

Zbornik 13. mednarodne multikonference

# **INFORMACIJSKA DRUŽBA – IS 2010**

Zvezek B

Proceedings of the 13<sup>th</sup> International Multiconference

# **INFORMATION SOCIETY – IS 2010**

Volume B

**Soočanje z demografskimi izzivi**

**Facing Demographic Challenges**

Uredila / Edited by

Janez Malačič, Matjaž Gams

11.–12. oktober 2010 / October 11<sup>th</sup>–12<sup>th</sup>, 2010

Ljubljana, Slovenia

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# PREDGOVOR MULTIKONFERENCI INFORMACIJSKA DRUŽBA 2010

V svojem trinajstem letu je multikonferenca Informacijska družba (<http://is.ijs.si>) znova dokazala, da je ena vodilnih srednjeevropskih konferenc, ki združuje znanstvenike z različnih raziskovalnih področij, povezanih z informacijsko družbo. V letu 2010 smo v multikonferenco povezali deset odličnih neodvisnih konferenc. V Sloveniji in po svetu mgroli konferenc. Naša multikonferenca izstopa po širini in obsegu tem, ki jih obravnava, predvsem pa po akademski odprtosti in širini, ki spodbuja nove ideje.

Multikonferenca temelji na sinergiji interdisciplinarnih pristopov, ki obravnavajo različne vidike informacijske družbe ter poglobljajo razumevanje informacijskih, komunikacijskih in družbenih storitev v najširšem pomenu besede. Na multikonferenci predstavljamo, analiziramo in preverjamo nova odkritja in pripravljamo teren za njihovo praktično uporabo, saj je njen osnovni namen promocija raziskovalnih dosežkov in spodbujanje njihovega prenosa v prakso na različnih področjih informacijske družbe tako v Sloveniji kot tujini.

Na multikonferenci bo na vzporednih konferencah predstavljenih 300 referatov, vključevala pa bo tudi okrogle mize in razprave. Referati so objavljeni v zbornikih multikonference, izbrani prispevki pa bodo izšli tudi v posebnih številkah dveh znanstvenih revij, od katerih je ena *Informatica*, ki se ponaša s 34-letno tradicijo odlične znanstvene revije.

Multikonferenco Informacijska družba 2010 sestavljajo naslednje samostojne konference:

- Odprta delavnica mednarodnega projekta Confidence
- Inteligentni sistemi
- Jezikovne tehnologije
- Kognitivne znanosti
- Robotika
- Rudarjenje podatkov in podatkovna skladišča (SiKDD 2010)
- Sodelovanje, programska oprema in storitve v informacijski družbi
- Soočanje z demografskimi izzivi
- Vzgoja in izobraževanje v informacijski družbi
- 3. Minikonferenca iz teoretičnega računalništva 2010.

Zanimivo je, da finančna recesija ni zmanjšala zanimanja za informacijsko družbo, saj je prispevkov primerljivo z lansko konferenco, kljub temu, da se je državno sofinanciranje močno zmanjšalo. Soorganizatorji in podporniki konference so različne raziskovalne institucije in združenja, med njimi tudi ACM Slovenija. Zahvaljujemo se tudi Agenciji za raziskovalno dejavnost RS ter Ministrstvu za visoko šolstvo, znanost in tehnologijo za sodelovanje in podporo. V imenu organizatorjev konference pa se želimo posebej zahvaliti udeležencem za njihove dragocene prispevke in priložnost, da z nami delijo svoje izkušnje o informacijski družbi. Zahvaljujemo se tudi recenzentom za njihovo pomoč pri recenziranju.

V letu 2010 sta se programski in organizacijski odbor odločila, da bosta podelila posebno priznanje Slovincu ali Slovenki za izjemen življenjski prispevek k razvoju in promociji informacijske družbe v našem okolju. Z večino glasov je letošnje priznanje pripadlo dr. Tomažu Kalinu. V letu 2010 tudi prvič podeljujemo nagrado za tekoče dosežke. Za aktivno delo pri računalniških tekmovanjih in drugih računalniških dogodkih sta odbora izmed predlogov izbrala Marka Grobelnika. Čestitamo obema nagrajencema!

Franc Solina, predsednik programskega odbora  
Matjaž Gams, predsednik organizacijskega odbora

# FOREWORD - INFORMATION SOCIETY 2010

In its 13<sup>th</sup> year, the Information Society Multiconference (<http://is.ijs.si>) again demonstrated that it is one of the leading conferences in Central Europe gathering scientific community with a wide range of research interests in information society. In 2010, we organized ten independent excellent conferences forming the Multiconference. There are plenty of conferences in Slovenia and all over the world. The broad range of topics and the open academic environment fostering new ideas makes our event unique among similar conferences.

The Multiconference flourishes the synergy of different interdisciplinary approaches dealing with the challenges of information society. The major driving forces of the Multiconference are search and demand for new knowledge related to information, communication, and computer services. We present, analyze, and verify new discoveries in order to prepare the ground for their enrichment and development in practice. The main objective of the Multiconference is presentation and promotion of research results, to encourage their practical application in new ICT products and information services in Slovenia and also broader region.

The Multiconference is running in parallel sessions with 300 presentations of scientific papers. The papers are published in the conference proceedings, and in special issues of two journals. One of them is *Informatica* with its 34 years of tradition in excellent research publications.

The Information Society 2010 Multiconference consists of the following conferences:

- Confidence Project Open Workshop
- Intelligent Systems
- Language technologies
- Cognitive Sciences
- Robotics
- Data Mining and Data Warehouses (SiKDD 2010)
- Collaboration, Software and Services in Information Society
- Demographic Challenges in Europe
- Education in Information Society
- The Third Mini Conference on Theoretical Computing 2010.

