Focus on Spanish Society

December 2020

Focus on Spanish Society is published by the Social Studies Office of Funcas. The aim of this publication is to depict the Spanish social situation and provide brief insights into some of its most relevant aspects. Focus on Spanish Society consists of three sections. The first one, "Spain in Europe", draws attention to recently published statistical data and puts the Spanish case in comparative perspective. The second section, "Public opinion trends", examines in more detail one particular social issue as perceived by the Spanish public and manifested through opinion surveys. Finally, the third section "Follow-up social data" presents several social indicators related to demography and families, labour market and education, health and welfare benefits and services.

Section I. Spain in Europe

I.1. A particularly strong impact of the pandemic on personal finances

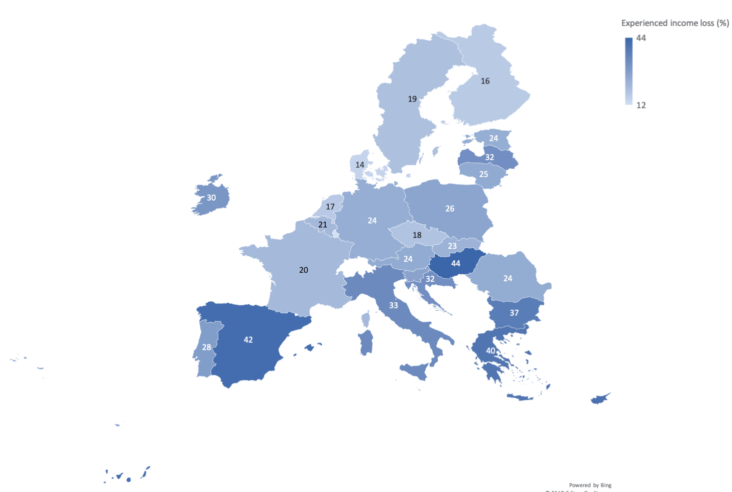
The European Parliament has commissioned specific surveys to track the opinions, attitudes and activities of European Union citizens during the COVID-19 crisis. These surveys offer information about the impact on Europeans of the pandemic, thus supplementing the abundant macroeconomic data provided by national statistics offices.

According to the third wave of the survey "Public opinion in the EU in times of COVID-19" (administered at the beginning of October 2020), one out of every four inhabitants of the European Union (27%) acknowledge a loss of income since the outbreak of the coronavirus pandemic. However, international differences are significant (Figure I.1). Spain ranks –together with Hungary, Greece and Bulgaria– among the countries with the highest shares of persons stating that they have suffered a loss of income. Italy and France –both countries also being heavily reliant on tourism, as well as very hard hit by the health emergency– report significantly smaller percentages (33% and 20%, respectively).

As expected, higher shares of the population affected by income loss concur with higher shares of the population resorting to personal savings sooner than planned. Thus, around one third of Spanish respondents (31%) declare having had to draw upon savings whereas the corresponding proportions in France (15%), Germany (14%) and The Netherlands (12%) remain below one sixth (Figure I.2). Furthermore, while nearly one fifth of Spanish interviewees (19%) state having had difficulties affronting housing expenses, in France, Germany and The Netherlands, people recognizing these problems fluctuate around 10%.

Figure I.1

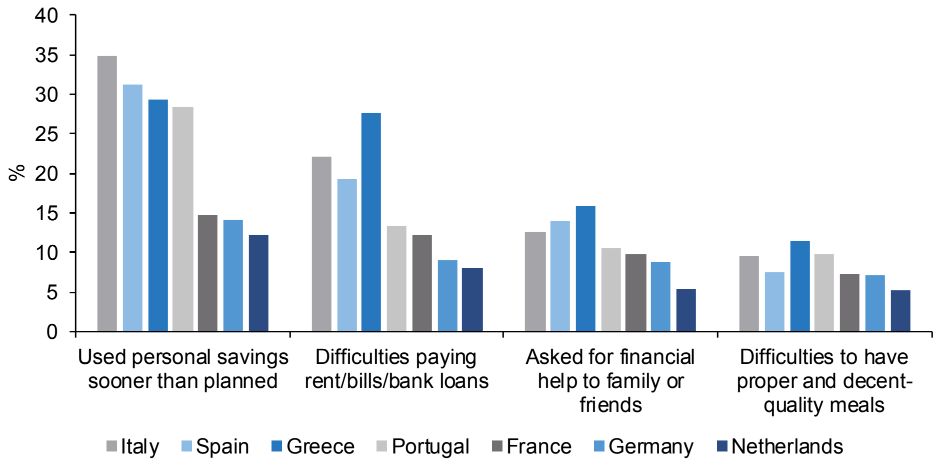
People acknowledging loss of income as a consequence of the pandemic (EU-27, October 2020)



Source: Own elaboration with data from "Public opinion in the EU in times of COVID-19, third wave", European Parliament (https://www.europarl.europa.eu/at-your-service/files/be-heard/eurobarometer/2020/public_opinion_in_the_eu_in_time_of_coronavirus_crisis_3/en-covid19-survey3-key-findings.pdf).

