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Life After the Pandemic

Lessons from 2020

It should not be the primary goal to return to life before COVID-19. It is more important to use the experiences from the pandemic for urgently needed reforms to achieve a fundamental improvement in living conditions.

Individuals' socio-economic status and mental health should be given more consideration. 'People' and 'living conditions' can be very different. Future efforts need to take these factors into consideration to avoid undesired effects, especially for vulnerable groups.

The long-term health consequences (morbidity) due to missed doctor visits and preventative check-ups need to be studied and conclusions drawn for future crisis management.

The socio-demographic data infrastructure needs to be expanded. When collecting data, it is important that the data are comparable and consistent.

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Introduction

As SARS-CoV-2 became more widespread at the beginning of 2020 and a worldwide pandemic was declared, it was unclear how long the pandemic would last. Suddenly, virologists and epidemiologists were at the centre of attention. Governments were working under strict time constraints in order to keep the number of cases and deaths caused by the virus as low as possible.

With the release of several vaccinations, the possibility of overcoming the virus and the pandemic are more plausible than before; however, uncertainties still remain. In the period after the pandemic, long-term socio-demographic challenges that have developed during this time can be expected and societies and political decision-makers should be prepared to deal with them.

Therefore, Population Europe organised an expert meeting on 26 January 2021, which was held between what is considered the second and third waves of the pandemic in Germany. Based on the available findings, experts from research, policy and societal organisations discussed how life after the pandemic may develop. The discussion was about early conclusions with regard to necessary steps that need to be taken. This workshop and the resulting publications, including the Discussion Paper *Post-Pandemic Populations. The socio-demographic consequences of the COVID-19 Pandemic in Germany*, are part of a project with the same name funded by the German Federal Ministry for Family Affairs, Seniors, Women and Youth.

Research Findings

Early on, demographers and social scientists were studying how the pandemic was affecting individuals and possible future implications it would have on mortality, fertility and migration development. To understand the role of socio-demographic factors in the spread of the virus and to be able to make precise predictions, demographers analysed the population structures in different countries. They took into consideration the age structure and other important influencing factors like education, socio-economic status, ethnic background and living arrangements (Balbo et al., 2020).

Several participants mentioned studies that found that older people, specifically those not in care facilities, have fared better during this time than was originally assumed,

particularly in regard to their mental health. Younger generations, however, have struggled more with loneliness and reduced social contact than expected (Doblhammer & Trappe, 2021). A study by the German Youth Institute found that despite recommendations to reduce contact between grandparents and grandchildren, grandparents were still often involved in providing childcare. This appeared to be related to parental status, age of the child(ren) and where one lives, but was also found to be more common as the pandemic continued (Langmeyer, 2021).

This ongoing use of grandparents to help care for young children is another reminder of the challenge that parents faced during the pandemic. Researchers analysed if and how parents adapted how they divided household work once they could no longer send their children to school or day care. During the early stages, parents seemed to be able to manage the situation. Fathers appeared to take on more childcare responsibility, even though, overall, mothers still shouldered a large part of childcare responsibilities. Many mothers were in a more disadvantaged position than men: In Germany, the high number of women holding mini-jobs¹ certainly played a role, as these jobs do not provide access to unemployment or reduced employment benefits. This left women with a higher workload due to more family responsibilities, but also less income, which often led to their decision to leave the labour force. Women were also infected more with the COVID-19 virus than men, which could be related to the fact that women tend to work in contact-intensive professions (Sobotka et al., 2020).

Demographic Developments

How will the pandemic affect further population development? In regard to fertility, researchers could not make any definitive statements during the January 2021 meeting. In April 2021, the German Statistical Office released the number of births in Germany in 2020: There were 5,000 less births than in 2019, but this did not appear to be due to the pandemic (German Statistical Office, 2021). It still remains unclear, what influence pandemic-related uncertainties had and will have on couples' family plans. The meeting participants, however, do not expect a new baby boom. As the decision to have children is often closely related to childcare options and due to the reduced possibilities during the pandemic, this could have swayed couples to postpone their family planning decisions. According to one participant, this could have long-term effects on fertility as it may further reinforce the trend of women having children, on average, later and later.