Interestingly, the economic recession is not affecting Information society, judging from the number of single conferences; however, the national funding significantly decreased as a result of crisis. The Multiconference is co-organized and supported by several major research institutions and societies, among them ACM Slovenia, i.e. the Slovenian chapter of the ACM. We would like to express our appreciation to the Slovenian Government for cooperation and support, in particular through the Ministry of Higher Education, Science and Technology and the Slovenian Research Agency..

In 2010, the Programme and Organizing Committees decided to award one Slovenian for his/her life-long outstanding contribution to development and promotion of information society in our country. With the majority of votes, this honor went to Dr. Tomaž Kalin. Congratulations!

In addition, a reward for current achievements was pronounced for the first. It goes to Marko Grobelnik for his support of the ACM computer competitions.

On behalf of the conference organizers we would like to thank all participants for their valuable contribution and their interest in this event, and particularly the reviewers for their thorough reviews.

Franc Solina, Programme Committee Chair  
Matjaž Gams, Organizing Committee Chair

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# **FOREWORD**

## **»FACING DEMOGRAPHIC CHALLENGES«**

The developed countries are facing a variety of demographic challenges. Probably the most serious and long lasting are below replacement fertility rates that do not enable sustainable population development. Many underdeveloped countries, on the other hand, still maintain high fertility rates that threaten to cause other type of problems, such as overpopulation and extinction of animal species. The outcomes of the future demographic processes will influence lives of many people in both developed and developing countries. How to cope with all the challenges caused by the current and future population trends are the questions addressed at the "Facing Demographic Challenges" conference.

Areas of interests include:

- fertility
- mortality/health care
- migrations
- population ageing
- family
- intergeneration solidarity
- gender relations
- moral / ideological influences
- (rural) planning in new demographical conditions
- economical aspects
- anthropological aspects
- sociological aspects
- historical aspects
- population projections
- mathematical/computational models
- demography of national minorities
- theological aspects

This is the fourth consecutive and the second international demographic conference regarding demographic trends in Slovenia and Europe. We present our analyses and hypotheses in the top academic environment, openly presenting the worrisome future demographic trends based on current information and knowledge. We also discuss various potential solutions and propose them to our political leadership.

In the three previous conferences, the emphasis was on establishing a solid background. We have also managed to visit Slovenian major political leaders and present to them the conclusions of the scientific research work. While some of the politicians were very knowledgeable of the subject, like the Slovenian president Prof. Türk, some political institutions and some politicians still tend to largely ignore the subject as if it is not of major national long- and mid-term problem. It seems that some of the ignorance has even deepened, resembling ideological denial of scientific facts.

However, in the previous years, a reasonable break-through has happened in Slovenian media and public awareness. While the importance of the demography may still be largely underestimated, several of the media tend to publish scientifically correct papers thus influencing overall public awareness. More and more people in Slovenia tend to accept the scientific discussions presented at the conference and spread them around.

The demographic conference is a part of the 13th IS 2010 Multiconference. It provides an international forum for scientists, academicians, and professionals presenting their latest research findings in the various fields of Information Society.

Janez Malačič and Matjaž Gams

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# HEALTH AND MIGRATION: GENDER SOCIOLOGICAL ASPECTS

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## ABSTRACT

**This paper is devoted to the phenomena in demographic processes in Russia on the example of Republic of Buryatia, especially dealing with researches devoted to gender influence. The health mortality and migration are specific among other demographic processes.**

## 1 INTRODUCTION

In Russia, the gender approach has only just emerged in the last 18 years. One can observe that the post-socialist transformation process in Russia is characterized not only by a political and economic crisis in many spheres of economic and social life, but also by the development of new discourses on gender. Today the nature of post-Soviet discourses on gender is similar to other discourses except that it is searching not only for new collective methodology, but also for personal identity. In this paper we want to show demographic processes such as health, mortality and migration from the gender and sociological aspect. Multinational republic of Russian Siberia is an interesting example of these processes.

## 2 WHAT IS “SIBERIAN STRONG HEALTH”?

It is well known that health is a barometer and reflection of any society's socioeconomic development. A recent paper on gender and health by the World Health Organization (WHO) stated that “The ‘natural’ course of disease may be different in women and men; women and men themselves often respond differently to illness, while the wider society may respond differently to sick males and sick females. Women and men also respond differently to treatment, have different access to health care and are treated differently by health providers” [1]. The examination of health and disease, using the concept of gender, designates a critical approach which states that terms such as “sex” or “sex differences. are implicitly present in” In discussions on gender issues, it is commonly understood [or implied] that the so-called women's nature cannot be any more defined and that gender is rather a historical idea or a social construct. However, the gender approach makes it possible to see the difference between gender and social roles and reveals the existence of complex relational systems.

In Russia, until recently, the topic about gender and its relationship with health issues was considered through the lens of a social actor as well as hers or his independent fight for health. In general, statistics and the results of Soviet-era quantitative sociological studies conceptualized health as an object of social and political control and not affected by gender differences. Moreover, cultural and regional peculiarities had never been taken into consideration. Paradoxically, Siberia and the health of the Siberian people were always associated with natural, biological good health that was specific to this region. A popular Russian drinking toast related wishing everybody strong Siberian health. According to this popular stereotype, Siberians were very healthy and strong people who never got sick. However, the recently monitored population demographic information shows an opposite situation, namely, a high male mortality, a deterioration of female health, decreasing rate of reproduction, and a tremendous difference in male and female life expectancy (nearly 15 years difference between male and female). According to official Russian statistics, the Siberian federal district takes third place in the rate of mortality levels in the whole of Russia. The Siberian federal district (okrug) includes Altai region, Altai republic, Republics of Buryatia, Tyva, Khakassiya, Irkutsk, Kemerovo, Novosibirsk, Omsk, Tomsk (oblast) and Krasnoyarski and Zabaikalski regions (krai) [2].