Figure I.2

Type of economic impact suffered as a consequence of the pandemic (selected eurozone countries, October 2020)



Question: "Have you experienced any of the following, since the start of the coronavirus pandemic in your country?".
Source: Own elaboration with data from "Public opinion in the EU in times of COVID-19, third wave", European Parliament (https://www.europarl.europa.eu/at-your-service/files/be-heard/eurobarometer/2020/public_opinion_in_the_eu_in_time_of_coronavirus_crisis_3/en-covid19-survey3-key-findings.pdf).

Despite the strong impact of the pandemic on personal finances, as of October 2020, the need to ask networks of family and friends for money has remained moderate. One out of every seven Spanish respondents (14%) has asked family and friends for financial help. Corresponding percentages for France, Germany and The Netherlands are below 10%. (Figure I.2) The data support the argument that families are particularly important welfare providers in Southern European countries.

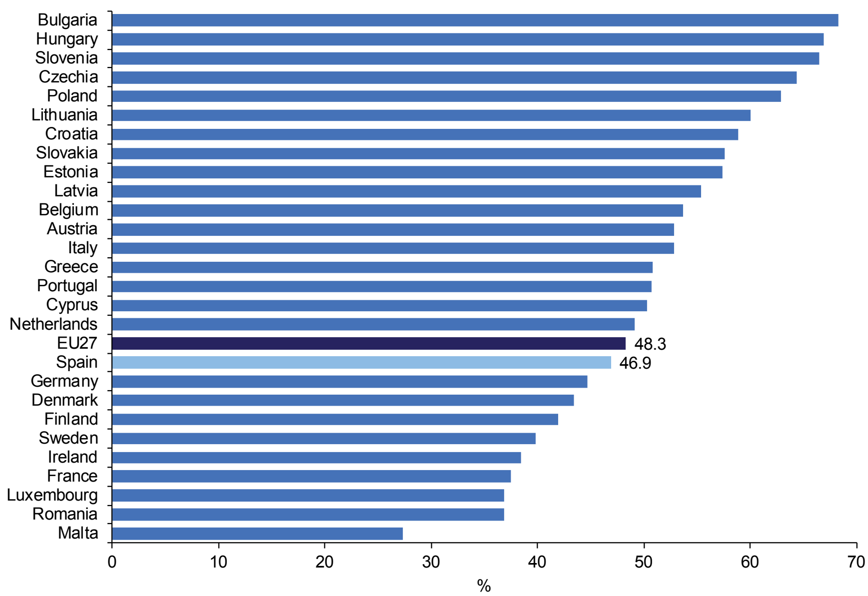
I.2. Prioritizing public health over economic activity and individual freedoms

How to strike a balance between preventing the spread of coronavirus and averting economic breakdown provoked by mobility restrictions and social distancing has been the central question plaguing many governments all over the world during the past months. The emergency situation has, in general, widened the leeway of governments to adopt urgent and resolute measures, but citizens' attitudes towards restrictions may have also constrained their decisions. The third wave of "Public opinion in the EU in times of COVID-19" reveals large international differences regarding these attitudes.

In most Eastern European countries, ample majorities think that the economic damage from coronavirus restrictions is greater than the health benefits. By contrast, people living in Western European countries are more evenly distributed between this opinion and the opposite ("The health benefits are greater

Figure I.3

Population believing that the economic damage of coronavirus restrictions is greater than the health benefits (EU-27, October 2020)



Question: Where do you position yourself between these two statements regarding the consequences of the restrictions in your country? "The health benefits are greater than the economic damage" (1) and "The economic damage is greater than the health benefits" (6)".

Note: The figure represents the percentages of people positioning themselves at "4", "5" and "6".

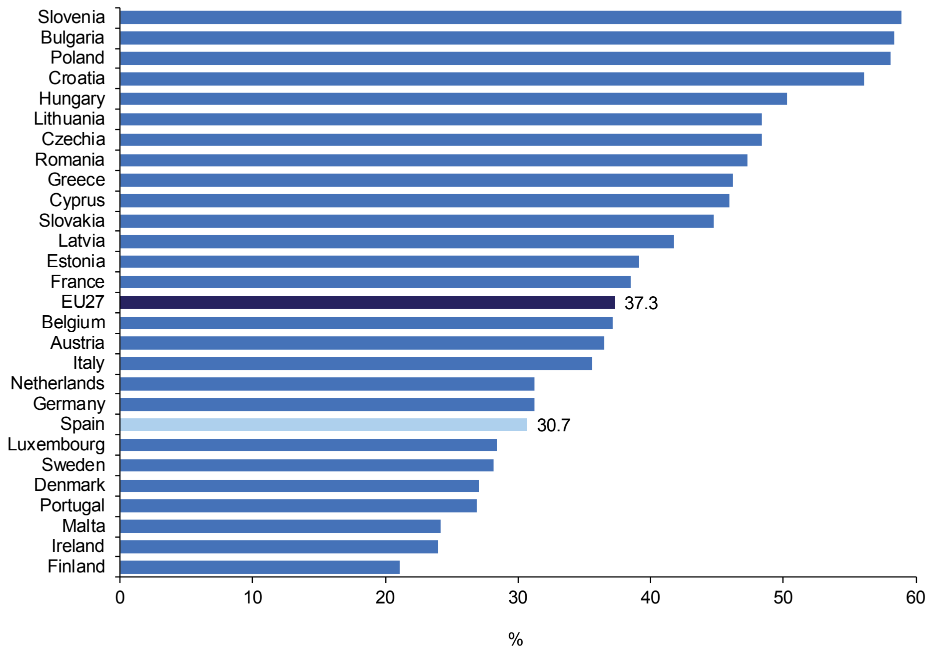
Source: Own elaboration with data from "Public opinion in the EU in times of COVID-19, third wave", European Parliament (https://www.europarl.europa.eu/at-your-service/files/be-heard/eurobarometer/2020/public_opinion_in_the_eu_in_time_of_coronavirus_crisis_3/en-covid19-survey3-key-findings.pdf).

