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Research**
Agency

Registrar General Northern Ireland Annual Report 2005

November 2006



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Personnel**

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The Northern Ireland Statistics and Research Agency

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of the
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2005

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30 November 2006

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Foreword

This year's Annual Report, the 84th in the series, maintains the revised structure and format introduced last year. In it I have attempted to highlight the main demographic trends affecting Northern Ireland.

During 2005 there was a marked increase in the number of people coming to live in Northern Ireland. This contrasts with the historical pattern of population loss due to migration. The report reflects this and other changes in society such as the implementation of civil partnership legislation allowing same sex partners to register their relationship. To help put these in historical context a copy of each of the previous Annual Reports of the Registrar General has been placed on the Northern Ireland Statistics and Research Agency website (www.nisra.gov.uk).

This year I have invited a team led by Professor Ciaran O'Neill from The University of Ulster to review the demographic evidence on fertility levels in Northern Ireland. In recent years Northern Ireland has experienced historically low levels of fertility, albeit with some increase over the last three years. The impact of low fertility on families, society and Government will be far-reaching. The views expressed by Prof. O'Neill and his team, being independent of government, will help stimulate debate on this important issue.

The report sets out facts and describes trends which the changing demographic circumstances will create for Northern Ireland. I trust this will inform policy development and assist in the decision making process.

As last year, detailed statistical tables are available as a supplement to the report on the attached compact disc and the NISRA website (www.nisra.gov.uk). I would welcome comments on the format of the report and will consider all views in the planning of future reports. I hope you will find the report informative and useful.

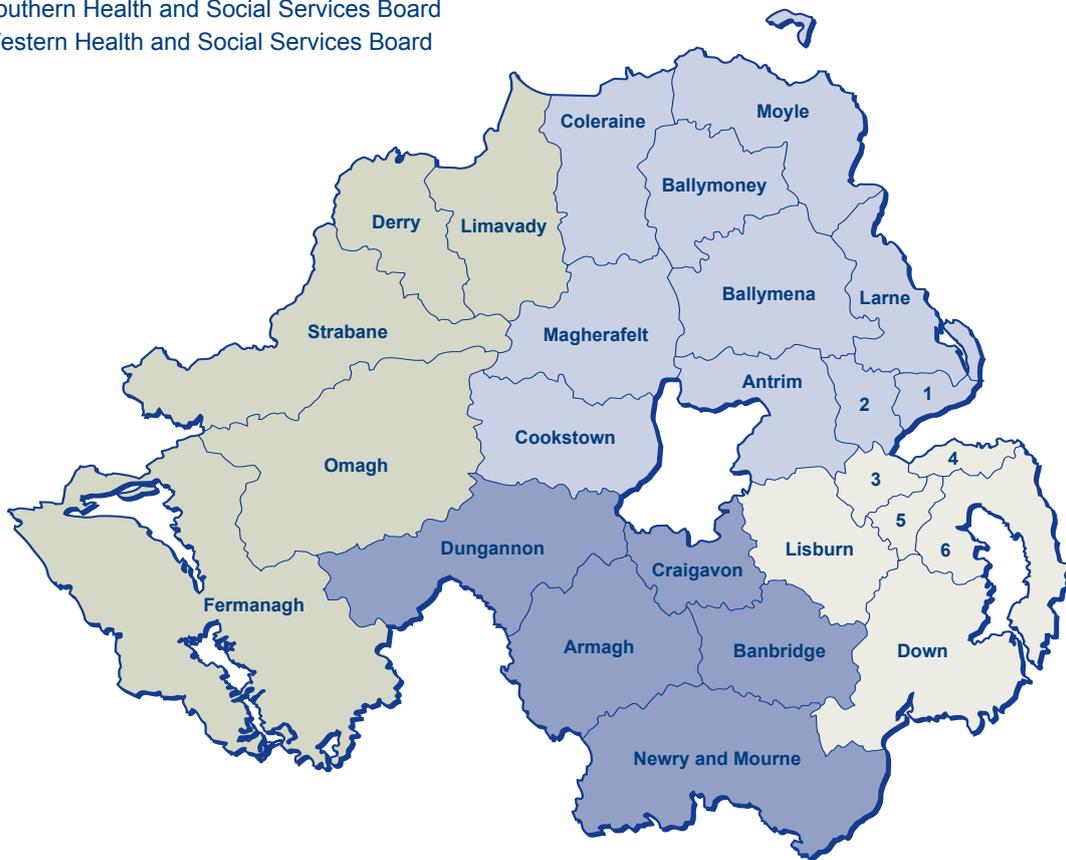


Norman Caven

Registrar General for Northern Ireland
November 2006

Northern Ireland's Health & Social Services Boards and Local Government Districts

- Eastern Health and Social Services Board
- Northern Health and Social Services Board
- Southern Health and Social Services Board
- Western Health and Social Services Board



- | | |
|------------------|----------------|
| 1. Carrickfergus | 4. North Down |
| 2. Newtownabbey | 5. Castlereagh |
| 3. Belfast | 6. Ards |

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Chapter 1

Demographic Overview of Northern Ireland



1.1. Introduction

1.1.1. The population of Northern Ireland continues to rise - the estimate of the population of Northern Ireland at 30 June 2005 was 1,724,400. This figure is an increase in population over the preceding twelve months of 14,100 people or 0.8 per cent of the population. The increase over the thirty-year period, mid-1975 to mid-2005, is estimated to be 200,900 people or 13.2 per cent of the mid-1975 population of 1,523,500. This increase is equivalent to an average annual rate of increase of 0.4 per cent.

1.1.2. The 14,100 increase in the Northern Ireland population between mid-2004 and mid-2005 was due to three factors. Firstly, there were more births than deaths with a natural increase in population of 8,000 people. Secondly, it is estimated that the Northern Ireland population grew by 6,700 people as a result of civilian population migration. Finally changes in the Northern Ireland based Her Majesty's Forces, resulted in a net loss of 600 people to the overall population.

1.1.3. In 2005, there were 22,328 births registered to Northern Ireland mothers, a marginal increase of 10 births on the 2004 figure. This slight increase is the third consecutive year of increases in the number of births. However this recent increase should be set against 1975, when there were 26,130 births registered in Northern Ireland, resulting in a decline of almost 4,000 (14.6 per cent) in the annual number of births over this period.

1.1.4. In 2005 there were 14,224 deaths registered, which was the lowest number of deaths on record for Northern Ireland. The death rate has fallen by 24 per cent from 10.8 deaths per 1,000 population in 1975, to 8.2 deaths per 1,000 population in 2005.

1.1.5. In 2005 there were 8,140 marriages celebrated and 2,362 divorces granted, both reductions on the 2004 figures. Marriage legislation underwent major change in 2004 and under the new law there are less strict residence requirements for marriage; these allow couples to marry in the area of their choice and make it easier for people from outside Northern Ireland to get married here. As a result of the new law almost one-third of civil marriages in 2005 took place in an approved venue instead of a Registrar's Office.

1.1.6. On 5 December 2005 the Civil Partnership Act came into force, enabling same-sex partners to obtain legal recognition of their relationship. During December 2005 there were 12 civil partnerships registered.

Key Points

Population and Migration

- The Northern Ireland population rose in the year to 30 June 2005 by 14,100 to 1,724,400.
- Since 1995 the number of children has fallen from 416,500 to 381,200 a fall of 8.5 per cent. In contrast the number of pensioners has increased from 251,500 to 279,600 a rise of 11.2 per cent. The working age population has increased by 8.4 per cent from 981,200 in 1995 to 1,063,600 in 2005. Since 1975, the number of children has fallen by 19.7 per cent, while the working age and pensioner populations have increased by 27.1 and 32.3 per cent respectively.
- There are more births than deaths in Northern Ireland leading to the population growing through natural change. In the year to 30 June 2005, births exceeded deaths by 8,000 - this was the highest level of natural change since the year to mid-1998.
- In the year to mid-2005 there was population gain for Northern Ireland of 6,700 people due to civilian migration - this was the highest level of net migration ever recorded in Northern Ireland. In addition there was a net outward movement of 600 people from Her Majesty's Forces stationed in Northern Ireland.

Projected Population

- The Northern Ireland population is projected to reach 1.8 million by 2016. Longer-term projections indicate the population will peak at around 1.86 million in the early 2030s before starting to decrease thereafter.
- The number of children aged under 16 is projected to fall by 9.1 per cent from 383,000 in 2004 to 348,000 in 2019; the number of people of working age (currently defined as males aged 16 to 64 and females aged 16 to 59) is projected to increase from 1,052,000 in 2004 to 1,098,000 by 2019, an increase of 47,000 (4.4 per cent); the number of people of pensionable age (currently defined as males aged 65 and over and females aged 60 and over) is projected to increase from 275,000 in 2004 to 372,000 by 2019, an increase of 35.2 per cent.
- The number of older people is projected to increase markedly relative to the number of younger people. As a consequence the average age of the population is expected to rise from 37.0 years in 2004 to 40.3 years by 2019.

Registrar General Northern Ireland Annual Report 2005

Births

- There were 22,328 births registered in 2005, 10 more than in 2004 but just under 4,000 less than the number registered in 1975.
- In 2005, the median age of women at childbirth was 30 years compared with 28 years in 1995, 27 years in 1985 and 26 years in 1975.
- In Northern Ireland, the total period fertility rate dropped below replacement level (2.1) for the first time in 1992. The total period fertility rate for 2005 was 1.87 children a rise from the record low of 1.75 children in 2000.

Deaths/Stillbirths

- In 2005 there were 14,224 deaths registered, the lowest annual number of deaths registered in Northern Ireland.
- The expectation of life at birth for males and females born in recent years was 76.0 and 80.8 years respectively, with corresponding figures for men and women born around 1922 of 53.8 and 54.4 years respectively.
- In 2005, the two most common causes of death were cancer (3,735 deaths - 26.3 per cent of deaths) and ischaemic heart disease (2,708 deaths - 19.0 per cent of deaths).
- There were 4.0 stillbirths per 1,000 births (live and still) in 2005, a substantial reduction from 20.5 stillbirths per 1,000 births in the early 1960s.
- There was a similar fall in infant deaths from 26.5 infant deaths per 1,000 live births in the early 1960s to 6.1 infant deaths per 1,000 live births in 2005.

Marriages/Divorces

- There were 8,140 marriages celebrated in 2005, a reduction on the 2004 figure of 8,328. This is in contrast to the the early 1970s when around 12,000 marriages were celebrated each year.
- On 1 January 2004 new marriage legislation came into effect in Northern Ireland. Amongst other things the new law allows civil marriage ceremonies to be conducted outside Registrar's Offices in a number of approved venues. In 2005, 640 civil marriage ceremonies (28.7 per cent of all civil marriage ceremonies) were held in approved venues.
- There were 2,362 divorces in 2005, again a reduction on the 2004 figure of 2,512 which was the largest number of divorces recorded in Northern Ireland.

Civil Partnerships

- On 5 December 2005 the Civil Partnership Act and Civil Partnership Regulations (Northern Ireland) came into force, enabling same-sex partners to obtain legal recognition of their relationship. During the period from 19 December 2005, when the first registration was possible, to the 31 December 2005 there were 12 civil partnerships registered.

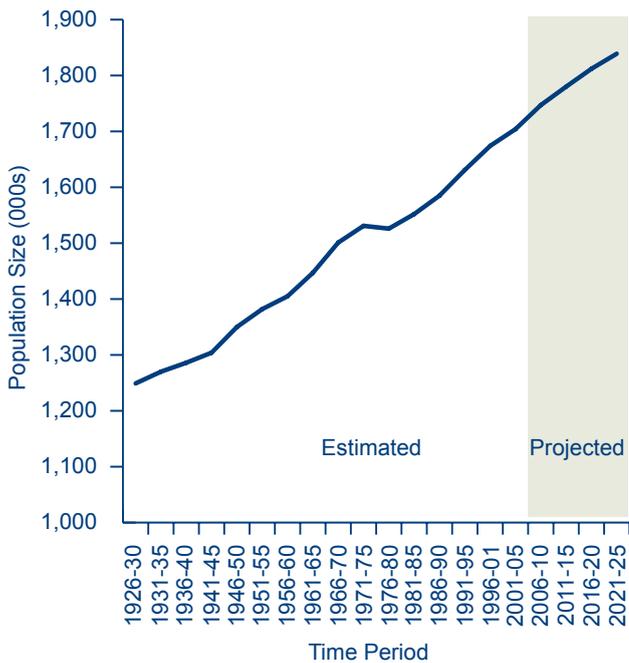
1.2. Population

1.2.1. The latest estimate of the size of the Northern Ireland population (30 June 2005) is 1,724,400 people. Twenty-two per cent of the population were aged under 16 years, 16 per cent were of pensionable age (60 years and over for women and 65 years and over for men), with the remaining 62 per cent of the population of working age.

1.2.2. In the 12 months to 30 June 2005, Northern Ireland's population is estimated to have risen by 14,100 persons. This is made up of an increase of 8,000 people attributable to natural growth (i.e. more births than deaths), and a net inward migration to Northern Ireland of 6,700 people - the highest ever observed; partially counterbalanced by a loss of 600 people in other changes, principally changes to Her Majesty's Forces stationed in Northern Ireland.

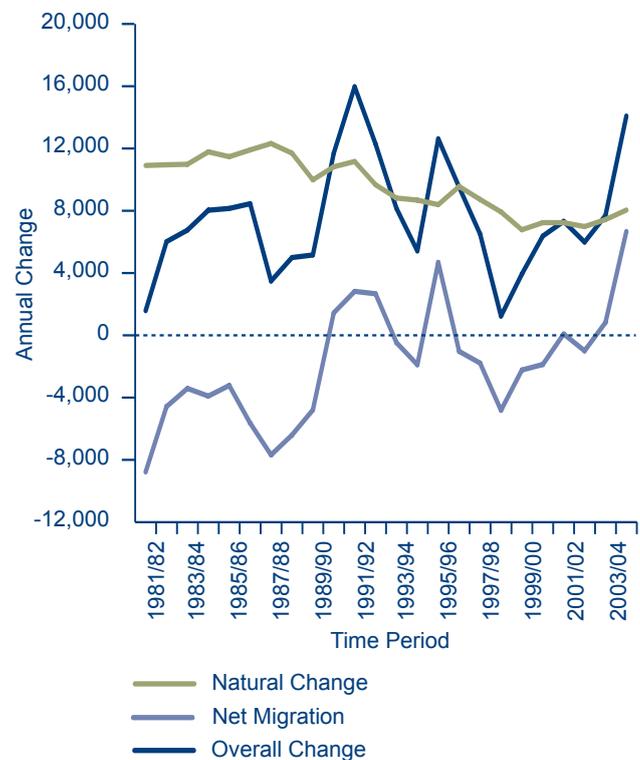
1.2.3. Figure 1.1 shows the trend of increasing population, although there was a slight decrease in population in the early 1970s as a result of high levels of net outward migration at that time. Population projections for Northern Ireland produced by the Government Actuary's Department show that the population will continue to increase for the next 25 years.

Figure 1.1: Population of Northern Ireland (1926 to 2005 estimated - 2006 to 2025 projected) - non-zero y axis



1.2.4. It can be seen from the trends in natural change and net migration presented in Figure 1.2 that prior to 2004 population increase was mostly due to natural change. However in contrast in 2004-05 the contributions to population increase from natural change and migration were similar. There has been a gradual reduction in natural change since the late 1980s, albeit with a slight increase in recent years. The trend in net migration has been more volatile with troughs of emigration in 1998-99, and peaks of immigration in 1995-96 and 2004-05.

Figure 1.2: Components of population change (1981/2 to 2004/5)



Age and sex structure

1.2.5. The age structure of Northern Ireland's population continues to get older due to sustained low levels of fertility and increasing life expectancy. In mid-2005, there were more females (51 per cent) than males (49 per cent) in Northern Ireland. The median age (the age at which half the population is older and half is younger) of the Northern Ireland population has increased from 28 to 36 years over the last three decades. Twenty-three per cent of males were under 16 years old compared with 21 per cent of females, while 65 per cent of males and 58 per cent of females were of working age. Figure 1.3 shows the age structure of the population in 2005.

Figure 1.3: Northern Ireland population by gender and age (2005)

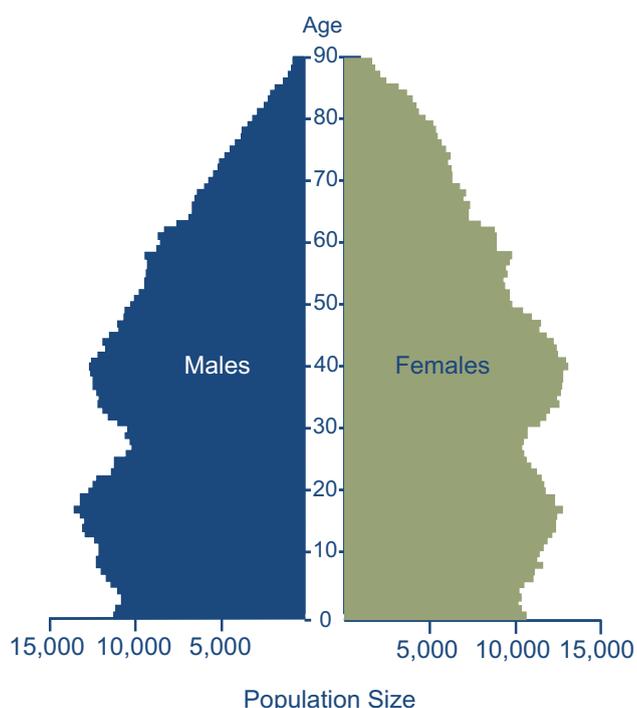
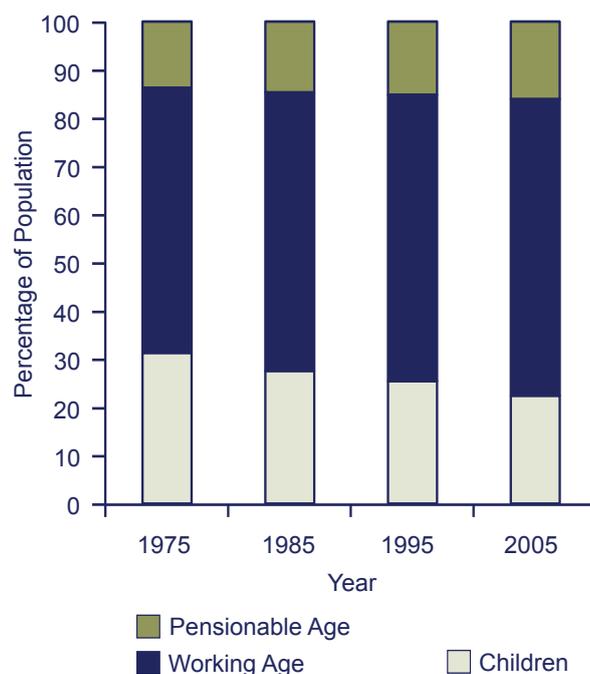


Figure 1.4: Changing age structure of Northern Ireland population (1975 to 2005)



1.2.6. During the twelve months to June 2005, the number of children aged 0-15 years decreased by 0.6 per cent, the number of people of working age increased by 1.1 per cent while those of pensionable age increased by 1.6 per cent. Northern Ireland's population as a whole increased by 0.8 per cent or 14,100 people. Over the last decade the average annual rate of population increase has been around 7,000 persons (equivalent to 0.4 per cent each year). The 2005 increase in population (0.8 per cent) is larger than the average annual increases experienced over recent years.

1.2.7. Over the past thirty years, low fertility levels have resulted in a decrease in the number of children aged 0-15 years (19.7 per cent decrease). In contrast, the number of people of working age has increased by 27.1 per cent; and those of pensionable age have increased by 32.3 per cent. The changing age structure of the population since 1975 is illustrated in Figure 1.4.

Area comparisons within Northern Ireland

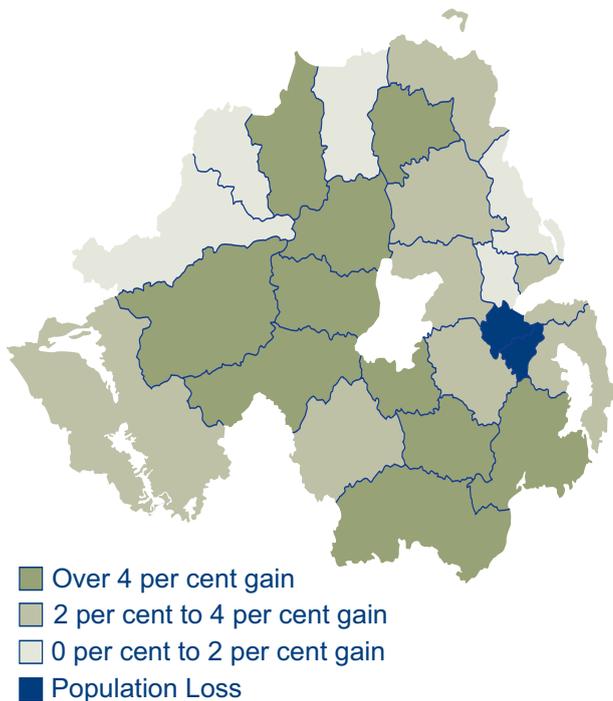
1.2.8. The pattern of continuing population growth is evident within the majority of Northern Ireland's 26 Local Government Districts. Indeed all Local Government Districts experienced a natural increase of population (more births than deaths) between mid-2004 and mid-2005. The largest natural increases of population were in Derry and Newry and Mourne Local Government Districts, each with natural increases of 700 people.

1.2.9. However when one accounts for population migration, including Armed Forces movement, the population of Belfast (-0.4 per cent) and Castlereagh (-0.2 per cent) Local Government Districts fell between mid-2004 and mid-2005. In contrast Dungannon Local Government District had the greatest proportionate increase in population (+2.9 per cent) - nearly four times the Northern Ireland percentage increase (+0.8 per cent). In addition, Armagh (+1.6 per cent), Ballymoney (+1.7 per cent), Banbridge (+2.3 per cent) and Craigavon (+1.8 per cent) all experienced population growth above 1.5 per cent between mid-2004 and mid-2005.

1.2.10. Newry and Mourne was the Local Government District with the highest proportion of children among its population (25.2 per cent), while North Down had the lowest proportion (18.8 per cent). In 2005, North Down Local Government District had the highest proportion of the population of pensionable age (19.8 per cent) and Derry and Limavady Local Government District had the lowest proportion (12.7 per cent).

1.2.11. The map at Figure 1.5 shows the percentage change in population between 2001 and 2005 for each Local Government District area. It is better to compare population change over a longer time frame, as population change tends to fluctuate from year to year, particularly for smaller areas. The areas with the fastest growing population (e.g. Ballymoney, Banbridge and Dungannon Local Government Districts) tend to experience both net in-migration and natural increase.

Figure 1.5: Percentage population change by Local Government District Area (2001 to 2005)



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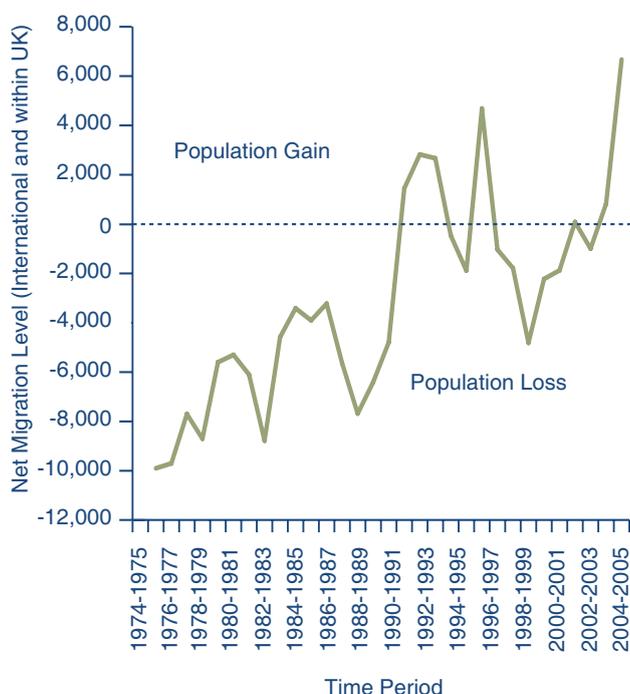
1.3 Migration

1.3.1. Measures of population movement or migration are based on the United Nations definition of a long-term international migrant¹. This definition is in use in population statistics for countries across the European Union. Unlike some other European countries, there is no comprehensive system which registers population movement in the United Kingdom. Therefore estimates of population movement into and out of Northern Ireland are derived from proxy indicators. In Northern Ireland the primary source for estimating this is changes in family doctor registrations. At the Northern Ireland level the overall effect of population movement is derived from the difference in two "population flows": the number of people coming to live in Northern Ireland and the number of people leaving Northern Ireland to live elsewhere.

