

# Demographic Development in the Baltic Sea Region

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## Country Specific Demographic Development

### Sweden

Sweden is the country with the longest running, most continuous population statistics in the world since the mid-18<sup>th</sup> Century. In 1570, Sweden had an estimated population of 450,000 people, while a century later it was 1.3 million. When annual population registration began, Sweden was home to 1.9 million inhabitants in 1755. Between the years of failed harvests in the 1860s and the negotiations about Norwegian independence from Sweden were peacefully concluded in Karlstad (1905), a quarter of the Swedish population of 4 million left, mainly for the Americas. Mass poverty was not the reason for leaving, as both income and employment were expanding in agriculture and even more so in industry during this period, but most left from areas with high tenancy rates and meagre soils. The demographic transition of Sweden from high birth and death rates to low rates was basically completed by the 1920s, with a birth rate of 17.6 and a death rate of 11.7 per 1,000 people per year in 1925.

Being untouched by World War I, Sweden enjoyed continuous population growth until the mid-1930s when the one-child family was slowly becoming the urban norm with a birth rate of only 13.8 per 1,000 against a death rate of 11.7 in 1935. In 1934 Alva and Gunnar Myrdal,

both later ministers in the government, together wrote the warning book *Kris i befolkningsfrågan* (The Population Crisis), which contributed to a further enlargement of social welfare, particularly for working mothers in order to keep them in the labour market.

World War II, with Sweden being officially neutral, led to a population boom that receded only in the late 1950s. During the war almost 7,000 Danish Jews fled the Nazi occupation of Denmark, while Sweden temporarily accepted 70,000 children evacuated from the war in Finland and refugees fleeing both Nazi and Communist occupations of the Baltic states. Being a net immigration country from 1929 onwards – with work-related migrants from Southern Europe and refugees from the Soviet Bloc – Sweden enjoyed steady population growth until the mid-1970s. Simultaneously, rapid urbanisation with continued unbroken industrialisation since the 1870s led to a diminishing population growth rate, with most children being born in the least developed areas, i.e. the inland regions of Northern Sweden and to first generation immigrants.

From 1980, with birth and death rates slowly converging at 11.7 and 11.0 per 1,000 respectively, immigration was the main contributor to population growth. However, from 2007 the Swedish total fertility rate (the average number of children born to a woman over her lifetime) of 1.91 – among the highest in Europe – has approached the population reproduction level of 2.1. After World

War II, Sweden together with Japan and Holland could boast of having the longest life expectancy in the world, particularly for women, and the lowest infant mortality (Statistics Sweden, 2008; Magnusson, 1996, p. 308; Palm Andersson, 2001; Tables 1 and 6).

### Finland

Finland was a part of Sweden from the 13<sup>th</sup> Century until 1809. From roughly doubling its population when statistics began in 1749 to 1809, it had 863,000 inhabitants after incorporation as a Grand Duchy into the Russian empire in 1809. After World War I, Finland with its 3 million inhabitants became independent and fought ferociously in World War II to keep its independence. However, because of a Friendship Treaty with the Soviet Union which Finland had to sign, it had to send back people fleeing the Soviet bloc, meaning refugees had to continue to Sweden. Today with around 5.3 million inhabitants and a slow population growth rate, Finland is still one of the most sparsely populated regions of Europe and an increasing part of its growth comes from immigration from eastern Europe after 1989. Except for a delay of half a generation because of wars and later industrialisation and urbanisation, Finnish basic demographic data are similar to those of Sweden (Statistics Finland, 2007; Table 1).

### Denmark

Denmark with roughly 800,000 people in 1769 grew steadily until the early 1970s, when the population reached 5 million. From then on until the early 1990s it grew at a snail's pace, hitting the bottom in 1988-1989, a year in which it added only 524 people to its population. The rate picked up due to immigration, particularly from Poland and Lithuania. Being the former centre of a much larger country, the capital Copenhagen and its suburbs contain roughly half the population. In contrast to the rest of Scandinavia, Denmark has a vibrant agricultural sector and therefore its rural population has not been diminishing very fast. It is usually concluded in surveys that because of an unhealthier lifestyle, the Danes lag behind other Scandinavians in life expectancy and infant mortality (Statistics Denmark, 2008; Tables 1 and 7).

### Germany

After World War II, when Germany was divided, West Germany had a population growth of almost 1% during 1950-1955, then slowly diminishing to 0.7 during 1965-70 and further to -0.1% in 1984-85. In addition to this, millions of Germans fled from Soviet-occupied East Germany. After Germany was reunited in 1990, its main population additions came from migrating Germans

Table 8.1. Total population in the Baltic Sea Region 1980-2010. <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>

	1980	1985	1990	1995	2000	2005	2010
<b>Belarus</b>	9,658,500	9,998,503	10,259,700	10,274,231	10,057,810	9,825,102	9,595,421
<b>Czech Republic</b>	10,261,606	10,300,844	10,302,718	10,319,337	10,242,890	10,220,638	10,492,960
<b>Denmark</b>	5,123,026	5,113,701	5,141,034	5,233,364	5,339,501	5,419,444	5,550,142
<b>Estonia</b>	1,472,898	1,525,790	1,567,631	1,440,710	1,370,749	1,345,857	1,341,140
<b>Finland</b>	4,779,488	4,902,206	4,986,441	5,107,802	5,173,370	5,244,342	5,364,546
<b>Germany</b>	78,288,577	77,684,875	79,098,094	81,929,441	82,349,027	82,540,739	82,302,465
<b>Latvia</b>	2,513,349	2,582,011	2,663,905	2,492,095	2,384,972	2,305,528	2,252,060
<b>Lithuania</b>	3,430,089	3,561,668	3,695,890	3,629,104	3,500,028	3,415,748	3,323,611
<b>Norway</b>	4,085,621	4,152,560	4,241,485	4,359,096	4,490,859	4,623,298	4,883,111
<b>Poland</b>	35,577,214	37,201,804	38,056,174	38,391,778	38,302,444	38,165,040	38,276,660
<b>Russia</b>	138,655,363	143,642,108	148,243,501	148,698,582	146,757,517	143,843,159	142,958,164
<b>Slovak Republic</b>	4,961,607	5,141,880	5,270,072	5,368,894	5,404,845	5,415,496	5,462,119
<b>Sweden</b>	8,310,467	8,350,392	8,558,829	8,826,949	8,860,153	9,029,345	9,379,687
<b>Ukraine</b>	50,043,550	50,949,364	51,644,914	51,121,722	48,891,792	46,923,927	45,448,329