than the economic damage"). Spain ranks in the group of countries with percentages below the EU average (48%) of people considering that the economic impairment caused by restrictions is greater than the health benefits (Figure I.3).

The opposition to restrictions on the grounds of their impact on individual freedoms is also more widespread in Eastern European countries. In Slovenia, Bulgaria, Poland, Croatia and Hungary, people against limitations of individual freedoms even under current circumstances clearly outweigh those thinking that the fight against coronavirus fully justifies them. By contrast, in Spain, less than one third of the population declares being strongly opposed to any limitations of personal liberties. The share is still smaller in the Nordic countries, as well as in Ireland, Malta, Portugal and Luxembourg (Figure I.4).

Figure I.4

Population opposing to limitations of individual freedoms, regardless of the pandemic (EU-27, October 2020)



Question: "Please use the scale from 1 to 6 to position yourself between these two statements: 'The fight against the Coronavirus pandemic fully justifies recent limitations to my individual freedoms' (1) and 'I am strongly opposed to any limitations of my individual freedoms, regardless of the Coronavirus pandemic' (6)".

Note: The figure represents the percentages of people positioning themselves at "4", "5" and "6".

Source: Own elaboration with data from "Public opinion in the EU in times of COVID-19, third wave", European Parliament (https://www.europarl.europa.eu/at-your-service/files/be-heard/eurobarometer/2020/public_opinion_in_the_eu_in_time_of_coronavirus_crisis_3/en-covid19-survey3-key-findings.pdf).

I.3. Higher acclaim for Merkel at present

The German Chancellor Angela Merkel became, for large parts of Southern European societies, the symbol of austerity measures during the Great Recession. Her public image suffered from her government's alignment with the deficit containment policies of the Troika. Even today, arguments linking the imposition of deficit cuts during the financial crisis with the disadvantageous situations of some countries in the battle against coronavirus find considerable resonance in Southern European media.

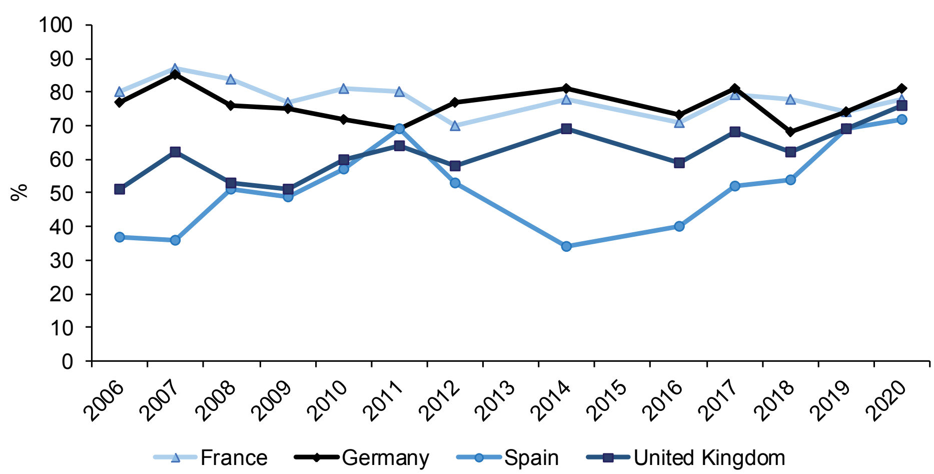
However, as confirmed by representative surveys conducted by the Pew Research Center, public confidence in Merkel as a world leader has increased in many countries since the beginning of economic recovery, and particularly since the outbreak of the pandemic. Aside from Germany, growing approval for Merkel is evidenced by opinion data collected in France, The Netherlands, Italy, the United Kingdom and Spain.

The Spanish population has significantly increased its confidence in Merkel as a leader capable of doing "the right thing regarding world affairs". In 2014, only around one third of Spanish interviewees declared "a lot" or "some" confidence in Merkel, whereas in the summer of 2020, the share reached nearly three quarters of the population (72%). By that time, France and the United Kingdom had shown even larger shares of people trusting Merkel as a world leader, but the rise of the favorable opinion towards the Chancellor has been swifter in the case of Spain (Figure I.5).