1.3.2. Between July 2004 and June 2005, nearly 27,000 people came to live here and just over 20,000 people left Northern Ireland. This resulted in an overall gain in population (or net-migration) of just under 7,000 people. This is the highest figure ever recorded for net-migration to Northern Ireland in a single year. In contrast, since the second world war it is estimated that around 300,000 more people have left Northern Ireland to live elsewhere than came here to live.

¹ "A person who moves to a country other than that of his or her usual residence for a period of at least a year, so that the country of destination effectively becomes his or her new country of usual residence." - Taken from "Recommendations on Statistics of International Migration. UN 1998" available at <http://unstats.un.org/unsd/pubs/gesgrid.asp?ID=116>

Figure 1.6: Estimated level of net migration (1974/5 to 2004/5)



1.3.3. Estimates of net migration for Northern Ireland since the 1970s are shown in Figure 1.6. The graph can be viewed in terms of two distinct phases of migration. The first phase during the 1970s and 1980s was when

Northern Ireland experienced consistently large net population loss due to population movement (or out-migration) approaching 10,000 people per year. Clearly the impact of “The Troubles” is significant here.

1.3.4. The second phase from the early 1990s until last year shows population movement has been in balance, with broadly the same number of people coming to Northern Ireland as leaving. Over this period it is estimated that each year around 20,000 people have come to live in Northern Ireland and 20,000 left. However last year the number of people estimated to have come here to live rose to 27,000. This is a marked increase and in part is related to the enlargement of the European Union in May 2004 when people from countries of Eastern Europe were able to come to Northern Ireland to work. It is too early to say if this will be a short-term or long-term change for Northern Ireland.

Place of origin/destination of people coming to Northern Ireland (2004-05)

1.3.5. Table 1.1 shows where people coming to Northern Ireland last lived. Of the 27,000 people who came to live here during 2004-05; around half came from outside the United Kingdom. Of this a significant number (5,000) came from the Eastern European accession countries that joined the European Union in May 2004.

Table 1.1: Number of people coming to live in Northern Ireland by country of last residence (Mid 2004 to Mid 2005)

Country of Last Residence	Number of people coming to live in Northern Ireland (Mid-2004 to Mid-2005)	
	Number	Percentage
England and Wales	10,800	40%
Scotland	2,400	9%
Poland	2,300	9%
Republic of Ireland	2,100	8%
Lithuania	1,500	5%
India	700	3%
Portugal	700	3%
Slovakia	600	2%
Philippines	500	2%
USA	500	2%
All other EU Accession Countries	700	3%
All other countries	4,200	15%
Total Inflow	26,900	100%

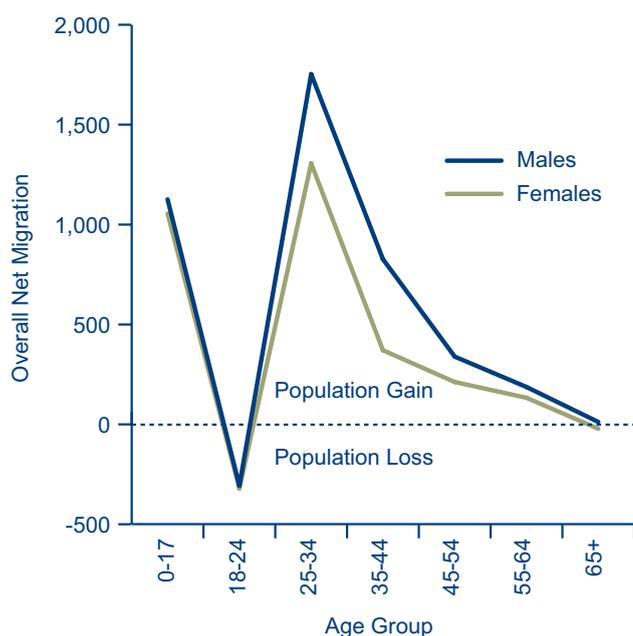
1.3.6. This table reflects where people coming to live here last lived not their nationality. Thus some people coming from Great Britain will be non-British/Irish nationals, and some people coming from outside the British Isles will be returning British/Irish nationals.

1.3.7. In contrast looking at the 20,000 people who left Northern Ireland to live elsewhere in 2004-05; just over half, 11,000 left for Great Britain and 9,000 left for outside the UK. Therefore in total it is estimated that nearly 2,000 more people came to live here from Great Britain, than moved in the opposite direction and 5,000 more people came to live here from outside the UK than moved in the opposite direction.

Age-distribution of migrants

1.3.8. Figure 1.7 shows the age distribution of net migration in Northern Ireland for 2004-05. Most net-migration gain for both males and females is in the 25-34 age group. Interestingly Northern Ireland is losing people at student ages (18-24 years).

Figure 1.7: Net total migration by age group and gender (2004-05)



1.4 Projected population

1.4.1. The Northern Ireland population, 1.71 million in 2004, is projected to increase by about 108,000 (6.3 per cent) to 1.82 million by 2019. This is equivalent to an average annual rate of growth of 0.4 per cent. Longer-term projections suggest the population will peak around 1.86 million in the early 2030s and then start to fall gradually.

1.4.2. The net increase of 108,000 people between 2004 and 2019 is attributable to a natural increase (the difference between the numbers of births and deaths) of 106,000 and a net inwards migration of 2,000 people.

1.4.3. The population will gradually become older with the average age expected to rise from 37.0 years in 2004 to 40.6 years by 2019. In 2004 there were 150,000 more children aged under 16 than adults aged 65 or over. The number of older people is projected to exceed the number of children from 2023 onwards. The number of children aged under 16 is projected to fall by 9.1 per cent from 383,000 in 2004 to 348,000 in 2019 and continue to decrease gradually thereafter.

1.4.4. The number of males aged 16-64 and females aged 16-59 (the current definition of working age) is projected to increase from 1,052,000 in 2004 to 1,098,000 by 2019, an increase of about 47,000 (4.4 per cent).

1.4.5. Between 2010 and 2020, the pensionable age for females will be increased incrementally from 60 to 65, and accordingly the proportion of females aged 60 to 64 who are of working age will increase over that decade. Taking this into account, the number of people of working age population in Northern Ireland is projected to rise by 9.2 per cent from 1,052,000 in 2004 to 1,148,000 in 2019.

1.4.6. The number of people of pensionable age (as currently defined, aged 60 and over for females, 65 and over for males) is projected to increase from 275,000 in 2004 to 372,000 by 2019, an increase of 35.2 per cent. In 2019, after allowing for the change in age at which females can claim retirement pension, the number of people of pensionable age is projected to be 322,000 (17.0 per cent higher than 2004).

1.4.7. The number of people aged 85 and over will also rise, and there are projected to be nearly twice as many people aged 85 within the next 20 years. Figure 1.8 shows the changes different age groups are projected to experience over the next 15 years.

Figure 1.8: Projected population by age group (2004 to 2019) - non-zero y axis

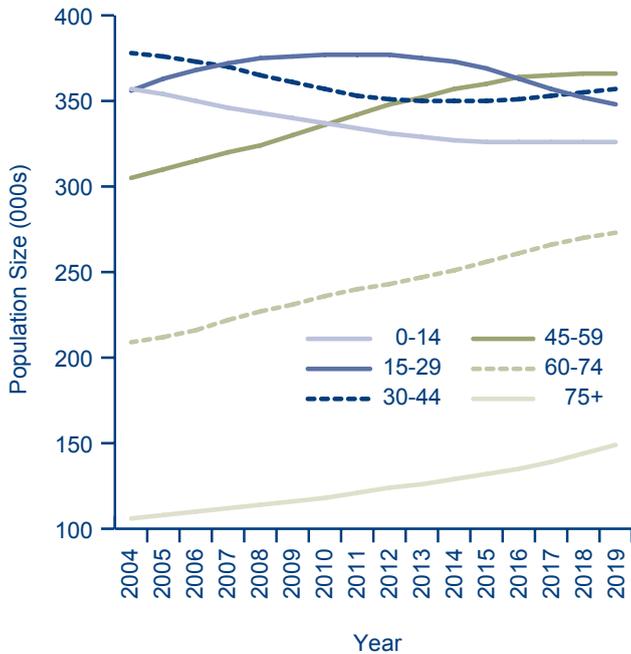
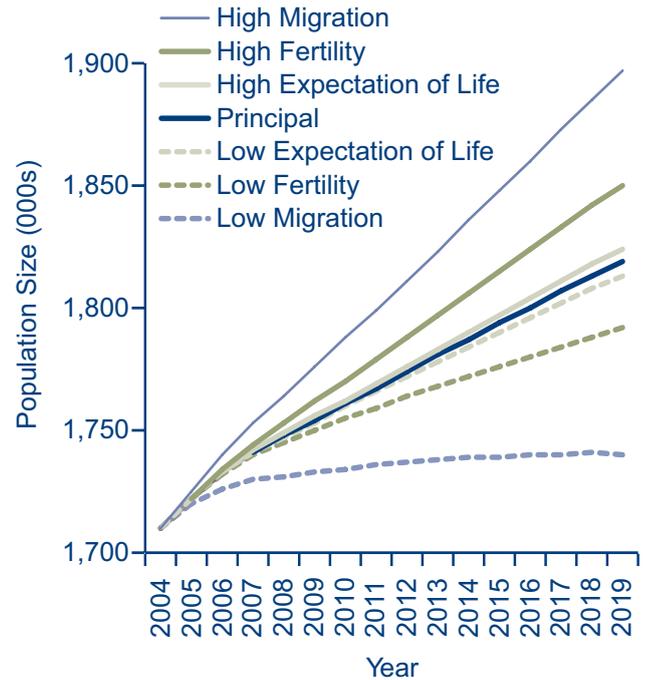


Figure 1.9: Population projections - principal and variant 2004-based projections (2004 to 2019) - non-zero y axis



Assumptions and variant projections

1.4.8. Population projections provide a consistent starting point for all government planning. Projections are however based on assumptions and due to the inherent uncertainty of demographic behaviour, any set of projections will inevitably, to a greater or lesser extent, be proved wrong (see Appendix 3). Therefore alternative variant assumptions of future fertility, mortality and migration are also available for the population projections.

1.4.9. In these projection variants, different fertility, mortality and migration assumptions have been treated as separate and independent departures from the assumptions in the principal projection. Figure 1.9 shows the projected population using the principal and the six main variant projections. The variant projections show that the population in 2019 could range from 1.88 million with high migration assumptions (long term assumption of net in-migration of 4,000 per year) to 1.74 million with low migration assumptions (long term assumption of net out-migration of 5,000 per year).

1.5. Births

Numbers

1.5.1. In 2005, there were 22,328 births registered to Northern Ireland mothers, a marginal increase of 10 births on the 2004 figure. Indeed the number of births has recovered from an all-time low of 21,385 births registered in 2002. However the number of births in 2005 is still well below corresponding levels of the mid-1970s, when just over 26,000 births were registered in 1975.

1.5.2. The number of births registered each year since 1922 is shown in Figure 1.10. This graph shows a noticeable peak after the second world war. Like many western countries, Northern Ireland experienced a “baby boom” during the second half of the 1950s and early 1960s. Specifically in Northern Ireland, births peaked in 1964 at just over 34,000 live births and then fell dramatically in the early 1970s. The drop in the number of births levelled off in the 1980s at 27,000 births per annum. However, this was mainly a result of the larger number of women, who were born in the baby boom of the 1950s and 1960s, passing through their childbearing years. The decline in births resumed in the 1990s as these women started to complete their families. The increase in the number of births since 2002 arrests the recent decline.

Figure 1.10: Number of births registered (1922 to 2005) - non-zero y axis

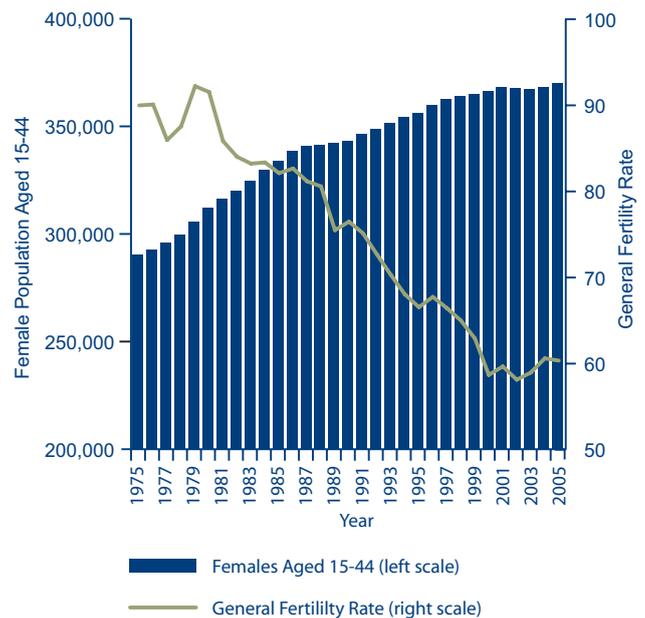


Fertility Rates

1.5.3. The crude birth rate in 2005 was 12.9 births per 1,000 population, which is a slight decrease on the 2004 figure of 13.0 births per 1,000 population. The birth rate has fallen from its peak in the early 1960s when it was 23.0 births per 1,000 population.

1.5.4. Figure 1.11 shows the general fertility rate (births per 1,000 females aged 15-44), along with the number of women aged 15-44. The population of females aged 15-44 has increased since 1975, however, the general fertility rate has decreased. In 2005, the general fertility rate was 60.4 births per 1,000 females aged 15-44, this is a slight increase from the record low in 2002 of 58.1 births per 1,000 females aged 15-44, but still well below the general fertility rate in 1975 of 90 births per 1,000 females aged 15-44.

Figure 1.11: Estimated female population aged 15-44 and general fertility rate (1975-2005) - non-zero y axes

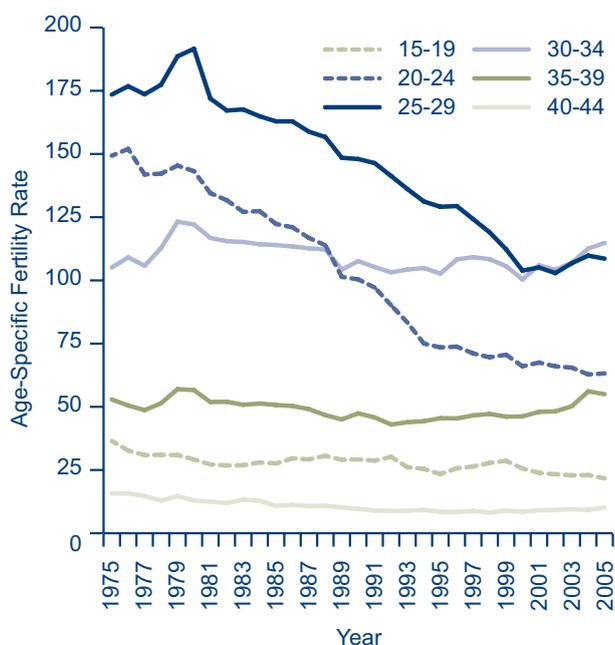


1.5.5. There has been a trend towards later childbearing by mothers. In 2005 for all live births the average age of the mother was 29.2 years, compared with 28.3 in 1995, 27.1 in 1985, and 26.8 in 1975. Over half of all births registered in 2005 were to mothers aged 30 and over, this is a significant increase from thirty years ago when around 30 per cent of births were to older mothers. This indicates that women are delaying childbearing, indeed the average age of first time mothers was 27 in 2005 compared with 24 in 1975.

1.5.6. This trend to later childbearing is most apparent in the decline in fertility among 20-24 year old females. Over the past three decades fertility for this age group has more than halved, from 149 babies per 1,000 women in 1975 to 63 babies in 2005.

1.5.7. In 2005, women aged 30-34 years experienced the highest age-specific fertility rate, with 115 babies per 1,000 women, while women aged 25-29 years experienced the second highest (109 babies per 1,000 women). Figure 1.12 shows the change in age-specific fertility rates by age group over the last thirty years.

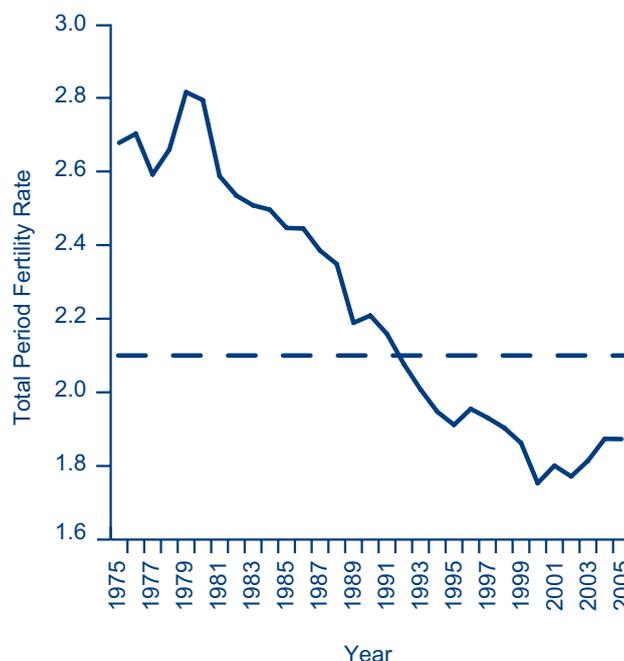
Figure 1.12: Live births per 1,000 women by age group of mother (1975 to 2005)



1.5.8. The total period fertility rate is derived from the sum of age-specific fertility rates. It gives the theoretical average number of children who would be born alive to a woman during her lifetime if she were to pass through her childbearing years conforming to the age-specific fertility rates of a given year. A value of 2.1 is generally taken to be the level at which a generation would replace itself in the long run, ignoring migration.

1.5.9. The total period fertility rate dropped below replacement level (2.1) in Northern Ireland for the first time in 1992. The total period fertility rate for 2005 was 1.87, which is a recovery from a record low of 1.75 in 2000, but still below the fertility rates in the 1980s and 1990s. The total period fertility rate for Northern Ireland since 1975 is shown in Figure 1.13.

Figure 1.13: Total period fertility rate (1975 to 2005) - non-zero y axis



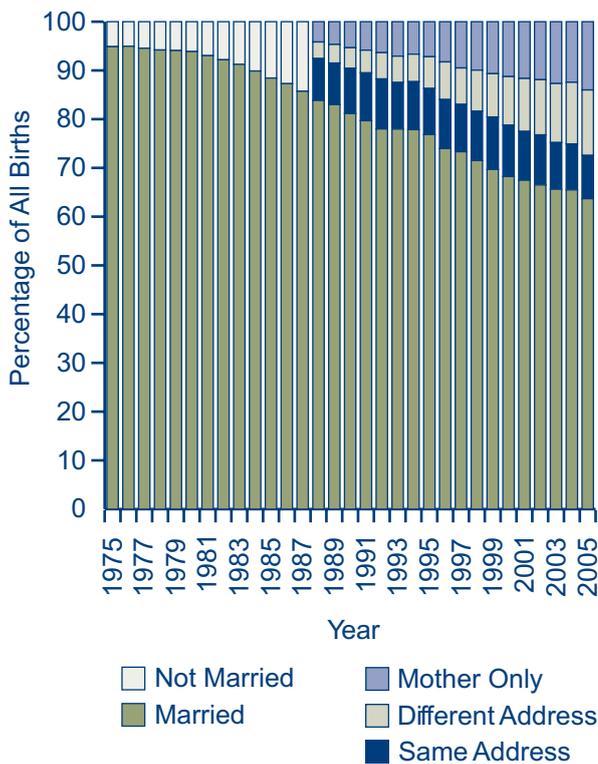
Birth Order

1.5.10. A total of 9,546 births (43 per cent) were to first time mothers in 2005. Second time mothers had 7,170 babies (32 per cent) and third time mothers had 3,578 babies (16 per cent). Only nine per cent of mothers, in 2005, already had three or more live born children reflecting the trend towards smaller family sizes.

Births Outside Marriage

1.5.11. In 2005, 36.3 per cent of all live births occurred outside marriage. This proportion has been increasing steadily since the early 1960s when the proportion of children born outside marriage was about 2.5 per cent. Since 1988 information has been gathered that identifies births registered by married parents, unmarried parents (at the same address or different addresses) or by the mother only. In 2005, of births outside marriage, 75.6 per cent were jointly registered by both parents. Figure 1.14 shows the change in births by registration status since 1975.

Figure 1.14: Live births by registration status (1975 to 2005)



1.5.12. In 2005, 96.8 per cent of births to mothers under the age of 20 were outside marriage, 76.6 per cent of births to mothers aged between 20 and 24 were outside marriage while for those aged 25 and over only 22.7 per cent of births were outside marriage.

Multiple births

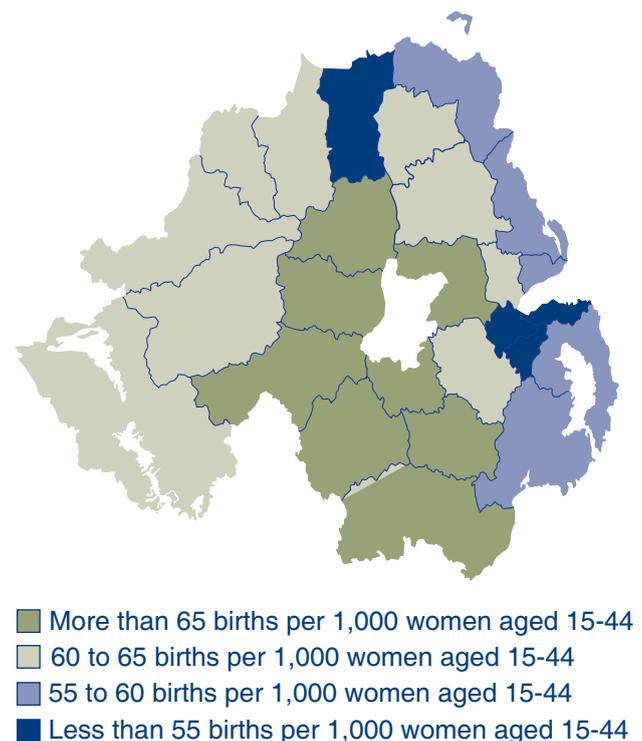
1.5.13. In 2005, the percentage of maternities resulting in a multiple birth was 1.4 per cent. There were 294 sets of twins, five sets of triplets and one set of quadruplets registered in 2005.

1.5.14. The percentage of maternities, resulting in multiple births has increased from 1.1 per cent in the 1970s to 1.4 per cent in 2005. The percentage of maternities that result in a multiple birth increases with the age of the mother. In 2005, less than one per cent of maternities to mothers aged under 25 resulted in multiple births, while 1.8 per cent of maternities to mothers aged between 40 and 44 resulted in multiple births.

Births by area

1.5.15. At Health Board level, birth rates ranged from 12.0 births per 1,000 population in the Eastern Board area to 14.7 births per 1,000 population in the Southern Board area. The birth rates in the Western and Northern Boards were 13.4 and 12.8 respectively. Newry and Mourne had the highest birth rate (15.4) of all the Local Government Districts in 2005 while the lowest birth rate (10.4) was in Coleraine. Figure 1.15 shows the birth rates per 1,000 women of child-bearing age by Local Government District.