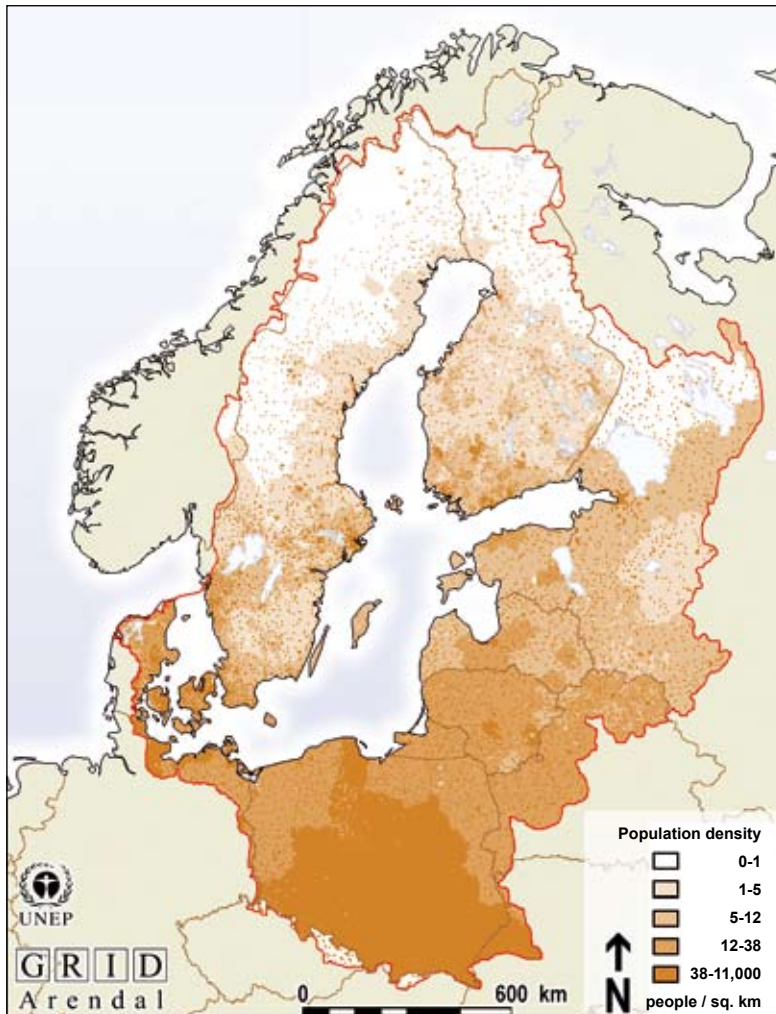


Figure 8.1. Population density in the Baltic Sea drainage basin at about 1990. Cartographer: Hugo Ahlenius. Source: UNEP;GRID Arendal.

from the former Soviet Bloc. In Germany the number of childless couples (28%) was higher than in other West European countries, contributing to the population decline. In the ensuing debate over this fact it was stressed that a society with a school, tax and pensions systems structured for only one provider per family (the man) meant that for a woman to become professional she had to forego child-bearing (See Vidal-Naquet and Bertin, 1991).

## Poland

Poland was trice divided during the 18<sup>th</sup> Century – with the Polish language and the Catholic church as the main rallying points during the divisions – and after World War II the whole national boundary was moved west by 200 km, with its new western parts coming from the earlier German Reich and with 11 million Germans fleeing from the advancing Russian Red army in 1945 (Atlas till världshistorien, 1958).

From roughly 1 million inhabitants in the year 1,000, the population in Poland had doubled by the late 14<sup>th</sup> Century since it was less affected by the Black Death than Western Europe. When Poland entered a union with Lithuania in 1386 the total population was short of 8 million. By 1500 about 85% of all people lived in rural areas, a century later about 75% and this remained so until after World War II. According to the census in February 1946, two-thirds of the population were still rural inhabitants. Because of the Polish-Lithuanian Union, the three partitions of Poland in the 18<sup>th</sup> Century and frequent border changes, the population of Poland was long characterised by sizeable national minorities – roughly one-third of all – and had the largest Jewish community (3.3 million) in Europe before 1945. About 3 million Polish Jews were killed by the Nazis during World War II, either starving to death in enforced ghettos or killed in gas

chambers in concentration camps. In the eastern areas taken by the Soviet Union from Poland during World War II, 40% of the population perished, while up to 250,000 more were deported to Siberia and arctic Russia.

## The Jewish Minority

According to international and Polish researchers, almost 6 million Poles were killed during World War II, 5 million by the Nazis (3 million Jews and 1.9 million Poles)

and about 1 million by the Soviets, though some scholars have been trying to revise the latter figure (Kuodote and Traceskis, 2005; Thorborg, 1997 & 2002b; Martinsson, 2008; Tao Yang, 2008; Bengtsson, 2007, p. 59 ff., p. 131 ff, p. 237 ff; Eurostat, 2009).

