



ORIGINAL PAPER

Discussion on Demography and Human Development: An Examination of Natality and Mortality in Post-Communist Romania

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Abstract

In recent decades, Romania has experienced significant changes in the demographic structure, especially reflected in changes in the age structure of the population. There is a continuous decrease in the birth rate and increase in death rate, caused by the increasing number and proportion of older and adult population, while the number and share of young population is decreasing. The changes occurred after 1989, involving political and legislative transformation, had a strong influence on both the demographic and socio-economic life. While in the early stages of the demographic transition process it was accentuated the decrease of fertility, in the second phase it was emphasized an increase in mortality. This led to the rise of number of older people and the acceleration of the aging process. Statistical data indicate a population on the decline in all age groups, affecting mostly young people. The population of working age will enroll in a downward trend, the number of women of childbearing age will decrease and the process of demographic aging will enter into a pronounced development.

Keywords: *natality, mortality, demographic phenomenon, Romania, transition*

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Introduction

In 1990, Romania has entered a new stage of social development, with the transition from a totalitarian system to a democratic one. This transition has produced important changes in the indicators for measuring the demographic structure of the population. With the evolution of the prindustriale societies to modern, it was noted the transition from a traditional society with high percentages of birth and death, to a free society, characterized by lower values of birth and death. These fundamental changes in the demographic structure of the countries was described as a process of demographic transition, one that seeks to explain the movement of population from one unbalanced regime to a balanced regime, under the influence of socio-economic, cultural, educational, legislative and psychological factors (Gheorghită, Vădăsteanu, 2015: 287-296). The demographic transition began during the Renaissance in Western Europe and in the European countries, the demographic transition began in the latter part of the XVIII century and early XIX century, with a different pattern from one country to another. After the Second World War until 1970, it was a period of demographic growth period called "baby-boom". Then, under the impact of social transformations it started to decrease birth rate and fertility. Moreover, it is noted that the "fertility transition was accomplished in the first phase by delaying marriage and increasing the share of definitive celibacy, and the second one by limiting fertility of marriages. This development of marriage is related to the condition of women, by extending the tuition that increases the age at marriage, by increasing its role in society through economic activity, becoming economically independent"(National Institute of Statistics, 2012: 6). Limiting fertility involves switching the aspects of family lifeto to a secondary targeting, such as marriage and the decision to give birth to her first child.

Demographic composition of the EU member states

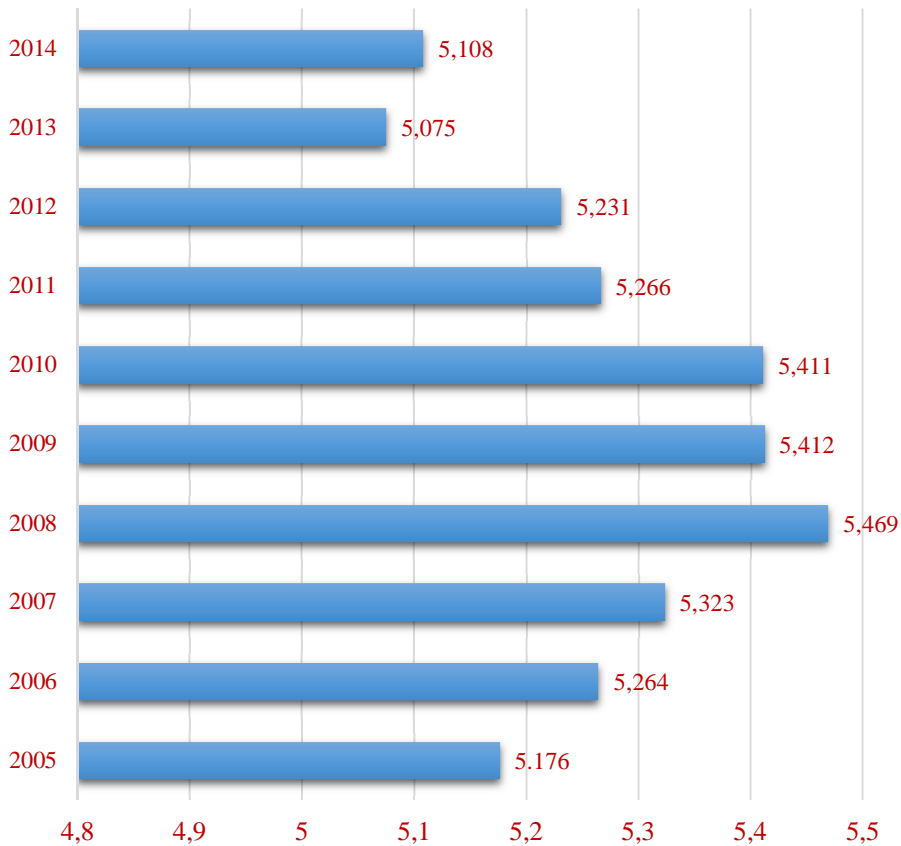
According to Eurostat, on 1st of January 2015, the EU population was 508,191.116 million people, about 1.3 million more than the beginning of 2014. Although population growth is observed in all EU states, 12 of them registered a decline (Bulgaria, Estonia, Greece, Spain, Croatia, Cyprus, Latvia, Lithuania, Hungary, Poland, Portugal and Romania).

Since 1960, the ratio of births and deaths has considerably decreased in 2014 reaching a very low level. Current trends of low fertility and aging of population in the coming years indicates a negative natural change in the EU states. Demographic aging "turns towards generational profile: it is amended the structure of generation in the existing population, the number of generations coexisting with four generations model will gradually replace the model with three generations.

Old age is extended to 75-80 years, and the age of four, knows a net progression of staff, marked by health problems and addiction" (Bălașa, 2010). In 2014, in the European Union, were born 5.108 million of children, the lowest number was in 2005, when there were 5.176 million live births.

There is an increase in the number of live births during 2005-2010 and in the following period, 2010-2013, reveals a decrease. Only in 2014 was a slight increase in the number of children.