In 2008, the general birth rate in Russia was 12.1 per 1000 persons, in Siberia it was 13.7, and in Buryatia it was 17.0. The general mortality rate in Russia was 14.6, in Siberia 14.4, and in Buryatia 13.5. The life expectancy among men was 61.8 and among women 74.1 in Russia, in Siberia 60.0 and 72.7, and in Buryatia 58.4 and 70.9 respectively. The lowest rate for life expectancy in Siberia was registered in Tyva with 55.1 among men and 66.0 years among women [2, p.29-30]. Generally, the health condition of the population is estimated through exponents of the population's mortality and sickness levels. As mentioned above, in the 1990s, men's life expectancy in Russia was less than women's by 12 years.

But interestingly, women in all age groups have low personal health characteristics (e.g., prevalence of chronic diseases and disease pathologies). According to disease rate statistics, the Siberian district exceeds the

average Russian index (in 2008, it was 772.0 per 1000 persons and in the Siberian federal district, 799.8). The highest index was registered in the Altai region with 1028.1 per 1000 persons.

Further, towards the end of the 20th century, there was an increasing depopulation process throughout Russia because of disease, a decreasing birth rate, migration, and an increase in health risk behaviors. In comparison to Western European societies, the male and female life expectancy in Russia was less for at least 12–15 years among men and 9 years among women. Russia entered the new millennium with a significant low life duration much below that of the eight most developed Western nations. Men lived on average 15-19 years less and women 7-12 years less. In Siberia, the number of births has decreased from 40 to 18 percent while the number of the geriatric population has risen. One can state that Siberia is characterized by a severe demographic crisis where the number of local population is decreasing and the number of immigrants is constantly increasing [3].

It is well known that in each society, developed or underdeveloped, women's life expectancy is higher than men's. Exceptions are made for some nations like Bangladesh, India, Malta, and Nepal. It should be noted that men's health indexes exceed women's in all age groups by fundamental causes of mortality, for example, cardiovascular diseases, cancer, and accidents. In contrast, in Russia, high mortality is found among the so-called strong, healthy Siberians and in particular, in the multi-ethnic regions of Tyva, Buryatia, Irkutsk region, and Zabaikalski krai.

### **3 GENDER IN MORTALITY**

The relationship between alcoholism and high mortality rates in Russia has already been seen during the Soviet government-sponsored anti - alcohol campaigns from 1984 to 1987. In that period, alcohol consumption declined for 27 percent what resulted in a decrease of mortality rate for 12 percent among men and 7 percent among women. Looking at the cultural aspects of alcohol consumption in different regions throughout Russia, it can be stated that the length and quantity of consumption are the most important factors correlated with the high rate of mortality and low life expectancy rates. The inclusion of the gender perspective has revealed that women become alcoholics more quickly than men. In Russian society, a woman who becomes an alcoholic, loses her social standing immediately, while a man can hide his behavior behind the mask of a "respectable family man" for quite a long time. It should be noted that in Russian society, the overwhelming majority of alcohol mortality victims are not considered real alcoholics, but rather ordinary citizens who used to drink strong alcohol only for holidays and weekends. At present, an ongoing research of life expectancy in different regions shows that the lowest rate is among men in the Northwestern regions of Siberia, while for women, it is in Eastern Siberia and the far East regions. It is estimated that in the first third of the 21st century, Russia can drop from

its present world position of life expectancy for men from 136 to 96 [3, p. 106], if the situation does not change.

The main idea for this article is based on preliminary results of an ongoing qualitative research study conducted in Eastern Siberia on relations between personal health safety strategy, gender, and religious practice between 2003 and 2005. This project used a set of questions concerning the issue of gender roles and work division in urban families. The central question was focused on socially held conceptualizations of the Siberian health and how religious orientation and alcohol consumption influence an individual's behavior patterns concerning health issues.

The most important mortality problem in Russia, as well as in Siberia, is the high level of mortality among able-bodied men and women. An age indexes analysis of male and female life expectancy and mortality shows that for 82 percent of men and 86 percent of women, the decreasing life expectancy after 1990 refers to the increasing mortality rate in ages between 30 and 59. However, although the situation did improve in 2004, this improvement did not affect men and women between the ages of 15 and 44. Today the situation is better than 6 years ago, but this problem is still the main one in all researches. The governmental programmes such as National project in health care did not give more changes especially not in Siberia.

The mortality rate at able-bodied males and females is determined not only by a standard of lifestyle, but also by specific Russian cultural factors connected to lifestyle and social behavior [4]. With reference to gender, we can differentiate the causes of mortality among Russian women and men according to a low standard of life at one hand and to specific Russian life risk factors on the other. At present, the period in Russia is characterized by the emergence of a sharp social inequality and non-sustainable health protection system that affects the growth of a psychological mindset concerning alcohol consumption among men and women. In Buryatia, the most important causes of mortality in all age groups are substance abuse and poisonings from alcohol. This problem concerns men as well as women. Mortality among able-bodied people is mostly related to external causes.

The researches in 2005-2007 were provided by sociological methods such as deep interview among peoples who were at consultation hours of Buddhist doctor. The central question was focused on socially held conceptualizations of the Siberian health and how religious orientation and alcohol consumption influence an individual's behavior patterns concerning health issues.