### Post World War II Poland

After World War II, Poland became one of the most homogeneous countries in the world, with over 95% being Polish. Only in the new border areas did people from neighbouring countries live in any great numbers. A small exception was the Polish Tartars, paid soldiers in the late 1300s and numbering almost 100,000 in 1630, who having dwindled to less than 500 mainly settled in North-Eastern Poland. In the first post-war census in 1946, Poland had almost 24 million inhabitants, increasing to 25 million in 1950 and nearly 30 million in 1960. Poland showed a relatively rapid population increase in the post-war period well into the 1980s. The combination of Catholicism (usually a more pronatalist faith than different Protestant denominations) and *positive* population policies, i.e. social programmes and subsidies, contributed to this population growth. Later, through *negative* population policies such as restrictions on abortions in the 1990s and turbulence during the transition years, a somewhat slower growth rate ensued, with a peak of 38.3 million in 1996. In 2007, 40% of the population was still rural, the rural share having increased slowly since 2000 (European Commission, 2006; Eurostat, 2009; CSO, 2008, 2009; Table 1)

### Russia and the Soviet Union

Two features distinguish Russia from the West. Firstly, throughout its history population data have often been used to serve ideological goals and have therefore either been kept secret, or not fully revealed. Secondly, compared with Western Europe Russia has been characterised by a significantly higher mortality rate with more deaths from infectious disease which has continued until this day. With the move to administrative modernisation, local self-government and the creation of *Zemstvos* in 1864, a wealth of scattered regional data on rural peasant households was obtained. The first all-encompassing census ever was taken in 1897 by something like 100,000 enumerators resulting in a total population, both permanent,

(*postoyannoye*), and present, (*nalichnoye*) of 127 million inhabitants. After the Bolshevik revolution in Russia in 1917, the ensuing civil war, food shortages, global influenza epidemic and mass migrations, a second census listed 147 million in 1926 in the entire Soviet Union, of which 93 million in the Russian Federation (Blum and Troitskaya, 1997; Kingkade, 1997).

From the end of the civil war in 1922 until the outbreak of World War II, according to most research on the issue one in 15 of the whole population in the Soviet Union disappeared and/or was killed in peacetime under the regime of the communist dictator Stalin. Millions were killed in the collectivisation of agriculture and the ensuing famine. Even during the famine years grain was exported, 5.83 million tonnes in 1930, 4.79 million tonnes in 1931, 1.61 million tonnes in 1932 and 2.32 million tonnes in 1933-34. When starvation had become widespread in 1932 and 1933 the Politburo, the leading organ of the Soviet Union, decided that no allocations of food, fodder or seed were to be made available for the rural areas but that grain collected by the state must go to the starving urban population. In the campaigns against the so-called *Kulaks* ('rich' peasants) in Ukraine at the beginning of the First Five-Year plan in 1928, according to new research, up to 4 million people were killed in peacetime. Mortality was high among the almost 15 million individuals sent to the *gulags*, prison labour camps, and among numerous ethnic groups subjected to forced deportations such as that of the Crimean Tartars to Siberia. These peacetime losses have been the subject of intensive and heated debates. This conflict is also apparent in the population statistics. In 1917, the year of the Russian Revolution, the population of Tsarist Russia was estimated at 185 million, while in 1931 the Soviet Union counted 161 million people. On the one hand there was a civil war until 1922, but on the other hand the average Russian woman was bearing 7.5 children in 1920 (Da Vanzo and Adamson, 1997; Applebaum, 2003; Wheatcroft, 2000; Courtois et al., 1999; Tao Yang, 2008).

### Estonia, Latvia and Lithuania

The occupied states of Estonia, Latvia and Lithuania lost 14% of their population through mass killings and three waves of deportations to Siberia during the 1940s, in addition to those already killed during the German Nazi oc-

cupation. Most of the achievements of the Baltic states in significantly improving the standard of living during their independence between the World Wars was rapidly erased. World War II led to an estimated loss of about 20 million Russian men, with only Belarus losing more people during the war as a proportion of their population (Kuodote and Traceskis, 2005; Thorborg, 1997, 2000, 2002a; Martinsson, 2008; Tao Yang, 2008; Bengtsson, 2007, p. 59 ff., p. 131 ff, p. 237 ff).

The Soviet healthcare system received as much as 6% of Gross National Product in the 1960s, contributing to rapidly decreasing mortality and increasing longevity. However, after peaking in the 1960s it was prey to a so-called residual principle, meaning that after everything else was funded the health services got the leftovers, resulting in decreased spending per capita. In the mid-1990s health spending per capita was down to only 4% of what was spent on every American. About 10% of the Russian hospitals dated from before World War I and were not particularly updated, with 20% lacking running water (RAND, 2001).

A decreasing birth rate was something that all advanced industrial societies were exposed to when women in large numbers entered employment in the formal sector. However, for Russia the death rate increased significantly

at the same time, which set it apart from the experience of modern, Western societies (Tikhomirov, 2000, chap. 4).

Russia was only slightly behind the West in life expectancy in 1965. Since 1965, life expectancy for men in the USA and Western Europe has been increasing by 0.2 years annually on average and in Japan even by 0.3 years, while in Russia it began decreasing by 0.1 year per year in 1965-1980, with even greater decreases in 1988-1994 and 1998-2000. Only during the anti-alcohol campaign under the Soviet leader Gorbachev in the mid-1980s did mortality rates stagnate, after which a concomitant sharp rise in male mortality, alcohol consumption and violence against women re-emerged (RAND, 2001; UNDP, HDR, 2002). Hence at the start of its dissolution in 1991, the Soviet Union was experiencing the continuation of a demographic crisis which had started back in the mid-1960s.

## Life Expectancy and Gender Gap

### Increasing Life Expectancy

In Scandinavia, Germany and Poland, life expectancy has shown a continuous increase over time. During the transition years in the 1990s in Poland, men and women added

Table 8.2. Life expectancy of men and women in selected countries of the Baltic region in 1900, 1950, 1990, 1995, and 2009.