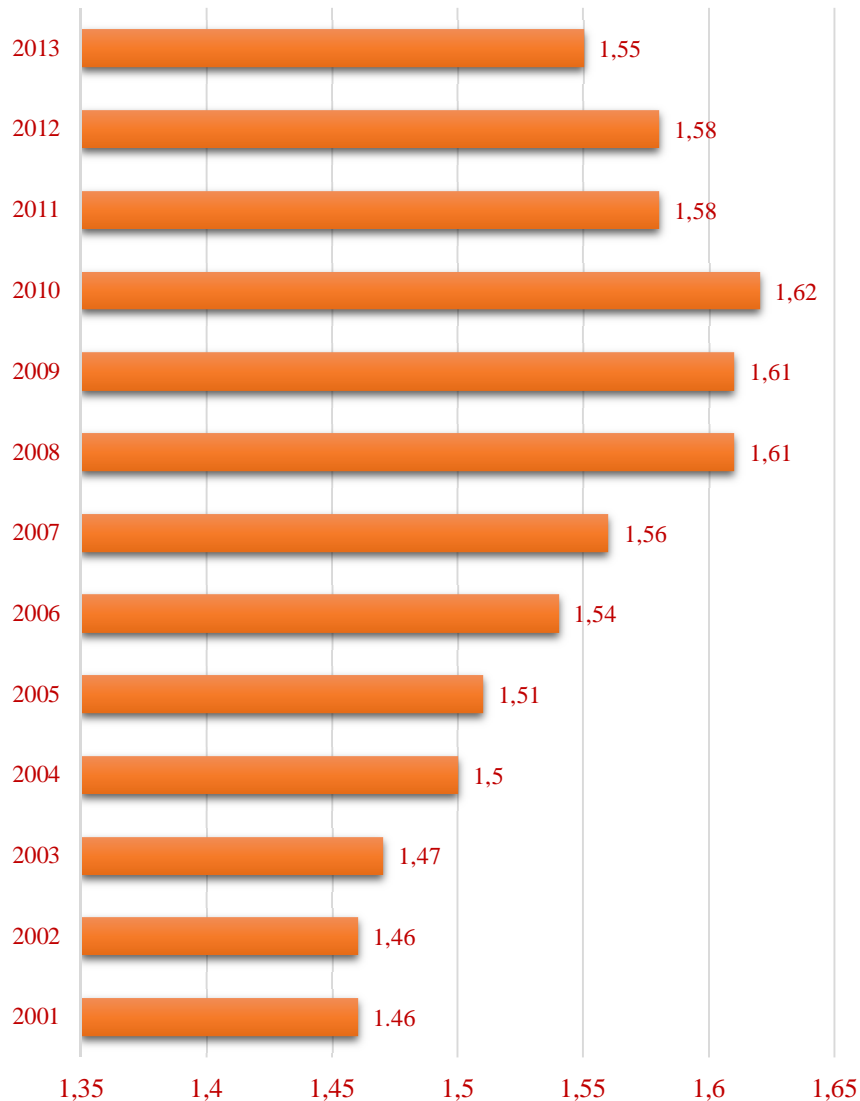
Figure 1. Evolution of the number of live births in the European Union



Source: Eurostat, <http://ec.europa.eu/eurostat>

Changes in size and population are measured by fertility rate, “the mean number of children that would be born alive to a woman during her lifetime if she were to pass through her childbearing years conforming to the fertility rates by age of a given year” (Eurostat, 2015a). This is down from 2007, reaching 1.55 live birth per woman in 2013. In the previous period, 2001-2007, the fertility rate rose from 1.46 to 1.56 live birth per woman. For a company to survive, the fertility rate should be 2.1 births per woman. In 2013, none of the EU countries did not reach this number. The highest fertility rates were highlighted in: France (1.99), Ireland (1.96), Sweden (1.89) and Britain (1.83). Instead, a fertility rate of 1.3 live birth per woman (live births per woman) indicates the lowest fertility, among EU countries are in this case is Portugal (1.21), Greece (1.30), Cyprus (1.30) and Slovakia (1.34).

Figure 2. Fertility rate in the European Union. *The number of live birth per woman*



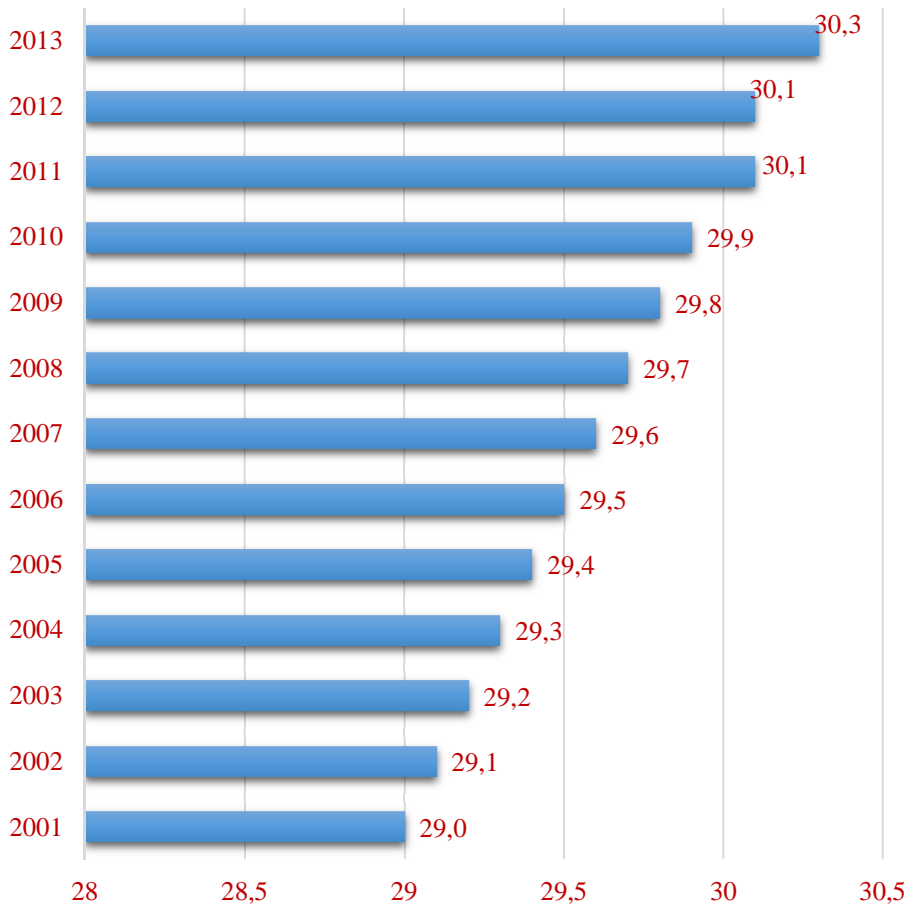
Source: Eurostat (2015)