COVID-19 has already taken many lives. In the short term, the mortality rate has risen and due to the new variants of the virus, it may continue to increase. But in the long-term, mortality rates are expected to decline. Due to the hygiene measures that were adopted to stop the spread of the virus, Germany and many other countries were able to avoid or greatly reduce the severity of a traditional flu season. The effectiveness of these hygiene measures could be a key lesson for the future that could impact life expectancy (Sauerberg, 2021; Doblhammer & Trappe, 2021).

In addition to affecting the mortality rate, the pandemic and the COVID-19 virus will also influence morbidity. Out of concern for the virus, many individuals skipped or postponed doctor visits. It is possible that in the future, there will be a higher level of morbidity among older ages caused by late diagnosis of life-threatening diseases. Moreover, individuals that were infected by the COVID-19 virus may suffer long-term health effects, which are still unknown at this point (Doblhammer & Trappe, 2021). There could also be long-term psychological trauma faced by large sections of the population, particularly individuals that were directly affected by the virus (either loss of a family member or direct infection) that should not be ignored.

Turning to migration, the meeting participants determined that the restrictions on mobility during the pandemic resulted in a slowdown in migration. However, migratory flows are likely to return to normal levels once the pandemic is over (Esteve & Trias-Llimós, 2021). Caregivers that commuted between countries were especially affected by the closing of the borders and limited mobility. Not only were there additional challenges to travel back and forth, such as from Poland to Germany, but there was little coordination between the countries and little institutional support for households or caregivers. These challenges made it more difficult to provide the same level and amount of care like in non-pandemic times.

Better Data is Essential

To be able to better analyse the effects of this and future pandemics on population developments, and to be able to continue to provide evidence-based information for policy makers, it is necessary to have access to reliable data.

The high demand for data brought attention to existing deficits. Many local health authorities were overwhelmed with the task of making data immediately available online.

It was also clear early on that for many questions, the disaggregated data needed to answer the questions were just not available. For researchers, it made it difficult to understand the dynamics of the pandemic. For example, there was little data based on COVID-19 deaths that included individuals' socio-economic status, migration background or whether individuals lived in care facilities. This lack of data about specific individual characteristics made it challenging to understand early on the various risk factors for infection and to make improvements to better protect the population.

This demand for reliable data will continue after the pandemic, especially for the analysis of long-term consequences. Therefore, the data infrastructures of federal statistical agencies and health authorities must be improved so that survey and administrative data is easier to access, and also better linked and comparable. This would be possible by expanding the ability of public health authorities to collect data, store it centrally, and make it available in a digital format to researchers.

Research institutes developed new studies to be able to answer questions related to the pandemic. Many studies used different sampling procedures and analysis methods, making it difficult to compare the findings. Certain groups were also underrepresented in the sampling groups. These deficits could be resolved through better data allocation and coordination. It would be useful for researchers, regulatory agencies and governments to work together to develop procedures for a coordinated approach to data collection.

Policy Recommendations

Health should be more broadly defined. Specifically, individuals' socio-economic status and mental health should be taken into further consideration. In addition, the hygiene measures adopted during the pandemic are likely to be suited for preventing outbreaks of other diseases in the future.

There cannot be a 'business as usual' attitude in the care sector. Care is not only organised across regions, but it is also transnational. Bi- and multilateral solutions for border regions must be developed.

Public health authorities must develop their infrastructures for socio-demographic data. The data must be made available to the research community faster and the collection of comparable and consistent data should be better coordinated.

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The communication between policy and research has proven to be an important component of evidence-based policymaking during the pandemic and should be further expanded. Communication to the public needs to be improved from both sides.

Lessons should be learned from the pandemic so that basic improvements can be made of living conditions for all generations in various circumstances. ■

Footnote

¹ In Germany, a mini-job is a low-wage position with either a monthly income of 450 euros or a position for only 70 days a year. Due to the lack of contributions to social insurance, mini-jobs do not provide sufficient social security coverage (<https://www.arbeitsagentur.de/lexikon/minijob>).

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