age (15-65 years of age), have lost their lives because of alcoholism, alcohol poisoning and alcohol-induced liver diseases (Densissoov, 2007). Men's mortality rate due to alcohol is three times higher than that of women and in the last 10 years the mortality rate of men of the working age attributable directly to alcohol consumption has doubled.

Social differences and health

Surveys of various states indicate that the prospects of social groups who have a better socio-economic status to live a long, disease-free life without limits imposed by health disorders is higher than that of groups whose socio-economic status is lower. In Estonia people who are poorer and less educated die sooner, often suffer from several health disorders, often lead a less healthy life and have worse access to medical assistance (Kunst et al, 2002; Leinsalu et al, 2003). Population with poor health undoubtedly poses an impediment to the development of the state. According to EUROSTAT, at present the healthy life expectancy (without limits imposed by health disorders) of Estonian men and women is far below the European average. The women's healthy life expectancy in 2005 was 52.2 years (66 years being the European average) and men's was 48 years (64.5 years being the European average). Thus, the people of Estonia have health problems before they reach the pensionable age.

Reproductive health

For a long time the number of abortions in Estonia has exceeded the number of births. Through 1991-2007 the total number of abortions has decreased a lot. The ratio of abortions and live births has also changed considerably (Table 4). Until 2000 the number of abortions exceeded the number of births. For the first time women wanted to give birth more often than to interrupt their pregnancy at the beginning of the new century: there were 97.5 induced abortions per 100 live births in 2000. In recent years this figure has constantly fallen and in 2007 the number of abortions per 100 births was 56. In comparison with the Nordic countries this figure remains high. For instance in Finland the abortion rate was between 15 and 19 at the beginning of the 1990s (Part et al 2007).

Table 4. Legally induced abortions 1991-2007

	No. of abortions	No. of abortions per 100 live births
1991	26,470	136.4
1992	25,803	143
1993	23,284	152.7
1994	19,784	139.6
1995	17,671	130.8
1996	16,887	127.5
1997	16,615	132.1
1998	15,798	129.8
1999	14,503	116.7
2000	12,743	97.5
2001	11,653	92.2
2002	10,834	83.3
2003	10,619	81.5
2004	10,074	72
2005	9,610	67
2006	9,378	63
2007	8,883	56.3

Source: Estonian Statistical Office

According to the Estonian abortion register (pregnancy interruption database), the highest abortion rate per 100 live births over the years has been in Ida-Viru County where in 2004 the number of legally induced abortions exceeded the number of births. In 2006 the number of abortions per 100 live births was 91 in Ida-Viru County. The figure is the smallest in Hiiu and Saare Counties.

The average age of women who have had an abortion has remained virtually unchanged over 15 years. Women aged 20-34 years opt for an abortion the most often. In 2006 the average age of women who had an abortion was 28 years (Valgma, 2007). The high rate of repeated abortions is certainly worrying. In 2006 only 38% of women were having an abortion for the first

time. Women who had an abortion between 2002 and 2006 included the highest share of those who had already given birth to a child (35% in 2006), followed by women without children (28%) and women with two children (26%). According to the Estonian medical birth register (2007) the share of women who did not use contraceptives has increased among women who have had an abortion (54 women of 100 in 1996, 66 women of 100 in 2006).

5. MIGRATION

Since information on migration and the causes thereof have been registered incompletely in Estonia **it is not possible to give very accurate information about migration, especially emigration.** The data of external migration registered in the population register allows for reporting on some migration trends, but this data may be smaller than the actual movement (Tiit, 2007). This is indicated by the fact that in foreign countries the emigration and immigration indicators pertaining to Estonia are much higher than the respective indicators of Estonia (Herm et al, 2005).