The main cause of the decline in fertility is the changing of values. The interference of the State is limited, without a direct impact on the increase of fertility. Rather than the lack of support for families and the economic and employment policies seem to contribute to its continued decline. The imminent demographic and socio-economic risks resulting from high decline of birth rates, were clearly perceived also, by the European Union. Therefore, "the new European strategy for the period 2014-2020 came on the background of the intensification of long-term challenges: aging,

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globalization, pressure on the use of resources and economic and financial crisis which annihilated substantially the benefits from the Lisbon Strategy” (Goga, 2014: 197). In the 28 countries of the European Union, the average age of women at birth continued to increase between 2001 and 2013, from 29 years to 30.3 years, which is due to the tendency to delay the birth of first child.

Figure 3. The average age of women at birth in the EU



Source: Eurostat, 2015

At European level, in recent decades, life expectancy at birth increased, the countries being on top among the highest life expectancies. This is due to factors such as reducing infant mortality, increasing life and education standards, and advances in healthcare and medicine. Life expectancy at birth has increased in the last 10 years, from 79.9 years in 2010 to 80.6 years in 2013. For men, the lowest life expectancy had been recorded in Lithuania (68.5 years) and highest in Italy (80.3 years), while women ranged from 78.6 years in Bulgaria to 86.1 years in Spain. Regarding Romania, in 2003 it recorded the lowest levels of life expectancy for women (74.8 years) (Eurostat, 2015b). An

increased life expectancy also involved a lower infant mortality, which in about 10 years, from 1998 to 2013 was almost halved. Despite this progress, infant mortality rates are highlighted in Romania and Bulgaria. On the opposite side are Cyprus, Finland and Estonia.

The downward trend of reducing infant mortality in the European Union is aligned to international statistics. The degree of infant mortality at children under 5 fell from 12.7 million in 1990 to 6.3 million in 2013. Although the annual death rate was reduced in 2013, there were 17,000 thousand children who died daily (United Nations Of Children's Found [UNICEF], 2013a: 1).

Demographic structure of Romania

Currently, Romania is in a process of intermediate demographic transition, social transformations of the past 50 years have had a strong impact on demographics, particularly birth and death. The gap compared to other European countries is explained "by the effects of pro-natalist policy of the old regime forced. On the other hand, new economic and social realities have put their mark on the downward trend of the phenomenon. Degradation of living standards, unemployment, uncertainty and stress are lowering factors specific to the transition period" (National Institute of Statistics, 2012: 10). It also emphasized the influence of other factors, aimed at changes in behavior and attitudes towards marriage, divorce, cohabitation and fornication, procreation and contraception. On 20th of October 2011, Romania's stable population was of 20,121,641 people. Compared to the situation at the census of 1992, the stable population decreased by 2,688,394 thousand, ie 11.8%. The population declined in 2002 to 7.2%, meaning 1,559,333 people, with an average annual decrease of 0.8%.

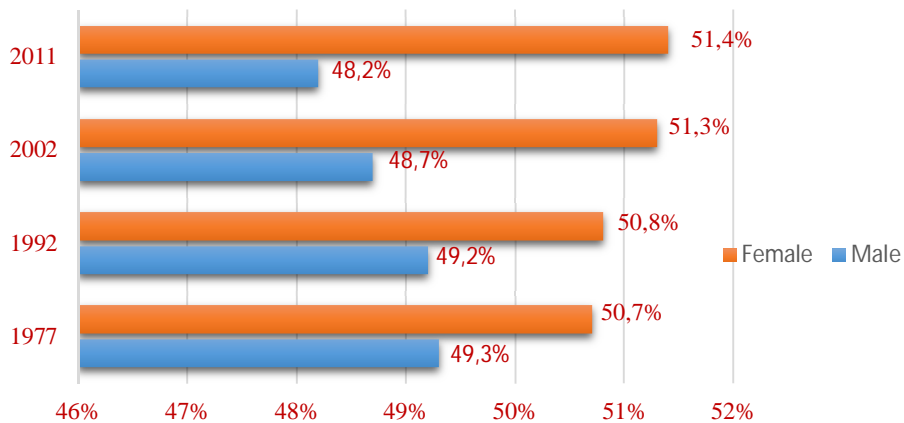
Table 1. The evolution of population of Romania in Census from 1992, 2002, 2011

<i>7 ianuarie 1992</i>	<i>18 martie 2002</i>	<i>20 octombrie 2011</i>
22.810.035	21.680.974	20.121.641

The reduction of the population equally affected, both women and men. Thus, nationally there are 10,333,064 women, representing 51.4% of the total of resident population.

The gender structure is relatively stable, 48.6% being men and 51.4% women. "In Vaslui County it was recorded the smallest difference between men and women, the latter being 91 people more increased than men. At the opposite pole lies the Municipality of Bucharest, where it was recorded the lowest share of men 46.3%, the gap between the number of women and men being of 140 400 persons" (National Institute of Statistics, 2011a: 1). In the period 1977-2011, the gender structure remained constant, the gap between men and women is 2%. There is a slight downward trend in the share of the male population and an increase in the female. The causes range of this trend range from an average duration of life expectancy in men less than women, and a majority on the main cause of death.