Figure 1.15: Live births per 1,000 women aged 15-44, by Local Government District (2005)



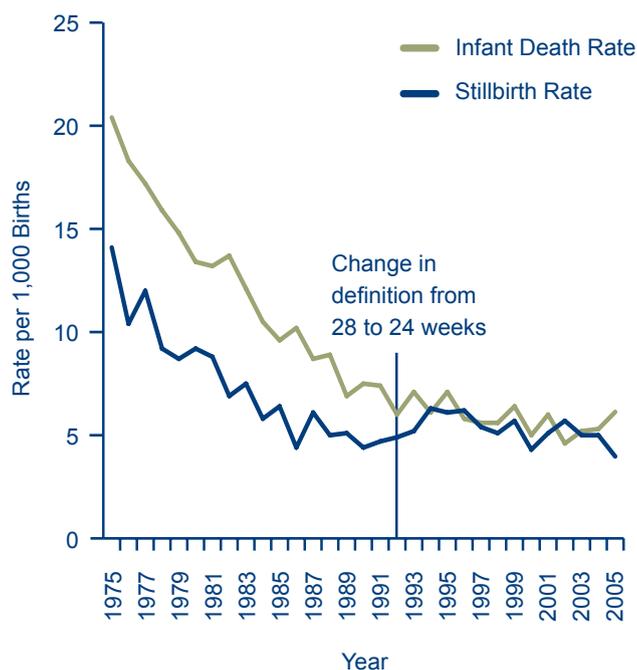
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1.6. Stillbirths and Infant deaths

Numbers

1.6.1. As can be seen in Figure 1.16, there have been significant reductions in stillbirth and infant death rates in the period since 1975. The stillbirth rate has reduced from 14.1 stillbirths per 1,000 births (live and still) in 1975 to 4.0 in 2005. This fall happened despite a change in the definition of stillbirths in 1992, which reduced the minimum period of gestation from 28 weeks to 24 weeks (thus increasing the number classified as stillbirths). The infant death rate (deaths of children aged under 1) has decreased by over two-thirds from 20.4 infant deaths per 1,000 live births in 1975 to 6.1 in 2005.

Figure 1.16: Stillbirth and infant death rates (1975 to 2005)



1.6.2. The numbers of stillbirths decreased from 113 in 2004 to 89 in 2005, while the number of infant deaths increased from 122 in 2004 to 140 in 2005. Deaths in the first week of life accounted for 65 per cent of all infant deaths. The number of infants dying on the first day of life accounted for 68 deaths in 2005 compared with 37 in 2004 and 46 in 2003.

1.6.3. As with stillbirths and infant deaths, the numbers of perinatal, neonatal and postneonatal deaths have

reduced greatly to around one tenth of their values several decades ago. In 2005, there was a slight decrease in the number of perinatal deaths (185 to 180) and postneonatal deaths (39 to 29), while there was an increase in the number of neonatal deaths (83 to 111) from the numbers seen in 2004. Males accounted for more stillbirths, perinatal, neonatal and infant deaths than females in 2005.

Causes of infant deaths and stillbirths

1.6.4. Congenital malformations, deformations and chromosomal abnormalities (ICD10 codes Q00-Q99) were the cause of 31 per cent of all infant deaths. A further 16 per cent of infant deaths were caused by disorders related to respiratory and cardiovascular disorders specific to the perinatal period (ICD10 codes P20-P29), and another 14 per cent were caused by 'disorders related to length of gestation and fetal growth' (ICD10 codes P05-P08). One infant died of external causes of injury (ICD10 codes V01-Y98) to the newborn.

1.6.5. Two children died as a result of Sudden Infant Death Syndrome (ICD10 code R95) in 2005. In contrast, prior to 2005 no children had died as a result of Sudden Infant Death Syndrome since 2001. Between 2001 and 2005 four infants died of this cause, compared to 30 in the previous five years (1996-2000).

1.6.6. Forty five per cent of all stillbirths in 2005 were caused by 'other conditions and disorders originating in the perinatal period' (ICD10 codes P75-P96) while placental and cord conditions (ICD10 code P02) accounted for a further 24 per cent.

Pregnancy, childbirth and puerperium

1.6.7. There was one maternal death in 2005, this is similar to the 2004 figure, and there were eight maternal deaths in the period 1994-2003.

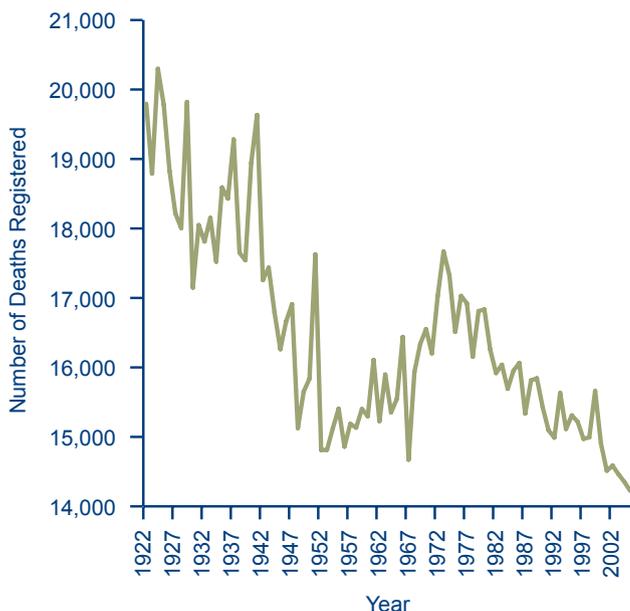
1.7. Deaths

Numbers

1.7.1. In 2005, there were 14,224 deaths registered in Northern Ireland, which is the lowest figure ever recorded. This compares to 14,354 deaths registered in 2004.

1.7.2. The reduction in the number of deaths in recent years has occurred despite the population increasing in size and containing a higher proportion of elderly people. The current population is 13 per cent larger than it was in 1975 and those aged 75 and over represent six per cent of the population now compared to only four per cent in 1975. Indeed, if the age-specific death rates of 1975 still applied today, the number of deaths registered in 2005 would have been around 25,000; over 10,000 higher than the actual number registered. This reduction in the number of deaths reflects the continuing reduction in mortality rates across all age groups and the corresponding increase in life expectancy. Figure 1.17 shows the number of deaths registered from 1922 to 2005.

Figure 1.17: Number of deaths registered (1922 to 2005) - non-zero y axis



Mortality by age

1.7.3. In 2005, 61 per cent of deaths were of people aged 75 and over, and a further 24 per cent were of people aged 60 to 74. Children aged under five accounted for one per cent of all deaths.

1.7.4. The average age at death in 2005 was 70.5 years for males and 77.7 years for females, an increase of six years on the average age at death for males in 1975 and seven years for females. This reflects the increased survival of males and females over the period and the consequential ageing of the population.

1.7.5. From the relatively high rates of death in infancy, death rates decline sharply through childhood. The lowest age-specific death rates (ASDRs) were experienced by males and females aged 5-9 years, with an ASDR of 0.1 per 1,000 population for both males and females. ASDRs begin to increase after age 15 years, for both males and females. Throughout the life span, ASDRs are higher for males. However, the difference between males and females becomes more prominent after the age of 60 years. Figures 1.18a and 1.18b show age-specific deaths rates for males and females by age group for 1975 and 2005.

Figure 1.18a: Age-specific death rates by age group and gender (1975 and 2005)

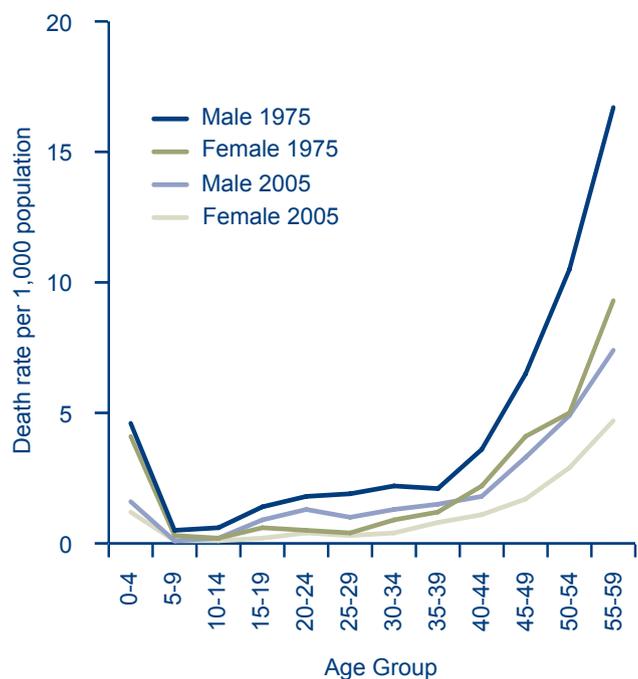
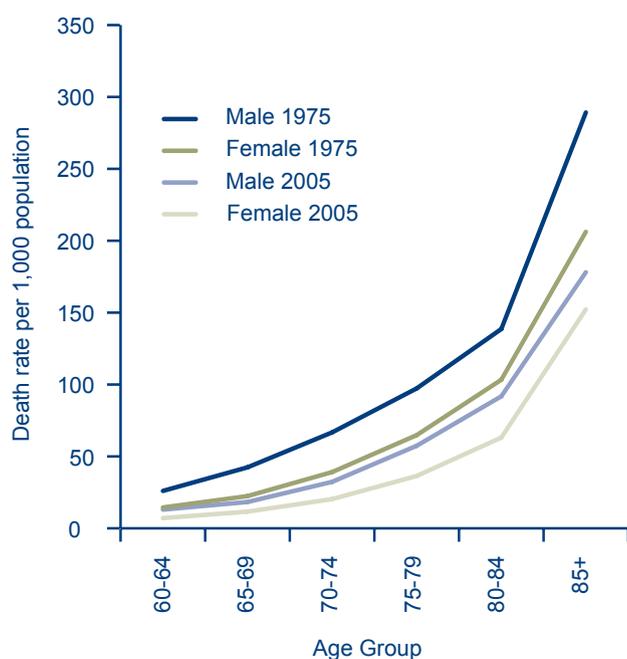


Figure 1.18b: Age-specific death rates by age group and gender (1975 and 2005)



1.7.6. In the past 30 years the annual risk of dying has declined for people of all ages. The largest declines in male age-specific death rates occurred in the 10-14 years age group (down 74 per cent), followed by those aged 5-9 years (down 71 per cent), and 0-4 years (down 65 per cent). Female age-specific death rates declined most substantially for 0-4 years (down 70 per cent), followed by those aged 45-49 years (down 58 per cent) and 15-19 years (down 55 per cent).

Mortality by sex

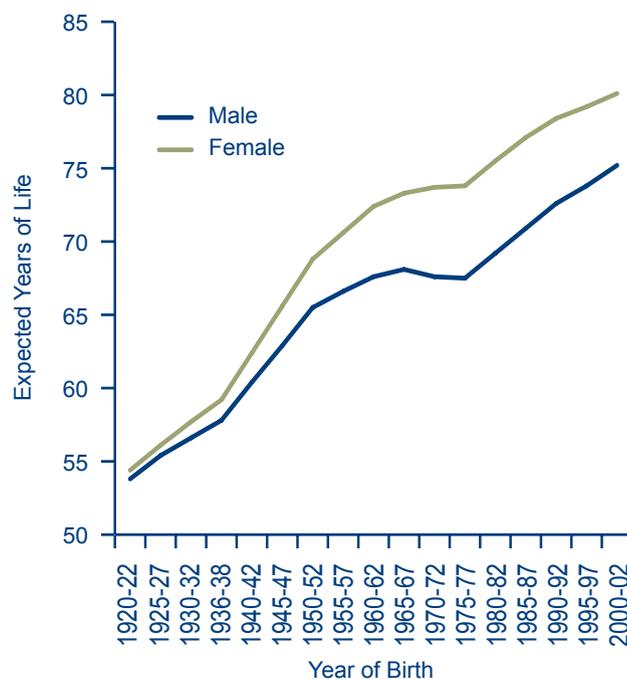
1.7.7. Female deaths (7,267) outnumbered male deaths (6,957) registered in 2005, giving a sex ratio of 104 female deaths for every 100 male deaths. The number of female deaths has outnumbered the number of male deaths for each of the last 16 years.

1.7.8. In 1975, males had a death rate of 11.5 deaths per 1,000 population compared to females with a death rate of 10.2 deaths per 1,000 population. By 2005, the male death rate was 8.2 deaths per 1,000 population and the female rate was higher at 8.3 deaths per 1,000 population.

Life expectancy

1.7.9. Children born today can expect to have longer lives than children born in the past. Based on current death rates, males born in recent years could expect to live until they are 76.0 years and females could expect to live until they are 80.8 years, with corresponding figures for men and women born around 1922 of 53.8 and 54.4 years respectively. While women aged 65 today could expect to live another 19.3 years, their male counterparts could expect to live another 16.4 years. Figure 1.19 shows the change in the expectation of life at birth for males and females since 1920.

Figure 1.19: Period expectation of life at birth, by sex (1920-22 to 2003-05) - non-zero y axis



1.7.10. Expectation of life statistics are a way of comparing over time the mortality rates of people living in Northern Ireland. Typically these statistics are calculated using today's age-specific mortality rates - this is known as the 'period life expectancy' calculation. This enables the comparison of mortality rates over time, or for different areas, and allows one to readily compare the expectation of life statistics of today with those of the past. Expectation of life statistics given in Figure 1.19 are an example of this. However, in practice period life expectancy is unlikely to be a true reflection of what is likely to happen. Throughout the twentieth century

mortality has improved significantly, with around a 1 per cent year on year improvement in mortality rates.

1.7.11. Expectation of life statistics can however be calculated another way. This alternative is known as a 'cohort life expectancy' calculation. Cohort expectation of life statistics are calculated using age-specific mortality rates over the lifetime of a group of people born in the same year (a cohort). The cohort method allows for projected improvements in mortality rates over time. These statistics are not usually presented in official statistics, as they normally require making assumptions about future changes in mortality. However, such assumptions are made for population projection purposes and Table 1.2 shows period and projected cohort expectations of life for 2005.

Table 1.2: Period and Projected Cohort Expectations of Life - Males and Females, 2005

Expectation of Life (years)	Males	Females
At birth - Period	76.3	81.1
At birth - Projected Cohort	85.9	89.7
Percentage difference	13%	11%
Age 65 - Period	16.5	19.5
Age 65 - Projected Cohort	19.1	21.9
Percentage difference	16%	12%

Mortality by Marital Status

1.7.12. Of all men whose deaths were registered during 2005, 51 per cent were married at the time of death, while 23 per cent were widowed and 21 per cent were single. In contrast, of all women whose deaths were registered during 2005, 56 per cent were widows at the time of death, with a further 25 per cent married and 16 per cent single. This difference is a consequence of the greater longevity of women.

Centenarians

1.7.13. There were 65 deaths of centenarians in 2005. Only nine of these deaths were males, comprising of six aged 100, two aged 101 and one aged 102. There were 56 female deaths of centenarians, 19 aged 100, 17 aged 101, 11 aged 102, four aged 103 and five aged 104 and over. In contrast there were nine deaths of centenarians in 1975 of which two were males and seven were females.

Place of Death and Type of Death Certificate Issued

1.7.14. Of the 14,224 deaths registered in 2005, 57 per cent of these occurred in hospitals. A further 16 per cent of deaths occurred in nursing homes and other hospitals including psychiatric hospitals. The remaining 27 per cent occurred in all other places for example private residences or public buildings.

1.7.15. For 77 per cent of deaths registered in 2005, a medical certificate was issued while coroner's certificates were issued for the remaining 23 per cent of deaths. A death must be reported to a coroner if the person's doctor had not seen them in the 28 days before they died or immediately afterwards, a doctor had not looked after, seen or treated the person during their last illness (in other words, death was sudden), the cause of death is unknown or uncertain, the death was violent or unnatural (for example, suicide, accident or drug or alcohol overdose), the death was in any way suspicious, the death took place during surgery or recovery from an anaesthetic, the death took place in prison or police custody, or the death was caused by an industrial disease or accident.

Deaths by Date of Registration and Date of Occurrence

1.7.16. All figures recorded in this report are based on the year that the death was registered and not the year in which the death occurred. While the vast majority of deaths are registered shortly after death, some can take time to be registered. Over the registration period 1995 to 2003, 92.5 per cent of all deaths were registered in the year the death occurred. However in more recent years a larger percentage of deaths are being registered a significant period after death. In 2004, 91.7 per cent of deaths were registered in the year they occurred and this decreased to 90.8 per cent for deaths occurring in the registration year 2005. Events such as infant death or suicide must be referred to a coroner and this legal process can take some time.

Deaths by Area

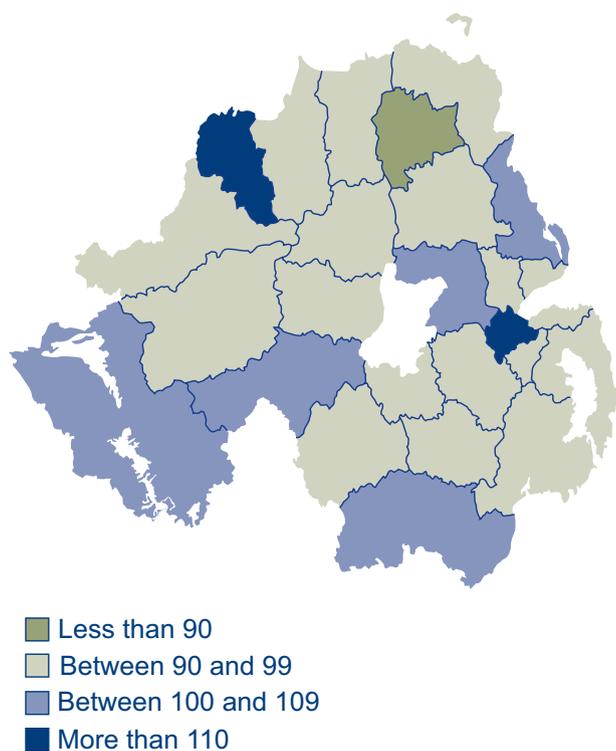
1.7.17. The standardised death rate, which allows for the age and sex structure of the population, was highest in the Western and Eastern Health Boards at 8.5 deaths per 1,000 population and lowest for the Northern and Southern Health Board at 7.9 deaths per 1,000 population.

1.7.18. Standardised mortality ratios (SMRs), based on three years data (2003-2005), compare local death rates with death rates in Northern Ireland as a whole, taking account of the different population structure of each area. SMRs by Local Government District are presented in

Figure 1.20. Four Local Government Districts, Belfast, Derry, Fermanagh and Newry and Mourne have a standardised mortality ratio significantly above the Northern Ireland average of 100. The highest, Belfast, is 12 per cent higher than the Northern Ireland average.

1.7.19. At the other end of the scale, ten Local Government Districts, Armagh, Ballymena, Ballymoney, Banbridge, Castlereagh, Coleraine, Craigavon, Magherafelt, Newtownabbey and North Down, have SMRs significantly below the Northern Ireland average of 100. The lowest, Ballymoney, is 15 per cent below the Northern Ireland average.

Figure 1.20: Standardised mortality ratios by Local Government District (2003 to 2005)



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1.8. Cause of death

Numbers

1.8.1. All deaths registered in 2005 have been coded using the tenth revision of the International Statistical Classification of Diseases, Injuries and Causes of Death (ICD10).

1.8.2. In total, circulatory diseases, malignant neoplasms (cancer) and respiratory diseases accounted for 75 per cent of all deaths in 2005.

1.8.3. In 2005, 3,735 people died from cancer, a broadly similar number to recent years. However, cancer deaths (ICD10 codes C00-C97) represent 26 per cent of all deaths registered in 2005 compared to 18 per cent of all deaths in 1975. By contrast in 2005, 2,708 people died from ischaemic heart disease (ICD10 codes I20-I25), a decrease of 42 per cent from the 1975 figure of 4,709 deaths.

1.8.4. Some of the principal causes of deaths are considered in the following sections.

Diseases of the circulatory system (ICD10 Codes I00-I99)

1.8.5. In 2005 these diseases accounted for 5,002 deaths, 35 per cent of all deaths in Northern Ireland. Between 1995 and 2005 the number of deaths due to diseases of the circulatory system, fell from 6,928 to 5,002 (28 per cent). Circulatory diseases account for the largest number of deaths attributable to a single group of causes.

1.8.6. Deaths due to the diseases of the circulatory system are mostly accounted for by ischaemic heart disease (ICD10 Codes I20-I25) and cerebrovascular disease (ICD10 Codes I60-I69), which in 2005 accounted for, respectively, 19 per cent and 9 per cent of all deaths. The number of male deaths from ischaemic heart disease exceeds the number of female deaths, whereas female deaths from cerebrovascular disease are more numerous than male deaths.

Malignant neoplasms (ICD10 Codes C00-C97)

1.8.7. Cancer accounted for 3,735 deaths in 2005, 26 per cent of all deaths. The number of deaths due to cancer has remained broadly stable over recent years at about 3,700 per year. The most common site for males and females was the trachea, bronchus or lung (ICD10 Codes C33-C34), which accounted for 27 per cent of male cancer deaths and 17 per cent of female cancer deaths in 2005. Deaths of females due to breast cancer (ICD10 Code C50) accounted for 16.5 per cent of female cancer deaths in 2005.

Respiratory Diseases (ICD10 Codes J00-J99)

1.8.8. Deaths from respiratory diseases in 2005 numbered 1,921, 14 per cent of all deaths in Northern Ireland. These included 895 deaths from pneumonia, 651 from chronic lower respiratory diseases, 30 from asthma and 345 due to all other respiratory diseases. Between 1995 and 2005 the number of deaths due to diseases of the respiratory diseases, fell from 2,656 to 1,921 (28 per cent). Part of this drop in the numbers since 2001 is associated with a change in the coding rules for pneumonia, that were implemented when ICD10 was introduced.

External Causes of Death (ICD10 Codes V01-Y98)

1.8.9. The number of deaths from external causes occurring in 2005 was 761 of which 511 were males and 250 were females. This is a large increase on the corresponding figures for 2004, 643 deaths - 405 male and 238 female. In the period 1995-2004 there were 600 deaths per year on average from external causes of death.

1.8.10. The number of deaths from transport accidents in 2005 (175) has risen by 9 per cent compared to 161 deaths in 2004. Within this figure, 75 per cent of transport accident deaths were of males in 2005.

Deaths from Suicide and Events of Undetermined Intent (ICD10 Codes X60-X84, Y87.0, Y10-Y34, Y87.2)

1.8.11. In the United Kingdom deaths classified as 'events of undetermined intent' along with 'intentional self-harm' are classified as suicide. In 2005 there were 213 such deaths of which 167 were of males and 46 were of females. This is a 46 per cent rise in the number of registrations on the 2004 figure of 146 (105 males and 41 females).

1.8.12. All suicides are referred to the coroner. These deaths can take time to be fully investigated and there is often a period of time between when the suicide occurs and when it is registered. A significant number of suicides registered in 2005 occurred in earlier years. Of the 213 such deaths registered in 2005, 41 actually occurred in 2005, 107 occurred in 2004, 36 occurred in 2003, with the remaining 29 occurring in 2002 or earlier.

1.8.13. Table 1.3 compares the number of suicide and undetermined deaths being registered each year with the number of deaths occurring in those years. Occurrence figures for 2003 to 2005 have been excluded as a significant number of deaths occurring in these years will as yet not have been registered. The occurrence figures show more accurately the upward trend in the number of suicide and undetermined deaths.

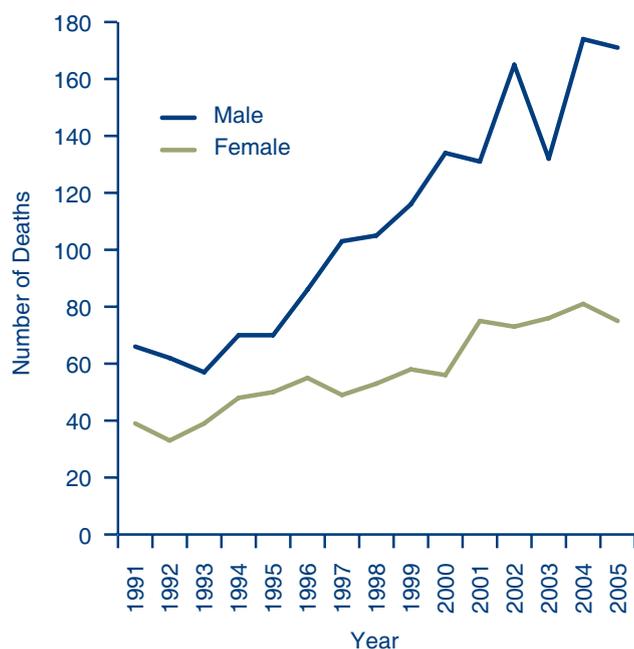
Table 1.3: Number of suicide and undetermined deaths registered and actual number occurring (1995-2005)

Year	Suicide and Undetermined Deaths (Year Registered)	Suicide and Undetermined Deaths (Year Occurred)
1995	147	148
1996	143	161
1997	138	153
1998	150	179
1999	154	162
2000	185	184
2001	158	173
2002	183	186
2003	144	...
2004	146	...
2005	213	...