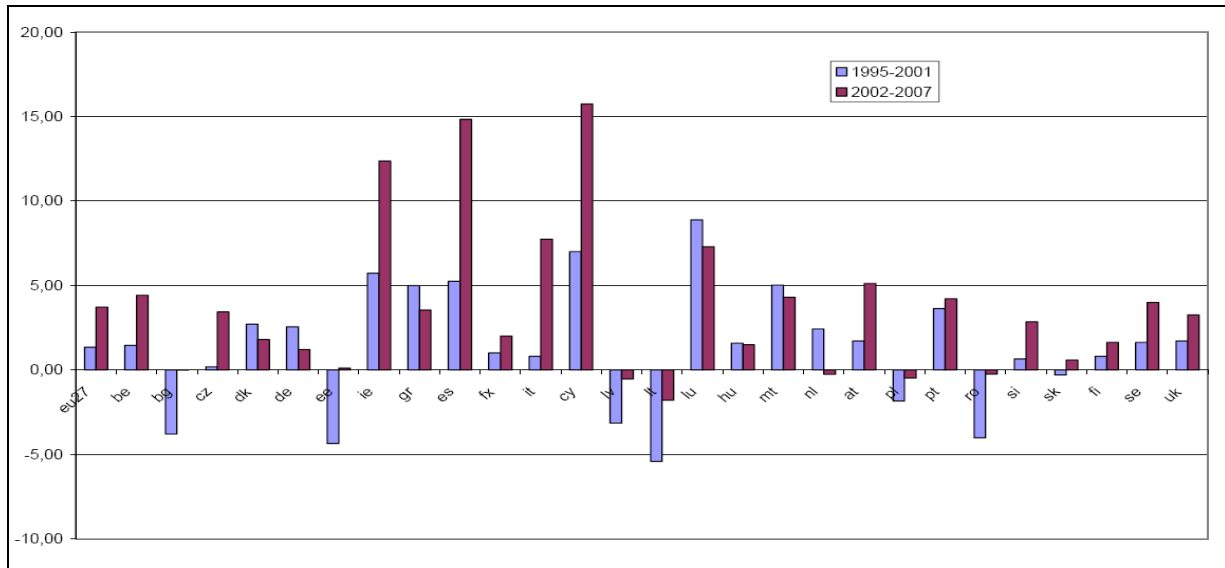


Figure 35. Crude migration rate (per 1000 inhabitants, Source: 2nd....2008)

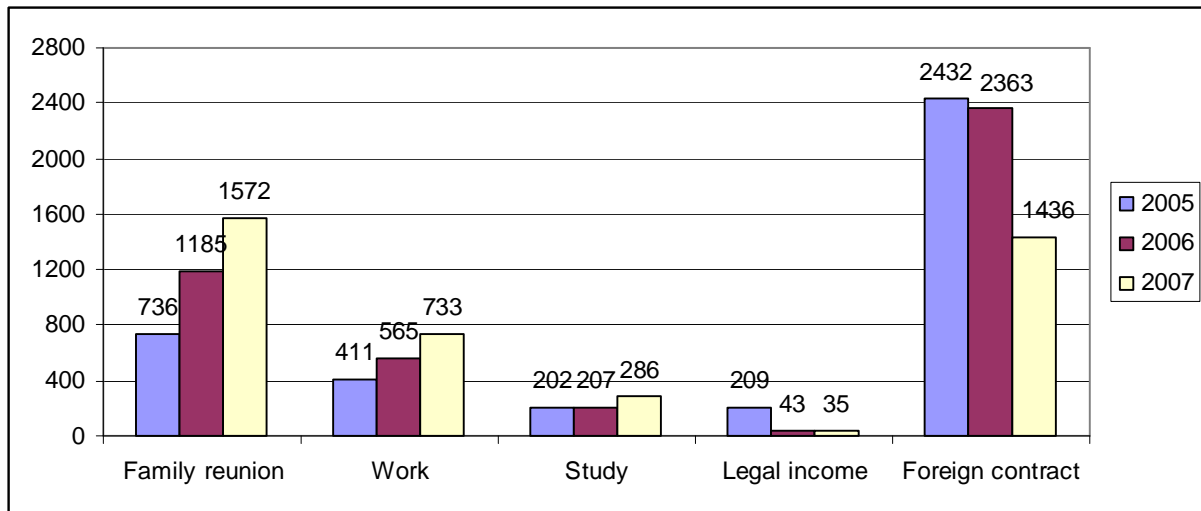


Figure 36. Decision about temporary living permission according to reasons based on Aliens act 2005–2007 (Data: Citizens and Migration Board)

Official international statistics show the migration balance of Estonia in recent years either as zero or show Estonia as a country where there is slightly positive immigration (Figure 35), but according to estimates it may be presumed that Estonia is rather a country of emigration than immigration (Tiit, 2007).