As in many Russian provinces, in Buryatia one can observe a growing group advocating individual choice of health care treatment models. In particular, we can see new alternative conceptions about human life and promoting healthy lifestyles and health care choices. This choice process is connected not only to the process of medicine commercialization and treatment methods, but also to the sociocultural context of the region. Many people use the alternative medicine in its health's improvement, for example in Buryatia Tibetan Medicine for treatment of

different diseases is often used, Shaman rituals for treatment of psychological diseases and similarly.

Therefore, many Siberian men now have the opinion that all women should take care of their own health independently from men, although they do not seem to notice that some women's health is damaged after childbirth. Generally, research observations indicated that in the case of disease treatment, men and women increasingly apply to different religious treatment centers and healers because they hold different health care beliefs. As my observation implies, healing entails an element of faith and in this way the boundary between religious faith and medical treatment is blurring. The results of my research might give an idea about the correlation between health condition and the level at which people are involved in religious practice in the post-Soviet province.

#### 4 THE SPECIFIC OF MIGRATION AT FRONTIER TERRITORY

Another phenomenon of demographic processes in Russia is the migration on the example of Russian-Mongolian border. We see how people who live near border work abroad by using of migration.

At the end of XX century migratory processes had a global scales and the migration became the main factor which influenced economy, culture, national policy and international relations. As the theory of migration states, the most important are the conditions (all components of surroundings) – the factors (only these components of surroundings which influenced on this phenomena) and causes the migration (interaction of objective and subjective). The methodological approaches based on the theory of migration are in accordance with classification of the people depending on genetic indication which influence migratory mobility and intensity on the different territories. Russia and Mongolia are neighbors but they each have specifics in migration. Mongolian's people tend to migrate to Russia or elsewhere, while the opposite is not that often. For example, we see differences between neighbor regions of Russia and Mongolia (Kyakhta raion and Selenga Aimak). Our researches gave us the opportunity to make a new coefficient – coefficient of intensity of neighbor connections.

In our researches we used sociological methods such as expert analysis. We made deep interview with customer at the auto-transition between Mongolia and Russia (Altan Bulag – Kyakhta).

The main idea of this work is to present the theoretical substantiation of the new data of migration. His classification includes three basic concepts: natives, old residents and new settlers. For the regional analysis of the migrations the main role played his coefficient of intensity of inter-region migratory relations. The main contribution in the theory of migration was the detailed definition of the three stages of migratory process. The principles of conception are firstly the division of these ideas such as willingness to migrate (mobility) and migration (realization of willingness). With this ideas introduce the connection

between migratory problems sociological knowledge in particular ideas about projective and real behavior, potential migration and migratory mobility.

#### 5 CONCLUSIONS

Gender influence on health and migration is very significant. For example, men demonstrate less elasticity in relation between health and work opportunities. However, modern young men changed their values under the influence of TV, glamour journals and books. This observed behavior might confirm that Russian men are characterized by low interest in self-control and self-care behavior. On the other hand, men get better opportunities for jobs irrespective of their health state. I believe that using a gender approach could acknowledge local concerns with high morbidity to underscore the growing problems of caring for disabled people and to highlight how women and men, mothers and fathers, need social supports and resources to allow their children (and each other) to reach their greatest possible life potential. Another alternative result of the research is the suggestion "Siberian men have strong health only on the postcard and association".

Gender plays the main role in migration. Women have more migrating mobility at frontier territories. Using gender and sociological methods in demographic researches give the opportunity of dipping study.

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# INTERGENERATIONAL SOLIDARITY IN SLOVENIA\*

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## Abstract

Intergenerational solidarity and its flows are often observed on the macro level of countries, where the main systems are analysed (such as the pension system, wealth distribution etc.). In Slovenia the fast ageing of the population as well as transition have had a profound impact on the generational contract, on the macro, micro and meso levels of everyday life. The generational contract is linked in the public sphere mainly to pension and health provisions, where the flows usually go from the younger, active population to the older population. However, other transfers in the private domain must also be included here, i.e. transfers within the family or within the community. The paper addresses these issues of changes in intergenerational solidarity in Slovenia at macro level of welfare state and meso level of community.

## 1. Introduction

The whole of Europe is facing an intensive demographic change – low fertility rates and ageing of the population. This has a profound impact on all of society; its welfare systems, intergenerational relations, family changes etc. Like other European societies, Slovenia is encountering the rapid ageing of its population. The share of the elderly (people aged 65 and over) rose from 12.9% in 1997 to 15.9% in 2007. The old age dependency rate is expected to further increase from 21.4% to 55.6% in 2050 (CEC, 2006). These structural changes have had a profound impact on the generational contract, on the macro, micro and meso levels of everyday life. The macro sphere as understood in this article is the public sphere. The generational contract is linked in the public sphere mainly to pension and health provisions, where the flows usually go from the younger, active population to the older population. However, other transfers in the private domain must also be included here, i.e. transfers within the family (Albertini et al., 2007; Kohli and Albertini, 2007), or within the community. Here, at the micro (family) and meso levels (community) the transfer flows are more reciprocal or can even predominate from the older to younger generation.

## 2. Theoretical approaches to intergenerational solidarity

Intergenerational solidarity and its flows are often observed on the macro level of countries, where the main systems are analysed (such as the pension system, wealth distribution etc.). However, researchers have also emphasised that this is a very one-sided view of intergenerational solidarity and that a micro level analysis (such as family transfers) has to be included in the observation to complete the picture of intergenerational solidarity in a certain country.