Country	Life expectancy									
	Women					Men				
	1900	1950	1990	1995	2009	1900	1950	1990	1995	2009
Sweden	55	73	80	81	83	53	70	75	76	79
Finland	44	70	79	80	83	41	63	71	73	76
Denmark	55	72	78	79	81	52	69	72	73	76
Germany	47	69*	78*	80	82	44	65*	72*	74	76
Poland	42	63	75	77	80	41	57	66	69	72
Lithuania	42	67	76	75	80	41	60	66	63	70
Estonia	42	68	75	74	79	41	61	65	62	68
Latvia	42	69	74	73	77 e**	41	62	64	60	67 e**
Belarus	34	70	76	74	77	31	61	66	63	65
Russia	34	67	74	72	73	31	60	64	58	60
Ukraine	34	70	74	72	75	31	61	66	61	63

\*=German Federal Republic, \*\*=2008. Source: 1950 from Chawla et al. 2007. 1990 and 1995 from Kucera, 2007. 1900 from Dinkel, R. H. 1985. For Poland to Ukraine downwards in the table for both sexes. For Finland 1900 from US Bureau of the Census 2009, est. from CIA 2010. The rest from US Bureau of the Census, 2009.



about two years to their life expectancy, showing that their transition began earlier, was slower and proceeded more smoothly than in countries further east. In Poland life expectancy has shown a steady increase since 1950 without interruption. Although in the Baltic states life expectancy sank in the mid-1990, longevity in 2009 surpassed its earlier peak by at least three years (Table 8.2).

In contrast, the life expectancy of Russian men was higher in the Tzarist era 100 years ago than in the mid-1990s (Tikhomirov, 2000, chap. 4). Alcohol consumption is part of the explanation for the differences between the sexes in shortening life spans in some former Soviet Bloc countries. The largest fall in life expectancy during the 1990s was experienced by Russian men, who lost 6 years. Ukrainian men lost 5 years, Latvian men 4 and those in Belarus, Estonia, and Lithuania lost 3 years between 1990 and 1995 (Table 8.2).

At the beginning of the new millennium in Russia, life expectancy could differ by 18 years, with Russian men having the shortest life expectancy of all in the developed world (14 years less than the EU male average). This is particularly the case in rural areas, with a life expectancy of 51 in the regions of Pskov, Novgorod, and Karelia. This is a similar level to that in Germany and Scandinavia in the year 1900 (DaVanzo and Adamson, 1997; UNDP 2006/2007; RAND 2001; Table 1).

The good news, however, is that between 2005 and 2006, life expectancy for Russian men increased by an unprecedented 1.6 years, a 2.7% jump according to Russian statistics. Even if part of this is based on different methods of measurement or earlier under-evaluations, an increase of 1% is regarded as extremely high (USA Today, 2008).

## Mortality

A continuously decreasing mortality rate has been the number one motor of population growth in the West. In Scandinavia, mortality has decreased steadily since World War II to be among the lowest in the world, with men aged 18-24 being the most accident-prone. While mortality rates for Poles decreased by more than 20% during the hardest transition years from 1990 to 2002, the mortality rate increased by about the same amount for people from the Baltic states. For Belarus and Ukraine it increased by 33% for women and 40% for men, while

Table 8.3. Mortality rates (per 100,000) for men and women in selected countries of the Baltic region in 1990 and 2002

	1990		2002	
	Women	Men	Women	Men
EMU*	68	145	(Add)	(Add)
Poland	102	264	82	204
Lithuania	92	246	103	303
Estonia	106	286	112	322
Latvia	108	295	118	327
Belarus	98	254	134	371
Russia	107	298	168	464
Ukraine	105	268	139	378

\*= European Monetary Union. Source: USAID, 2007; Table 12

Table 8.4. Adult male death rate (per 100,000 males) from external causes in Russia and USA, 1999. Source: DaVanzo et al., 2003.

Cause of death	Russia	USA
Suicide	54	18
Homicide	31	21
Fall, fire, drowning	37	5
Motor vehicle accidents	23	6
Other external causes	52	6
Total	197	56

Russian women and men both suffered a 56% mortality increase (Table 8.3).

Russian men of working-age have a death rate due to external causes that is 4-8 times that of US men of the same age, and are five times more likely to end their days due to infectious and parasitic diseases (RAND, 2001; DaVanzo et al., 2003; Table 3). According to the World Health Report by the WHO, 50-66% of all cases of epilepsy, homicides, motor vehicle crashes, drowning, cirrhosis of the liver and oesophagus cancer were caused by alcohol in Russia in 2002 (USAID, 2007). To stop excess mortality – as was already accomplished with resounding success during Gorbachev's anti-alcohol campaign in the 1980s – a campaign to reduce alcohol consumption is currently being implemented with full force, with a 4% decrease in death rates between 2006 and 2007. While in 2006 there were 687,000 more deaths than births, this was reduced to 478,000 in 2007 and further to only 363,000 in 2008 (USA TODAY, 2008; Russian Federal, 2009).

Table 8.5. Sex ratio at 65+ and gender gap in longevity in selected countries of the Baltic region, 2009.

	Sex ratio at 65+	
	Males per 100 females (in %)	Women outliving men (number of years)
Sweden	80	5
Finland	69	7
Denmark	80	5
Germany	72	6
Poland	62	8
Lithuania	53	10
Estonia	49	11
Latvia	48	11
Belarus	47	12
Russia	44	14
Ukraine	49	12

e=estimate, \*=2008, \*\*=2009. Source: CIA 2010. Poland CSO. 2009. Column 2 from Table 1.



Figure 8.2. Babuschka with her granddaughter at the dacha. Photo by Igor Khomyakov.

### Age Gender Gap

Given equal nutrition and medical care, women generally live 4-6 years longer in developed societies. In Poland and Finland (which has the highest consumption of strong liquor by men in Scandinavia), women outlive men by at most 7 years, also seen in the low male sex ratio at 65+, while in Lithuania women survive men by 8 years and Estonia and Latvia show a much higher difference of 10-11 years. The corresponding gap is on average 12 years in Ukraine, Belarus and Russia, reflecting the hardships

Table 8.6. Age structure of population (%) in selected countries of the Baltic region, 2009.