Emigration

Since there is no reliable information on emigration, it is tried to obtain information about possible migration in indirect ways from countries of destination. For instance through 2006–2007 people left Estonia for 55 different states (while people came to reside in Estonia from 81 states). Most of the migration takes place within Europe, while the only top ten non-European country is the United States (Tiit, 2007).

According to the Estonian Statistical Office, the number of Estonian citizens residing abroad is at least 35,000 (this number does not include the people who have lived abroad for less than a year). In the Member States of the European Union whose migration statistics include the number of Estonian citizens, the number of people who have come to live there from Estonia has increased notable in comparison with the data of the last census. By 2006 the number of people who have gone to reside in Finland and Sweden from Estonia has increased by approximately a third, but for instance the number of people who have gone to live in Ireland has increased by five times in comparison with the turn of the century. The most popular countries of destination in the European Union for Estonian citizens are Finland (1,000–2,000 immigrants a year), Germany (700–800), Sweden (300–400) and Denmark (200–300) (Herm, 2007).

In total the highest number of people of Estonian origin lives in the Member States of the European Union (30,000), incl. the most in Finland (15,549 at the beginning of 2006), followed by Germany (4,000), Great Britain (3,500), Sweden (2,400) and Ireland (2,300) (Herm, 2007). Estonian citizens constitute 90% of the emigrants (Tiit, 2007).

Immigration

An indirect assessment of the size of the group of immigrants is given by the number of primary temporary residence permits. For instance, in 2006 it was 4,370 and in 2007 it was 4,065. However, these figures do not reflect the actual number of those who have come to live in Estonia, because it does not include the citizens of the European Union. As of September 2008 the number of citizens of the European Union living in Estonia exceeded 11,000 (Table 5).

Table 5. Number and citizenship of EU citizens residing in Estonia as of September 2008

Citizenship	Age		Total
	under 15	over 15	
Austria	0	58	58
Belgium	5	76	81
Bulgaria	8	134	142
Spain	21	142	163
The Netherlands	4	155	159
Ireland	13	45	58
Italy	44	306	350
Greece	2	18	20
Cyprus		5	5
Lithuania	142	1,449	1,591
Luxembourg		2	2
Latvia	243	1,761	2,004
Poland	20	355	375
Portugal	1	57	58
France	20	228	248
Sweden	30	623	653
Romania	8	56	64
Germany	53	941	994
Slovakia		15	15
Slovenia		10	10
Finland	153	3,297	3,450
Great Britain	30	435	465
Denmark	11	143	154
Czech Republic	7	60	67
Hungary	4	72	76
TOTAL	819	10,443	11,262

The main reason for arrival in Estonia on the basis of temporary residence permits lies in the migration of families (1,572 people in 2007), the second group comprises those who have obtained a residence permit on the basis of international agreements, the third group comprises labour immigrants and the fourth group comprises students (Figure 36). Through 2005-2007 the number of recipients of a residence permit increased due to family, employment and studies-related reasons. Citizens of the Russian Federation account for the highest number of recipients

of residence permits.¹ The number of residence permits of the Russian Federation has been relatively stable in recent years.

International migration has been strongly related to the state's economic wealth and existence of jobs. Thus, the number of possible foreign employees and their family members may increase when the socio-economic situation in Estonia improves, and decrease when it worsens. The same applies to refugees. So far the figures of persons who have sought international protection have been very small. From July 1997 when the Refugees Act entered into force to the end of 2008 the number of foreigners who have applied for asylum in Estonia is 128 according to the Estonian Citizenship and Migration Board. Asylum has been granted to 9 and additional protection to 12 foreigners in Estonia.