Alcohol related deaths

1.8.14. In 2005 the definition of alcohol related deaths was widened across the UK to include additional causes of death with a clear causal relationship to alcohol consumption. The main addition is 'mental and behavioural disorders due to use of alcohol' (see Appendix 3 for further details). In 2005 in Northern Ireland, a total of 246 people died from alcohol related deaths using the new definition; 171 males and 75 females. While this is a slight decrease from the equivalent 2004 figure of 255 deaths (174 males and 81 females), the number of alcohol related deaths in 2005 is more than double the 120 deaths registered in 1995. Figure 1.21 shows the trend in the number of alcohol related deaths since 1991 using the new definition.

Figure 1.21: Deaths from alcohol-related diseases by gender (1991-2005)



Main causes of death by age and sex

1.8.15. Mortality rates by cause of death vary with age and sex. A total of 140 deaths of children aged less than one year occurred in 2005, 79 per cent of whom died within the first four weeks of life. The majority of these infant deaths were attributed to certain conditions originating in the perinatal period (ICD10 Codes P00-P96, 81 deaths) and congenital anomalies (ICD10 Codes Q00-Q99, 43 deaths).

1.8.16. A total of 52 children aged 1-14 died in 2005. External causes of injury and poisoning (ICD10 Codes V01-Y98) caused 20 of these deaths, while diseases of the nervous system (ICD10 G00-G99) caused a further 8 deaths.

1.8.17. A total of 348 people aged 15-34 died in 2005. As with children, external causes of injury and poisoning caused more deaths than any other cause (227 deaths, 65 per cent of deaths of persons aged 15 to 34). Thirty-six per cent of all suicide and self-inflicted injury and events of undetermined intent (77 out of 213 suicides) and 57 per cent of deaths due to transport accidents (100 out of 175 transport accident deaths) involved people aged 15-34.

1.8.18. Of the 2,421 people who died between the ages of 35-64 (of which 63 per cent were male) cancer (ICD10 Codes C00-C97) accounted for 39 per cent of deaths in 2005, while diseases of the circulatory system (ICD10 Codes I00-I99) accounted for a further 24 per cent.

1.8.19. Deaths of people aged 65 and over accounted for 79 per cent of all deaths in 2005. Although the death rate from cancer continues to increase with age and accounted for 24 per cent of deaths in this age group, the death rates from diseases of the circulatory system (ICD10 Codes I00-I99) increase more quickly with age and this accounted for 39 per cent of deaths to those aged 65 and over. For the most elderly (aged 85 or more), diseases of the circulatory system accounted for 41 per cent of deaths, cancer 14 per cent and diseases of the respiratory system 21 per cent. Figure 1.22 and 1.23 show the main causes of death by age group and gender.

Figure 1.22: Percentage of male deaths by cause and age group (2005)

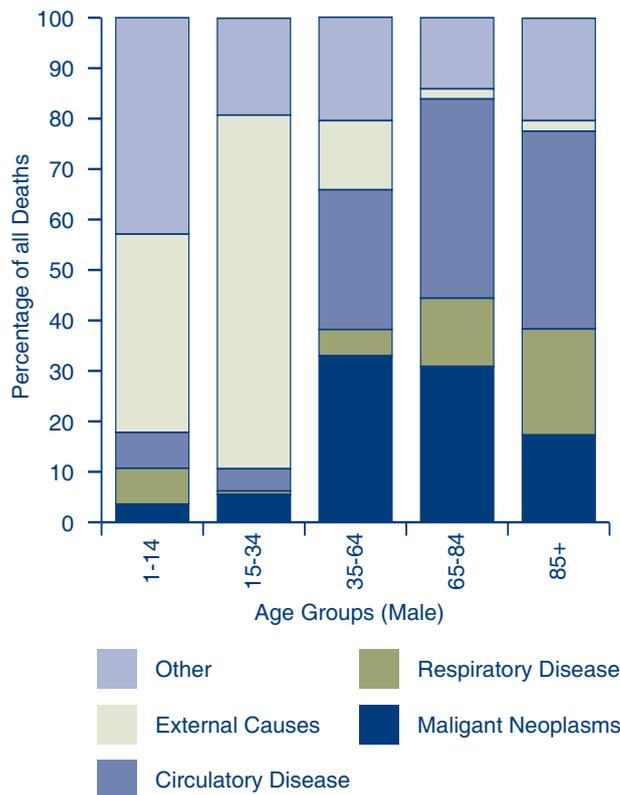
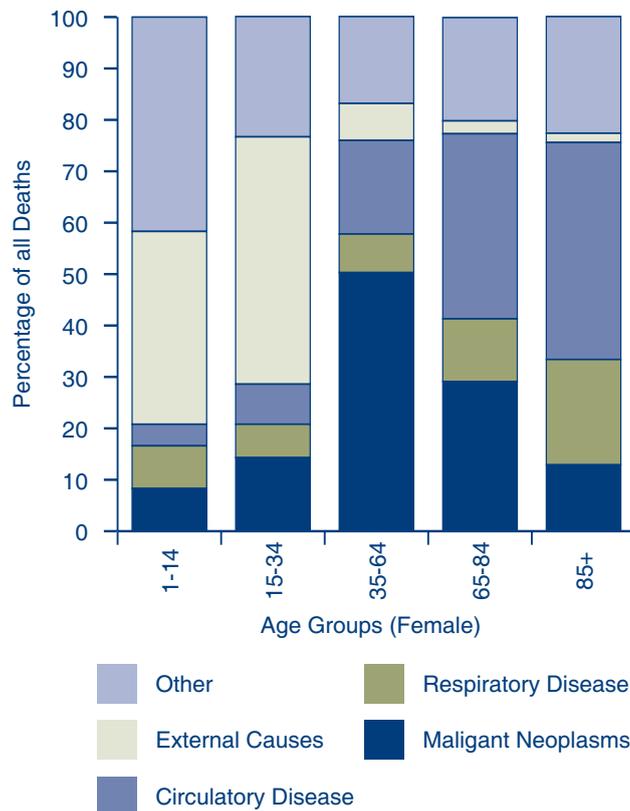


Figure 1.23: Percentage of female deaths by cause and age group (2005)



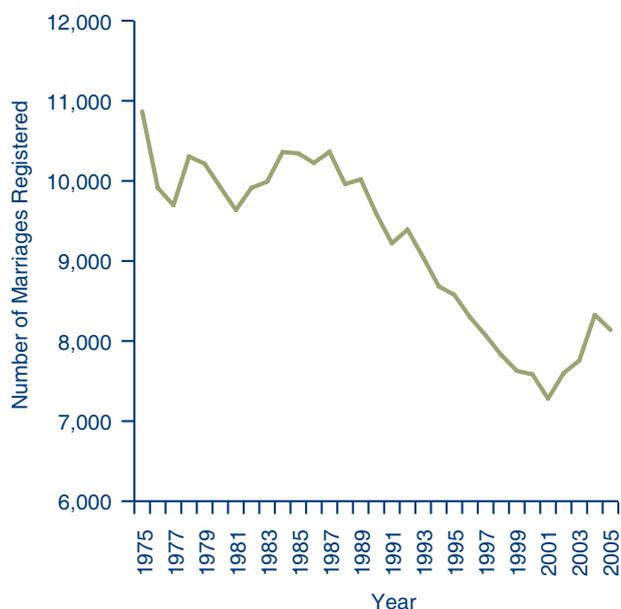
1.9. Marriages

Numbers

1.9.1. Marriage legislation underwent major change in 2004 with the enactment of the Marriage (Northern Ireland) Order 2003 from 1 January 2004. Under the new law there are less strict residence requirements for marriage; these allow couples to marry in the area of their choice and make it easier for people from outside Northern Ireland to get married here.

1.9.2. There were 8,140 marriages registered in Northern Ireland in 2005, a decrease of 188 marriages or two per cent on the 2004 figure of 8,328 marriages; however, the number of marriages registered in 2005 is still significantly higher than that recorded each year between 1998 and 2003. This increase contrasts with the decline in the number of marriages between 1970 and 2000; the number of marriages in 2005 has now risen to a similar level to that in 1996. Figure 1.24 shows the number of marriages from 1975.

Figure 1.24: Number of marriages registered (1975 to 2005) - non-zero y axis



Age at Marriage

1.9.3. The average age at marriage for all brides was just under 30 years of age (29.9 years). This compares to 27.6 years in 1995, 24.5 years in 1985 and 23.3 years in 1975. The average age for the groom was just over 32

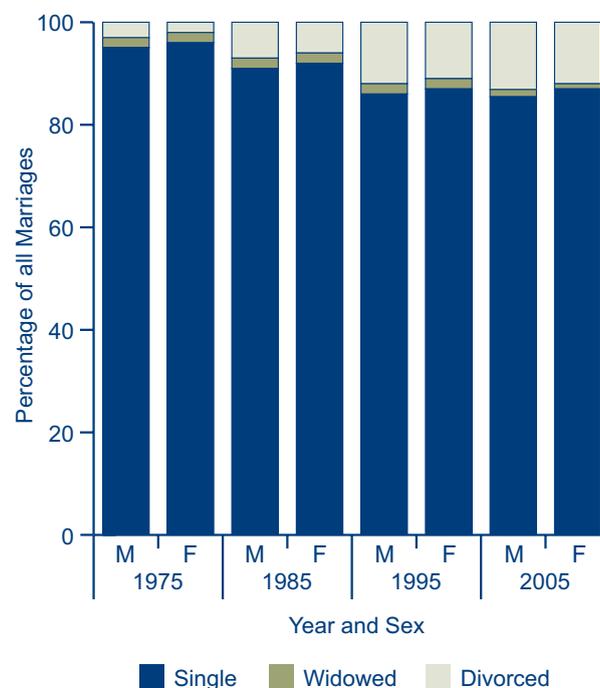
years of age (32.2 years), an increase of 2.5 years from 1995 (29.7 years), just under six years from 1985 (26.5 years) and almost seven years from 1975 (25.4 years).

1.9.4. The average age for first marriages has also increased and is now 28 for single females and 30 for single males, both almost six years older than their counterparts 30 years ago.

Marital status at marriage

1.9.5. Figure 1.25 gives the percentage of marriages by marital status at the time of marriage between 1975 and 2005. The percentage of people marrying who are divorcees rose from 2 per cent in 1975 to around 12 per cent during 1995 and has remained at that level in 2005. The majority of this shift reflects a reduction in the proportion of marriages where one of the partners was single before marriage. The proportion of those marrying who were widowed has remained stable over the past 30 years at around two per cent for both brides and grooms.

Figure 1.25: Percentage of marriages by sex and marital status (1975 to 2005)

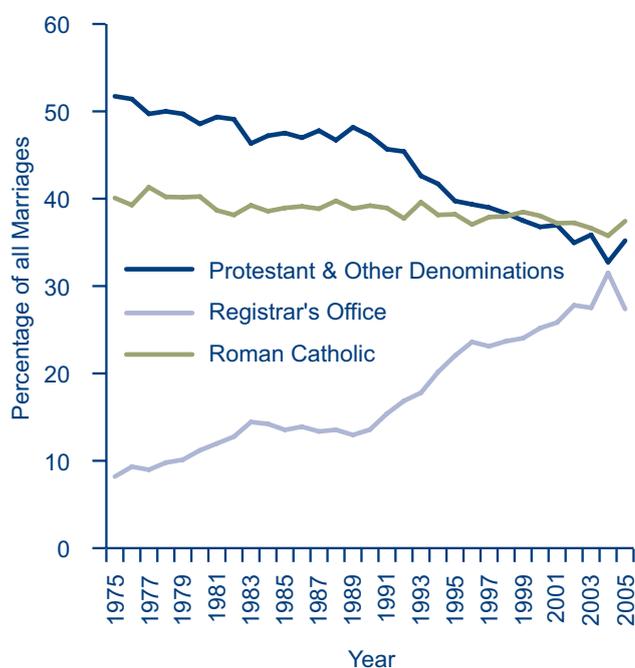


Religious and civil marriages

1.9.6. More than 27 per cent of all marriages (2,228) in 2005 were civil ceremonies compared to eight per cent in 1975.

1.9.7. Of the 5,912 religious marriages in 2005, 52 per cent were Roman Catholic ceremonies, 20 per cent Presbyterian, 18 per cent Church of Ireland, four per cent Methodist and seven per cent other denominations. Figure 1.26 shows the change in type of ceremony from 1975 to 2005.

Figure 1.26: Percentage of marriages by method of celebration (1975 to 2005)



Place of ceremony

1.9.8. The Marriage (Northern Ireland) Order 2003 now allows civil marriage ceremonies to be conducted in a number of approved venues outside of Registrar's Offices. In 2005, 640 civil marriage ceremonies (29 per cent of all civil marriage ceremonies) were held in approved venues other than a Registrar's Office compared to 323 in 2004. The most popular location was Belfast Castle (88 civil weddings) followed by Carrickfergus Castle (26 civil weddings).

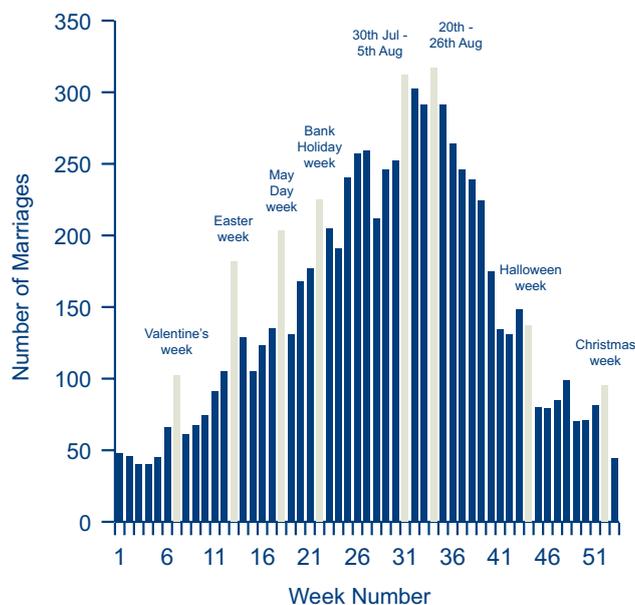
1.9.9. The ability to conduct religious marriage ceremonies other than in religious buildings varies by religion and denomination. In 2005, 228 religious marriage ceremonies (four per cent of all religious marriage ceremonies) were held outside of religious buildings. The most popular location (other than religious buildings) for religious ceremonies was Belfast Castle (36 marriages) followed by the Crawfordsburn Inn (32 marriages).

Marriage day

1.9.10. The most common day of the week for all marriages was a Saturday (39 per cent). Friday was the most common day for civil marriages (35 per cent); and the most common month to get married was August (1,293 couples) closely followed by July (1,155 couples). Saturday 27th August 2005 was the most popular day in 2005 to get married, 118 couples got married on that date. Only 16 marriages took place on a Sunday in 2005, four of which were civil marriages - the latter only becoming possible under the new legislation.

1.9.11. Figure 1.27 shows the number of marriage by week, with dates of selected weeks highlighted. The most popular week to get married was from Saturday 20th August to Friday 26th August (317 couples).

Figure 1.27: Number of marriages per week (2005)



Marriages by area

1.9.12. Over 16 per cent of all marriages in 2005 occurred in Belfast, followed by just over six per cent in each of Newry and Mourne and North Down Local Government Districts.

1.9.13. The average age of males and females at the time of marriage varies across Local Government Districts. Ards had the highest average ages at 31 for females and 34 for males compared to Dungannon with the lowest average ages at 28 for females and 30 for males.

1.9.14. Eighty two per cent of religious ceremonies in Newry and Mourne Local Government District were Roman Catholic compared with eight per cent of religious ceremonies in Carrickfergus Local Government District, reflecting the community background of the populations in these Local Government Districts.

1.10. Civil Partnerships

1.10.1. The Civil Partnership Act 2004, which applies throughout the UK, came into force on 5 December 2005, allowing same-sex partners to register their partnership. In Northern Ireland, the first civil partnership was registered on 19 December 2005 and by the end of the year a total of 12 had been registered - 6 male partnerships and 6 female partnerships.

1.11. Divorces

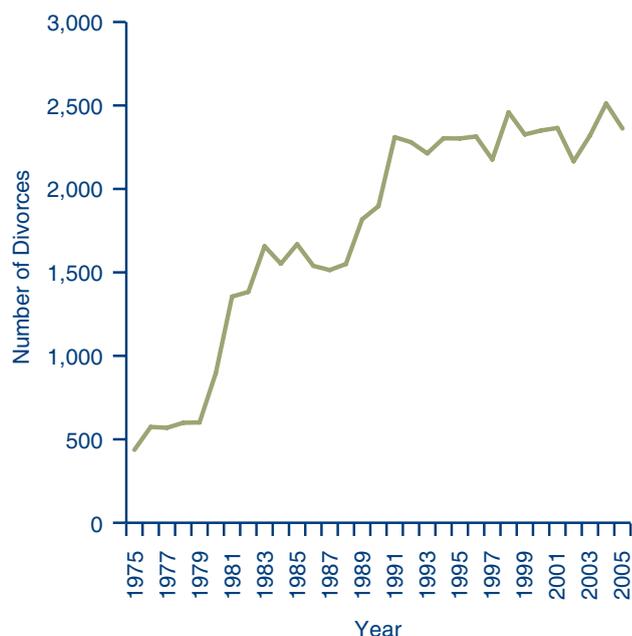
Numbers

1.11.1. The number of marriages dissolved in Northern Ireland in 2005 was 2,362. This is a decrease from the largest number of divorces on record (2,512 divorces) seen in 2004. In the decade 1993-2003 the number of divorces had stabilised with an annual average of around 2,300 per year.

1.11.2. The divorce figures are based on Decree Absolutes. Decree Nisi information can be obtained from the Northern Ireland Court Service. A Decree Nisi does not terminate the marriage; a couple remain married until the Decree Absolute has been granted.

1.11.3. During the 1970s the number of divorces was around 500 per year, by the 1980s the figure had tripled to around 1,500 per year and in the 1990s and early 2000s there has been another increase in the number of divorces to around 2,300 per year. Last year, 2004, saw another rise to just over 2,500 divorces while 2005 saw this number reduce to around 2,300. Figure 1.28 shows the number of divorces from 1975 to 2005.

Figure 1.28: Number of divorces registered (1975 to 2005)



Grounds for divorce

1.11.4. Non-cohabitation, remains the most frequently recorded reason for divorce (72 per cent), followed by behaviour (13 per cent) and combined grounds (11 per cent).

1.11.5. As in previous years, more women (64 per cent) than men (36 per cent) lodged applications for divorce in 2004. Just one divorce granted in 2005 was the result of joint applications.

Duration of marriage

1.11.6. The average duration of marriage ending in divorce is increasing over time. The average duration of marriage ending in divorce was 16.6 years in 2005, the comparable duration for 1985 was 14.0 years.

1.11.7. Of the divorcing couples in 2005, five per cent were married less than five years, 21 per cent between five and nine years and 74 per cent were married for 10 years or more. Around 20 per cent of divorces occurred to couples that had been married for 25 years or more.

Marital status at time of marriage

1.11.8. While the majority of people getting divorced in 2005 had been single at the time of marriage (90 per cent for males and females), the proportion of people getting divorced who had been divorced previously has been rising since the early 1980s and now account for nine per cent of all divorces in 2005. Less than one per cent of all divorcees were widows or widowers when they married.

Age at divorce

1.11.9. The average ages at divorce for men and women who got divorced in 2005 were 43 and 41 years respectively. More women get divorced at younger ages than men reflecting the difference in their ages at marriage with husbands generally being older than their wives.

Age at marriage of divorcees

1.11.10. The average age at marriage of men and women who got divorced in 2005 was 26 years and 24 years respectively. In 2005, 50 per cent of men and 65 per cent of women who divorced were under 25 years when they married.

Method of celebration of marriage

1.11.11. In 2005, 30 per cent of divorces were of marriages that had been celebrated in a Roman Catholic Church. Corresponding figures for Presbyterian, Church

of Ireland, Methodist and Register's Office are 19 per cent, 14 per cent, four per cent and 23 per cent respectively. The average duration of marriage before divorce for marriages celebrated in a religious ceremony was 18 years compared to 13 years for those who celebrated marriage in a Register Office.

Divorcees by area of residence

1.11.12. Over 14 per cent of all divorcees in 2005 were residing in Belfast followed by just over five per cent in Lisburn, Ards, North Down, Newtownabbey and Derry Local Government Districts. Almost six per cent of divorcees were residing outside Northern Ireland at the time of divorce, but this figure differed by gender - three per cent of female divorcees were living outside Northern Ireland compared to 8 per cent of male divorcees.

1.12. Adoptions

1.12.1. Registers of children adopted under the provisions of the Adoption (NI) Order 1987 and Adoption (Hague Convention) Act (NI) 1969 and of previous adoption Acts of 1929, 1950 and 1967 are kept in the General Register Office, to which adoption orders made to the courts are transmitted.

1.12.2. A certified copy of an entry in the Adopted Children Register is evidence of adoption, and is also evidence of the date of birth of the adopted child.

1.12.3. The number of children recorded in the Adopted Children Register during 2005 was 140, a decrease of 21 from the 2004 figure of 161. The number of adoptions had been falling steadily since 1970 when over 500 children were adopted and the 1998 figure of just 120 adoptions was the lowest recorded figure since the early 1930s.

1.13. Re-registrations of births

1.13.1. In 2005, 748 births were re-registrations, 35 less than in 2004. The most common reason for a re-registration is to add the father's name to the birth entry.

1.14. Gender Recognition Registration

1.14.1. The Gender Recognition Act 2004 was passed on 1 July 2004 and established a Gender Recognition Panel that will issue Gender Recognition Certificates to those who have satisfactorily proved that they have been living in their new gender.

1.14.2. The Gender Recognition Regulations (Northern Ireland) 2005 that came into operation from 1 April 2005 will allow the Registrar General, on receipt of a Gender Recognition Certificate, to re-register a birth, showing the new gender, in the Gender Recognition Register.

1.14.3. During the period 1 April 2005 - 31 December 2005 there were 11 births re-registered in this way.

Chapter 2

Fertility in Northern Ireland - A review of the demographic evidence

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2.1 Introduction

2.1.1. The future size and age structure of a population are determined by the past fertility, mortality and migration patterns. While steadily improving mortality and net migration have an effect; the number of births is a key factor in determining the size and age structure of Northern Ireland's population. An understanding of fertility trends is vital for the projection of the future population and for planning future services. Beyond this, an examination of variations in fertility between groups, and over time, can provide valuable insights into the changing nature of society, the role of various factors in explaining behaviour and what, if any, policy measures government may have at its disposal to influence birth rates.

2.1.2. This chapter reviews recent fertility trends in Northern Ireland, setting them within a broader international context. Variations in fertility between mothers of different ages, of different social classes, inside and outside marriage and across different geographical areas are explored. It also spotlights issues regarding older mothers, multiple births, births to unmarried mothers and births to mothers themselves born outside Northern Ireland. Finally, it speculates on future trends in fertility and comments on the policy implications of the findings.

2.2 Data Sources/ Previous Research

2.2.1. Previous studies of fertility in Northern Ireland have examined broad trends over time, as well as differences by geography, social class and religion¹⁻⁴. More recent work examining fertility across the UK has updated some of the overall fertility figures and explored differences in these by marital status⁵⁻⁶. These studies have highlighted a continuing fall in fertility rates since the peak in the mid 1960s, "the baby boom", a trend apparent across most developed countries.

2.2.2. The most recent and comprehensive examination of fertility in Northern Ireland is that of Compton and Coward¹. These authors used a combination of data sources including the Census of Population and a bespoke fertility survey, the Northern Ireland Fertility Survey (NIFS), undertaken in 1983 to examine trends and variations in fertility by religion, social class and educational attainment. The NIFS allowed the authors to contextualise fertility trends with information on attitudes to ideal family size and family planning, as well as religiosity.