The answers of Spanish interviewees gain significance when compared with data collected by the Center for Sociological Research (CIS) on the confidence of the population in the president of the Spanish government. Despite the difference in the formulation of both questions (see the wordings beneath Figure I.6), the respective results can be soundly contrasted inasmuch as they provide a measure of confidence using the same answer options ("a lot of confidence", "some confidence", "not

Figure I.5

Confidence in Angela Merkel as a world leader (selected countries, 2006-2020)



Question: "For each, tell me how much confidence you have in each leader to do the right thing regarding world affairs – a lot of confidence, some confidence, not too much confidence, or no confidence at all" "German Chancellor Angela Merkel".

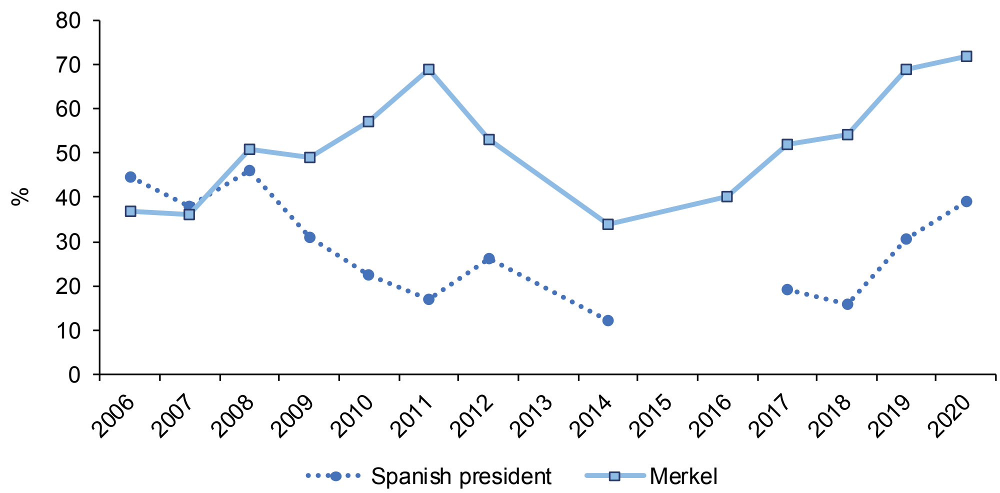
Note: The figure represents the percentages of people answering "a lot of confidence" and "some confidence".

Source: Own elaboration with data from Pew Research Center (https://www.pewresearch.org/wp-content/uploads/2020/10/PewResearchCenter_Merkel_post_TOPLINE_FOR_RELEASE.pdf).

too much/little confidence" and "no confidence at all"). While in the summer of 2020, 34% of Spanish interviewees manifested a lot of confidence and 38% some confidence in Merkel "to do the right thing in regarding world affairs" (in sum, 72%), the confidence that the Spanish President generated amounted to 6% and 24%, respectively (in sum, 30%).

Figure I.6

Confidence in Angela Merkel as a world leader and confidence in the President of the Spanish Government (Spain, 2006-2020)



Questions:

(1) "For each, tell me how much confidence you have in each leader to do the right thing regarding world affairs – a lot of confidence, some confidence, not too much confidence, or no confidence at all" "German Chancellor Angela Merkel".

(2) "Does the President of the Government, [name of the President], give you personally a lot of confidence, some confidence, little confidence or no confidence at all?".

Note: The figure represents the percentages of people answering "a lot of confidence" and "some confidence".

Source: Own elaboration with data from Pew Research Center (https://www.pewresearch.org/wp-content/uploads/2020/10/PewResearchCenter_Merkel_post_TOPLINE_FOR_RELEASE.pdf) and from Centro de Investigaciones Sociológicas/ Center for Sociological Research (www.cis).

Section II.
Public opinion trends

Sizable (transitory?) vaccination hesitancy

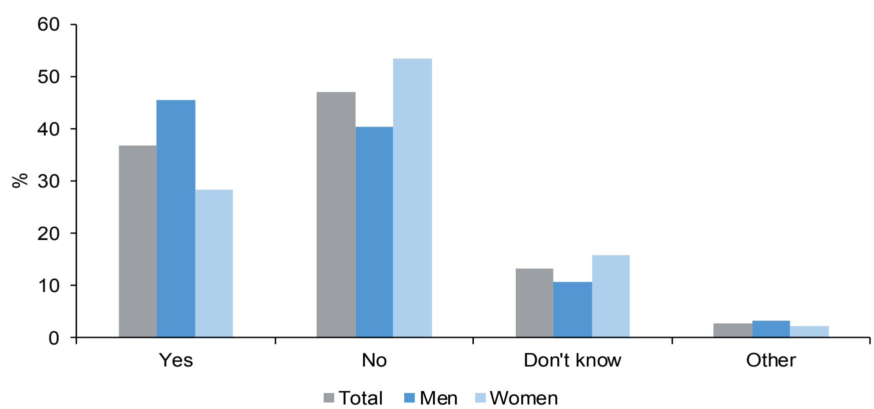
As recently published by Nature Research, "(i)n the midst of a global pandemic, the issue of public confidence in vaccination is more urgent than ever".[1] But vaccine hesitancy (*i.e.* "the reluctance or refusal to vaccinate despite the availability of vaccines"), which the World Health Organization (WHO) defined in 2019 as one of the ten threats to global health,[2] is high in certain countries and among certain social groups.