Figure 4. Structure of population per genders (1977-2011)



Source: National Institute of Statistics

Of the total resident population, the majority consists of people aged 25-64, who hold a share of 55.7%. Other age groups are distributed as follows: “children (0 to 14 years) have a share of 15.9%, young people (15-24 years) is 12.3%, persons aged 65 and over represent 16.1% of the total, while those aged 85 and over have a share of 1.3% in the total resident population” (National Institute of Statistics, 2011b: 1).

National rate in birth and fertility

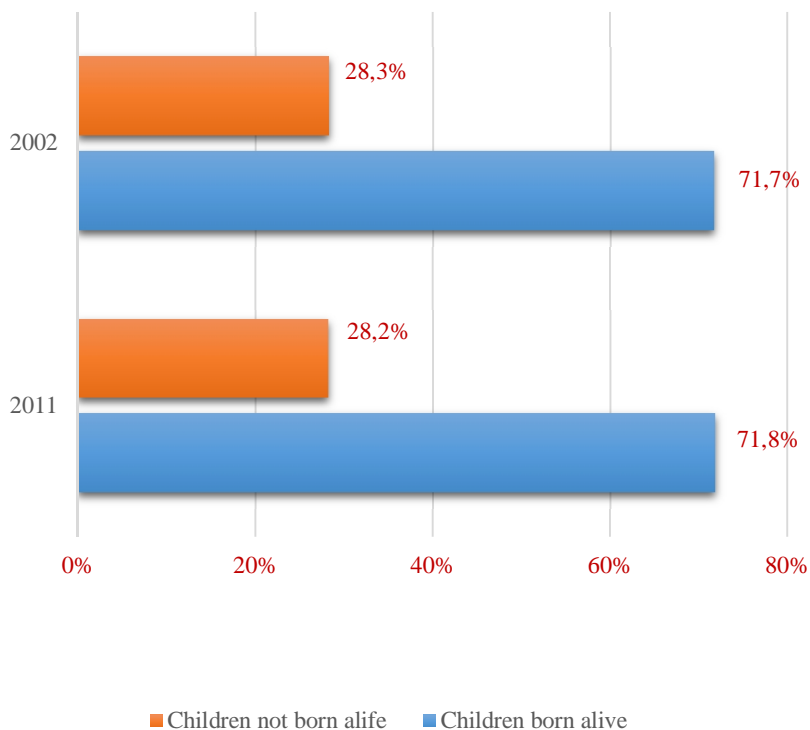
Determining the demographic profile of the population of Romania is determined by studying birth, defined by Eurostat glossary as an “index results from reporting of newborns per 1,000 people living in a certain period of time”. After the Second World War, the birth rate has fluctuated, there are both downward trend, and upward. Thus, it highlights some important periods: between 1947 and 1956 the birth rate rose from 23.4% to 24.2% live births per 1000 inhabitants; between 1956-1966 the birth rate had a downward trend, from 24.2% reaching to 14.3% live births per 1000 inhabitants. The small values of birth were influenced “so the liberalization of abortion and social, economic and education causes of women, and wide access to education, her participation in economic activity, mobility and social generated by industrialization and urbanization” (National Institute of Statistics, 2012: 11). The birth rate rose between 1966-1989 and is directly influenced by the adoption of legislation on banning of abortion and contraception. In the first two years of implementation of the decree, the birth rate reached 26.7% in 1968, this percentage is a clear effect of natalist policy of the communist period. During the period 1980-1989 there was a 24% decrease in the birth rate, birth rate oscillated “between 14 newborns per 1,000 people and 18 newborns per 1,000 inhabitants” (Chițu, 2014). The birth rate fell between 1990-2011, recording values of 9.9% live births per 1000 inhabitants in 2010. The fall of the communist regime and thus legalizing abortion halved the number of children in the last 15 years, reaching 196 242 children born in 2011. “Statistics show that in 1990 were born almost 50% fewer children than in 1989. The situation became even more dramatic in terms of birth rate in 1991. Then they

were born with 70% less children than in 1989” (Chițu, 2014). Reproductive behavior varies by area of residence.

Although 54% of the population is concentrated in urban areas, while only 46% in rural areas, there is a lower birth rate in urban than in rural areas. In urban areas there are fewer families with two children and over, most couples limited to one child or maximum two. Birth differences between the two areas are built based on several factors: the woman's age at first childbirth, distribution of women of childbearing age, the activity of women, education level, cultural specifics and degree of migration.

In 2011, the total of 10,333,064 women, 85% (8,781,729 women) represent the female population of 15 years and over, who bore children. Between the two censuses (2002-2011), the number of women who have living children, but also those children who were born alive remained almost identical.

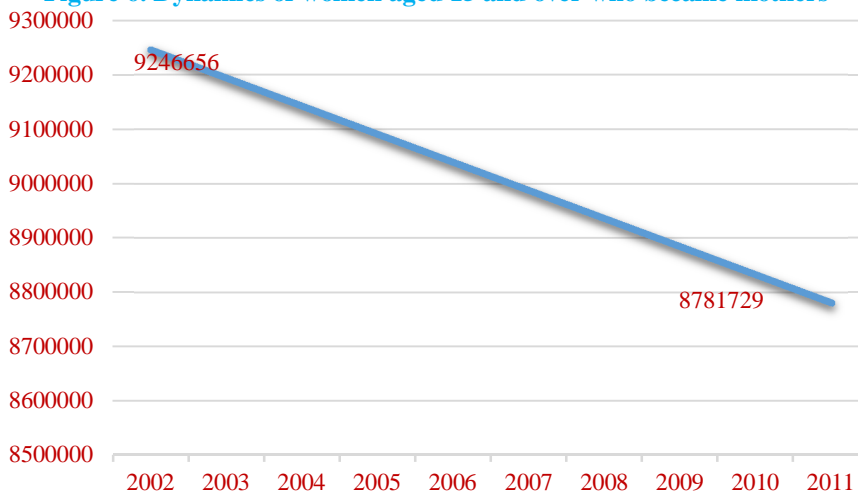
Figure 5. Evolution female population aged 15 and over who born (2002-2011)



Source: National Institute of Statistics

Also, there is an increase in the number of women who became mothers, a trend which is an effect of diminishing both the population and the changes produced in the family. Compared to the previous census, the number of women who decided to become mothers has decreased by 5%, ie 464 927 persons.