A detailed analysis of intergenerational solidarity and transfers in Europe was made in the SHARE (Survey of Health, Ageing and Retirement) project (see Albertini et al., 2007; also Kohli and Albertini, 2007). The research was carried out in 10 European countries (Austria, Denmark, France, Germany, Greece, Italy, the Netherlands, Spain,

Sweden and Switzerland) in 2004. In the focus of the analysis were intergenerational transfers from the young to the older generation and vice versa. Findings for all the countries show that overall financial transfer and social support goes from the older to the younger generation (these include transfers between the living but not inheritance, that is one additional transfer going from the older to the younger). The research proved that transfers from grandparents to their children are more frequent and more intensive than the other way around. The difference between the transfers decreases with age but in total older people remain support givers also after the age of 70. This shows the importance of the role of older people who are often perceived by people as passive receivers of help. Further, the results also point out some differences between countries with regard to their welfare systems. In southern countries transfers from parents to children are more frequent and more intensive than in Scandinavian countries. Continental Europe lies somewhere in between these two groups (Albertini et al., 2007).

## 3. Intergenerational solidarity in Slovenia

### *Changes of the welfare system*

The public sphere of welfare provisions (e.g. pension systems) and systemic changes are most important as they potentially affect the micro level of intergenerational transfer flows. We emphasise only a few of the potential influences as there are too many of them for this limited research.

The economic and political transition in Slovenia, as in other Eastern European countries, has had profound effects on all aspects of social life. Changes have been introduced in important spheres of society, like the political sphere (see, for example, Adam, 1994; Adam and Rončević, 2004), economic system and the welfare system. These changes have also brought some new social risks that individuals have had to face, as to which intergenerational solidarity can also be an important factor in mediating these risks. While in the political sphere this is perhaps less evident, the changes in the economic sphere have brought,

for example, high unemployment as well as the intensification and flexibilisation of work (Ignjatovič, 2002; Kanjuo-Mrčela and Ignjatovič, 2004). The transition to a market economy has led to an increasing number of unemployed and a reduction of the active population (early retirement schemes), along with a significant shift from a passive to an active employment policy that transferred many new obligations to individuals (Ignjatovič, 2002; Kopač, 2005). Full employment which was typical before the transition still prevails in Slovenia; however, flexible work forms are increasing (part-time and time-limited contracts), but mainly among the younger population (Ignjatovič, 2002).

The changes to the social welfare system have been significant. The system is based on the state-socialist welfare system developed in Yugoslavia (Kolarič, 1992). The structure before the 1990s (Kolarič, 1992; Kolaric et al., 2009) was a tripartite system with a well-developed and regionally dispersed network of public/state organisations and institutions (production and distribution of services and financial compensation by the state and within the framework of enterprises for employed people), and voluntary and unpaid services within the informal sector. The informal sector – informal social networks – was heavily burdened with care for the elderly, especially close family members (women in particular), other relatives and neighbours regardless of the very high employment rate of women.

There has been a gradual introduction of reforms concerning individual social policies (Kolarič et al., 2009) since the transformation of the political and economic system. The new welfare system can be described as a “welfare mix” and more closely resembles Western European welfare systems. In the context of the transition from a socialist to a post-socialist society, the Slovenian welfare system constituted a dual model with elements of a conservative-corporate welfare system/compulsory social insurance system, based on a social partnership and a social-democratic welfare system, where a strong public/state sector is still the dominant service provider of all types of services to which all citizens are equally entitled, the non-profit/voluntary sector is evolving and state support for the informal sector is growing (Kolarič et al., 2009). Some of the more generous parts of the social protection system have been slowly limited during these reforms. For example, the eligibility criteria have in some cases become stricter and the extent of social support has also been reduced (see Kopač, 2005; Črnak Meglič, 2005).

With its recent reforms the state has also been withdrawing from the supply of some social services – causing the burden to shift to other sectors (market, civil society, family). This brings new risks, especially in terms of unequal access to the services older people need (for more on services for older people in Slovenia, see Hvalič Touzery, 2007; Hojnik Zupanc et al., 1996; Hlebec 2010). It also increases poverty and social exclusion of elderly (Hlebec et al, forthcoming). Social networks, especially family networks, are an important mediator of these new

risks with intergenerational solidarity going in two ways, from the young to the older, and from older to the younger. This can also be observed in the care provided to preschool and schooling children by older people (which can be partly understood in the context of diminishing access to child-care services). Namely, almost a third of those aged 50-64 care for children on a daily basis, while the share is also still high among those aged 65 or more (13%).

Table 1: *SHARES OF THOSE CARING FOR PRE-SCHOOL CHILDREN AND CHILDREN UNDER 15 YEARS (ACCORDING TO THE AGE OF THE CARER)*

	18-34	35-49	50-64	65+
Every day (%)	28	69	29	13
A few times a week (%)	4	5	17	9
Average no. <sup>1</sup> of hours	7.3	5.0	4.3	4.7

Source: EQLS (2003), own calculations.

Social services of help at home and institutional services cover only small proportions of the population. Consequently, care for the elderly has stayed predominantly in the private, informal sector and the importance of family social support networks is indicated in various researches (Hlebec, 2003, 2007, 2009; Dremelj, 2003; Kogovšek et al., 2003, Hlebec 2009, Hlebec et al 2010). Care for elderly or disabled persons is therefore part of daily care for a significant share of the population. It is, however, the highest not among the young but actually among the ageing (10% of those aged 50-64 and also 5% among those 65 years of age care every day for an elderly or disabled person).

Table 2: *SHARES OF THOSE CARING FOR THE ELDERLY AND DISABLED (ACCORDING TO THE AGE OF THE CARER)*

	18-34	35-49	50-64	65+
Every day (%)	2	6	10	5
A few times a week (%)	5	11	14	3
Average no. of hours (per day)	1.5	4.0	3.8	7.5

Source: EQLS (2003), own calculations.