Among European societies, Spain ranks relatively high as regards trust in vaccines, as shown by a Eurobarometer poll published in March 2019. Thus, for example, the percentage of Spanish respondents who declared that they tended to disagree or totally disagreed with the opinion "Vaccines are important to protect not only yourself but also others" was small (5%) compared with the shares reported for Hungary, Greece and Belgium (around 10%), as well as for Italy, Romania and Austria (oscillating between 16%-20%) of the respective samples.[3]

It is therefore surprising that, according to a recent public opinion poll administered in October by the Center for Sociological Research (CIS), nearly half of a representative sample of the Spanish population (47%) would not be willing to

Figure II.1

Willingness to immediately get a COVID-19 vaccine, by gender (October 2020)



Question: "Would you be willing to get a vaccine immediately when it arrives?".

Source: Centro de Investigaciones Sociológicas, survey 3293 (www.cis.es).

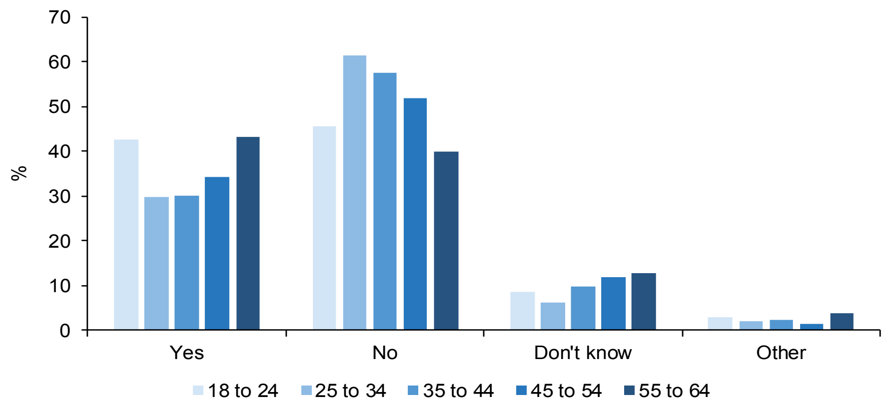
[1] Nature Milestones, "Public trust in vaccines", November 2020 (https://www.nature.com/articles/d42859-020-00024-5).

[2] Together with air pollution and climate change, antimicrobial resistance and weak primary health care or fragile and vulnerable settings, among others. See WHO, "Ten threats to global health in 2019" (https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019).

[3] Special Eurobarometer 488 ("Europeans' attitudes towards vaccination"), March/April 2019, page 42 (https://ec.europa.eu/health/sites/health/files/vaccination/docs/20190426_special-eurobarometer-sp488_en.pdf).

Figure II.2

Willingness to immediately get a COVID-19 vaccine, by age (October 2020)



Question: “Would you be willing to get a vaccine immediately when it arrives?”.
Source: Centro de Investigaciones Sociológicas, survey 3293 (www.cis.es).

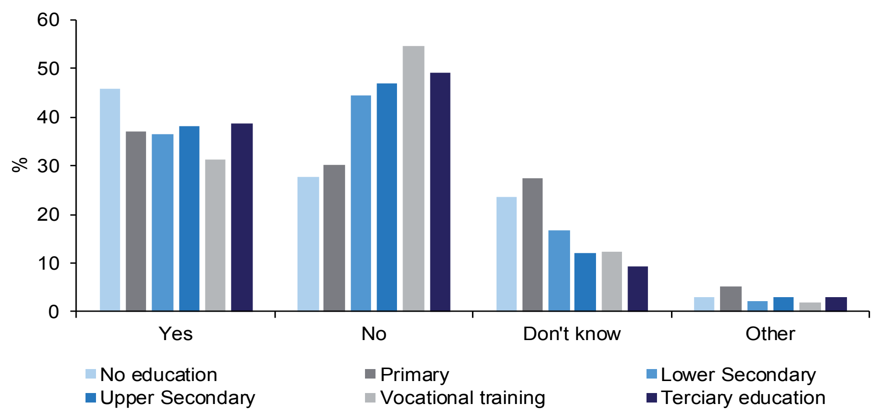
get the COVID-19 vaccine when it arrives (one month earlier the corresponding share was 7 percentage points smaller). They outweigh by 10 percentage points those respondents who show willingness (37%), while an additional 13% does not know yet or manifests doubts (Figure II.1). Men are more willing to get vaccinated than women, and while more youths and adults reject than accept the vaccine for themselves, the opposite is the case among elderly people: the number of interviewees aged 65 and older positively predisposed towards the vaccine is greater than people of this age group opposed to getting it (Figure II.2).

Respondents with tertiary education show smaller proportions of indecisiveness, but the share of those against getting vaccinated is likewise 10 percentage points higher than the share of those willing to do it (Figure II.3). Ideology also makes a difference as regards attitudes toward the COVID-19 vaccine. Among respondents who place themselves on the left side of the political spectrum (positions 1 to 4 on a 10 point scale), those manifesting their willingness to get the vaccine outweigh those who are not ready to do it (Figure II.4). The contrary becomes evident among respondents who place themselves on the center-right to right side (5-10).