In the globalising world the mobility of people is increasing and in connection therewith they stay temporarily abroad for work-related purposes. Immigrants coming from more distant countries often have a different cultural or linguistic background more than people from the neighbouring states. The circumstances of arrival in Estonia and the readiness to adapt to the local situation are important as well. It may be presumed that in the case of the integration of new immigrants the problems may be somewhat different in the future than in the case of non-Estonians who have lived in Estonia for a long time. **Based on the experience of other countries it may be said that problems arising from the culture and values, incl. especially religion crop up the most and the importance of political problems will decrease.** Encouragement of the migration of people who have lived in Estonia or are of Estonian origin is certainly easier from the point of view of integration.

In shaping the migration policy the relatively high share of the people born outside Estonia and the integration readiness of people have to be taken into account in shaping the migration policy (Figure 37). Nevertheless, a large share of immigrants and their successors have integrated into the Estonian society well and they see themselves as part of Estonia.

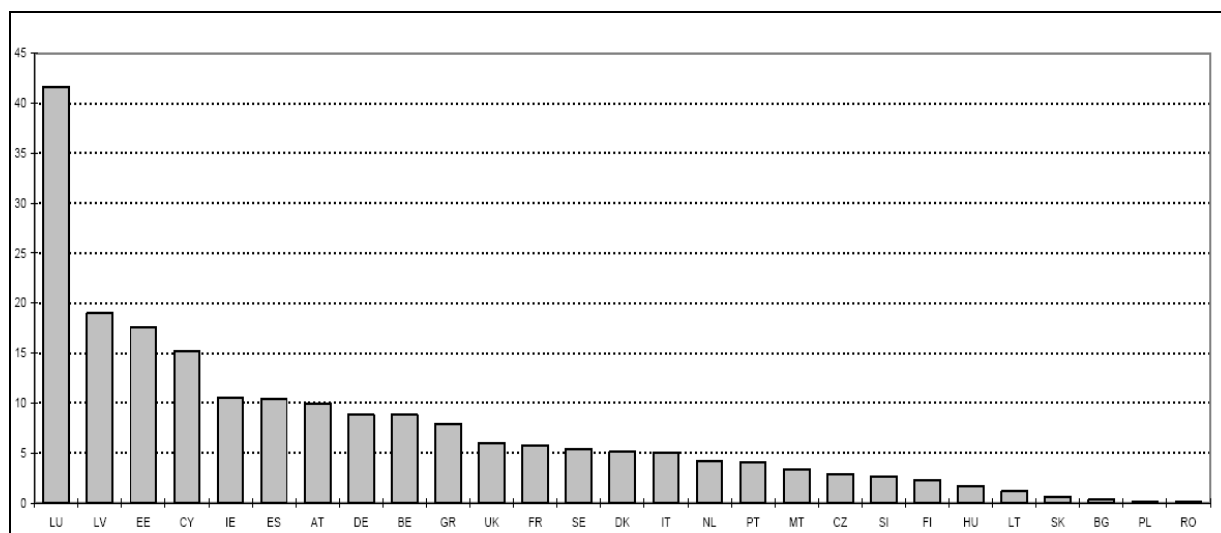


Figure 37. Share of non-citizens from inhabitants 2007 (Source: 2nd....2008)

¹ The information is merely based on citizenship, not the country of arrival.

Attitudes towards migration and the readiness to accept immigrants

Estonia's characteristics in terms of the migration policy lie in the geographical location of the state, the smallness of the population and its history, which make people cautious when it comes to migration. Therefore the people of Estonia see higher employment of women (34% of respondents), an increase of the birth rate (30%), longer working days (23%, partial transition to full-time work), and as the last resort, immigration (6%, Eurobarometer 2006) as the main solutions to satisfying the need for employment.

The data of the European social survey of 2006 show that in general 60-90% of people are in favour of immigration. People are the most positive towards migration of people of the same nationality are more cautious when it comes to people originating from poorer (more distant) countries (Figure 38).