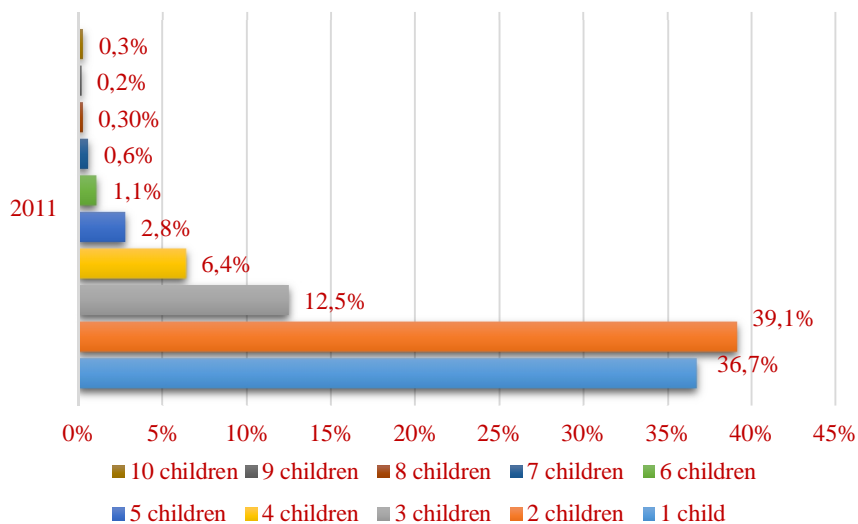
Figure 6. Dynamics of women aged 15 and over who became mothers



Source: National Institute of Statistics

Related to the number of children per family, 39% of all women who gave birth have two children and 37% of these remained to one child. Only 12% of women gave birth to three children, while 6.4% gave birth to four children.

Figure 7. Women who gave birth to living children (2011)

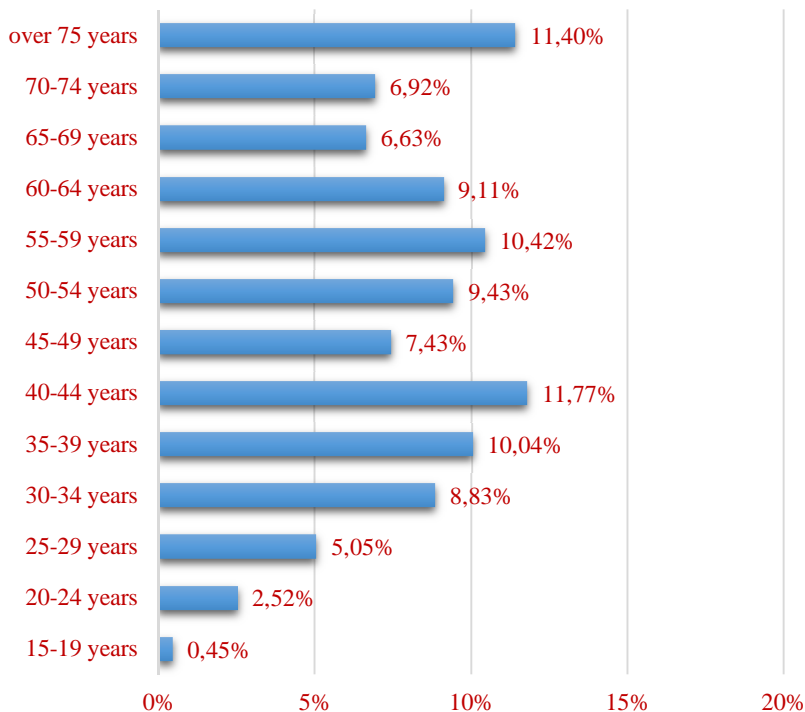


Source: National Institute of Statistics

Between 2002-2011 the number of children live births per 1,000 women aged 15 and over fell from 1647.5 to 1510, ie from 1.5234.218 to 13.260.007 children. In 2012, “the average age of mothers was 27.8 years in all births, while at first birth was 26.2 years. Rural women continued to give birth at their first child at a younger age (23.5 years) in comparison to those in urban areas (29.0 years)” (Aurelia, 2014).

Until 2002, emerged an early model of fertility, the average age of the mother at birth is about 25 years. With the adoption of the ban on abortions in 1966, the average age of the mother reached about 24 years. In the previous period, ie 1960-1966, there was a significant decrease in population, which has influenced the increasing age from birth to 26 years. After 2002, the continuous growth phenomenon occurs when the average age exceeded 26 years. At the census in 2011, women in the 40-44 years age group and those over 75 have been identified as having the most children with live births. For the age group 40-44 the number of children is explained by high birth policy during communism, one that resulted in a significant increase in the number of births. In contrast, for the age group over 75 years, the explanations aimed at restoring the deficit of people after the Second World War, when there was an increase in the number of births. A number of factors contribute to the decline of feminine population that decide to have a child and the age at first birth: "rising costs of childcare, increased, participation of women in the labour market and in higher, education, extended periods of transition from childhood to adulthood and greater availability of contraception, particularly the pill, are widely held to account for women having children later in life" (The Social Issues Research Center, 2008).