It is true, however, that people may reply with a “no” to the question “Would you be willing to get the vaccine immediately as soon as it is available?” because of different reasons: either because they don’t trust vaccines in general, out of prudence (they want to first confirm that the new vaccines are effective and have more information about possible side-effects), or even because of coronavirus negationism. The second of these hypotheses seems currently the most plausible. In any case, the results of previous surveys (see note 3) and the absence of a powerful anti-vaccination discourse and movement in Spain suggest that the sizable vaccination hesitancy evidenced by the October CIS survey may be temporary and probably subside as new information about the efficacy of the COVID-19 vaccines and their benefits for public health gets published.

Figure II.3

Willingness to immediately get a COVID-19 vaccine, by educational level (October 2020)

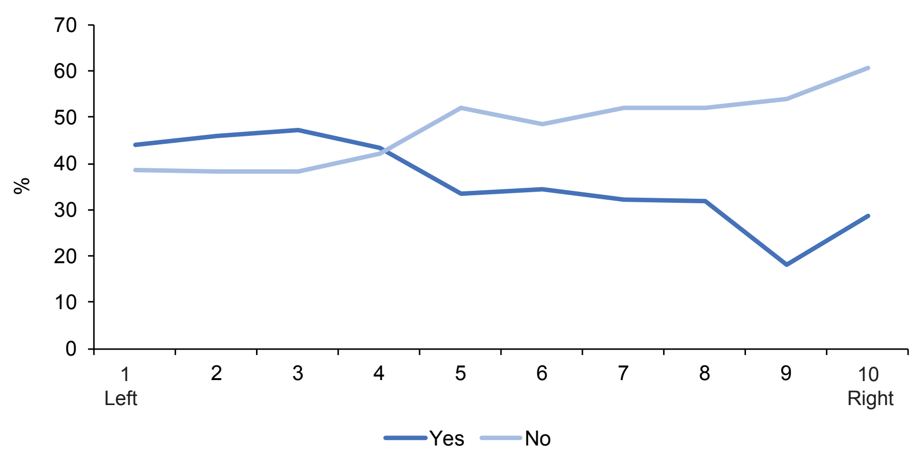


Question: “Would you be willing to get a vaccine immediately when it arrives?”.

Source: Centro de Investigaciones Sociológicas, survey 3293 (www.cis.es).

Figure II.4

Willingness to immediately get a COVID-19 vaccine, by political ideology (October 2020)



Question: “Would you be willing to get a vaccine immediately when it arrives?”.

Source: Centro de Investigaciones Sociológicas , survey 3293 (www.cis.es).

Section III.
Follow-up social data

Table III.1

Population

	Total population	Average age	65 and older (%)	Life expectancy at birth (men)	Life expectancy at birth (women)	Dependency rate	Dependency rate (older than 64)	Foreign-born population (%)	New entries (all nationalities)	New exits (born in Spain)
2008	46,157,822	40.8	16.5	78.2	84.3	47.5	24.5	13.1	701,997	33,053
2010	47,021,031	41.1	16.9	79.1	85.1	48.6	25.0	14.0	441,051	39,211
2012	47,265,321	41.6	17.4	79.4	85.1	50.4	26.1	14.3	344,992	51,666
2014	46,771,341	42.1	18.1	80.1	85.7	51.6	27.4	13.4	368,170	66,803
2015	46,624,382	42.4	18.4	79.9	85.4	52.4	28.0	13.2	417,655	74,873
2016	46,557,008	42.7	18.6	80.3	85.8	52.9	28.4	13.2	492,600	71,508
2017	46,572,132	42.9	18.8	80.4	85.7	53.2	28.8	13.3	592,604	63,754
2018	46,722,980	43.1	19.1	80.5	85.9	53.6	29.3	13.7	715,255	56,745
2019	47,026,208	43.3	19.3	80.9●	86.2●	53.7	29.6	14.4	827,052	61,338
2020●	47,431,256	43.6	19.4			53.5	29.8	15.2		
Sources	EPC	EPC	EPC	ID INE	ID INE	EPC	EPC	EPC	EVR	EVR

EPC: *Estadística del Padrón Continuo.*
ID INE: *Indicadores Demográficos INE.*
EVR: *Estadística de Variaciones Residenciales.*
Dependency rate: (15 or less years old population + 65 or more years old population)/ 16-64 years old population, as a percentage.
Dependency rate (older than 64): 65 or more years old population/ 16-64 years old population, as a percentage.
• Provisional data.