2.2.3. The more recent Northern Ireland Life and Times Survey series (NILT) has also been used to update information on attitudes to ideal family size. However, since the Northern Ireland Fertility Survey, to the best of our knowledge, there has been no detailed examination specific to Northern Ireland of trends or variations in fertility.

2.2.4. Therefore, the main source used in this research relates to the statutory registration of birth. By law any birth that has occurred in Northern Ireland must be registered with the General Register Office. The birth must be registered within 42 days and by a specified group of informants such as parents, grandparents, etc. Births can be registered either in council registrations offices or in the maternity units of some local hospitals. When registering a birth the relevant details collected include the full name, sex, date of birth and place of birth of the baby. Details are also collected on the parents, including their full names, dates of birth, addresses and occupations. Information is also collected on whether the birth is inside or outside marriage and how many previous children the mother has had. (See Box 2.1 part of the Form of Particulars for Registration of Births which shows the information collected on the child, mother and father).

Box 2.1: Form of Particulars for Registration of Births

1. Details of Child	
Forename 1	Forename 2
Other Forenames	
Surname	
Sex of Child	
Date of Birth	Place of Birth
Multiples Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please state interval birth	
2. Details of Mother	
Forename(s)	
Surname	
Maiden Surname	
Married Name	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth	Place of Birth
Place of Current Marriage	Date of Current Marriage
Occupation	
No. of Previous Live Births	Sex of Previous Birth(s)
Address including Post Code	
Home Tel No.	Work Tel No.
Mobile No.	Home
3. Details of Father	
Forename(s)	
Surname	
Date of Birth	Place of Birth
Occupation	
National Identity Card No.	
Home Tel No.	Work Tel No.
Mobile No.	Home

2.2.5. After the birth is registered a birth certificate is issued (see sample certificate in Box 2.2) which is required for various purposes including claiming child benefit, obtaining a passport, registering your baby with a doctor, etc.. Evidence would suggest that birth registration is virtually complete and the information collected at birth is therefore vital in assessing fertility levels.

Box 2.2: Example birth certificate - specimen

The Births and Deaths Registration (Northern Ireland) Order 1976, Article 10

SPECIMEN CERTIFIED COPY SPECIMEN

REGISTRATION NO. 123456789

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED	
1. Child	Forename(s)
2. Child	Surname
3. Child	Sex
4. Child	Date of Birth
5. Child	Place of Birth
6. Child	Multiples
7. Mother	Forename(s)
8. Mother	Surname
9. Mother	Maiden Surname
10. Mother	Married Name
11. Mother	Date of Birth
12. Mother	Place of Birth
13. Mother	Occupation
14. Mother	No. of Previous Live Births
15. Mother	Sex of Previous Birth(s)
16. Mother	Address including Post Code
17. Mother	Home Tel No.
18. Mother	Work Tel No.
19. Mother	Mobile No.
20. Mother	Home
<p>THIS BIRTH CERTIFICATE IS A COPY OF THE ORIGINAL REGISTERED IN THE REGISTRY OF BIRTHS AND DEATHS, NORTHERN IRELAND, AND IS VALID FOR ALL PURPOSES.</p> <p>REGISTRY OF BIRTHS AND DEATHS, NORTHERN IRELAND</p> <p>123456789</p>	

REGISTRY OF BIRTHS AND DEATHS, NORTHERN IRELAND

123456789

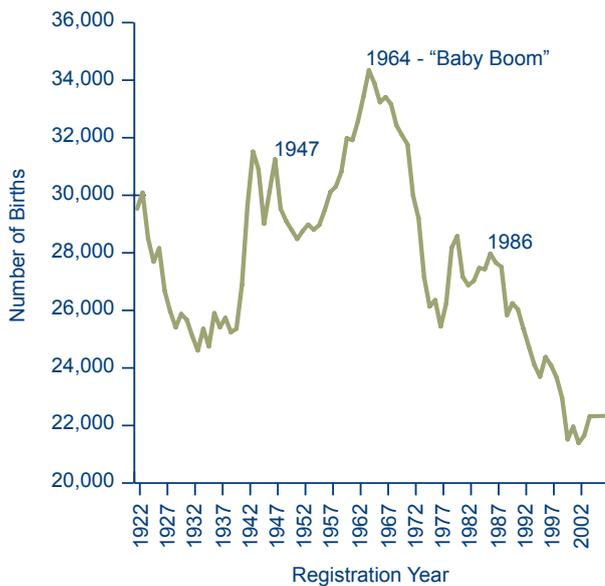
2.2.6. However data from the birth registration are limited in several respects¹. For example, while it is possible to identify key characteristics of the mother in terms of age or social class, this has only been possible since 1974, thus restricting the timeframe for which these can be examined. In addition some key variables, for example parent's religions, often of considerable interest in Northern Ireland, are not recorded at birth.

2.3 Recent trends in fertility

2.3.1. Against this backdrop it is useful to start with how fertility has changed in Northern Ireland. Figure 2.1 displays the total number of births in Northern Ireland between 1922 and 2005.

2.3.2. The 22,328 live births that were registered in 2005 compares with the peak of 34,345 children born in 1964. The 1960s peak has become known as the “baby boom” years following the Second World War, with lower numbers of births either side. Viewed as a time series this surge in births can be seen to resemble a wave, creating a birth cohort with which will be associated peaks in demand for particular services as the “boomers” age over time.

Figure 2.1: Number of Births in Northern Ireland by Registration Year (1922 to 2005) - non-zero y axis



2.3.3. The general downward trend following the baby boom shows that, on average, there were around 2,800 fewer births each year in the 1990s compared to the 1980s and in the first 5 years of the new millennium there were on average 2,700 fewer births each year compared to the 1990s.

2.3.4. To put this in perspective, if it is assumed an “average” primary school has 170 children, then the decline in births translates to roughly 15 fewer future primary schools each year since 2000 compared to the 1990s. However in the last three years there has been an increase in the number of births and this makes primary school planning an extremely difficult task.

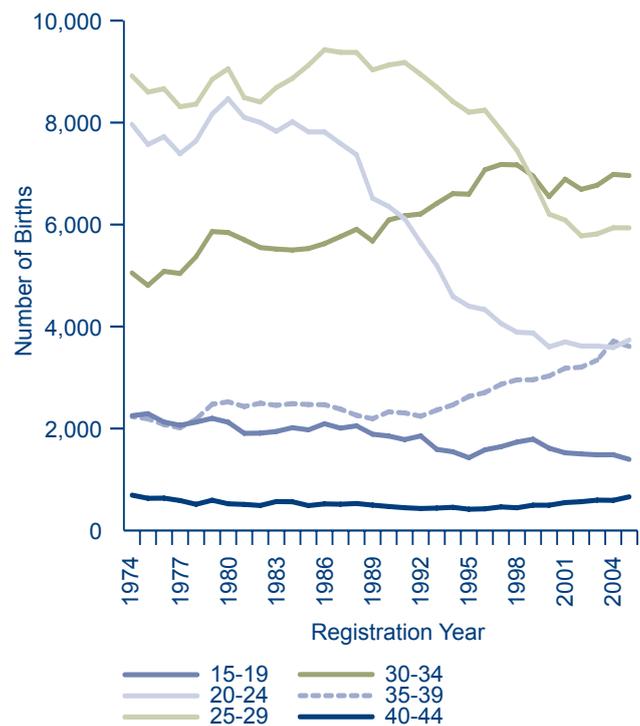
2.4 Mother’s age and social class

Mother’s Age

2.4.1. The overall change in fertility presented in Figure 2.1 conceals very different trends in fertility rates of mothers of different ages. Different aspects of this are explored in Figures 2.2 to 2.5. The charts look at both the number of births, which is important for service delivery and planning, and the fertility rate, which is important when one wants to understand the underlying demographic trends.

2.4.2. Figure 2.2 shows changes in the number of births registered each year by age group of mother. The number of births to women in their early 20s begins to diverge from that of women in their late 20s around 1982, the latter rising until the mid-1980s before beginning a decline. Births to mothers in their early 30s is the most common age group today, having overtaken those of mothers in their early 20s at the start of the 1990s and mothers in their late 20s by the end of the decade. Indeed, births to mothers in their late 30s overtook those to mothers in their early 20s in 2004. This emphasises the shift in birth patterns away from younger to older mothers. This change has implications for the education and health services both in terms of the physical capacity of mothers when giving birth and also to support children while at school.

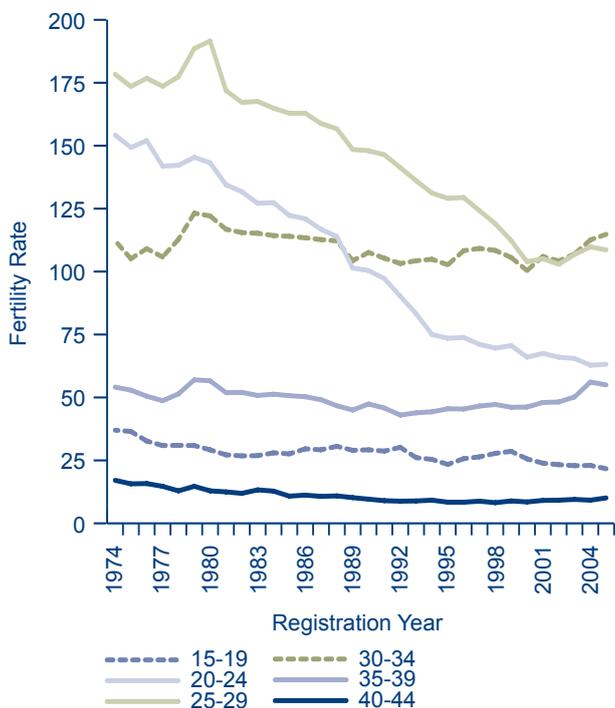
Figure 2.2: Number of Births by Age Group of Mother and Registration Year (1974 to 2005)



2.4.3. Figure 2.3 shows changes in the fertility rate by age group over the period 1974 to 2005. The fertility rate measures the number of births per 1,000 females by age group and is a measure of fertility commonly used in research. It is an age specific birth rate i.e. it allows for differences in the number of females by age group so that consistent comparisons can be made between age groups or over time.

2.4.4. The sharp decline in birth rates among women in their early 20s is evident over the entire period. This is also apparent in the case of women in their late 20s though from 2000 onwards these rates recover slightly. By comparison, fertility rates among women in their 30s appear largely stable over the period, increasing slightly from 2000 onwards. In comparison, rates for women in their teenage years and their forties remain largely stable.

Figure 2.3: Fertility Rates by Age Group of Mother and Registration Year (1974 to 2005)

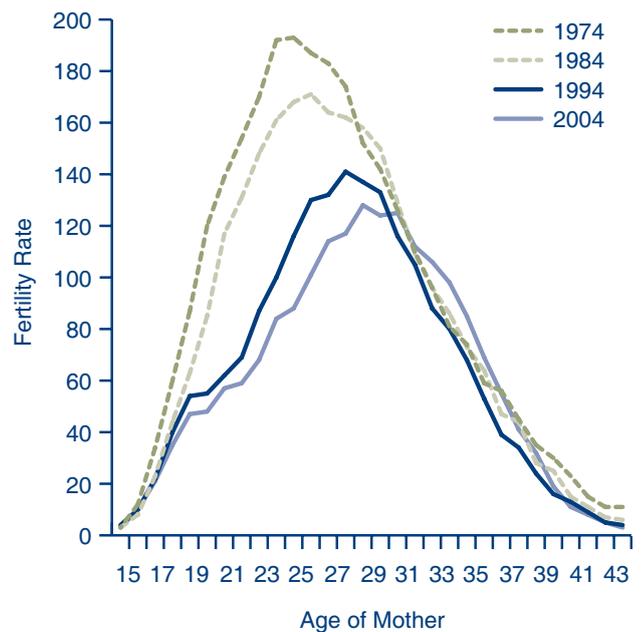


2.4.5. In Figure 2.4 the distributions of fertility rates by single year of age for 1974, 1984, 1994 and 2004 are shown. Over time overall fertility rates have fallen (the area under the curve decreases) and they peak at a later age in 2004 (30) compared to 1974 (24) and are becoming more symmetrically distributed around the

mean. These major changes in fertility can be seen to largely emerge from the behaviour of those in their twenties as the age specific fertility rate curves for those aged 18-30 falling dramatically between 1984 and 2004.

2.4.6. Figure 2.4 also shows that increases in fertility rates in older mothers are much smaller than the fall in levels for mothers in their 20s. A slight increase in rates is evident among women aged over 30 between 1994 and 2004 but it is relatively modest. This trend is also reflected in Figures 2.2 and 2.3 although the data are displayed in a slightly different fashion.

Figure 2.4: Fertility Rates by Registration Year (1974 to 2004) and Age of Mother



2.4.7. Advances in reproductive technology have made it possible for women to become pregnant much later in life than ever before. This has generated significant public interest in older mothers, particularly last year when a 62-year-old woman gave birth in the United Kingdom. However having children later in life increases the risk of encountering complications during the pregnancy. These risks need to be weighed up against the benefit of having children later in life when parents may be more financially secure or better able to cope with rearing children.

2.4.8. What is clear from this evidence is that a key factor driving fertility patterns overall is the change in the behaviour of women in their 20s. In seeking explanations

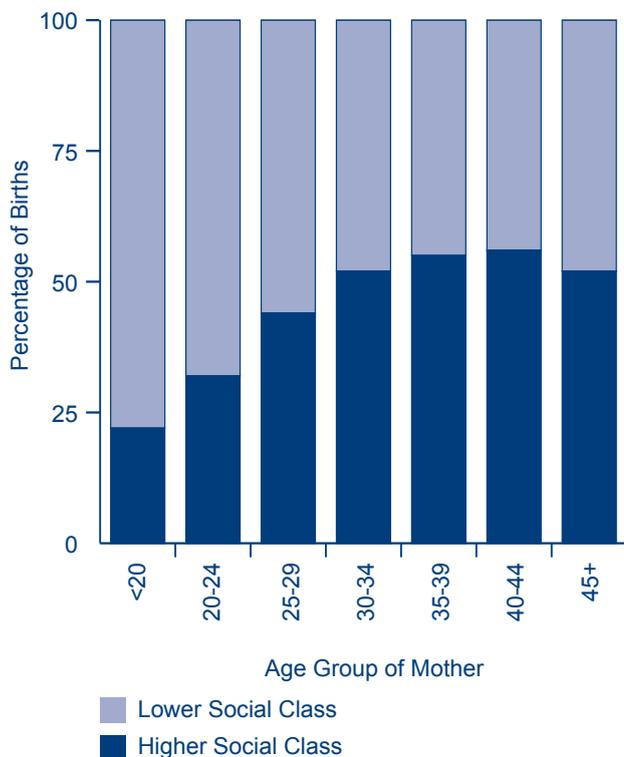
for changes in fertility it is the behaviour of this group that must principally be explained. This is in no way to understate the important changes that are emerging in the fertility patterns of other age groups but merely to set these in perspective in terms of their contribution to the whole.

Mother's Social Class

2.4.9. In Figure 2.5 the distribution of births by social class of mother are shown for different age groups. For convenience social class is divided into two groups - Socio-Economic Classification I-IV (broadly speaking medium to high social class) and V-IX (broadly speaking medium to low social class). It is clearly evident that a social gradient is apparent in the percentage of births by age group. Among older age groups a greater proportion of births are made up of those in higher social classes than is the case among younger age groups.

2.4.10. However, care is warranted in the interpretation of these results. While more births to women in their 40s were to those in higher social classes, it should be noted that women in their 40s are more likely to be in higher social classes. Women in their late 30s and 40s are more likely to have completed their education and progressed further in their career than women in their teens or early 20s. Thus it is not surprising that a social gradient exists as age increases.

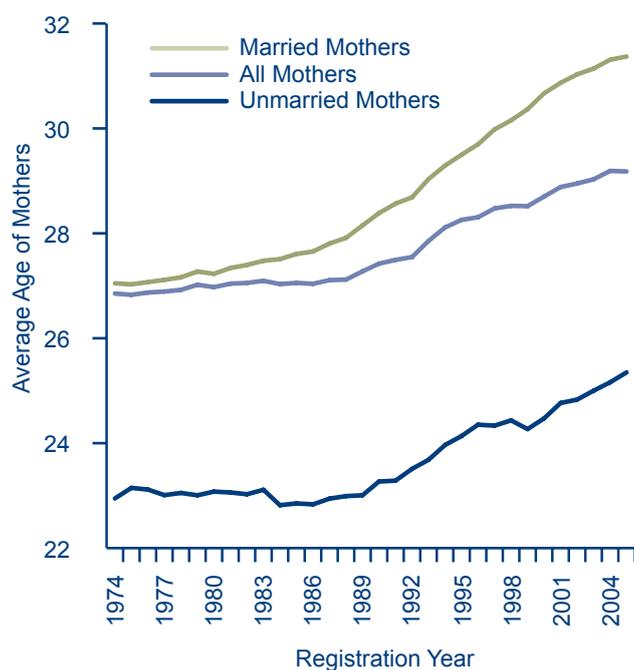
Figure 2.5: Percentage of Births by Social Class and Age Group of Mother (2005)



2.5 Births inside and outside marriage

2.5.1. In Figure 2.6 the average age of mothers by marital status between 1974 and 2005 is shown. As one might expect unmarried mothers are typically younger than married mothers. What is also clear is that the average age for both married and unmarried mothers is increasing over time. In 1974 the average age of an unmarried mother was just under 23 years and the average age for married mothers was 27. However, by 2005 the average ages had risen to 25 and 31 respectively. The stereotype that unmarried mothers are typically teenagers is not supported by the data and seems to be less appropriate over time.

Figure 2.6: Average Age of Mother by Marital Status and Registration Year (1974-2005) - non-zero y axis



2.5.2. A range of factors are likely to explain the rise in unmarried births over time as well as the variation within Northern Ireland. These are likely to include the varying levels of co-habitation, urbanisation, cultural diversity, secularisation and income that exist in different time periods and between areas. A strong negative correlation between spatial deprivation and the percentage of births that are to unmarried mothers is evident. This implies that the more deprived an area, the higher the percentage of births outside of marriage.

2.5.3. It is important to distinguish between cause and effect in explaining the role of social deprivation. In deprived areas the cost, both social and financial, of having a child outside marriage may be less compared to those in more affluent areas⁷. Equally unmarried mothers may be less able to afford accommodation in more affluent areas making it less likely that they would be observed there. Little recent work has examined the prospects of children born outside marriage relative to other children and comparisons made over time are fraught with difficulty⁸. While some view this trend with concern, apparent in most developed economies, there is a need for more up to date research on both the causes and effect of this phenomenon.

2.5.4. In Figure 2.7 the percentage of births outside marriage for England and Wales, Scotland and the Republic of Ireland are compared with Northern Ireland. Northern Ireland continues to have relatively fewer births outside marriage than other parts of the UK, occupying for much of the period a position between that of the Republic of Ireland and the rest of the UK.

2.5.5. However Figure 2.7 also shows that the percentage of births outside marriage has increased in all of the countries shown. In 1974 for example, while five per cent of births occurred outside of marriage in Northern Ireland (nine per cent in both England and Wales and Scotland and three per cent in the Republic of Ireland) by 2005 this had risen to 36 per cent in Northern Ireland (43 per cent in England and Wales, 47 per cent in Scotland and 32 per cent in the Republic of Ireland). The rate at which the percentage of births outside marriage is increasing does though appear to have lessened in recent years since the more rapid rise in the 1980s.

Figure 2.7: Percentage of Births Outside Marriage by Country and Year (1974-2005)

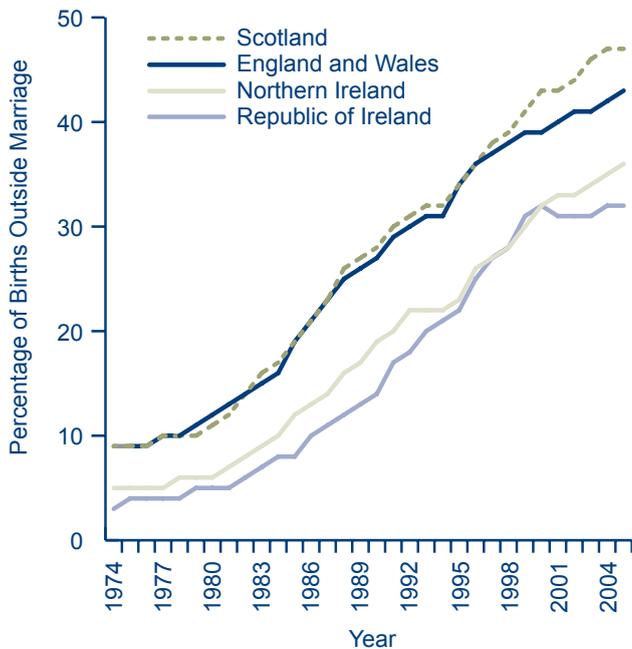
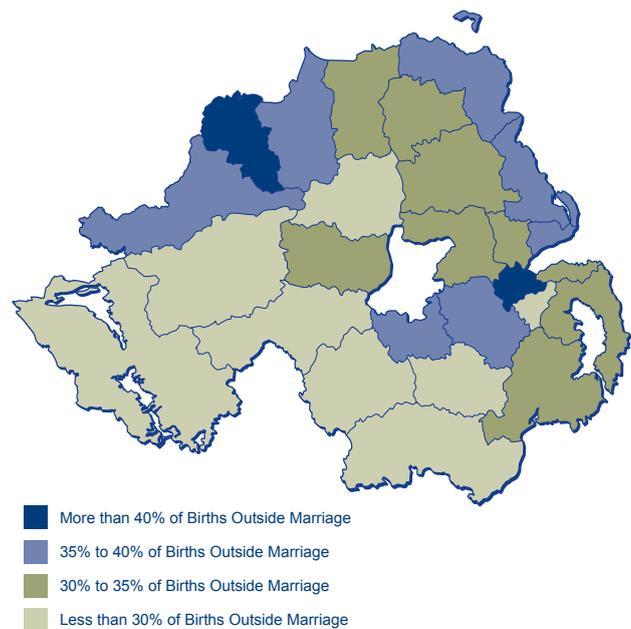


Figure 2.8: Percentage of Births Outside Marriage by Local Government District (2005)



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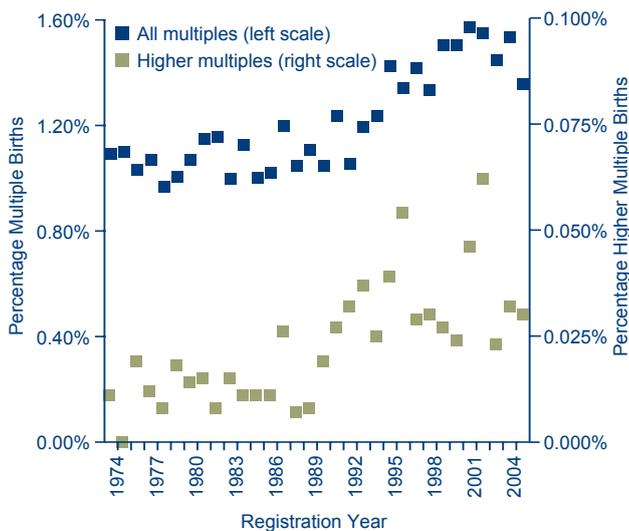
2.5.6. Substantial variations are also evident between Northern Ireland’s Local Government Districts in terms of the percentage of births occurring outside of marriage. In 2005 over half (56 per cent) of births were outside of marriage in Belfast LGD compared to just 23 per cent in Omagh LGD. Figure 2.8 shows the percentage of births outside marriage by Local Government District.

2.5.7. Looking more closely, at electoral ward level within Belfast LGD one can see clearly the statistical relationship noted above between social deprivation and births outside marriage. In 2005, deprived electoral wards such as Ardoyne, Crumlin, Falls and Shankill had over three out of every four births (75 per cent) outside marriage, while in less deprived wards such as Malone, Stormont and Stranmillis the equivalent figure was below 25 per cent.