Figure 8. Female population aged 15 and over who gave birth to living children. Age groups



Source: National Institute of Statistics (2011)

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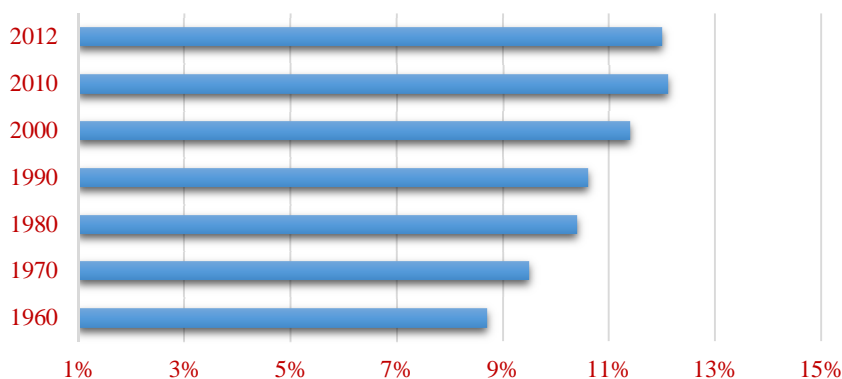
The distribution of births by rank directly influences the average age of mothers at childbirth. “Over 70% of live new-borns in 1961, represented rank I and II. If we add that at the same period, infants whose mothers were aged up to 30 years accounted for 4/5, strengthens the claim that fertility in Romania was kind of early, concentrated in ranks I and II, so with a relatively small size. In the period 1967-1970 there is an increase in the share of births of rank III (approximately 19%) and rank IV (approximately 10%) and between 1986-1989, it was registered the increase of births of rank V (between 6.4% and 7.7%). The decrease in birth rates since 1989 occurred due to the reduction in the number of live births of all ranks and, in particular, senior rank (rank III and more). The decrease of birth rates recorded after 1995, is synonymous with increasing the share of births of rank I, which proves that the model preferred by families today is the *type narrow*, with one or maximum two children” (National Institute of Statistics, 2012: 14-15).

Romania has low levels of birth, the sociologist Bogdan Voicu explains this phenomenon by the fact that "natural growth collapsed after 1989, when, with the fall of communism, abortion became legal. Statistics show that in 1990 were born almost 50% less children than in 1989. The situation became more dramatic in terms of birth rate in 1991. Then there were born 70% less children than in 1989” (Chițu, 2014). Also, the low birth rate is strongly influenced by the lack of jobs that lead young people, who should start a family to migrate for work. In addition, “the fact that there has been an “explosion” of Romanian higher education after 1990, and the share of women was higher than men among students, prompting women to stay longer in school and then to find a job, thus postponing the decision to make children” (Mihai, 2014). Currently, says sociologist Bogdan Voicu, “having a baby is no longer an ideal among Romanians. They dream to have the top job sites, to travel. This is not to blame for that is the natural evolution of developing countries”(Chițu, 2014).

Mortality at national level

Mortality, as the second component of population movements, remained relatively high in Romania. In 2013, the total number of deaths was 249,321, with more than 6000 cases less than in 2012. Thus, there were 133 659 000 deaths in urban and and 115 662 000 deaths in rural areas.

Figure 9. The evolution of general mortality during 1960-2012



Source: National Institute of Statistics (2013)

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The high levels of deaths by age group “were mainly due to the high proportion of deaths at extreme age population, 0-4 years and 65 years and above. The lowest level of mortality was recorded in the age group 5-19 years, followed by young people 20-39 years, especially in the female population. Given that in recent years the population of 80 years and over, "the longlivings" and the older female population is double than that of older male population, the proportion of female deaths has also increased and (48.7% in 2012)” (National Institute of Statistics, 2013: 15). In addition, low birth levels have accentuated the growth of the elderly, and hence the share of deaths population aged 65 and over.

Table 2. Deaths by age groups

Age groups	Male		Female	
	1960	2012	1960	2012
0-4	21.8%	18.3%	0.9%	0.8%
5-19	2.8%	1.9%	0.5%	0.3%
20-39	7.1%	5.6%	3.1%	1.3%
40-49	5.1%	4.7%	5.2%	2.2%
50-64	22.6%	17.3%	24.0%	11.7%
65-79	31.2%	37.6%	38.1%	35.0%
80+	9.4%	14.6%	28.2%	48.7%

Source: National Institute of Statistics (2013)

The evaluation of health condition of personnel is a “way in which people define their own health and an important dimension of quality of life. *Quality of Life 2010* survey data in show that people value health condition in a tessitura: average appreciation is 3.2 on a scale of 1 to 5, from very bad to very good. A proportion of 46% of the population evaluates their health as being good and very good, 28% as satisfactory, while about a quarter of respondents (26%) see it as bad and very bad (Institute of Research of Quality of Life, 2010: 26). In 2012, 60% of causes of death were diseases of the circulatory system. The remaining cases included tumors (19%), respiratory diseases (5.2%), digestive diseases (5.7%), infectious and parasitic diseases (1%) and accidents (4%).

Table 3. Mortality by main causes of death (1965, 1980, 1990 și 2012)

	at 100.000 persoans			
	1965	1980	1990	2012
diseases of the circulatory system	272.2	1047.7	1064.7	1198.8
tumors	123.0	135.4	142.1	230.2
respiratory diseases	135.9	137.1	97.3	62.2
digestive diseases	40.0	45.5	50.3	67.9
infectious and parasitic diseases	9.1	10.9	13.1	11.2
accidents, poisoning, trauma	52.0	67.3	76.5	49.7
other causes	3.2	3.0	2.8	10.7

Source: National Institute of Statistics (2013)

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In the sex ratio, female mortality causes targeted endocrine, nutrition and cerebrovascular diseases. In contrast, men showed high percentages in most cases of death (accident, tumour, digestive diseases and infectious diseases), this way speaking of a "male supramortality".

Table 4. The main causes of general mortality by gender

<i>at 100.000 persoans</i>				
	1965	1980	1990	2012
diseases of the circulatory system	244.3	299.0	685.5	751.7
tumors	133.4	113.1	281.2	181.8
respiratory diseases	141.8	130.3	79.1	46.1
digestive diseases	48.4	31.9	83.9	52.7
infectious and parasitic diseases	9.8	8.3	15.7	7.0
accidents, poisoning, trauma	77.1	28.0	79.5	21.5
other causes	3.2	3.3	13.0	8.6

Source: National Institute of Statistics (2013)