	Years		
	0-14	15-64	65+
Sweden	16	65	19
Finland	16	67	17
Denmark	18	66	17
Germany	14	66	20
Poland	15	72	14
Lithuania	14	70	16
Estonia	15	67	8
Latvia e*	13	70	17
Belarus e	14	72	14
Russia	15	72	13
Ukraine	14	71	16

e=estimate, \*=2008. Source: CIA 2010. Poland. CSO. 2009

of the transition years added to and/or expressed in male drinking habits (USAID, 2007; Table 4).

The Russian situation is a combination of the skewed gender rate as a leftover from World War II, with 20 million men killed, and high male death rates, which peaked in the 1990s with a 14-year age gap (Thorborg, 1993, 2002a; USA TODAY, 2008; Table 4).

What further complicates the situation for the countries of the former Soviet Bloc is that although women live longer, their pension age begins five years earlier than men's. However, some countries have begun lengthening the working life in order to catch up with the European norm of 65 years for all, instead of 55 for women and 60 for men, which was the established Soviet norm (Thorborg, 1996a & 2002a).

## The Ageing Society

### Age Structure

The proportion of global population aged 65 + was 5% in 1950, 7% in 2000, and is projected to reach 16% in 2050. Transition to an ageing population was accomplished in Western Europe during more than a century, but is now predicted to occur within a generation in Eastern Europe,

Table 8.7. Population birth, death, infant mortality, net migration and growth rate in selected countries of the Baltic region, 2009.

	Population rate per 1,000 of birth, death, infant mortality, net migration and growth (in %)				
	Birth	Death	Infant mortality	Net migration	Growth
Sweden	10.7	10.2	2.7	1.7	0.16
Finland	10.4	10.2	3.5	0.6	0.08
Denmark	10.4	10.2	4.3	2.5	0.27
Germany	8.2	11.0	4.0	2.2	-0.06
Poland	10.0	10.1	8.7	-0.5	-0.05
Lithuania	9.2	11.3	6.4	-0.7	-0.11
Estonia	10.4	13.5	7.2	-3.3	-0.64
Latvia	9.9	13.6	8.6	-2.3	-0.60
Belarus	9.8	13.8	6.3	2.3 e	-0.37
Russia	11.1	16.0	10.3	0.28	-0.47
Ukraine.*	9.6	15.7	8.7	0.1	-0.62

e=estimate. \* = 2008. Source: CIA. 2010. Sweden Statistics Sweden, 2009, Finland, Statistics Finland, 2009, Denmark Statistics Denmark, 2009, Poland. CSO (GUS). 2009. Ukraine. State Statistics Committee of Ukraine. 2008.

implying the most rapid ageing in the world. However, in the West the societies were already relatively well off before old age cohorts began swelling, meaning that pensions and healthcare systems were in place and functioning to a reasonable degree. In Eastern Europe, however, the rapid ageing of the population is taking place in still poor countries with inadequate welfare systems on the remnants of a former crude ‘cradle to grave’ social security system, with an even worse situation in the countryside for the old when the young and able have left (Chawla et al., 2007; Table 5).

According to estimates for North America, up to 70% of the total population is employed, in Western Europe up to 60%, while in Eastern Europe only about 50% because of the early pension age (Dempsey, 2007). With only half the population in the workforce, the pension base will be further eroded unless pension age and fertility rates can be rapidly increased.

## Fertility

Sweden has recently experienced an upsurge in fertility approaching the replacement level, with a total fertility rate of 1.97 combined with the lowest infant mortality in the world, together with Japan and Norway. This is leading to positive population growth, which is also the case for the rest of Scandinavia. Germany is still struggling with a decreasing population since its society is not or-

ganised for full-time working mothers, with almost one-third of all opting to have no children (Statistics Sweden, 2009; Table 8).

The lowest recorded fertility rate in the world was in transition economies of Eastern and Central Europe in the mid-1990s (Table 8.7). Poland barely managed to grow well into this century by continuing to increase its birth rate, from 9.9 per 1,000 in 2000 to 10.0 in 2008, while simultaneously trying to halt its increasing infant mortality from 8.1 in 2000 to 8.7 in 2008, and its death rates from 9.6 per 1,000 in 2000 to 10.0 in 2008. Simultaneously, emigration from Poland fell from 19,700 in 2000 to 14,800 in 2008 (Poland CSO, 2009).

In 1981 the Soviet authorities adopted a comprehensive programme for maternity benefits resulting in continually increased fertility levels peaking in 1987, just when the anti-alcohol campaign was stopped, having passed the replacement level with a total fertility rate of 2.2. However, from 1987 to 1999 the birth rate shrank by 50% (Kingkade and Dunlop, 1999; USA TODAY, 2008).

Some argue that these pronatalist policies did not lead to a higher number of children but only shorter spacing between them and earlier births, as this quicker led to better housing and other benefits. Because the number of children that would otherwise have been born in the 1990s were already born in the 1980s, part of the decline in birth could be explained in this way (Thortonne and Philipov, 2007).





Figure 8.3. Photo: by Boris Tikhomirov.

However, in 2007 a law increased payments and maternity benefits in Russia, guaranteeing mothers education and other benefits worth 10,650 USD for bearing a second child and any thereafter, leading so far to the highest increase in births for 15 years, from 1.4 million in 2006 to 1.6 million in 2007. Therefore the Russian population decrease has slowed to almost zero, from 532,000 less people in 2006 to 212,000 less in 2007 and only 121,000 less in 2008 (USA TODAY, 2008).