2.6 Multiple births

2.6.1. A multiple birth results in two or more siblings being born during the same pregnancy. Figure 2.9 shows the levels of multiple births witnessed over the last thirty years. In overall terms the multiple birth rate remains low at around 1.5 multiple births per 100 births and in 2005 there were only 300 multiple births (294 sets of twins, 5 sets of triplets and 1 set of quads) out of a total 22,110 maternities. However the graph clearly shows that the levels of multiple births have increased markedly; in addition there is some evidence for an increase in the number of higher multiples (triplets etc.). Why has this happened?

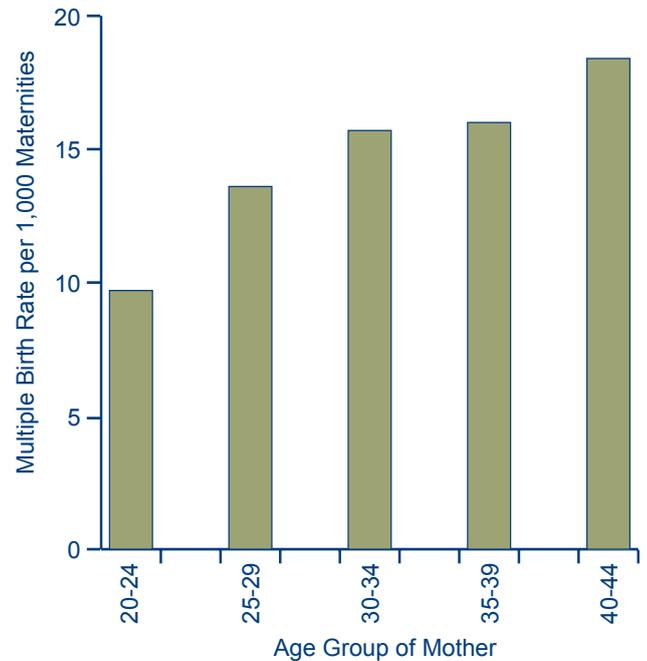
Figure 2.9: Percentage of Births all Multiples and Higher Multiples by Registration Year (1974-2005)



2.6.2. It is important to note the type of women to whom multiple births occur. As shown in Figure 2.10 multiple births are significantly more common in women aged over 30, this pattern is also apparent in England and Wales⁹⁻¹⁰. When one combines this with delays in childbirth it is clear this is one factor at work.

2.6.3. In addition it does seem that increased use of assisted reproductive technologies, in which multiple births are more likely¹¹, may also play a role especially in the increase in higher multiple births. It is likely that increased recourse to assisted fertility will have health service implications not only for those directly providing assisted reproduction but also for the operation of maternity and neo-natal units.

Figure 2.10: Multiple Birth Rate per 1,000 Maternities by Age Group of Mother (2005)



2.7 Births to non-Northern Ireland born mothers

2.7.1. The growth in Northern Ireland's economic fortune together with the end of "the Troubles" has seen an increase in migration. While Northern Ireland's physical proximity to Great Britain and the Republic of Ireland has always seen births to mothers who were born in those areas, the "peace dividend" might well be expected to see a change in the pattern of births among mothers born outside Northern Ireland, the greatest contributing factor being new economic migrants entering Northern Ireland. It should be noted that a mother stated as "born outside Northern Ireland" may have resided here for many years, perhaps even since early childhood. Care therefore is warranted in interpretation of the statistics.

2.7.2. The number of births to mothers born in countries outside Northern Ireland is shown in Table 2.1. In total around 85 per cent of births are to mothers themselves born in Northern Ireland. However it is informative to look at the changing patterns.

Table 2.1: Births Registered in Northern Ireland Classified by Mother's Country of Birth (1997 to 2005)

Mother's Country of Birth	Registration Year		
	1997	2001	2005
Northern Ireland	21,030	18,994	19,039
Rest of UK	1,766	1,553	1,460
Republic of Ireland	719	724	706
A8 Countries	2	12	110
All Other Countries	546	650	994
Unknown	26	29	19
All Births	24,089	21,962	22,328

2.7.3. Whilst the number of births to mothers born in the Republic of Ireland remains stable, there has been a slight decrease in births to those born in other parts of the UK. The increase in births among mothers born to the eight new Eastern Europe EU Accession countries after May 2004 is also notable (these countries known as the A8 are the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia). Finally there has been a marked increase in births to mothers from "All other countries". There are a number of possible contributing factors to these changes.

2.7.4. Increases in international migration to the island of Ireland coupled with children born here having an historic constitutional right of Irish citizenship, may have influenced the rise in the number of babies of mothers born in 'All Other Countries'. Although not shown here the change in the Irish constitution in 2004 to deny this right of citizenship coincided with a slight downturn in the number of births in Northern Ireland to mothers born in 'All Other Countries'.

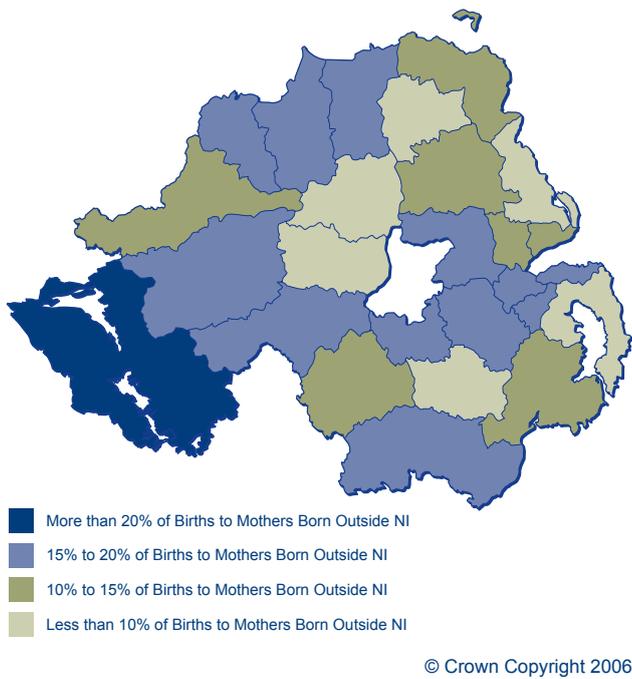
2.7.5. In contrast, the increase in the number of births to mothers from A8 countries (the new Eastern European EU accession countries) is clear. The number has risen from two births in 1997 to 110 in 2005. Clearly this increase coincides with the expansion of the EU.

2.7.6. Finally, the decline in births to mothers from other parts of the UK is notable. Since 1994 the number of armed forces personnel in Northern Ireland has fallen from approximately 19,000 to under 9,000 by 2006. It is possible that this had a small but noticeable effect on fertility rates among mothers born in other parts of the UK.

2.7.7. All cases demonstrate how public policy can affect the number of births. It will be interesting to see if this continues in respect of these specific areas and if births to mothers from Romania and Bulgaria increase when they are admitted to the EU.

2.7.8. Figure 2.11 shows a map with the percentage of births to mothers born outside Northern Ireland by Local Government District for 2005. As one might expect the areas with larger proportions of mothers born outside Northern Ireland were typically in border counties where maternity facilities are made easily accessible to mothers resident in the Republic of Ireland. Larger numbers were also apparent in urban centres where employment opportunities for new economic migrants may be greater.

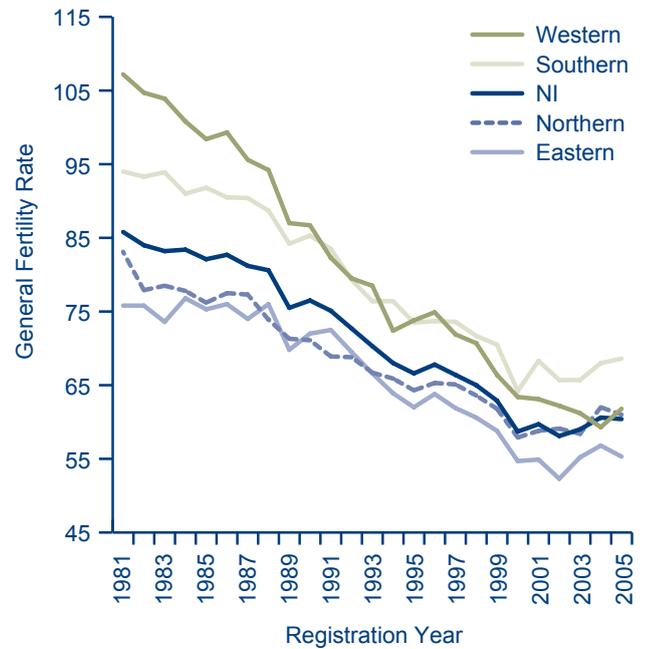
Figure 2.11: Percentage of Births to Mothers Born Outside Northern Ireland by Local Government District (2005)



2.8 Spatial Variation within Northern Ireland

2.8.1. In Figure 2.12 the general fertility rate (GFR - the number of live births per 1,000 women aged 15-44) by Health Board area in Northern Ireland, and for Northern Ireland as a whole, are presented over time. In Figure 2.13 the percentage change in the number of births by Local Government Districts in the period 1985 to 2005 are also shown.

Figure 2.12: General Fertility Rate by Health Board Areas (1981-2005) - non zero y-axis



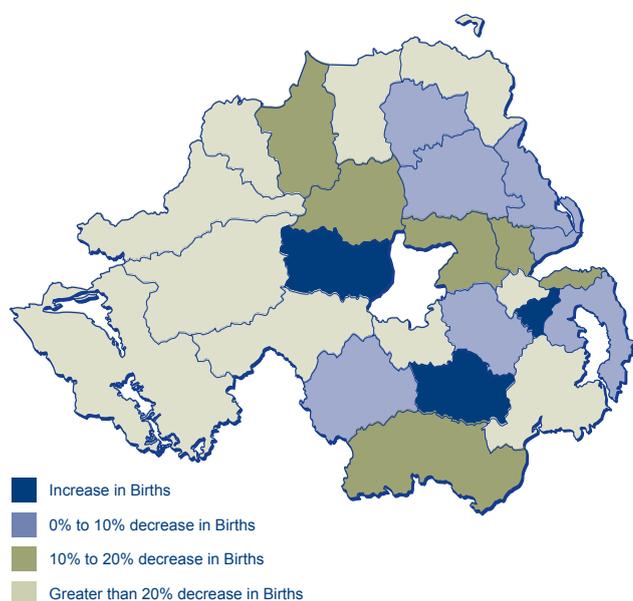
2.8.2. From Figure 2.12 it is evident there are variations in GFR between regions in Northern Ireland. The GFR in the Eastern Board is consistently below that of the Northern Ireland average, throughout the time series while the Southern Board lies consistently above it. The Western Health Board had a much higher GFR than Northern Ireland in 1981 but in recent years has converged to the Northern Ireland average while the Northern Board has had a very similar pattern to that of Northern Ireland for the last 10 years. Overall the GFR has fallen by at least 25 per cent in all Health Boards between 1981 and 2005. At this level, this will have implications for the relative decline in school numbers and demand for school services. In the early 1980s the differences in GFRs across the Health Boards is very

distinct however a convergence is clearly evident in the past ten years particularly in the Western and Eastern Boards. For example, the GFRs for Western and Eastern Board in 1981 were 107.2 and 75.8 respectively, yet by 2005 these had fallen to 61.8 in the Western Board and 55.3 in Eastern Board.

2.8.3. In Figure 2.13 the percentage change in the number of births between 1985 and 2005 for Local Government Districts is mapped. The majority of Local Government Districts experienced a fall in the number of births. The figure gives some indication of areas where a decline in demand for services, particularly primary school services which tend to be consumed closest to the child's place of residence, is most likely to be felt, assuming that there is little internal migration. Belfast (-37 per cent) and Derry (-29 per cent) in particular have seen a large fall in the number of births since 1985 but Omagh and Fermanagh also experienced more than a 25 per cent loss in the number of births.

attachment parents and communities have both for long established and more recently opened schools. The falling overall demand can exist alongside growing demand in particular sectors, for example, in Irish medium or integrated education, complicates the issue of rationalisation. The apparent anomaly of some schools closing while others open or of funding being denied to particular schools while student numbers appear strong reflects the difficulties policy makers face in a situation of over capacity and changing demand.

Figure 2.13: Percentage Change in the Number of Births by Local Government District (1985 to 2005)



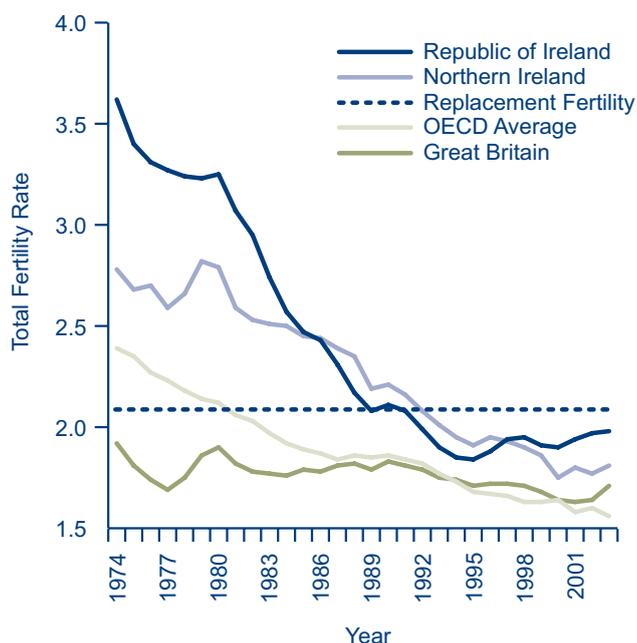
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2.8.4. The potential for inefficiencies in current service arrangements is of course recognised, DENI estimate the current number of surplus school places at 47,000 and predict this will rise to 80,000 over the next 10 years if action is not taken¹². The closure and amalgamation of schools is however a hotly debated subject reflecting the

2.9 Comparisons with other countries

2.9.1. The total fertility rate (TFR) estimates the average number of children each woman would bear based on the age-specific birth rates for a particular time. Figure 2.14 compares the total fertility rate (TFR) for Northern Ireland with that of other parts of the UK, the Republic of Ireland and the Organisation for Economic Co-Operation and Development (OECD)¹³ average. Again this highlights the decline in fertility in Northern Ireland over the given time period but illustrates that this is by no means a phenomenon unique to Northern Ireland. The fall in Northern Ireland and the Republic of Ireland appear perhaps more striking in part because of their higher initial positions but both countries share the same downward experience.

Figure 2.14: Total Fertility Rates by Selected Areas/Countries and Year (1974-2003) - non-zero y axis

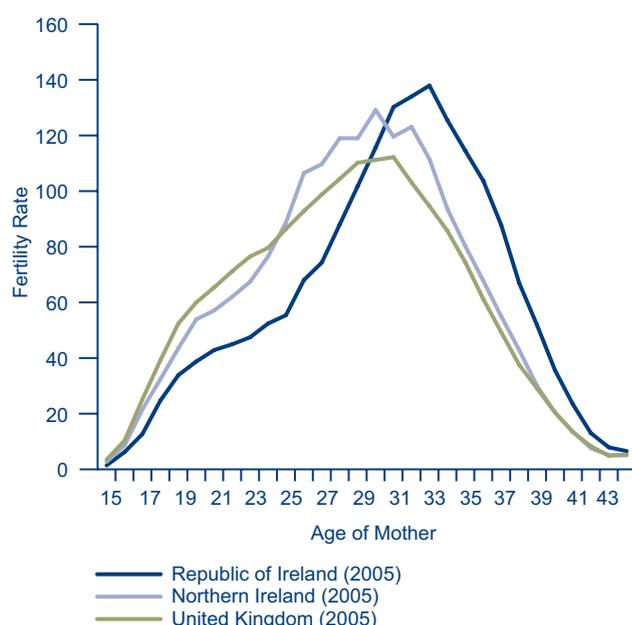


2.9.2. The position of Northern Ireland between Great Britain and the Republic of Ireland in terms of fertility rates and the convergence of the three over time is clear from Figure 2.14. With the exception of the period between the mid-1980s and mid-1990s, Northern Ireland is seen to lie between Great Britain and the Republic of Ireland in terms of fertility. This is as one might expect given the mixture of British and Irish fertility traditions within Northern Ireland and echoes the earlier findings of Compton and Coward

(1989). In 1974 the total fertility rate in Northern Ireland was 30 per cent lower than that in the Republic of Ireland (2.78 and 3.62 respectively) and just over 30 per cent higher than that in Britain (1.92), by 2003 it was just 9 per cent lower than that in the Republic of Ireland (1.81 compared to 1.98) and just over 5 per cent higher than that in Britain (1.71). The convergence illustrates that the distinction between the three countries is by no means as marked as it once was.

2.9.3. In Figure 2.15 the latest distribution of fertility rates by age of mother for Northern Ireland is shown alongside those of the United Kingdom and the Republic of Ireland. Northern Ireland occupies a position between the United Kingdom and the Republic of Ireland for most ages but has slightly higher fertility than both for women aged 26-30.

Figure 2.15: Fertility Rate by Country and Age of Mother (2005)

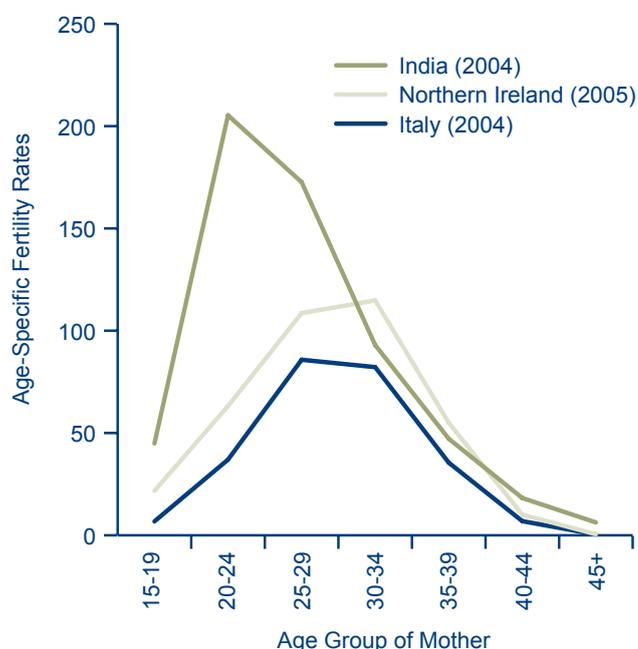


2.9.4. A TFR of 2.1 is considered the level necessary for replacement of the population¹⁴. Provided this is sustained, and there is no net migration, the population will remain stable. A TFR below this level will require net inward migration if population numbers are not to fall. Despite the slight recovery in TFR recently, it is evident that since the early 1990s Northern Ireland has had a TFR below the replacement level. While this is not as extreme as elsewhere in the UK, for example Scotland's

TFR having been below replacement since 1974, were it to continue and not be offset by net inward migration, it would have significant implications for the size and age structure of the population.

2.9.5. Moreover, there are now no European Union countries that have a TFR at or above 2.1. Figure 2.16 shows extremes in fertility patterns experienced in Italy and India and where Northern Ireland lies in relation to them. Italy has one of the lowest TFRs in Europe of 1.3 and as a result of having less children their population could shrink by as much as a third by 2050. Age-specific fertility rates across all age groups are consistently lower in Italy than in Northern Ireland. At the other extreme, in India the TFR is much higher at 2.8, well above replacement level. India has much higher age specific fertility rates for women aged 15-29 and for women aged 40 and over, while the age-specific fertility rates for those age 30-39 are actually higher in Northern Ireland than India.

Figure 2.16: Fertility Rates by Selected Countries and Age Group of Mother (India and Italy (2004) and Northern Ireland (2005))



2.10 Possible reason for lower fertility rates

Choosing to have fewer children

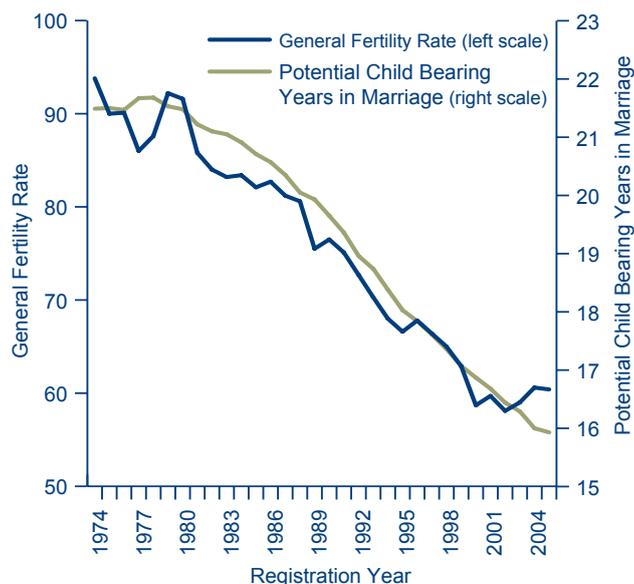
2.10.1. A key feature of the data is the fall in fertility rates in Northern Ireland and in particular the fall in fertility rates among women in their twenties. Clearly young women are choosing to have fewer children and are in a position where they have the control necessary to make this choice a reality.

2.10.2. As noted in the introduction, the average 'ideal' number of children in 1983 was thought to be 3.2 for females and 3.1 for males¹. In 1998 the Northern Ireland Life and Times Survey¹⁵ revisited this issue asking a representative sample of Northern Ireland households what they considered to be "the ideal number of children for a family to have". The survey revealed that the average 'ideal' number reported by females was 2.72 children and males 2.77 children, a fall of almost 0.5 children each from the 1983 research. This supports the contention that, on average, men and women now view the prospect of more children as less attractive. It does, however, offer little insight into why this is the case or how these aspirations are realised. In respect of the latter contraception and the timing of marriage are central to understanding changes over time and will be examined first.

Delaying Marriage

2.10.3 The majority of births in Northern Ireland are to married mothers and until comparatively recently these births were by far the dominant type. Various factors explain this, including societal attitudes but that financial and emotional advantages to raising a child within a legally recognised relationship may exist cannot be discounted. Delaying the age at which marriage occurs will affect birth rates if, as it appears, births predominantly occur inside marriage. Delaying marriage effectively narrows the window of opportunity during which women are willing and able to have children and with it the number of children they have. In Figure 2.17, the average age at which mothers marry in Northern Ireland is seen to be closely correlated with the general fertility rate. Potential childbearing years in marriage is defined as 44 years minus the average age at marriage for newly married women. While the increase in births outside of marriage and the number of women who marry several years before having a child, has weakened this relationship, the correlation is nevertheless evident.

Figure 2.17: General Fertility Rate and Potential Child Bearing Years in Marriage by Registration Year (1974-2005) - non-zero y axes



Contraception

2.10.4. Clearly, delayed marriage is not synonymous with abstinence nor is sex within marriage synonymous with reproduction. Contraception thus clearly plays a central role in accounting for the observed fertility patterns.

2.10.5. Article 12 of the Health and Personal Social Services (Northern Ireland) Order 1972 required the Ministry of Health¹⁶, now the Department of Health, Social Services and Public Safety (DHSSPS), to arrange the provision of family planning services in Northern Ireland. From 1 April 1974, all contraceptive advice provided by the health service and all prescribed supplies were made available free of charge, irrespective of age or marital status. By this action access to contraception was dramatically improved in Northern Ireland. Developments in health promotion and health education activities have afforded women greater information concerning the means to reduce birth rates both within and outside of marriage improving further access to effective contraception.

2.10.6. While the availability of and information concerning contraceptives has increased, for this to impact upon fertility rates requires approval of such means by the woman concerned. The Northern Ireland

Life and Times Survey (NILTS, 2000) can shed light on attitudes. In 1983 Compton and Coward¹⁷ had found that almost 11 per cent of their sample had disapproved of family planning - with differences existing between religious denominations, age and degree of religiosity. By 2000 the NILTS found that only seven per cent of the population regarded contraception as “wrong”, a small but potentially significant fall. In 2000 differences were again evident by gender (nine per cent of females thought it was wrong compared to five per cent of males) by religious denomination (15 per cent of Catholics thought it was wrong compared to four per cent of Protestants) as well as by age (six per cent of 35-44 year olds thought it was wrong, older age groups were marginally more conservative, four per cent of those aged 25-34 and two per cent of those aged 18-24 thought it was wrong), degree of religiosity was not examined in NILTS. It is clear that the vast majority of the population did not view contraception as “wrong”. This suggests that moral qualms about contraception are unlikely to have a major impact on decisions regarding childbearing.