Table III.2

Households and families

Households

	Households (thousands)	Average household size	Households with one person younger than 65 (%)	Households with one person older than 65 (%)
2008	16,742	2.71	12.0	10.2
2010	17,174	2.67	12.8	9.9
2012	17,434	2.63	13.7	9.9
2014	18,329	2.51	14.2	10.6
2015	18,376	2.54	14.6	10.7
2016	18,444	2.52	14.6	10.9
2017	18,512	2.52	14.2	11.4
2018	18,581	2.51	14.3	11.5
2019	18,697	2.52	14.9	11.2
2020■	18,786	2.52		
Sources	LFS	LFS	EPF	EPF

Table III.2

Households and families (continued)

Nuptiality

	People getting married (per 1,000) (Spanish)	People getting married (per 1,000) (foreign population)	Divorce rate (per 1,000)	Mean age at first marriage (men)	Mean age at first marriage (women)	Same sex marriages (%)
2008	8.5	8.4	2.39	32.4	30.2	1.62
2010	7.2	7.9	2.21	33.2	31.0	1.87
2012	7.2	6.7	2.23	33.8	31.7	2.04
2014	6.9	6.5	2.17	34.4	32.3	2.06
2015	7.3	6.5	2.08	34.8	32.7	2.26
2016	7.5	6.8	2.08	35.0	32.9	2.46
2017	7.3	6.9	2.10	35.3	33.2	2.67
2018	7.1	6.6	2.04	35.6	33.4	2.90
2019●	7.0	6.6				
Sources	**ID INE**	**ID INE**	**ID INE**	**ID INE**	**ID INE**	**MNP**

Fertility

	Median age at first child (women)	Total fertility rate (Spanish women)	Total fertility rate (foreign women)	Births to single mothers (%)	Abortion rate	Abortion by Spanish-born women (%)
2008	29.3	1.36	1.83	33.2	11.8	55.6
2010	29.8	1.30	1.68	35.5	11.5	58.3
2012	30.3	1.27	1.56	39.0	12.0	61.5
2014	30.6	1.27	1.62	42.5	10.5	63.3
2015	30.7	1.28	1.66	44.4	10.4	65.3
2016	30.8	1.27	1.70	45.8	10.4	65.8
2017	30.9	1.24	1.70	46.8	10.5	66.1
2018	31.0	1.20	1.65	47.3	11.1	65.3
2019●	31.1	1.17	1.59			
Sources	**ID INE**	**ID INE**	**ID INE**	**ID INE**	**MSAN**	**MSAN**

LFS: *Labour Force Survey*.
EPF: *Encuesta de Presupuestos Familiares*.
ID INE: *Indicadores Demográficos INE*.
CGPJ: *Consejo General del Poder Judicial*.
MSAN: *Ministerio de Sanidad, Servicios Sociales e Igualdad*.
MNP: *Movimiento Natural de la Población*.
Marriage rate: *Number of marriages per thousand population*.
Divorce rate: Number of divorces per thousand population.
Total fertility rate: The average number of children that would be born per woman living in Spain if all women lived to the end of their childbearing years and bore children according to a given fertility rate at each age.
Abortion rate: Number of abortions per 1,000 women (15-44 years).
● Provisional data.
■ Data refer to January-September.

Table III.3

Education

Educational attainment

	Population 16 years and older with primary education (%)	Population 30-34 with primary education (%)	Population 16 years and older with tertiary education (%)	Population 30-34 with tertiary education (%)
2008	32.1	9.2	16.1	26.9
2010	30.6	8.6	17.0	27.7
2012	28.5	7.5	17.8	26.6
2014	24.4	6.1	27.2	42.3
2015	23.3	6.6	27.5	40.9
2016	22.4	6.6	28.1	40.7
2017	21.4	6.6	28.5	41.2
2018	20.5	6.4	29.2	42.4
2019	19.3	6.3	30.3	44.7
2020■	17.9	6.1	31.2	44.8
Source	**LFS**	**LFS**	**LFS**	**LFS**

Students involved in non-compulsory education

	Pre-primary education	Secondary education	Vocational training	Under-graduate students	Post-graduate students (except doctorate)
2008	1,763,019	629,247	472,604	1,377,228	50,421
2010	1,872,829	672,213	555,580	1,445,392	104,844
2012	1,912,324	692,098	617,686	1,450,036	113,805
2014	1,840,008	690,738	652,846	1,364,023	142,156
2015	1,808,322	695,557	641,741	1,321,698	171,043
2016	1,780,377	687,595	652,471	1.303.252	190,143
2017	1,767,179	676,311	667,984	1,287,791	209,754
2018	1,750,106	667,287	675,942	1,293,892●	214,528●
Source	**MECD**	**MECD**	**MECD**	**MECD**	**MECD**

Education expenditure

	Public expenditure (thousands of €)	Public expenditure (% GDP)
2008	51,716,008	4.63
2010	53,099,329	4.91
2012	46,476,414	4.47
2014	44,846,415	4.32
2015	46,597,784	4.31
2016	47,578,997	4.25
2017	49,458,049	4.24
2018	50,807,185	4.23
Sources	**MECD**	**INE**

LFS: *Labour Force Survey.*
MECD: *Ministerio de Educación, Cultura y Deporte.*
INE: *Instituto Nacional de Estadística.*
● Provisional data.
■ Data refer to January-September.