At the beginning of the new millennium infant and maternal mortality rates could differ by a factor of 3, particularly between urban and rural areas, with the rural areas having the highest mortality. All indicators of maternal health worsened during the 1990s. There was a decline in the health of babies, pregnant women and those who had just given birth. However, during 2008-2009 Russia is planning to spend about 20 billion Roubles (about 1 billion USD) on new prenatal centres, according to the first vice-Prime Minister. Being harder hit by the population decrease than urban areas and housing a quarter of the population, the rural areas are to benefit from this investment (UNDP, 2006/2007; USA TODAY, 2008).

However, the reason for earlier births from the 1960s until the 1990s is specific to the former Soviet sphere, namely sterility in women arising from numerous abortions.

### Abortions

In the West abortions were easier to obtain from the 1970s onwards, with each legal change being preceded by intensive debates on the grounds of ideology, religion and women's liberation. In contrast to popular notions, most of those undergoing abortions were married women in their late fertile age with already many children. As the first country in the world the Soviet Union legalised abortions in the mid-1920s, because of influences from strong, radical women – such as Inessa Armand and Alexandra Kollontai – who made up 33% of the early, leading Bolsheviks. Abortions were severely restricted in the 1930s and temporarily forbidden in the 1940s, but allowed again from the early 1950s. (Thorborg, 2002c).

Because abortion had become the Soviet Union's number one method of birth control as safe contraceptives were not available, women often attempted to give birth to the number of children they wanted early in life and then rely on abortions to prevent further pregnancies. Unsafe abortions could be seen as one of the causes of maternal mortality, with 67 and 63 women dying in childbirth per 100,000 live births in Russia and Estonia, respectively, in 2000, compared with 20 for the advanced industrial countries. Hence to minimise the risks to their health and fertility, women began to choose earlier child births. In the post World War II period in many nations in Western Europe the age pattern of child-bearing changed, with the peak child-bearing age beginning to occur later in life, between ages 25-29. In contrast to this, the child-bearing peak age in the Soviet Union began to occur earlier, between the ages 20-24. Concomitant with these developments and in contrast to the West, Soviet women on average married at age 26.2 in 1965 but at age 22.0 in 1995 (UN/ECE, 2000; Thorton and Philipov, 2007; Table 7).

In Eastern Europe abortion rates have been shrinking, particularly in Poland because of the re-emergence of the political power of the Catholic Church, leading to intensive debates and campaigns for very strict abortion laws. In addition, from the mid-1990s the average age at child-bearing increased by 2 years to 25 in 2006 (Thorton and Philipov, 2007; CSO, 2009; Table 7).

Hence, use of abortion as a birth control method during Soviet times led to both earlier childbirths and earlier marriage, in contrast to trends in Western Europe. A side-effect of this was increased sterility, thereby shrinking the

Table 8.8. Abortion rates in 1980, 1990 and 1999 per 1,000 women aged 15-44 and per 100 live births in 1995/1998, 2002 and 2008

	Per 1,000 women				Per 100 live births		
	1980	1990	1999	2005	1995/1998	2002	2008
Sweden	18	22	17	20	31	35	26
Finland	14	11	9	9	17	18	15
Denmark	21	18	15	15	25		19
Germany	14	20	17	18	40	35***	
Poland	17	7	1	0	1		0.1
Lithuania	59	62	23	14	55		21
Estonia	111	88	47	33	180	101	34
Latvia	108	87	35	27	110	73	30
Belarus	94	117	60	32	190	96	28
Russia	140	126	70*	54	200	139	45
Ukraine	107	97	62**	28	145	89	22

\*=1998, \*\*=1996, \*\*\*=1998 and per 100 live births 1995/1998. Source: UN/ECE, 2000; UNDY, 2005; UN Department of Economic and Social Affairs, 2007, Table 13; UNAIDS, 2008. For 1980, 1990, 1999: Thorton and Philipov, 2007. For Scandinavia and Germany OECD, 2007 and Federal Statistical Office, 2006. For 2002: USAID, 2007, citing UNICEF. For 2005 from Poland to Ukraine. UN. 2007. Statistics Division. Source: "Fellowship of the Minds" Abortion rates for 101 countries, by Dr. Edwin, blog at WorldPress.com 5/5-2012

Table 8.9. Family type and number of children in Russia, Sweden, Germany, USA and France, 2000

Percentage of mothers who have completed their families by number of children.						
No of Children	Russia	Sweden	Germany	USA	France	Italy
0	8	14	28	15	14	15
1	30	16	25	19	20	25
2	44	40	30	32	32	42
3+	18	30	19	34	34	18

Source: UN Population Division, 2006, in *The Economist*, 2007.06.16, p. 28

number of women able to have children. It is obvious that abortion is still used as the main birth control measure in Estonia, Latvia, Russia, Belarus and Ukraine and that even today, other contraceptives are not used to the same extent as in Scandinavia. For this reason it is interesting to compare family size in former Eastern Bloc countries with that in developed Western countries.

### Family Size

Comparing family size in number of children by country demonstrates that Germany has the largest proportion of childless families (28%), while Russia has the smallest proportion (only 8%). Surveys in Eastern Europe and Russia indicate that if conditions were better, women would like to have more children. Most families have two children in the countries concerned. In Sweden, USA and France the population is still growing, with one-third

of all families opting for a third child or more. Russia as well as Germany and Italy have shrinking populations, with three-child families making up less than one-fifth of all families (Table 8.9).

In addition to abortions, ensuing sterility and unsafe contraceptives that threatened women's health and child-bearing capacity, a new devastating scourge arrived on the scene in the 1970s, namely HIV/AIDS.

### HIV/AIDS

Because of open interventions and information campaigns at a relatively early stage in the media and in schools, HIV/AIDS in Scandinavia never managed to reach epidemic proportions, considered to be 1% of the population. Although it was seen as threatening in the 1980s and 1990s, it has since been contained on a low level. In Eastern Europe and the Commonwealth of Independent

Table 8.10. HIV/AIDS adult prevalence rates, and people living with it and deaths from it, 2007.