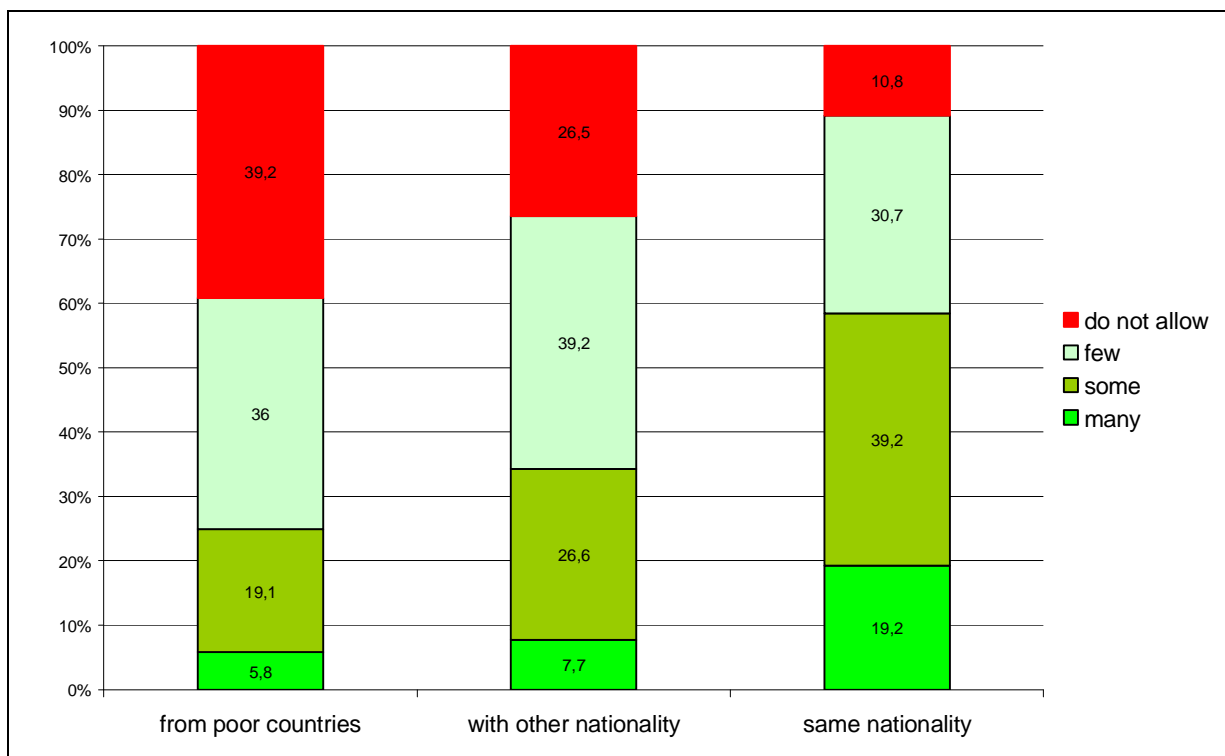


Figure 38. Attitudes towards immigrants with different background in Estonia. Answer to the question „Should Estonia allow immigrants from different background to enter country (Data: European Social Survey 2006)

The immigration threats perceived by the people of Estonia are social – alcoholism, drug addiction, AIDS, crime – as well as economic (Figure 39). 50% of Estonians and 55% of representatives of other nationalities agree that if more immigrants and foreign workers come to Estonia, the unemployment will rise. 30% of Estonians and 37% of representatives of other nationalities agree that immigrants and foreign workers will take away the jobs of the people of Estonia. 45% of Estonians and 59% of representatives of other nationalities believe that the existence of immigrants and foreign workers in Estonia will lower wages (Vetik, 2007). On the whole, they see the smallest threat to the culture, but the problems are related to the overall

living environment. Only a quarter of the people believe that immigration could be useful for the economy and nearly 20% believes it in the case of the overall living environment (Figure 40).