Table III.4

Social protection: Benefits

Contributory benefits*

	Unemployment	Retirement		Permanent disability		Widowhood	
	Total	Total	Average amount (€)	Total	Average amount (€)	Total	Average amount (€)
2008	1,100,879	4,936,839	814	906,835	801	2,249,904	529
2010	1,471,826	5,140,554	884	933,730	850	2,290,090	572
2012	1,381,261	5,330,195	946	943,296	887	2,322,938	602
2014	1,059,799	5,558,964	1000	929,484	916	2,348,388	624
2015	838,392	5,641,908	1,021	931,668	923	2,353,257	631
2016	763,697	5,731,952	1,043	938,344	930	2,364,388	638
2017	726,575	5,826,123	1,063	947,130	936	2,360,395	646
2018	751,172	5,929,471	1,091	951,838	946	2,359,931	664
2019	807,614	6,038,326	1,138	957,500	975	2,361,620	712
2020■	1,959,322	6,089,603	1,160	953,663	985	2,352,947	725
Source	**INEM**	**INSS**	**INSS**	**INSS**	**INSS**	**INSS**	**INSS**

Non-contributory benefits

		Social Security		
	Unemployment	Retirement	Disability	Other
2008	646,186	265,314	199,410	63,626
2010	1,445,228	257,136	196,159	49,535
2012	1,327,027	251,549	194,876	36,310
2014	1,221,390	252,328	197,303	26,842
2015	1,102,529	253,838	198,891	23,643
2016	997,192	254,741	199,762	21,350
2017	902,193	256,187	199,120	19,019
2018	853,437	256,842	196,375	16,472
2019	912,384	259,570	193,122	14,997
2020■	1,014,757	261,567	189,237	13,484
Sources	**INEM**	**IMSERSO**	**IMSERSO**	**IMSERSO**

INEM: Servicio Público de Empleo Estatal.
INSS: Instituto Nacional de la Seguridad Social.
IMSERSO: Instituto de Mayores y Servicios Sociales.
* Benefits for orphans and dependent family members of deceased Social Security affiliates not included.
■ Data refer to January-October.

Table III. 5

Social protection: Health care

Expenditure

	Total (% GDP)	Public (% GDP)	Total expenditure ($ per inhabitant)	Public expenditure ($ per inhabitant)
2008	8.29	6.10	2,774	2,042
2010	9.01	6.74	2,886	2,157
2012	9.09	6.55	2,902	2,095
2014	9.08	6.36	3,057	2,140
2015	9.20	6.51	3,180	2,258
2016	9.00	6.34	3,248	2,293
2017	8.84	6.25	3,370	2,385
2018	8.90	6.20	3,323	2,341
Sources	**OECD**	**OECD**	**OECD**	**OECD**

Resources

	Medical specialists per 1,000 inhabitants	Primary care doctors per 1,000 people assigned	Specialist nurses per 1,000 inhabitants	Primary care nurses per 1,000 people assigned
2008	1.8	0.8	3.0	0.6
2010	1.8	0.8	3.2	0.6
2012	1.8	0.8	3.1	0.6
2014	1.8	0.8	3.1	0.7
2015	1.9	0.8	3.2	0.7
2016	1.9	0.8	3.3	0.6
2017	1.9	0.8	3.4	0.6
2018	2.0	0.8	3.5	0.7
Sources	**INCLASNS**	**INCLASNS**	**INCLASNS**	**INCLASNS**

	Satisfaction (0-10 scale)		Time on waiting list (days)	
	With the working of the health system	With medical history and tracing by family doctor or pediatrician	Non-urgent surgical procedures	First specialist consultations
2008	6.4	7.0	71	59
2010	6.6	7.3	65	53
2012	6.6	7.5	76	53
2014	6.3	7.5	87	65
2015	6.4	7.5	89	58
2016	6.6	7.6	115	72
2017	6.7	7.5	106	66
2018	6.6	7.5	129	96
2019			115	81
Sources	**INCLASNS**	**INCLASNS**	**INCLASNS**	**INCLASNS**

OECD: Organisation for Economic Co-operation and Development.
INCLASNS: *Indicadores Clave del Sistema Nacional de Salud.*

Table III.6

Labour market

	Employment		Unemployment				Social Security affiliation		
	Men (in thousands)	Women (in thousands)	Men (in thousands)	Women (in thousands)	Rate (men)	Rate (women)	Men (in thousands)	Women (in thousands)	Foreign population (in thousands)
2008	11,805	8,665	1,320	1,276	10.1	12.8	10,884	8,121	2,052
2010	10,424	8,301	2,536	2,104	19.6	20.2	9,710	7,872	1,841
2012	9,608	8,025	3,131	2,680	24.6	25.0	9,034	7,705	1,693
2014	9,443	7,902	2,917	2,694	23.6	25.4	8,853	7,639	1,555
2015	9,760	8,106	2,559	2,497	20.8	23.6	9,154	7,864	1,608
2016	10,001	8,341	2,213	2,268	18.1	21.4	9,421	8,097	1,688
2017	10,266	8,559	1,905	2,011	15.7	19.0	9,758	8,369	1,802
2018	10,532	8,795	1,675	1,805	13.7	17.0	10,058	8,643	1,947
2019	10,746	9,034	1,528	1,720	12.4	16.0	10,286	8,903	2,092
2020	10,416■	8,739■	1,663■	1,805■	13.8■	17.1■	10,025◆	8,707◆	2,039◆
Sources	**LFS**	**LFS**	**LFS**	**LFS**	**LFS**	**LFS**	**BEL**	**BEL**	**BEL**

BEL: *Boletín de Estadísticas Laborales.*
LFS: *Labour Force Survey.*
■ Data refer to January-September.
◆ Data refer to January-October.

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