2.10.7. Delayed marriage and increased use of contraception has reduced fertility. This, however begs the question as to why women now want to have fewer children? Any satisfactory explanation must account not just for the fall in the level of fertility but also the pattern of that fall. Here economics may offer some insights.

Quality or quantity

2.10.8. Becker^{7,17} argued that fertility decisions reflect a trade-off on the part of parents, or potential parents, between the quantity and quality of children they have. A person, he postulated, can derive enjoyment from children (as well as other things) but the level of this will depend on the quantity and “quality” of the children. Quality here can be thought of as how well equipped the child is for life, for example how well educated they are. With a finite income, if parents choose to have more children they will be less able to invest in each child’s education, less able to give it a “good start” in life or help at later stages in its development. This reduces the level of enjoyment.

2.10.9. As income increases, Becker argued, the demand for child quality would increase disproportionately to child quantity; individuals would favour fewer children in whom they invest more heavily. In other words an inverse relationship would exist between income and fertility at least over part of the income spectrum. Becker’s model underpins analyses of fertility in various countries¹⁸. The model has also been adapted to deal with particular

issues such as economic uncertainty in former communist countries¹⁹ and the decline in infant mortality rates observed in many developed countries²⁰. The model is not without its critics, however, and has been criticised for its failure to deal adequately with non-economic factors such as culture²¹. Debate also continues around issues of data availability and how best to model relationships²². The model, nevertheless, provides a framework within which fertility changes can be understood within a context of rational informed choice and produces predictions consistent with empirical findings.

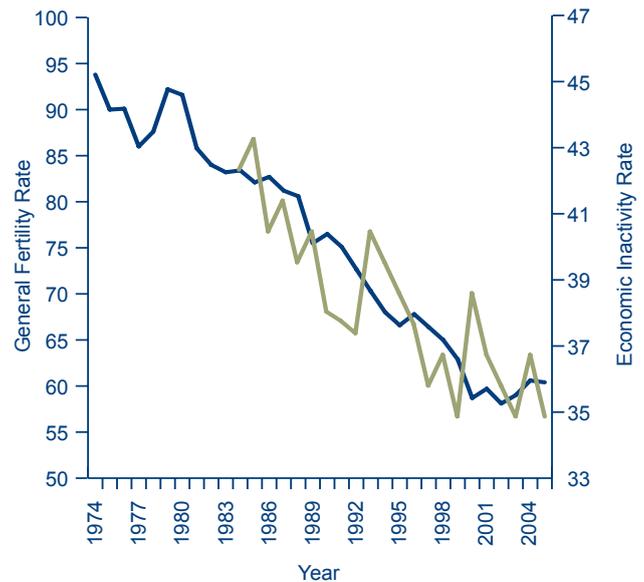
Economic Reasons

2.10.10. That as income rises fertility falls over a given range is seen to accord both with Northern Ireland's overall fall in fertility and the convergence of Northern Ireland's fertility levels on those in Great Britain. In the UK, GDP per capita rose between 1974 and 2004 from \$5,043 to \$31,436 (both expressed in current prices)²³. Moreover, Northern Ireland's relative position within this rising income tide, improved over the period. Northern Ireland's GDP per capita as a percentage of that in the UK (i.e. taking the UK as 100) was 74.0 in 1974, by 2001 this had risen to 78.4 (GVA)²⁷. Interestingly the Republic of Ireland in 1974 had a per capita GDP figure of \$3,285 which rose in 2004 to \$35,767 (both expressed in current prices). These changes would also explain the more dramatic fall in fertility rates in the Republic of Ireland and its convergence on those of Britain.

2.10.11. Why should the fall in fertility be so apparent among those in their twenties compared to other age groups? Again Becker can provide an explanation.

2.10.12. As is clear in Figure 2.18, which shows the GFR between 1974 and 2005 and the level of economic inactivity²⁴ among females, women are more likely to be economically active than was previously the case. It follows that gainful employment is more likely to exist as an alternative to "stay-at-home-motherhood". If a career is viewed as an investment (in accordance with another Becker model known as Human Capital Theory), education offers a means by which that investment can be increased. Another means would be through one's reputation in the workplace which can be enhanced by expending additional effort particularly in the early years at work. The greater these investments, the greater will be the payoff to women from their career in terms of pay, conditions and status.

Figure 2.18: General Fertility Rate and Female Economic Inactivity Rate by Year (1974-2005)
- non-zero y axes



2.10.13. A successful career will entail investments in human capital through education and demonstrated commitment, both of which generate pressure to delay marriage and child bearing. While employment benefits, including maternity benefits, have improved over time these are likely to vary with income and will thus be more generous with full-time than part-time jobs, and in professions as opposed to manual occupations. Deferring child rearing until later years is thus economically rational as costs associated with absences from work are likely to be relatively lower in later years. It is then justified to expect fertility among younger women to decline.

2.10.14. While income is a persuasive factor in explaining fertility change within the Northern Ireland over time, it must be considered within a broad context that includes employment rights, career prospects and the cost of investing in human capital; indeed that purely cultural factors²⁵ may play a significant role cannot be ignored.

Other factors

2.10.15. The Becker models may also offer an explanation of the convergence reported by Compton and Coward¹ in respect of the fertility rates of Catholics and Protestants.

Catholics viewed the ideal number of children as 3.87 in 1983 whereas for other denominations it was viewed to be 2.83, a difference of 1.04 children. As can be seen in Table 2.2, responses from the NILTS indicate that while a difference continues to exist between Catholics and those of other denominations this difference (0.7 children in 2003) is no longer as marked. However, care is warranted in the interpretation of these figures as what is viewed as ideal may not be that which in fact a person has. As the economic differential between Catholics and other denominations has narrowed²⁶ it may well be that so too have fertility differences beyond the time period examined by Compton and Coward. However, this contention must in the absence of evidence remain purely speculative.

Table 2.2: Average “Ideal” number of children by age group and religion (NILTS 2003)

Age Group	Average “Ideal” Number of Children
18-24	3.1
25-34	2.7
35-44	2.6
45-54	2.6
55-64	2.7
65+	3.2

Religion	Average “Ideal” Number of Children
Catholic	3.2
Protestant	2.5
No Religion	2.3

2.10.16. Finally, here in relation to unmarried mothers again economics may offer a rationale for observed patterns. The expansion in social benefits and reduction in the stigma associated with unmarried motherhood that has occurred over the past thirty years is likely to have reduced the cost of being a single parent relative to the past. For some, motherhood may indeed offer a means by which a degree of independence from the current family home can be effected. That there should be an increase in unmarried motherhood is perhaps unsurprising.

2.11 Conclusions - “the future?”

2.11.1. The fall in the total and general fertility rates over the last thirty years have been substantial and remarkably relentless. How fertility will move in the future depends very much on how current trends are extrapolated. If it is assumed that the past falls have bottomed out i.e. a logarithmic trend is applied, then TFR is projected to level off at around 1.80 children per woman by 2014. However, if we assume a linear downward trend then TFR is projected to fall to around 1.20 children per woman by 2014. This may not be as implausible as it sounds given several European countries have already experienced TFRs at or below this level in recent years (e.g. Italy, Spain and Greece).

2.11.2. Both future scenarios suggest fertility will remain below that required for replacement of the population. Associated with this, in the absence of substantial inward migration, will be population ageing. Only the rate at which population ageing occurs is really open to debate. Given the evident trends in fertility, Northern Ireland will face challenges not just with falling school enrolments but also in meeting the growing demand for older persons services such as long-term care. How such services will be financed and who will provide such care are already issues of concern. With fewer children the supply of informal care provided by younger family members becomes tighter and meeting the needs of an ageing population more difficult and costly. As the wave of baby-boomers approach and enter retirement (over the next twenty years) these issues will come into sharper focus as this particular peak in demand for care is encountered.

2.11.3. Caution is, however, warranted in extrapolating fertility trends. To assume fertility will fall inexorably or even remain below that required for replacement is to ignore that it is a product of the choices made by people. These choices reflect the incentives and constraints people respond to and the structure of these is not static. One example is the recent increases in student fees. This may result in fewer individuals choosing to enter higher education which in turn could result in earlier marriages and increases in the number of births. Falling birth rates and rising incomes could see changes in the relative value individuals attach to the number of children they have as the cost benefit ratio of them changes (what economists refer to the law of diminishing marginal utility may change the outcome of the quality/quantity trade-off). Developments in assisted reproductive technologies may also expand the potential timeframe available for child bearing; changes in inheritance taxes or charging

pensioners for social services could affect the desire to accumulate assets and thus labour force decisions. Equally, though the rapid increase in property values in Northern Ireland could result in further delays in family formation and further reductions in fertility, as individuals are obliged to save longer before buying a house. All these issues are involved in defining the context in which choices regarding timing and levels of child bearing are made, although their modus operandi is not fully understood.

2.11.4. Attaining such an understanding is central to identifying the nature of future challenges and what policy measures should be adopted to confront these. To obtain this understanding, behaviour in respect of fertility must be linked to information at an individual level. This will include education, social class, geography and labour force participation. Moreover it is important that this is done on a panel basis where a cross section of individuals is tracked over time so that the response of fertility to changing circumstances can be elicited. Fortunately in Northern Ireland for the first time the possibility to undertake such research is emerging. The Northern Ireland Longitudinal Study (NILS) will provide an opportunity to link anonymised individual records from a variety of sources including the Census and the vital event records of the Registrar General to provide a more complete picture of incentives, constraints and choices than has hitherto been possible. As more data flows into this so the opportunity to gain a better understanding of fertility rates, their future direction and what might constitute appropriate policy responses will emerge.

2.12 Acknowledgements

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27. Regional Trends, 2004 and 1976.

Appendices



Appendix 1: Population and vital events, 1926-2005

Year	Estimated population			Resident live births							Multiple births		
	Persons	Males	Females	All resident births ¹	Rate ²	Males	Females	Males per 1,000 females	Outside marriage		Twins	Triplets etc	% of maternities
									Number	% ³			
1926-30	1,249,000	604,000	645,000	26,418	21.2	13,587	12,831	1,059	1,249	4.7	308	4	1.2
1931-35	1,270,000	617,000	653,000	25,098	19.8	12,926	12,172	1,062	1,259	5.0	286	2	1.2
1936-40	1,286,800	626,100	660,700	25,533	19.8	13,110	12,423	1,055	1,178	4.6	300	4	1.2
1941-45	1,304,400	674,000	630,400	29,592	22.7	15,287	14,305	1,069	1,560	5.3	332	4	1.2
1946-50	1,350,400	695,800	654,600	29,764	22.0	15,336	14,428	1,063	1,124	3.8	367	5	1.3
1951-55	1,382,500	673,700	708,800	28,798	20.8	14,885	13,913	1,070	838	2.9	391	4	1.4
1956-60	1,405,000	684,700	720,300	30,539	21.7	15,755	14,784	1,066	758	2.5	414	3	1.4
1961-65	1,447,200	705,500	741,700	33,226	23.0	17,171	16,055	1,069	890	2.7	407	3	1.3
1966-70	1,501,500	732,500	769,000	32,866	21.9	16,958	15,908	1,066	1,180	3.6	355	3	1.1
1971-75	1,532,000	755,200	776,700	28,850	18.8	14,935	13,914	1,073	1,260	4.4	308	2	1.1
1976-80	1,526,200	754,300	771,900	26,959	17.7	13,807	13,152	1,050	1,531	5.7	271	4	1.0
1981-85	1,552,100	759,700	792,400	27,194	17.5	13,965	13,229	1,056	2,469	9.1	289	3	1.1
1986-90	1,585,400	773,800	811,600	27,045	17.1	13,914	13,130	1,060	4,266	15.8	286	4	1.1
1991-95	1,631,800	795,900	835,900	24,779	15.2	12,704	12,075	1,052	5,427	21.9	292	8	1.2
1996-2000	1,674,500	816,700	857,800	23,321	13.9	11,966	11,356	1,054	6,661	28.6	319	8	1.4
2001-2005	1,704,700	833,400	871,300	21,928	12.9	11,245	10,683	1,053	7,511	34.3	314	8	1.5
1971	1,540,400	754,600	785,800	31,765	20.6	16,504	15,261	1,081	1,207	3.8	342	4	1.1
1972	1,539,000	757,500	781,500	29,994	19.5	15,559	14,435	1,078	1,263	4.2	325	3	1.1
1973	1,530,000	755,700	774,200	29,200	19.1	15,152	14,048	1,079	1,195	4.1	290	1	1.0
1974	1,526,900	755,000	771,900	27,160	17.8	13,987	13,173	1,062	1,296	4.8	291	3	1.1
1975	1,523,500	753,300	770,200	26,130	17.2	13,475	12,655	1,065	1,338	5.1	294	-	-
1976	1,523,500	754,000	769,500	26,361	17.3	13,542	12,819	1,056	1,330	5.0	264	5	1.0
1977	1,523,300	753,900	769,400	25,437	16.7	13,154	12,283	1,071	1,383	5.4	266	3	1.1
1978	1,523,200	753,600	769,700	26,239	17.2	13,168	13,071	1,007	1,523	5.8	249	2	1.0
1979	1,528,300	755,200	773,100	28,178	18.4	14,485	13,693	1,058	1,668	5.9	276	5	1.0
1980	1,532,800	754,800	778,000	28,582	18.6	14,686	13,896	1,057	1,751	6.1	298	4	1.1
1981	1,543,000	756,600	786,300	27,166	17.6	13,847	13,319	1,040	1,894	7.0	304	4	1.1
1982	1,544,500	756,700	787,800	26,872	17.4	13,732	13,140	1,045	2,106	7.8	305	2	1.2
1983	1,550,600	759,000	791,500	27,026	17.4	13,972	13,054	1,070	2,370	8.8	263	4	1.0
1984	1,557,300	761,300	796,000	27,477	17.6	14,196	13,281	1,069	2,790	10.2	303	3	1.1
1985	1,565,400	764,900	800,400	27,427	17.5	14,076	13,351	1,054	3,185	11.6	269	3	1.0
1986	1,573,500	768,400	805,100	27,975	17.8	14,501	13,474	1,076	3,575	12.8	280	3	1.0
1987	1,582,000	772,900	809,100	27,653	17.5	14,196	13,457	1,055	3,967	14.3	320	7	1.2
1988	1,585,400	773,800	811,700	27,514	17.4	14,131	13,383	1,056	4,446	16.2	283	2	1.0
1989	1,590,400	775,900	814,500	25,831	16.2	13,307	12,524	1,063	4,394	17.0	281	2	1.1
1990	1,595,600	777,900	817,700	26,251	16.5	13,437	12,814	1,049	4,946	18.8	267	5	1.0
1991	1,607,300	783,200	824,100	26,028	16.2	13,427	12,601	1,066	5,288	20.3	311	7	1.2
1992	1,623,300	792,100	831,100	25,354	15.6	12,924	12,430	1,040	5,579	22.0	256	8	1.1
1993	1,635,600	798,200	837,300	24,722	15.1	12,515	12,207	1,025	5,445	22.0	283	9	1.2
1994	1,643,700	801,900	841,800	24,098	14.7	12,361	11,737	1,053	5,337	22.1	288	6	1.2
1995	1,649,100	804,000	845,100	23,693	14.4	12,293	11,400	1,078	5,487	23.2	324	9	1.4
1996	1,661,800	810,300	851,400	24,382	14.7	12,382	12,000	1,032	6,346	26.0	310	13	1.3
1997	1,671,300	815,500	855,700	24,087	14.4	12,325	11,762	1,048	6,427	26.7	330	7	1.4
1998	1,677,800	818,700	859,100	23,668	14.1	12,058	11,610	1,039	6,743	28.5	305	7	1.3
1999	1,679,000	818,500	860,500	22,957	13.7	11,943	11,014	1,084	6,957	30.3	334	6	1.5
2000	1,682,900	820,500	862,500	21,512	12.8	11,120	10,392	1,070	6,833	31.8	314	5	1.5
2001	1,689,300	824,400	864,900	21,962	13.0	11,288	10,674	1,058	7,144	32.5	330	10	1.6
2002	1,696,600	828,900	867,800	21,385	12.6	10,874	10,511	1,035	7,161	33.5	313	13	1.5
2003	1,702,600	832,800	869,800	21,648	12.7	11,244	10,404	1,081	7,439	34.4	304	5	1.4
2004	1,710,300	836,500	873,800	22,318	13.0	11,477	10,841	1,059	7,703	34.5	330	7	1.5
2005	1,724,400	844,300	880,100	22,328	12.9	11,341	10,987	1,032	8,108	36.3	294	6	1.4

See Appendix 3 - for notes on change in definition of stillbirths that took place in 1992

¹ All births prior to 1981

² Rate per 1,000 population

³ Percentage of all live births

⁴ Rate per 1,000 live and still births

⁵ Rate per 1,000 live births

Stillbirths		Infant deaths		Deaths						Marriages		Divorces	Year
Number	Rate ⁴	Number	Rate ⁵	Persons		Males		Females		Number	Rate ²	Number	
				Number	Rate ²	Number	Rate ²	Number	Rate ²				
..	..	2,083	78.8	18,403	14.7	8,888	14.7	9,515	14.8	7,328	5.9	..	1926-30
..	..	1,966	78.4	18,026	14.2	8,869	14.4	9,157	14.0	7,806	6.1	..	1931-35
..	..	1,970	77.2	18,369	14.3	9,097	14.5	9,271	14.0	9,073	7.1	..	1936-40
..	..	2,169	73.3	17,478	13.4	8,778	13.0	8,700	13.8	10,751	8.2	..	1941-45
..	..	1,423	47.8	16,039	11.9	8,134	11.7	7,905	12.1	9,396	7.0	..	1946-50
..	..	1,054	36.6	15,557	11.3	7,966	11.8	7,590	10.7	9,359	6.8	..	1951-55
..	..	863	28.3	15,175	10.8	7,872	11.5	7,303	10.1	9,500	6.8	..	1956-60
695	20.5	879	26.5	15,628	10.8	8,185	11.6	7,443	10.0	10,185	7.0	124	1961-65
530	15.9	791	24.1	15,987	10.6	8,399	11.5	7,588	9.9	11,357	7.6	225	1966-70
407	13.9	610	21.1	16,948	11.1	8,954	11.9	7,994	10.3	11,384	7.4	381	1971-75
269	9.9	427	15.9	16,750	11.0	8,770	11.6	7,980	10.3	10,010	6.6	648	1976-80
194	7.1	323	11.8	15,972	10.3	8,146	10.7	7,826	9.9	10,049	6.5	1,523	1981-85
136	5.0	231	8.5	15,696	9.9	7,879	10.2	7,818	9.6	10,031	6.3	1,664	1986-90
135	5.4	168	6.7	15,228	9.3	7,515	9.4	7,713	9.2	8,983	5.5	2,282	1991-95
126	5.4	134	5.7	15,150	9.0	7,315	9.0	7,835	9.1	7,881	4.7	2,325	1996-2000
109	4.9	122	5.5	14,428	8.5	6,953	8.3	7,474	8.6	7,821	4.6	2,345	2001-2005
462	14.3	722	22.7	16,202	10.5	8,593	11.4	7,609	9.7	12,152	7.9	339	1971
434	14.3	616	20.5	17,032	11.1	9,001	11.9	8,031	10.3	11,905	7.7	355	1972
389	13.1	610	20.9	17,669	11.5	9,288	12.3	8,381	10.8	11,212	7.3	393	1973
374	13.6	567	20.9	17,327	11.3	9,226	12.2	8,101	10.5	10,783	7.1	382	1974
375	14.1	534	20.4	16,511	10.8	8,664	11.5	7,847	10.2	10,867	7.1	437	1975
278	10.4	483	18.3	17,030	11.2	8,869	11.8	8,161	10.6	9,914	6.5	574	1976
310	12.0	438	17.2	16,921	11.1	8,871	11.8	8,050	10.5	9,696	6.4	569	1977
243	9.2	417	15.9	16,153	10.6	8,458	11.2	7,695	10.0	10,304	6.8	599	1978
246	8.7	417	14.8	16,811	11.0	8,822	11.7	7,989	10.3	10,214	6.7	601	1979
266	9.2	382	13.4	16,835	11.0	8,832	11.7	8,003	10.3	9,923	6.5	896	1980
240	8.8	360	13.2	16,256	10.5	8,423	11.1	7,833	10.0	9,636	6.2	1,355	1981
187	6.9	369	13.7	15,918	10.3	8,004	10.6	7,914	10.0	9,913	6.4	1,383	1982
204	7.5	329	12.1	16,039	10.3	8,209	10.8	7,830	9.9	9,990	6.4	1,657	1983
161	5.8	291	10.5	15,692	10.1	8,007	10.5	7,685	9.7	10,361	6.7	1,552	1984
178	6.4	265	9.6	15,955	10.2	8,088	10.6	7,867	9.8	10,343	6.6	1,669	1985
125	4.4	286	10.2	16,065	10.2	8,154	10.6	7,911	9.8	10,225	6.5	1,539	1986
170	6.1	242	8.7	15,334	9.7	7,721	10.0	7,613	9.4	10,363	6.6	1,514	1987
137	5.0	248	8.9	15,813	10.0	7,993	10.3	7,820	9.6	9,960	6.3	1,550	1988
133	5.1	180	6.9	15,844	10.0	7,878	10.2	7,966	9.8	10,019	6.3	1,818	1989
115	4.4	198	7.5	15,426	9.7	7,648	9.8	7,778	9.5	9,588	6.0	1,897	1990
123	4.7	194	7.4	15,096	9.4	7,533	9.6	7,563	9.2	9,221	5.7	2,310	1991
124	4.9	153	6.0	14,988	9.2	7,469	9.4	7,519	9.0	9,392	5.8	2,280	1992
128	5.2	176	7.1	15,633	9.6	7,731	9.7	7,902	9.4	9,045	5.5	2,213	1993
153	6.3	147	6.1	15,114	9.2	7,362	9.2	7,752	9.2	8,683	5.3	2,303	1994
145	6.1	169	7.1	15,310	9.3	7,482	9.3	7,828	9.3	8,576	5.2	2,302	1995
153	6.2	142	5.8	15,218	9.2	7,418	9.2	7,800	9.2	8,297	5.0	2,314	1996
131	5.4	137	5.6	14,971	9.0	7,244	8.9	7,727	9.0	8,071	4.8	2,176	1997
122	5.1	134	5.6	14,993	8.9	7,321	8.9	7,672	8.9	7,826	4.7	2,459	1998
132	5.7	148	6.4	15,663	9.3	7,464	9.1	8,199	9.5	7,628	4.5	2,326	1999
93	4.3	109	5.0	14,903	8.9	7,128	8.7	7,775	9.0	7,584	4.5	2,350	2000
112	5.1	134	6.0	14,513	8.6	7,007	8.5	7,506	8.7	7,281	4.3	2,365	2001
122	5.7	100	4.6	14,586	8.6	6,948	8.4	7,638	8.8	7,599	4.5	2,165	2002
108	5.0	115	5.0	14,462	8.5	6,920	8.3	7,542	8.7	7,757	4.6	2,319	2003
113	5.0	122	5.3	14,354	8.4	6,935	8.3	7,419	8.5	8,328	4.9	2,512	2004
89	4.0	140	6.1	14,224	8.2	6,957	8.2	7,267	8.3	8,140	4.7	2,362	2005

Appendix 2: Population and Vital Events by Administrative Area, 2005

AREA	Estimated population at 30 June 2005 Persons	Resident live births		Stillbirths		Infant deaths		Deaths		Marriages	
		All resident births		Number	Rate ²	Number	Rate ³	Persons		Number	Rate ¹
		Number	Rate ¹					Number	Rate ¹		
NORTHERN IRELAND	1,724,400	22,328	12.9	89	4.0	140	6.1	14,224	8.2	8,140	4.7
Eastern Board	666,200	7,995	12.0	38	4.7	64	7.9	6,184	9.3	3,091	4.6
Ards	75,300	890	11.8	3	3.4	6	6.7	673	8.9	290	3.9
Belfast	268,000	3,289	12.3	12	3.6	37	11.0	2,761	10.3	1,333	5.0
Castlereagh	65,700	722	11.0	1	1.4	3	4.1	632	9.6	179	2.7
Down	67,400	798	11.8	6	7.5	4	5.0	545	8.1	334	5.0
Lisburn	111,500	1,473	13.2	9	6.1	6	4.1	825	7.4	467	4.2
North Down	78,300	823	10.5	7	8.4	8	9.7	748	9.6	488	6.2
Northern Board	440,100	5,623	12.8	21	3.7	26	4.6	3,543	8.1	2,009	4.6
Antrim	50,500	702	13.9	2	2.8	3	4.2	338	6.7	224	4.4
Ballymena	60,700	794	13.1	3	3.8	2	2.5	508	8.4	305	5.0
Ballymoney	28,700	376	13.1	1	2.7	5	13.3	209	7.3	129	4.5
Carrickfergus	39,200	479	12.2	-	-	3	6.3	332	8.5	154	3.9
Coleraine	56,600	589	10.4	3	5.1	2	3.4	490	8.7	283	5.0
Cookstown	34,100	483	14.2	2	4.1	2	4.1	279	8.2	199	5.8
Larne	31,100	350	11.3	2	5.7	1	2.9	295	9.5	155	5.0
Magherafelt	41,800	607	14.5	3	4.9	3	4.9	285	6.8	207	4.9
Moyle	16,500	193	11.7	2	10.3	-	-	142	8.6	106	6.4
Newtownabbey	80,800	1,050	13.0	3	2.8	5	4.8	665	8.2	247	3.1
Southern Board	327,500	4,813	14.7	16	3.3	20	3.9	2,370	7.2	1,581	4.8
Armagh	55,800	807	14.5	1	1.2	2	2.5	398	7.1	297	5.3
Banbridge	44,800	646	14.4	2	3.1	3	4.6	294	6.6	193	4.3
Craigavon	84,700	1,193	14.1	8	6.7	2	1.6	597	7.1	318	3.8
Dungannon	50,700	760	15.0	2	2.6	6	7.9	414	8.2	270	5.3
Newry & Mourne	91,600	1,407	15.4	3	2.1	7	4.1	667	7.3	503	5.5
Western Board	290,600	3,897	13.4	14	3.6	30	7.5	2,127	7.3	1,459	5.0
Fermanagh	59,700	732	12.3	2	2.7	5	6.7	536	9.0	370	6.2
Limavady	34,100	451	13.2	1	2.2	6	13.3	228	6.7	183	5.4
Derry	107,300	1,529	14.3	7	4.6	11	6.8	744	6.9	484	4.5
Omagh	50,700	682	13.4	1	1.5	5	7.3	360	7.1	256	5.0
Strabane	38,700	503	13.0	3	5.9	3	6.0	259	6.7	166	4.3

¹ Rate per 1,000 population

² Rate per 1,000 live and still births

³ Rate per 1,000 live births

Appendix 3: Notes and Definitions

Population Data

All population figures refer to estimates as at 30 June of the year in question. Ages relate to age last birthday at the date shown.