### **Community changes**

The meso level of intergenerational solidarity as understood in this article is the community level, where public policies (macro level) and the micro level (family unit) intersect. The community is seen as an important resource, aiding other actors in caring for the elderly, especially in the context of overburdened employed women. “Families must therefore be supported to a greater extent. This is where social services and networks of solidarity and care within local communities come in” (CEC, 2005: 10). It is therefore also a potential space of intergenerational flows (e.g. among

<sup>1</sup> Only respondents who provide care every day.

neighbours), but is also an arena where certain actors influencing these transfer flows may emerge (e.g. community-based organisations, voluntary organisations etc.).

There have been significant changes in Slovenia at the local organisation level. Before local communities were very involved in the social area and concerned with local problems, while the municipality had many responsibilities delegated from the state. After the transition, this way of organising has been transformed. Consequently, perhaps not surprisingly, researchers have found that in Slovenia the family has responded to the transition with the most flexibility, while the community has been less responsive (Mandič and Hlebec, 2005). In the period before the transition, the community had a vital role in the life of people and local community participation was on a very high level. After the transition, the role of local communities has diminished and the formal structures have changed (see Grafenauer, 2000), often leaving estranged individuals with no places to meet and exchange information (Dragoš and Leskošek, 2003). Research on social support networks in Slovenia shows that the role of the community has decreased in the past 20 years (Mandič and Hlebec, 2005; Filipovič et al., 2005; Filipovič, 2007). But the elderly have kept their community networks to a greater extent (Filipovič et al., 2005; Filipovič, 2007) and can therefore represent the most important support givers.

Another aspect of community life is the development of community organisations. In Slovenia public network providers are well dispersed regionally and therefore also established in the communities, a fact which has not significantly changed in the period of transition. On the other hand, the NGO sector is still developing and as such is not very well developed as a provider of social support for the elderly. However, there are projects of intergenerational support (also funded by the Ministry of Labour, Family and Social Affairs). Here the support of the elderly by the elderly is very evident – one such is a project of the Pensioners' Association where elderly people help other elderly people in need within their local community. This shows that the elderly can be very active in providing support to others in need at the community level. Hence, in Slovenia the Eurostat data show that more than one-third of people who have retired do community work or volunteering<sup>2</sup>.

## Conclusions

In the article we tried to portray the situation in Slovenia and describe some of the changes potentially linked to the transition context. Transitional changes seem to have been directed in a way that encourages or pushes towards solidarity within the family (Mandič and Hlebec 2005, Šadl 2005; Hlebec, Filipovič Hrast and Kogovšek, 2010). This was motivated mainly by the slow withdrawal of the state in

providing welfare services and the fragmented long-term care services, leaving the family as the unit responsible for care of the elderly (Kolarič et al. 2009; Mali 2007; Hvalič Tuzery 2007).

The transitional circumstances have in some way also been very difficult, especially for the younger generation (see Črnak Meglič, 2005; Mandič, 1996, 2001, 2006, 2009; Trbanc, 1996, 2005, 2006, 2007) due to the unfavourable labour market, housing market etc. which also means poorer financial resources for the young. Again, it is here that intergenerational transfers at the micro level play a very prominent role (from older to younger). On the other hand, even though the state is seen as being responsible for providing a suitable standard of living for the elderly, the family must compensate to a large degree when that does not actually happen. This situation is however very difficult for the middle generation, which in this way is becoming the sandwich generation, being a very important source of support for both the young and the elderly (see Hlebec 2009).

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<sup>2</sup> Source: Eurobarometer (2007)

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# IS FERTILITY RATE OF THE COUNTRY RELATED TO THE SYSTEM OF VALUES?

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## Abstract

Currently, there is a heated up debate in Slovenia related to the new definition of family and children adoption of same-sex partners. Doing research on demographic issues, the authors of this paper had discovered patterns that indicate negative fertility rate in the most liberal countries. However, several objections were raised that the discovered patterns were not statistically significant; rather, they were a chance of choice or irrelevant consequences of the major demographic relations. In this paper we investigate if the system of values is significantly related to the fertility rate of a country, using data mining techniques and several statistical measures. The most interesting relations found are presented in the form of trees to enable better understanding of the investigated issue.

## 1 INTRODUCTION

Unbalanced fertility in different countries around the world is a matter of several scientific studies. While the population of several under-developed countries increases exponentially, most of Europe faces fertility rates that do not support long-term sustainable relations or in plain words – survival of European nations including Slovenia. The UN Population Division (UNPD) states, “Globally, the number of persons aged 60 years or over is expected almost to triple” between 2005 and 2050 [16]. In a study of Krivec and Gams [8] authors tried to determine which factors are associated with different birth rates. In particular, they were interested in finding links between economic attributes and fertility rates in a given country (as determined by total fertility rate - TFR), and attitude towards women and country’s TFR.

In this paper, the central research issue is whether the system of values of a particular country, such as religion, attitude towards homosexuality, abortion, etc. correlates with TFR and how. We have chosen this particular topic because in Slovenia a fierce debate about family law is going on. While the public debate is based on political and ideological arguments, this paper tries to investigate the demographic relations in an objective scientific way. However, it should be noticed from the start that even the experts often have different opinions about such complex phenomena, e.g. some experts are convinced that the attitude towards homosexuality has nothing to do with TFR of the country, while others insist that it is significantly connected with low TFR. In our previous research [4] we had found some relations between the system

of values and TFR; however, we did not check the significance of the relations found. Since it is well known that economical factors influence TFR, we checked the central research issue of this paper on all countries and on the developed countries separately.