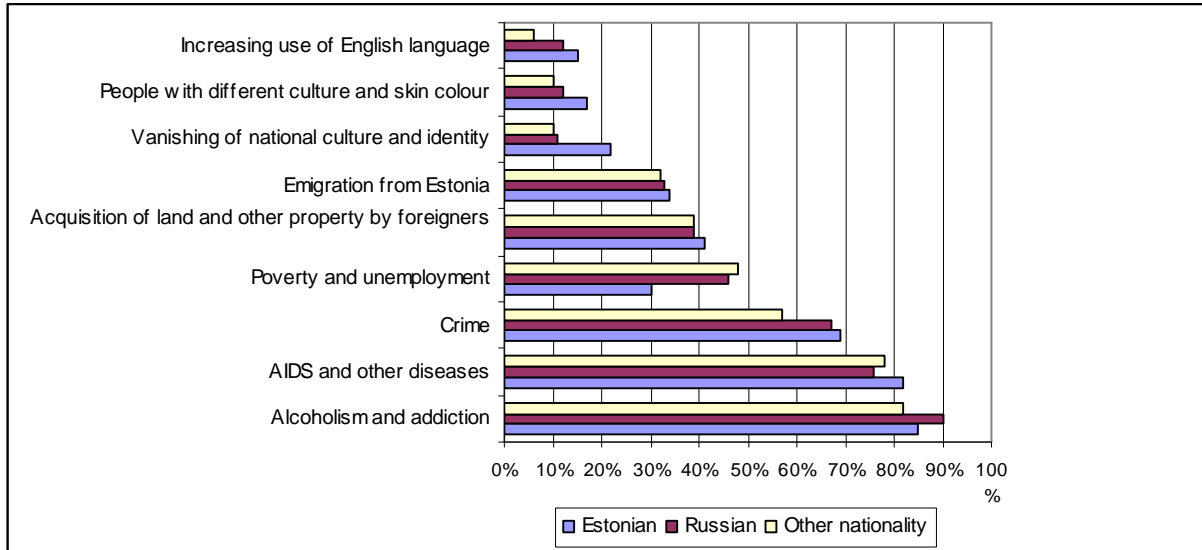


Figure 39. Perceived immigration threats (Source: Vetik 2007)