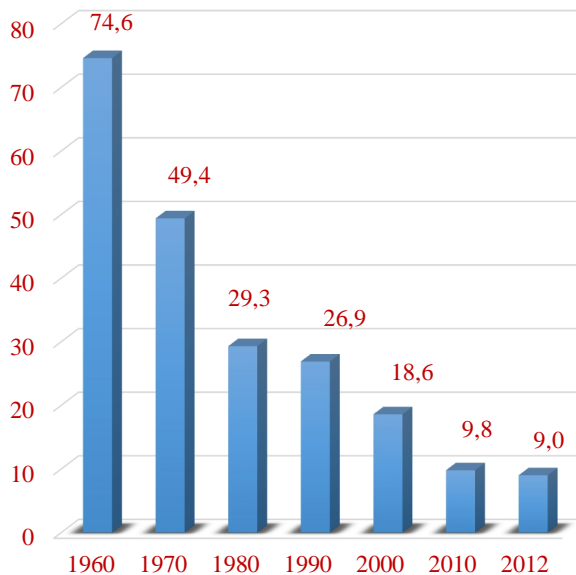
Levels of perinatal mortality (pregnancy, childbirth, postpartum) remains a major concern in Romania. Identifying the frequency of maternal deaths outlines a general framework on health and particularly the effectiveness of the health care of pregnant women during pregnancy and childbirth. Major risk factors that influence women's mortality at birth are multiple pregnancies, maternal age, smoking during pregnancy, obesity or above average weight of the mother. They also might identify other secondary factors related to the mother and influence mortality: birth rank (increased risk of birth); other mother's physical characteristics (size and low weight); personal history (cardiovascular diseases, diabetes, tuberculosis, etc.); drugs taken during pregnancy; smoking, alcohol or drugs; poor nutrition; psychological and physical trauma suffered by pregnant; obstetric problems during pregnancy and birth (placenta previa, accidents during birth) (National Institute of Health and Medical Research [INSERM], 2013: 2). In 2012 "there were 11 deaths in Romania by direct obstetrical risk, the mortality rate is of 0.055 deaths per 1,000 live births.

The level of mortality by direct obstetrical risk is higher among women from rural areas than in urban areas" (Ghenea & Antal, 2013a: 1). Demographic policy measures on banning abortions at the end of 1966, "had the effect of increasing maternal mortality rate from 85.1 deaths (1965) to 136.3 (1985) per 100,000 live births. Since 1989, progress has been made in reducing maternal mortality due to mainly legalization of abortion and family planning programs. In the past 23 years, maternal mortality has seen a remarkable decrease from 83.0 deaths (1990) to 11.4 deaths (2012) per 100,000 live births. If in 1990, deaths from abortion were more than 2.2 times higher than the risk of obstetrical ratio has, this has reversed since 1998, deaths from obstetrical risk ones surpassing the one's by abortion 7 times in 2012" (National Institute of Statistics, 2013: 20).

Infant mortality is understood as an indicator of economic development of the country and hence the collective welfare. Infant mortality for ages 0-5 years, is defined as "the frequency of deaths of 0-5 years per 1000 live births in the same period and territory". According to United Nations Of Children's Found [UNICEF] statistics on infant mortality

of child under five, Romania ranks 129 of 192 countries (countries are prioritised in descending order, the lowest values being recorded in the country ranked the last) (UNICEF, 2013). Mortality rate of boys under 5 years of age is higher than girls, ranging from 14 to 11. During 1990-2012, infant mortality declined significantly, with an annual discount rate of 5%. If in 1990, the index U5MR (child mortality under 5 years) represents 38 cases per 1000 inhabitants, in 2002 it reached 27 cases per 1,000 inhabitants, and in 2013 to 12 cases per 1,000 inhabitants (UNICEF, 2014: 22). In 2013, according to Eurostat data, Romania recorded the highest rates of infant mortality, 9.2 deaths per 1000 live births. In 2013, there were 1680 deaths under 1 year, 132 less than in 2012. According to the National Institute of Statistics, the evolution of infant mortality in Romania had a downward trend since 1960. Between 1860-2012, deaths under 1 year per 1000 live births dropped from 74.6 to 9.0.

Figure 10. Evolution of infant mortality in Romania (1960-2012). Deaths at under 1 year per 1,000 live births



Source: National Institute of Statistics (2013)

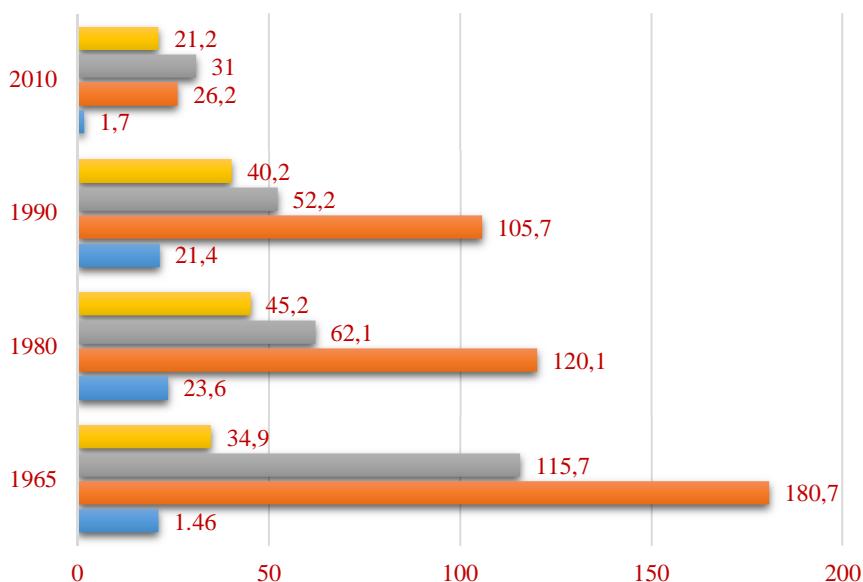
During 1994-2012, the main infant cause of death it is “the perinatal causes that bring forward the group of respiratory apparatus diseases, except for 2002 when they caused 28.9% of all deaths under one year and returned to second place. Deaths from respiratory diseases, considered avoidable, come on the second position since 2003, but continue to maintain a very high level” (Ghenea, Antal, 2013b: 7-8). Over the period of analysis, other causes of death, those incurred by infectious and parasitic diseases, digestive and accidents have a constant evolution. Regarding the child, in general, the factors underlying mortality are prematurity and low birth weight, male gender, rank of the new- born, age and biological disabilities (malnutrition, rickets, anemia, malformations, recurrent infections). At world level, according to Unicef, in 2013 the main cause of infant mortality in children under five years was malnutrition (41%). The

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other factors mentioned were: pneumonia, a complication at birth, complications during birth, diarrhea, malaria.