## 2 DATA MINING APPROACH

As our methods of research we use data mining techniques. Having decades of experience in this field and because it is generally accepted that these methods exceed other human or computer methods on majority of collected data, we believe that the data mining research performed is at the top-world level. To verify the robustness of the constructed trees, data were permuted in a systematical way and results were evaluated with different estimation methods. The constructed trees of best quality were afterwards reanalyzed in order to enable verification of the constructed relations.

### 2.1 Data

For machine learning and data mining, data is most commonly presented in the standard attribute-class form, i.e. in a “learning matrix”, where rows represent examples and columns attributes. In our case, an example corresponds to one country, and a class of the country, presented in the last column, denotes fertility rate. The same data that were used in the previous publications were used in the studies presented here. From the 77 basic attributes the following 9 social attributes were extracted as indicators of the country’s system of values: Illegal homosexuality (yes/no), Allowed homosexual adoption (yes/no), Antidiscrimination law against homosexuals (yes/no), Prevalent Christian religion (yes/no), Prevalent Muslim religion (yes/no), Prevalent Buddhist religion (yes/no), Religion is official (yes/no), Percentage of married women (aged 15-45) who use contraception. Attributes and their values were partially obtained from the demographic sources such as UN [15] and Eurostat [2] databases and partially from Wikipedia. The data was gathered for 137 countries. The class was TFR, discretized into 3 values: 1 (TFR<2), 2 (2<TFR<3), 3 (TFR>3). In order to get relevant and appropriate explanations, data were permuted in different ways. The studies were conducted separately on all countries and on the developed countries only. Developed countries are countries with high gross domestic product

(GDP) - above 1000\$ per habitant (38 countries). GDP is defined as the total market value of all final goods and services produced within a given country or region in a given period of time (usually a calendar year) [12].

## 2.2 DM methods

From the ML and DM techniques available in Weka and Orange (the package developed in our research programme) we have chosen J48, the implementation of C4.5 [17]. It is probably the most commonly used method when the emphasis is on transparency of the constructed knowledge. In our case this was indeed so, since the task was to extract the most meaningful relation from the constructed trees. We also modified Weka's J48 default parameters with the respect of the minimal number of objects in the nodes (from 2-10) and the pruning parameter to adjust the trees to the noise of the domain.

The best relations are considered those that are the most significant based on statistical estimates such as kappa statistic, with best quality estimates such as accuracy, and most acceptable and comprehensible to humans based on common sense and demographic knowledge. To estimate the accuracy of the trees, the standard 10-fold cross-validation was used. In this case, there are 10 iterations with a different single fold for testing and the rest 9 folds for training, finally averaging the error of the 10 iterations. The estimated accuracy of a classification tree corresponds to a probability that a new example will be correctly classified. As the best tree in a particular experimental subgroup we first choose the tree with the best classification accuracy [7]. Several other measures can be calculated, e.g. F-measure or Under ROC Area estimation (AUC). The F-score is often used in the field of information retrieval for measuring search, document classification, and query classification performance. The traditional F-measure or balanced F-score is the harmonic mean of precision and recall. Precision is defined as the fraction of retrieved documents that are relevant. Recall is defined as the fraction of relevant documents that are retrieved. F-Measure is calculated from precision and recall:  $2 * \text{Precision} * \text{Recall} / (\text{Precision} + \text{Recall})$ . The other measure, AUC is used as a measure of statistical importance for model comparison [5]. This measure can be interpreted as the probability that when we randomly pick one positive and one negative example, the classifier will assign a higher score to the positive example than to the negative. AUC has a value between [0,1]. A random classifier has an AUC ~0.5 [3].

## 2.3 Classification Tree Quality Evaluation

For decades we have been dealing with a dilemma whether the constructed trees can be trusted, i.e. is the constructed tree presenting a true meaningful and significant relation, or is it presenting a meaningless relations as a chance choice. The standard DM approach is particularly challenged in

demographic problems since the relations are quite complex and inter-related. Lacking in-depth knowledge, the DM methods often find relations that seem plausible for a while, but later turn out to be inferior or side-tracked.

As indicator of tree significance we used the kappa statistic, which measures the agreement of predictions with the actual class. From the statistical definitions: kappa statistic is used in assessing the degree to which two or more raters, examining the same data, agree when it comes to assigning the data to categories. For example, kappa might be used to assess the extent to which (1) radiologist analysis of an x-ray, (2) computer analysis of the same x-ray, and (3) biopsy agree in labeling a growth "malignant" or "benign."

In general, kappa statistic is appropriate for testing whether agreement exceeds chance levels, i.e. that predictions and actual classes are correlated. The kappa statistic measures the agreement of prediction with the true class: 1.0 signifies complete agreement and -1 complete disagreement. As a rule of thumb for normal domains, values of kappa from 0.40 to 0.59 are considered moderate, 0.60 to 0.79 substantial, and 0.80 outstanding. Most statisticians prefer for kappa values to be at least 0.6 and most often higher than 0.7 before claiming a very good level of agreement. There are also publications indicating that high level of agreement occurs when kappa values are above 0.5 and that agreement is poor when kappa values are less than 0.3. This seems acceptable in complex domains with several inter-relations. Accuracy and AUC are correlated 0.86, kappa and AUC are correlated 0.93, while kappa and accuracy 0.9 [9].

## 3 RESULTS

In this section the constructed trees with the best quality, accuracy, robustness, statistical significance and most understandable to humans are presented.