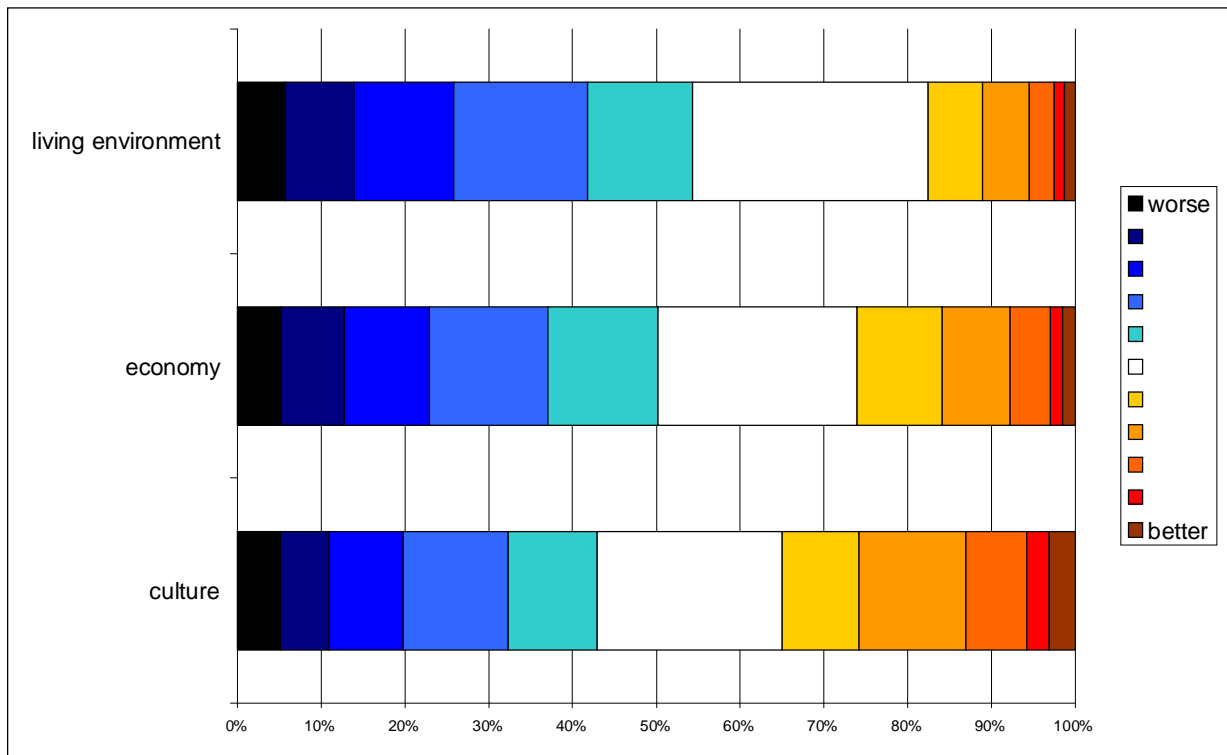


Figure 40. Attitudes about influence of immigration in Estonia, respondents in Estonia (Data: European Social Survey 2006)

References

Ainsaar, M. (2008) Ühiskonna toetus, usaldus, tervis ja majanduslik toimetulek kui laste ja lapsevanemate rahulolu mõjutavad tegurid Euroopa 13 riigis. Ainsaar, M.; Kutsar, D. (toim) Eesti Euroopa võrdlustes. Sotsiaalministeeriumi toimetised 3. Tallinn, Sotsiaalministeerium, 49-65.

Ainsaar, M., Soo, K. (2008) Kohalike omavalitsuste toetus lastega peredele Eestis 2007. Tartu Ülikool. Sotsioloogia ja Sotsiaalpoliitika Instituut.
http://www.rahvastikuminister.ee/public/ARUANNE_2007_30.pdf.

Alkohol: Turg, tarbimine ja kahjud Eestis. Aastaraamat 2008 (2008) Eesti Konjunktuuriinstituut, Tallinn.

Denissov, G. (2007) Suremus. Rahvastik 2005–2006. Aastakogumik. Eesti Statistikaamet, 24–32.

Eesti meditsiiniline sünniregister 1992, 2002–2006, Eesti abdiregister 1996, 2002–2006 (2007) Tervise Arengu Instituut, Tallinn.

Giannakouris, K. (2008) Ageing characterises the demographic perspectives of the European societies. Population and social conditions Statistics in Focus72. Eurostat.

Hansson, L. (2001) Rollikonfliktid, nende olemus ja tekkimise võimalused. Hansson, L. (toim.), *Naine, perekond ja töö 2000. Pereelu ja kutsetöö kokkusobitamise probleemidest väikeste lastega peredes*. Tallinn: TPÜ Kirjastus, 148–157.

Herm, A. (2007) Eestlased välisriikides. Rahvastik 2005–2006. Aastakogumik. Eesti Statistikaamet, 60–64.

Herm, A., Jõeveer, J., Senipalu, R., Valgma, Ü (2005) Välisränne: rahvusvahelise rände andmete meetodika: andmekogumine haldusandmestikest. [Võrguteavik.] Statistikaamet, Tallinn. www.stat.ee/files/eva2005/valisranne.ee.pdf.

Järviste, L. (2006) Sooline ebavõrdsus: hoiakud ja olukord Eestis. EV Sotsiaalministeerium, sotsiaalpoliitika info ja analüüsi osakond. Sotsiaalministeeriumi toimetised. Poliitikaanalüüs 1/2006. Tallinn.

Järviste, L.; Kasearu, K., Reinomägi, A. (2008) Abielu ja vaba kooselu: trendid, regulatsioonid, hoiakud. Sotsiaalministeeriumi toimetised 4. Tallinn: EV Sotsiaalministeerium.