Natural increase

Natural increase is equal to total births minus total deaths.

Marriages

Marriage rates relate to the number of marriages solemnised and not to the number of persons married. The number of marriages relates to those registered in Northern Ireland, thus it does not include Northern Ireland residents who get married outside Northern Ireland, but does include non Northern Ireland residents getting married in Northern Ireland.

Divorces

Divorce statistics have been compiled from returns of 'Decrees made Absolute' supplied by the Northern Ireland Court Service and include nullities of marriage. Information on the number of 'Decree Nisis' is published by the Northern Ireland Court Service. A Decree Nisi does not terminate the marriage; a couple are still married until the Decree Absolute has been granted.

Date of registration and date of occurrence

All the data presented on births, stillbirths, marriages and deaths relate to the date of registration of the event and not to the date of occurrence. For events such as infant death or suicide, which are likely to be referred to the coroner, it can take some time for the event to be registered.

Place of occurrence

Births, stillbirths and deaths have been allocated to the area of usual residence if it is in Northern Ireland, otherwise they have been allocated to the area of occurrence. Marriage figures relate to the area of occurrence.

Marital status of parents

The following terms are used throughout the report:

Married parents: refers to parents who are married to each other at time of registration of birth.

Unmarried parents: refers to parents who are unmarried or married but not to each other at time of registration of birth.

Births

The births presented in this report (since 1981) do not include births to non Northern Ireland resident mothers unless otherwise stated.

Stillbirths

The **Stillbirth (Definition) Act 1992** redefined a stillbirth, from 1 October 1992, as a child which had issued forth from its mother after the 24th week of pregnancy and which did not breath or show any other sign of life. Prior to 1 October 1992 the statistics related to events occurring after the 28th week of pregnancy.

A stillbirth rate refers to the number of stillbirths per 1,000 live and still births.

The stillbirths presented in this report (since 1981) do not include stillbirths to non Northern Ireland resident mothers.

Perinatal deaths

Perinatal deaths refer to stillbirths and deaths in the first week of life.

A perinatal death rate refers to the number of perinatal deaths per 1,000 live and still births.

Perinatal deaths presented in this report include stillbirths and infant deaths to non Northern Ireland residents.

Neonatal deaths

Neonatal deaths refer to deaths in the first four weeks of life.

A neonatal death rate refers to the number of neonatal deaths per 1,000 live births (including non Northern Ireland residents).

Postneonatal deaths

Postneonatal deaths refer to deaths after the first four weeks but before the end of the first year.

A postneonatal death rate refers to the number of postneonatal deaths per 1,000 live births (including non Northern Ireland residents).

Infant deaths

Infant deaths refer to all deaths in the first year of life.

An infant death rate refers to the number of infant deaths per 1,000 live births (including non Northern Ireland residents).

Deaths

The deaths represented in this report refer to all deaths which occurred in Northern Ireland. They include those which occurred in Northern Ireland to non Northern Ireland residents, but exclude those occurring to Northern Ireland residents outside of Northern Ireland.

Suicide, Self-Inflicted Injury and Events of Undetermined Intent

In the UK, in considering suicide events it is conventional to include cases where the cause of death is classified as either 'Suicide and self-inflicted injury' or 'Undetermined injury'. The ICD10 codes used for 'Suicide and self-inflicted injury' are X60-X84 and Y87.0, and the ICD10 codes used for 'Undetermined injury' are Y10-Y34 and Y87.2. (Also see note on Registration and Occurrence).

Alcohol-Related Deaths

The figures in this report are based on a new harmonised definition of alcohol-related deaths that has been recently agreed across the UK. The definition of alcohol-related deaths includes those causes regarded as most directly due to alcohol consumption. It does not include other diseases where alcohol has been shown to have some causal relationship, such as cancers of the mouth, oesophagus and liver. The definition includes all deaths from chronic liver disease and cirrhosis (excluding biliary cirrhosis), even when alcohol is not specifically mentioned on the death certificate.

Apart from deaths due to poisoning with alcohol (accidental, intentional or undetermined), this definition excludes any other external causes of death, such as road traffic deaths and other accidents.

Further details on the UK definition and a list of the ICD9 and ICD10 codes used to code alcohol related deaths can be found at:
[/www.statistics.gov.uk/statbase/Product.asp?vlnk=14496](http://www.statistics.gov.uk/statbase/Product.asp?vlnk=14496)

Crude birth and death rates

A **crude rate** refers to the number of occurrences of the event per 1,000 population.

Age standardisation

A straight comparison of crude death rates between areas may present a misleading picture because of differences in the sex and age structure of the respective populations. The technique of standardisation is used to remedy this. In general, standardisation involves a comparison of the

actual number of events occurring in an area with the aggregate number expected if the age/sex specific rates in the standard population were applied to the age/sex groups of the observed population. The results are expressed either as standardised rates or as standardised mortality ratios (SMRs) where the standard ratio (for Northern Ireland) equals 100.

In some areas the presentation of standardised rates for only one year's deaths may not provide a full picture of the underlying standardised death rates. It is therefore advisable to use the 3 years rates provided (**Figure 1.20**).

Significance of SMRs

The estimation of SMRs by LGD and Health Board invites the question of whether such SMRs are different from the Northern Ireland average (100). The statistical significance of the SMRs has been examined by estimating the probability that the difference between an observed SMR and 100 might have resulted from chance variation; where this probability is less than 0.05 (one in twenty) the particular SMR has been classified as statistically significantly ($p < 0.05$) different from 100. More details on the method can be obtained from Demography and Methodology Branch.

Total period fertility rate (TPFR)

The TPFR is the average number of children that would be born to a cohort of women who experienced, throughout their childbearing years, the fertility rates of the calendar year in question.

TPFR replacement level

In western countries a TPFR of about 2.1 is required to maintain long-term population levels, assuming no migration.

General fertility rate

The general fertility rate is the number of live births per 1,000 women aged 15-44.

The gross reproduction rate

The gross reproduction rate is the average number of live daughters that would be born to a cohort of women who experienced, throughout their childbearing years, the fertility rates of the calendar year in question.

The net reproduction rate

With reference to the gross reproduction rate, the net reproduction rate is the average number of these live daughters that, subject to the mortality rates of the calendar year in question, would survive to their mother's age at the time of birth.

Maternities

Maternities refer to the number of pregnancies ending in stillbirths or live births with multiple births counting only once. The number of maternities presented in this report (since 1981) does not include births or stillbirths to non Northern Ireland residents.

National Statistics Socio-economic Classification (NS-SeC)

This new social classification has replaced the previously published Registrar General's Social Class. It is principally based on the individual's occupation and employment status and has been introduced in order to reflect a modern view of social classification. It was introduced from 2001 onwards. Further information can be obtained from the Office for National Statistics at:

www.statistics.gov.uk/methods_quality/ns_sec/default.asp.

NS-SeC is determined according to a person's occupation; for children of parents who are married to each other, according to the occupation of the father as stated at birth registration; for children of parents who are not married to each other but who jointly registered the birth, according to the occupation of the father; and for sole registrations, according to the occupation of the mother. The occupations are grouped into the following classes:

NS-SeC I	Higher managerial & professional occupations
NS-SeC II	Lower managerial & professional occupations
NS-SeC III	Intermediate occupations
NS-SeC IV	Small employers & own account workers
NS-SeC V	Lower supervisory & technical occupations
NS-SeC VI	Semi-routine occupations
NS-SeC VII	Routine occupations
NS-SeC VIII	Never worked & long-term unemployed

Cause of death coding - ICD10

All deaths and stillbirths registered from the 1 January 2001 have been coded in accordance with the International Statistical Classification of Diseases, Injuries and Causes of Death, (ICD) (Tenth Revision), which has been in operation by international agreement from 1 January 1999.

Classification of the underlying cause of death is done by reference to the death certificate and additional information from the certifying doctor.

Expectation of Life

Expectation of Life statistics, previously produced by the Government Actuary's Department (GAD), are now produced by the Office for National Statistics (ONS). Expectation of life can be calculated in two ways: period life expectancy or cohort life expectancy.

Period life expectancies are worked out using the age-specific mortality rates for a given period (either a single year, or a run of years), with no allowance for any later actual or projected changes in mortality.

Cohort life expectancies are worked out using age-specific mortality rates which allow for known or projected changes in mortality in later years.

All statistics for expectation of life in Chapter 1 are based on the period methodology and are produced for single year of age based on three year's deaths and population data with the exception of the cohort figures given in Table 2.1.

Northern Ireland Population Projections

Figure 1.1, 1.8 and 1.9 summarise the results of the latest Government Actuary's Department population projections for Northern Ireland. The assumptions used in this projection are summarised below.

Base population: The projection was based on the Northern Ireland mid-2004 population estimate.

Fertility: The numbers of births for the projections are obtained by applying the appropriate fertility rate to the average number of women at each age during each year of the projection period. For Northern Ireland, long-term average completed family size is assumed to be 1.80 children per woman.

Mortality: The mortality rates for the first year of the projection, 2004-05, are based on the best estimates that could be made in September 2005 of the numbers of deaths at each age in 2003-04. Future improvements in

mortality rates are based on the trend in mortality rates in the years up to 2004. The mortality rates used in the projections represent the probabilities of death between one mid-year and the next, according to a person's age last birthday at the beginning of the period.

Migration: It has been assumed that for each year of the projection period in the long-term there was a net outward migration of 500 from Northern Ireland.

A new set of population projections based on the 2006 mid-year population estimates are scheduled to be published in Autumn/Winter 2007. Further information on population projections can be obtained from:

National Population Projections and Life Tables Branch
ONS Centre for Demography
Office for National Statistics
Room D3/05
1 Drummond Gate
LONDON
SW1V 2QQ

Tel: 020 7533 5222
Email: natpopproj@ons.gsi.gov.uk
lifetables@ons.gsi.gov.uk
Website: www.statistics.gov.uk

Population Projections for areas within Northern Ireland

NISRA has produced 2002 based population projections for areas within Northern Ireland - Local Government Districts, Health and Social Services Boards, Education and Library Boards and NUTS III areas. These figures are constrained to the GAD Northern Ireland totals.

A new set of population projections for areas within Northern Ireland based on the 2006 mid-year population estimates are scheduled to be published in Winter 2007.

Further information on the population projections for areas within Northern Ireland can be obtained from:

Customer Services
Northern Ireland Statistics and Research Agency
McAuley House
2-14 Castle Street
BELFAST
BT1 1SA

Tel: 028 9034 8160
Fax: 028 9034 8161
Email: census.nisra@dfpni.gov.uk
Website: www.nisra.gov.uk/demography/default.asp

UK Data

The Office for National Statistics (ONS) is responsible for producing a wide range of economic and social statistics. It also, for England and Wales, registers life events and holds the Census of Population. Contact details are as follows:

Customer Contact Centre
Room 1.015
Office for National Statistics
Cardiff Road,
NEWPORT
NP10 8XG

Tel: 0845 601 3034
Fax: 0163 365 2747
Email: info@statistics.gsi.gov.uk
Website: www.statistics.gov.uk

The General Register Office for Scotland (GROS) is responsible for the registration of births, marriages, deaths, divorces and adoptions in Scotland. They are also responsible for the Census of Population in Scotland which, with other sources of information, is used to produce population statistics. Contact details are as follows:

Customer Services
Dissemination and Census Analysis Branch
General Register Office for Scotland
Ladywell House
Ladywell Road
EDINBURGH
EH12 7TF

Tel: 0131 314 4243
Fax: 0131 314 4696
Email: customer@gro-scotland.gsi.gov.uk
Website: www.gro-scotland.gov.uk

Appendix 4: Further Information

Vital Statistics

A wide range of additional information at differing levels of geography (including postcode sector) and for years not included in this edition of the Registrar General's Annual Report is available on request from Customer Services.

Population Statistics

Estimates of the resident population are available by sex and single year of age for each of the Local Government Districts, Health and Social Services Boards, Education and Library Boards, Parliamentary Constituencies and NUTS III areas of Northern Ireland. Population projections are available for the Local Government Districts, Health and Social Services Boards, Education and Library Boards and NUTS III areas by age and sex for a 15 year period after the base year. This information can be obtained from:

Customer Services
Northern Ireland Statistics and Research Agency
McAuley House
2-14 Castle Street
BELFAST
BT1 1SA

Tel: 028 9034 8160
Fax: 028 9034 8161
Email: census.nisra@dfpni.gov.uk
Website: www.nisra.gov.uk/demography/default.asp

Migration Statistics

In July 2005 NISRA published a paper outlining analysis undertaken to develop measures of long-term international migration. A second paper was published by the UK National Statistics Centre for Demography, a collaboration between the partners in UK official demographic statistics. This paper explains in detail work ongoing across the UK on estimating population migration. Both these papers can be found at:

http://www.nisra.gov.uk/demography/default.asp?cmsid=20_45&cms=demography_Publications&release

Historical Registrar General Annual Reports

Electronic copies of all Registrar General Annual Reports from 1922 to the present day are now available from the NISRA website. They can be accessed at the following link:

www.nisra.gov.uk/demography/default.asp?cmsid=20_45&cms=demography_Publications&release

2001 Census Data

Detailed results from the 2001 Census include a wide range of demographic information available for different levels of geography. The headline outputs include:

- Northern Ireland Census 2001 Population Report and Mid-Year Estimates
- Northern Ireland Census 2001 Key Statistics
- Northern Ireland Census 2001 Standard Tables
- Northern Ireland Census 2001 Census Area Statistics

More information on the 2001 Census and statistics available from it can be obtained from:

Census Customer Services
Northern Ireland Statistics and Research Agency
McAuley House
2-14 Castle Street
BELFAST
BT1 1SA

Tel: 028 9034 8160
Fax: 028 9034 8161
Email: census.nisra@dfpni.gov.uk
Website: www.nisra.gov.uk/census/start.html

Neighbourhood Statistics

NISRA is developing a statistical resource for Northern Ireland which includes detailed small area aggregate statistical information. The resource is titled Neighbourhood Statistics and includes a web-based dissemination system available at www.ninis.nisra.gov.uk. The web system includes 2001 Census data along with detailed aggregate statistical information from various administrative data systems. Further information can be obtained from:

NISRA Neighbourhood Statistics
Northern Ireland Statistics and Research Agency
McAuley House
2-14 Castle Street
BELFAST
BT1 1SA

Tel: 028 9034 8111
Fax: 028 9034 8134
Email: ninis.nisra@dfpni.gov.uk
Website: www.ninis.nisra.gov.uk

Divorces - Decree Nisi information

The information on divorces in this report refers to Decree Absolutes. Information on Decree Nisi's can be obtained from:

The Northern Ireland Court Service
Resource Management Branch
18th Floor
Windsor House
Bedford Street
BELFAST
BT2 7LT

Tel: 028 9032 8594
Fax: 028 9023 8506

Appendix 5: Report on the work of the General Register Office for Northern Ireland (2005)

Introduction

The General Register Office for Northern Ireland (GRONI) is the part of the Northern Ireland Statistics and Research Agency (NISRA), which administers civil registration. The Registrar General for Northern Ireland, who is also Chief Executive of NISRA, heads GRONI. The registration functions of GRONI stem mainly from the statutory responsibilities placed on the Registrar General and include:

- administration of the registration of births, deaths, marriages and civil partnerships through District Registration Offices;
- formalities relating to marriage and conduct of civil marriages;
- formalities relating to civil partnership registration;
- maintenance of historic records of births, deaths, marriages, civil partnerships and adoptions and production of certified copies to applicants on request; and
- registration of adoptions.

The Registrar General has additional related statutory duties relating to the production and publication of vital statistics. Demography and Census Division within NISRA manage these duties in partnership with GRONI.

Aims

The work of GRONI is wide ranging including policy development, oversight and regulation of registration work undertaken by the District Registration Offices, advice on marriage procedures, casework relating to change of name, procedures relating to legal adoptions, production of certified copies of vital events and maintenance and storage of archive records. This is reflected in the fundamental aims of GRONI, which are:

- to register all births, deaths, marriages, civil partnerships and adoptions;
- to ensure that all information collected is relevant, accurate, complete and updated in such a way as to maintain public confidence in the records;
- to support NISRA in the production of accurate vital statistics to assist policy development and research;
- to preserve birth, death, marriage, civil partnership and adoption records permanently and to store them securely; and

- to produce certified copies of records efficiently and promptly on demand.

The aims of GRONI staff are to carry out these statutory obligations, to give accurate and unbiased advice to the public, to act with integrity at all times and to respect the confidentiality of all information contained in registration records or given by the public in confidence. In carrying out these functions, GRONI seeks to act in a manner consistent with the National Statistics Code of Practice and the Citizen's Charter.

Main Activities / Performance Against Key Targets during 2005

Almost 45,500 vital events (births, deaths, marriages, civil partnerships and adoptions) were registered in District Registration Offices and a corresponding number of certificates were issued. In addition, during 2005, GRONI:

- produced 93,354 certificates and 10,559 priority certificates;
- verified 3,367 births, deaths and marriages for government departments;
- provided all death notifications to the Central Services Agency, Electoral Office for Northern Ireland and Department for Social Development; and
- dealt with 3,835 registration related cases.

Each year the Minister for Finance and Personnel and the Registrar General set a number of key targets for GRONI. During 2005 these included:

- (i) Process 98 per cent of postal and personal certificate applications within 8 and 3 working days respectively.

Achieved. 98 per cent of postal applications processed within 8 working days and 98 per cent of personal applications processed within 3 working days
- (ii) Reduce by 2 per cent the unit cost of producing birth, death and marriage certificates in GRONI

Achieved.
- (iii) Introduce a new integrated IT registration system to upgrade existing systems and link the GRONI head-office with the District Registration Offices by March 2005.

Achieved. See section on RCM below for further information

- (iv) A response time of 15 working days when replying to miscellaneous queries.

Achieved. 99.8% within 15 days

- (v) Process birth, death, marriage, civil partnership and adoption registration casework within 15 working days.

Achieved. 96.4% within 15 days

Reform Developments in 2005

Each year a number of further measures are taken to improve customer services, value for money and develop policy. In 2005 the main developments included:

- the introduction of new legislation relating to Civil Partnership;
- the implementation of the new Registration and Certificate Modernisation system;
- the further development of the review of the civil registration service;
- the introduction of new legislation on marriages of non-EEA nationals;
- the introduction of new legislation relating to gender recognition; and
- the review of fees charged by GRONI.

Each of these is described in turn below.

(i) Civil Partnerships

The Civil Partnership Act was passed by Parliament on 18 November 2004. The Act enables same sex partners to form civil partnerships and provides legal recognition of the relationship between same sex partners. The rights and responsibilities flowing from a civil partnership are similar to those for marriage.

The Civil Partnership Act and the Civil Partnership Regulations (Northern Ireland) 2005 came into operation on 5 December 2005 and provided for the preliminaries to civil partnerships and for the events to be registered in Northern Ireland.

(ii) Implementation of new Registration and Certificate Modernisation (RCM) system

During 2005 GRONI upgraded the civil registration computer infrastructure in Northern Ireland. The new Registration and Certificate Modernisation (RCM) system fully integrates registration and certificate production. The RCM system provides direct electronic communication between the GRONI head-office and each District Registration Office to provide a secure and more reliable system for the

registration of life events. Registrations can be viewed in real time thus making it possible to produce a certified copy of life events in each District Registration Office. This fully integrated system has the ability to interface electronically with other Government Departments. This will allow for the efficient sharing of GRONI's dataset with other public sector organisations, primarily to reduce identity fraud.

(iii) Review of Registration Service

Following an earlier public consultation process, work was progressed on the formulation of future policy for the registration of births and deaths. Draft proposals will be put to Ministers in the near future, which will address a wide range of issues aimed at modernisation of civil registration. Following this significant legislative changes will be required to implement future improvements.

(iv) Marriages Of Non European Economic Area Nationals

The Asylum and Immigration (Treatment of Claimants etc) Act 2004 was passed by Parliament in November 2004. Specific provisions of the Act that extended to Northern Ireland came into force on 1 February 2005 and were aimed at preventing "sham marriages", namely marriages that are entered into for the purpose of evading immigration control. From that date any person subject to immigration control cannot give notice of marriage in Northern Ireland unless:

- they have an entry clearance (fiancee/marriage tourist visa) granted expressly for the purpose of marriage in the UK; or
- they have the written Home Office permission to marry in the United Kingdom - this will take the form of a Certificate of Approval which can be obtained from the Home Office, Immigration & Nationality Department; or
- they have settled status in the United Kingdom.

These measures will affect any non European Economic Area (EEA) national getting married in Northern Ireland or any other part of the United Kingdom.

(v) Gender Recognition Registration

The Gender Recognition Act 2004 was passed by Parliament on 1 July 2004 and established a Gender Recognition Panel that will issue Gender Recognition Certificates to those who have satisfactorily proved that they have been living in their new gender.

The Gender Recognition Regulations (Northern Ireland) 2005 that came into operation from 1 April 2005 will allow the Registrar General, on receipt of a Gender Recognition Certificate, to re-register a birth showing the new gender, in the Gender Recognition Register.

(vi) Annual review of civil registration fees

Each year GRONI review the statutory fees charged for registration services against costs. As a result the Births, Deaths, Marriages and Civil Partnership (Fees) Order (Northern Ireland) 2005 was passed by Parliament on 4 November 2005. The provisions came into operation on 5 December 2005 and allowed for the increase in the fees payable for registration services including birth and death certificates and marriage preliminaries. The provisions also allowed for introducing new fees for civil partnership preliminaries and registration.

Registrar General Northern Ireland Annual Report 2005 CD

This auto-run CD contains files to complement the printed report and is presented as a self contained website.

This CD contains:

- Report
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Belfast,

BT1 4GD

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