	Adult prevalence rates	People living with it	Deaths
	in %	number	number
Sweden	0.1	6,200	less than 100
Finland	less than 0.1	2,400	less than 1
Denmark	0.2	4,800	less than 10
Germany	0.1	53,000	less than 500
Poland	0.1	20,000	less than 200
Lithuania	0.1	2,200	less than 200
Estonia	1.3	9,900	less than 500
Latvia	1.8	10,000	less than 500
Belarus	0.2	13,000 e	1,100 e
Russia	1.1	940,000	40,000
Ukraine	1.6	440,000 e	19,000

e=estimate. Source: CIA World factbook 2012 and from Burns, 2007.

States (CIS), HIV rates increased more rapidly than in any other region of the world from 1997-2007, growing from 630,000 cases in 2001 to 1.5 million in 2007, with 6-14,000 deaths due to AIDS in 2001 and 42-88,000 in 2007. In Estonia, Latvia, Russia and Ukraine a critical level has been reached, with over 1% of the adult population being infected (USAID, 2005, p. 7; UNDP, 2009; Table 9). As drug-related HIV has declined, sex-related HIV infections are increasingly affecting women (Burns, 2007).

Latvia and Ukraine have the highest HIV infection rates, followed by Estonia and Russia. These countries are border and transition countries in the process of opening up to the world, while a closed society such as Belarus has been less exposed. The central European countries of Poland and Lithuania, both Catholic and with more developed infrastructure to fight and contain HIV/AIDS, have managed to halt it before it reached the epidemic stage and are currently on a low Scandinavian level (UN, 2005; Table 9). Hence rapid HIV/AIDS proliferation appears to be contained in Scandinavia and Central Europe while still spreading in Latvia, Ukraine, Estonia and Russia, although some cities in Russia such as Moscow have managed to halt its further growth (Burns, 2007). Almost 60% of Russian children have various kinds of disorders because of alcoholism, venereal disease, drug addiction and the spread of HIV/AIDS (UNHCR, 2002). However, its accelerating

proliferation is not only due to opening up of borders but also to a massive increase in migration since the dissolution of the Soviet Union, which is in contrast to earlier when movements of people were strictly controlled.

## Migration

Being a net receiver of migrants since 1929, Sweden has a history of giving asylum to people fleeing persecution, and especially since World War II Sweden accepted refugees from the former Soviet Union and from East Germany and Poland. During this war a sizeable community from the Baltic states managed to flee from Nazi and subsequent Soviet occupations. Sweden also welcomed work-related migration from former Yugoslavia and Southern Europe and refugees from Hungary in 1956 and from former Czechoslovakia in 1968. In the latter two events people were fleeing the Soviet invasions of their countries. During the Vietnam war Sweden accepted some thousand of American men seeking to avoid the draft to active service. Later, many refugees from Latin America, Africa, the Balkans and Middle East have been given asylum. Because most migrants stayed in Sweden, becoming Swedish citizens, up to 18% of the Swedish population today is foreign born (Statistics Sweden, 2008; Magnusson, 1996; Table 10).

Finland and Denmark began receiving migrants from Eastern Europe in large numbers from 1989 onwards, with some earlier, seasonal population movements being re-established, such as Poles and Lithuanians going to Denmark. In the first phase of migration to Scandinavia many migrants and refugees ended up in either unskilled work in heavy industry or agriculture, thereby slowing the depopulation of the Swedish countryside. The whole Eastern European region is unique by simultaneously being a major receiver and sender of migrants. The dissolution of the Soviet Union in 1991 was initially followed by a heavy immigration wave to Russia. Between 1992 and 1998, up to 3.7 million Russians came to Russia from former Soviet republics. They contributed to repopulation of the countryside in European Russia. Hence even though the Russian population decreased by almost 8 million people, it had a migration balance and surplus of nearly 6 million people from 1990 to 2004, and in addition an estimated 10 million illegal immigrants from former Soviet states. Belarus was also helped in counter-

Table 8.11. Population in the Baltic region by country and main ethno/linguistic group in 1992, 2002, 2007, and other groups 2007

Country	Population (in millions)		Migration balance	Change in concentration of main ethno/linguistic group (in %)			Other groups (in %)
	1994	2010		1992	2002	2007	
Sweden	8.7	9.1				92	Sami and Finns
Finland	5.0	5.2				92	Swedes 6
Denmark	5.2	5.5				95+	Inuit
Germany		82.3				92	Turkish 2.4
Poland	38.6	38.5	-222,000	98	98	97	Germans 0.4
Lithuania	3.7	3.6	-246,000	80	83	83	Polish 7, Russians 6,
Estonia	1.5	1.2	-142,000	62	65	69	Russians 26, Ukrainians 2
Latvia	2.5	2.2 *	- 99,000	52	58	59*	Russians 28, Belo R. 4, Ukrainians 3
Belarus	10.3	9.6	+45,000	78	81	81	Russians 11, Polish 4, Ukrainians 2
Russia	148.4	139.4	+5,764,000	82	82	80	Tatar 4, Ukrainians 2,
Ukraine	51.7	45.4	-830,000	73	73	78	Russians 17

\*=2008. Sources: CIA, 2010; Kucera, 2007. 1992 and 2002 from USAID, 2005, Table 34. For migration balance EBRD, 2002. Sweden 1994 and 2007: Statistics Sweden. 2008. Denmark 1994: Statistics Denmark, Table FT, Poland: CSO, 2009.

balancing its shrinking population by migration of many Belarusians from the former Soviet republics. Originally highly agrarian, with more than two-thirds of its population in rural areas until 1960, almost one-third still remains there (Kucera, 2007; Table 10).

The Baltic states of Estonia and Latvia today have a higher proportion of their own population than before 1989, since many Russians and Belarusians emigrated. Because the Russians in the population were urban, the degree of urbanisation in Estonia and Latvia gradually decreased during the 1990s (DaVanzo and Adamson, 1997; Chawla et al., 2007; Table 10).