A more detailed analysis of the causes of infant mortality has been performed by the World Health Organization, which states that "prematurity was the largest single cause of death in children under five in 2013, and approximately 50% of under-five deaths were due to infectious causes" (World Health Organization, 2013). Nationally, in 2012, the main cause of death of children under one year is because of perinatal disorders (injuries, obstetric, hemolytic disease of the newborn, hypoxic conditions, etc.). Infant deaths in Romania occur from other causes as those aimed by respiratory diseases, followed by congenital anomalies and infectious and parasitic diseases.

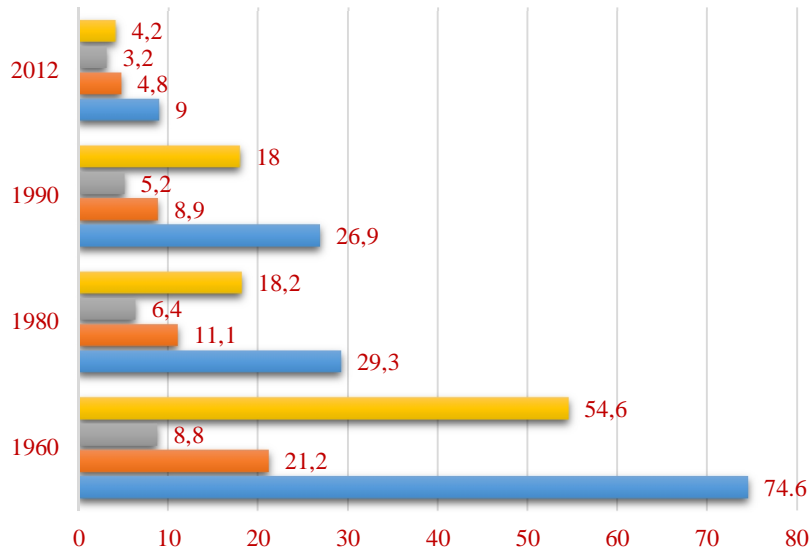
Figure 11. Infant mortality by cause of death (1966, 1980, 1990, 2012)



Source: National Institute of Statistics (2013)

Reducing the number of deaths under-five in the period 1960-2010 has shown significantly. The number of deaths in case of child mortality fell from 74.6 to 9.0 cases per 1000 live births. Low levels of postnatal mortality were recorded in 2012 when there was a decrease of 50 cases per 1000 live births in the 1960. Also early neonatal mortality and neonatal mortality have decreased, the less noticeable is the early neonatal mortality which oscillated between 8.8 and 3.3 in the analysis period in 1000 births cases.

Figure 12. Infant mortality by age (1960, 1980, 1990, 2012) at 1000 newborns



Source: National Institute of Statistics

Conclusions

The financial crisis which began in the autumn of 2008 has caused the most severe recession since the Second World War, affecting the entire economy of the European Union. “The economic crisis has brought a multitude of influences and negative determinations at social level, such as: a reduction of jobs and implicitly of secure incomes, an increase of debtors’ rate and forced executions, a pauperization of large social categories and an extension of poverty, visible deterioration of life quality and chances of future evolution of numerous human collectivises etc” (Ilie, 2013: 100). Romania's population decreased by 3,089,754 people in the period from 1990 to 2011, ie 13.3%, both due to negative natural growth, but also due to external migration. This continuous decrease in the number of persons and political transformations occurring after 1989 set new demographic perspectives in Romania. Demographic behavior of population is determined by three indicators: birth, mortality and migration. From the perspective of developing birth rate and migration, its is observed a process of deaths and births mitigation at national level, which falls Romania in the fourth stage of demographic transition (birth rate and low rate of mortality). The decline in the birth rate has immediate effects on the Romanian population and its distribution by age. In addition, there are noted changes in the reproductive behaviour: births in old age and decision of majority of couples to have one child. Birth rates drop in recent decades has produced disparities between urban and rural areas, the birth rate is higher in villages than in cities. These differences are built on the involvement of women in the labor market, evident from the industry, the collective mentality, culture and fertile share of population. Among birth indicators, the following increased: the average age of the mother at birth, the percentage of live births to women aged 25-39 years and the number of births outside marriage. On the other hand there is a decrease in fertility, which determines the birth rate. Mortality

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forms the negative natural population movement, its increase imposing an aging of population. This situation will lead to an increase in deaths, particularly in older age groups. At the national level there is a superiority of the male versus the female mortality, especially in rural areas. The main causes of death are related to circulation problems that underlie 60% of all deaths. Although progress has been made in reducing infant and maternal mortality, actual results positioning Romania among the countries with the highest levels of mortality among children under 5 and mothers. After Romania's transition from communism to capitalism in 1989, for Romanians, migration abroad was a solution primarily economic. "The numbers estimated reached almost 3.500 million people, which represents a significant percentage of the total population (exceeding 10%) and an extremely large one from the active population, and most of them were directed to countries such as Italy, Spain, Germany, France or England. According to Eurostat the EU Romanians are the largest group of immigrants coming from a European country, their number reached 1.677 million, including 734.800 in Spain and 625.300 in Italy" (Niță, 2014: 20).

On the other hand, internal migration has played a decisive role in rejuvenating the population in economically developed regions. The transfer of the population in poor areas to rich ones imposed low levels of fertility and an aging population in these areas. Demographic aging turns towards generational profile: it is amended the generation structure of existing population, the number of generations coexisting increases, the four generations model will gradually replace the model with three generations. Old age is extended to 75-80 years, and the fourth age of four, knows a net progression of staff, marked by health problems and addiction.

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Article Info

Received: October 2 2015

Accepted: November 20 2015