Karu, M., Kasearu, K., Biin, H. (2007) Isad ja lapsehoolduspuhkus. Uuringuraport. Poliitikauuringute Keskus PRAXIS, Tallinn.

Kunst, A., Leinsalu, M., Kasmel, A., Habicht, J. (2002) Social Inequalities in Health in Estonia: Main Report. The World Bank. Ministry of Social Affairs of Estonia, Tallinn.

Lanzieri, G. (2008) Population in Europe 2007: first results. Population and Social Conditions Statistics in focus 81. Eurostat.

Leetmaa, R., Võrk, A., Kallaste, E. (2004) Vanemaealine tööjõud tööturul ja tööelus. Poliitikauuringute Keskus PRAXIS, Tallinn.

Leinsalu, M. (2004) Troubled Transitions: Social variation and long-term trends in health and mortality in Estonia. Stockholm University/Karolinska Institutet.

Leinsalu, M., Vägerö, D., Kunst, A. E. (2003) Estonia 1989–2000: enormous increase in mortality differences by education. *International Journal of Epidemiology*. 32: 1081–1087.

Maripuu, L.; Ainsaar, M. (2008) Ülevaade Eesti rahvastiku olukorrast ja rahvastikupoliitikast 1990–2008. Rahvastikuministri büroo.

http://www.rahvastikuminister.ee/public/kooskola_olukord.doc (4.12.2008)

Part, K., Laanpere, M., Rahu, K., Haldre, K., Rahu, M., Karro, H. (2007) Eesti naiste tervis: seksuaal- ja reproduktiivtervis, tervisekäitumine, hoiakud ja tervishoiuteenuste kasutamine. Tartu Ülikooli Naistekliinik, Tartu.

Rahvastik 2005-2006 (2007) Eesti Statistika.

Rämmer, A. (2008) Tööväärtused Eestis Ida- ja Lääne- Euroopa maade võrdluses. Ainsaar, M.; Kutsar, D. (toim) Eesti Euroopa võrdlustes. Sotsiaalministeeriumi toimetised 3. Tallinn, Sotsiaalministeerium, 83-100.

Sotsiaalvaldkonna arengud 2000–2006 (2008) EV Sotsiaalministeerium, sotsiaalpoliitika info ja analüüsi osakond. Sotsiaalministeeriumi toimetised 2/2008. Tallinn.

Tiit, E-M. (2007) Eesti rahvastiku põhinäitajad aastail 2006–2007 Euroopa taustal. Rahvastikuministri Büroo, Tartu Ülikool, Statistikaamet.

Tiit, E-M., Ainsaar, M. (2002) Kavandatav sündimuskäitumine Eestis. Kutsar, D. (toim.), Elutingimused Eestis viis aastat hiljem. Norbalt II, Tartu Ülikooli Kirjastus, 35–66.

Transition from work into retirement (2008) Methodolies and working papers. Eurostat.

Valgma, Ü. (2007) Sündimus. Rahvastik 2005–2006. Aastakogumik. Eesti Statistikaamet, 13–19.

Vetik, R. (2007) Eesti elanike hoiakud uusimmigratsiooni ja mitmekultuurilisuse suhtes. Justiitsministeeriumi poolt tellitud uuringu esitluse materjalid.

Võrk, A., Karu, M. (2006) Eesti vanemahüvitise mõju sündimus- ja tööturu käitumisele: hindamise võimalused ja esimeste kogemuste analüüs. Tallinn: Ministry of Social Affairs, Office of Minister of Population.

Eesti Statistikaamet <http://www.stat.ee>

Eurostat <http://epp.eurostat.ec.europa.eu>

Eurobarometer (2008) Family life and the needs of an ageing population. Flash Eurobarometer 247. European Commission http://ec.europa.eu/public_opinion/flash/fl_247_sum_en.pdf (2.12.2008)

2nd European Demography Report (2008) European Commission.

2008 Linnad ja vallad arvudes (2008) Eesti Statistika.