Simultaneously ethnic Germans migrated from the former Soviet Bloc to Germany, which received over 4 million ethnic Germans, while Pontian Greeks went to Greece and Jews to Israel (UN, 2006).

Generally a westward movement can be detected, with Poles and people from the Baltic states moving to Western Europe and the Americas. In addition, both Lithuania and Poland have sizeable communities of migrants in the USA, some of them returning after 1989. Belarusians, Russians and Ukrainians also migrated by leaving first for Eastern Europe while their own countries were receiving immigrants from further east, many of them ending up in rural areas. While 69,000 Poles had left for OECD countries in 2000, only four years later as many as 169,000 from

Poland, 68,000 from Ukraine and 65,000 from Russia were immigrants to OECD countries (UN, 2006).

Between 1991 and 2004, up to 2.5 million people emigrated from Ukraine. Of these, 1.9 million went to other post-Soviet states and 640,000 to the West. With the beginning of economic recession in 2008, some of this western-bound flow reversed, with up to 56,000 returning from the UK (the great majority being Poles) in the year from September 2007 (O'Grady, 2009).

Hence two flows of migrants can be distinguished: one to Western Europe from Central and Eastern Europe and one to richer countries of the former Soviet Union – such as Russia and Kazakhstan – from poorer ones such as those of Central Asia. Both push and pull factors are at work here. Young countries with growing populations are with some exceptions net senders of migrants, while old, more developed countries with stagnant or diminishing populations are usually net receivers. The problem here is for older, stagnant countries in Eastern Europe to adjust their institutional structures in such a way that they can receive more migrants to offset their declining populations and particularly their decreasing population in the countryside.

## Demography and Rural Development

### The Dramatic 20th Century

Through luck and skill Sweden kept out of two World Wars and in contrast to most other European countries it therefore enjoyed relatively smooth and slow demographic changes during the 20th century, with a decline in the birth rate (although this fluctuated 1960-2000), deaths rate, family size and rural population. Finland and Denmark, with a delay because of wars and occupations, displayed similar changes. Germany, through losing two world wars, and then being divided and later re-united, has experienced pronounced population changes at home and contributed to changes abroad.

Dramatic changes occurred in a number of demographic key variables in the transition countries of Eastern and Central Europe, especially in the 1990s. However, the transition upheavals did not cause these changes, but were merely reinforcing trends already well on their way during Soviet times. The 20th Century started with turbulence for Eastern Europe with war, revolution, civil war, terror and famine. The 20th Century ended almost as dramatically as it began with a break-up of the Soviet system and initially a deterioration of life for most people being visible in population data. However, in contrast to the beginning of that century, bloodshed was the exception and suppressed peoples regained freedom and independence. Hence the outlook for a higher quality of life was in sight.

Meanwhile, life expectancy declined rapidly in the 1990s, not yet having regained its former peak before 1991 for men in Ukraine, Belarus and Russia. Regional disparities in the life expectancy of Russian men widened, with the lowest level of 51 years on a par with that in Germany and Scandinavia in 1900. An already widening gender age gap was reinforced by this trend. However, of late a sharp turn-around has emerged and the very good news is that Russian men have made an unprecedented come-back in increasing life expectancy.

In Eastern Europe there was, and still is, a fear of a rapidly ageing population developing before the resources and institutions to deal with this are in place.

However, migration has counterbalanced some of these population losses. The whole East European region is unique by simultaneously being both a major receiver

and sender of migrants. The new demographic situation of Eastern Europe is not fundamentally different from that of the most industrially advanced countries, with a change in family size, ageing and a decreasing population. So far, Russia and Kazakhstan have to some extent managed to counterbalance some of their population decline by immigration but resources for integrating these migrants have not yet been employed.

Improvements over time can be seen in better Human Development Index (HDI) ratings. However, this is mainly improving in some urban and rich areas, while in much of the countryside the situation is still deteriorating. Although rapid improvement can be seen in Poland and the Baltic states, there too the countryside is lagging behind in human development.

A number of different explanations have been forwarded trying to explain recent drastic demographic changes in Eastern Europe and the Baltic Region, such as the rapid erosion of many former pronatalist policies and subsidies. One theory is based on the phenomenon that during insecure periods people tend to delay getting married and having children, while another blames the sharp drop in standard of living in the early 1990s for a reluctance for young people to have families. Some other types of reasoning tend to emphasise the influence of Western values, stressing individual choice and increased opportunities for new behaviour, which in turn might have led to the postponement of major life decisions such as whether or when to have a family. Further along this line, some others focused on self-fulfilment and free choice resulting in more open norms such as more trial-and-error in finding a partner. Yet another explanation stressed Western influences and the realisation that more modern Western education was needed, so marriage had to be postponed.

### A Widening Gap between Urban and Rural

All of Scandinavia has post-industrial societies with high rates of urbanisation and those active in agriculture make up less than 4% of the working population, while rural tourism is currently employing more people than agriculture. Because of well-developed infrastructure there has been migration out of urban areas to the countryside and increased commuting to urban work. Therefore sustainable agriculture, tourism and different green movements seem to be compatible.



As the demographic data show, most of the countries of Eastern and Central Europe are well on the way to a better life for the large urban segment of its population, while the countryside is lagging behind. In all transition countries the gap between urban and rural areas has been widening, reinforced by migration and a brain drain from rural areas of the young and educated. However, there is an increasing realisation at local, regional and international level that a large amount of resources needs to be directed to both social and physical infrastructure development in rural areas. The European Union, international organisations and NGOs are important in this context to further promote rural development.

It should be noted that sustainability of course requires that the population does not increase indefinitely. A necessary consequence of this is an ageing society. However, today in the aging societies in North Western Europe old people are both living longer and getting healthier. This means that medical expenses might increase less than the proportion of elderly. Hence a more healthy and sustainable society in the Eastern part of the Baltic Sea region might result if needed resources will be available. So far the largest deficits are found in the rural areas.

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