### 3.1 All countries

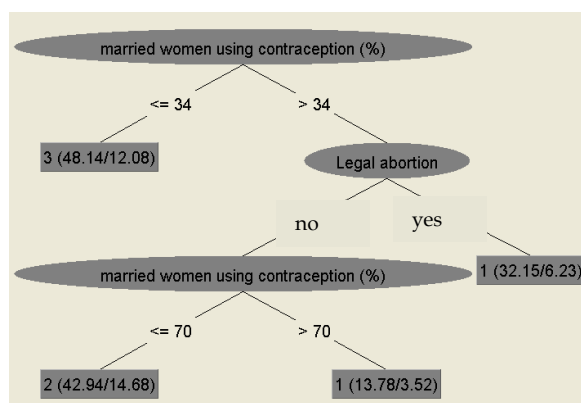


Fig.1. Tree best constructed from 9 attributes (unpruned, Min.Nr.Obj.=9). The accuracy of the tree is 74.4526 % (F-measure=0.749, AUS= 0.84) and kappa statistic is 0.6167.

First, all countries were taken into consideration. The best tree constructed from all 9 social attributes is the one presented in Figure 1. The leafs in the tree contain three numbers: the majority class, the number of examples of the majority class and all examples of non-majority classes. The tree in Figure 1 indicates that when the percentage of married women aged from 15 to 49 years who use contraception is low, then the fertility is usually high (above 3). On the other hand, when it is higher than 70% or abortion is allowed, TFR is usually low (lower than 2). If the abortion is not legal and the % of married woman contraception users is lower than 70, than TFR is moderate (2-3). To make it short, legalization of abortion and use of contraception lower TFR. Many or even most demographic publications emphasize the importance of contraception, so this relation is well known. The statistical relevance of the constructed tree, e.g. kappa is over 0.6, confirms the agreement with the demographical literature.

In the next study we concentrate on the effect of abortion. Klerman [6] found that legalization of abortion, particularly the broad access afforded by *Roe*, had some effect in reducing fertility. Mueller found in his research that weighting each country equally (e.g. Holland equals China) the most recent Total Fertility Rate for all 50 countries studied is 1.83; without legal abortion it would be 2.29. Weighted by population, the TFR of all countries is now 2.15 (India is higher, China lower); without abortion the world TFR would be about 2.70 [11]. Overall, the details of legalization affect the magnitude of the effect on fertility rates. However, author claims that legalization of abortion differs among different races. For whites, all the effects are small (see Figure 2). The white TFR where abortion is legal and Medicaid funding for the procedure available is estimated to be 1.81. Ending Medicaid funding would increase the TFR for whites by 2 percent. Klerman estimates that making abortion illegal would increase white fertility by additional 3 percent, still below replacement levels.

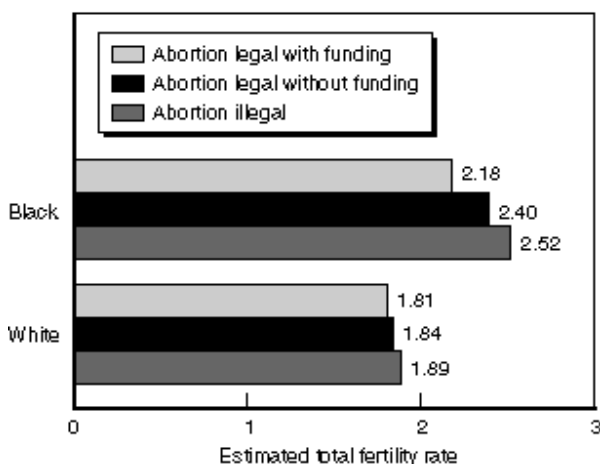


Fig.2. The effect of abortion on TFR.

For blacks, the effects are larger. The black TFR where abortion is legal and Medicaid funding for the procedure available is estimated to be 2.18. Ending Medicaid funding would increase black fertility by 10 percent. Making abortion illegal would increase the black TFR by another 5 percent. The importance of legal abortion for TFR of a country obtained by our DM is presented in Figure 3.

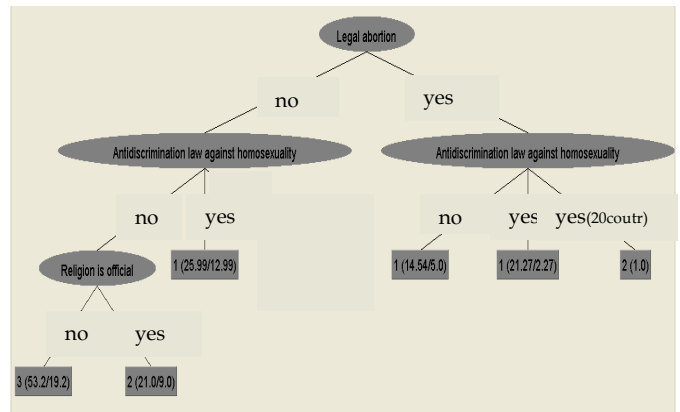


Fig.3. Tree constructed from attributes related to a system of values, excluding attribute % of married women using contraception (Unpruned, Min.Nr.Obj=10). Tree accuracy is 63.5036 % (F= 0.608, AUC= 0.736) and kappa is 0.4468.

The tree shows that legalization of abortion leads to low TFR. When abortion is not legalized, TFR is still mainly low if the country has established an antidiscrimination law for homosexuals. If such law doesn't exist in the country, TFR is high, though even higher if religion is not official.

It should be noted that some experts claim that the number of abortions does not cause low fertility rate [1] and cite Sweden as an example.

The tree in Figure 4 already includes some attributes related to homosexuality; however, they are not as significant as abortion. The constructed tree can be considered statistically reasonably relevant since e.g. kappa is 0.45.

If attributes denoting abortion and contraception policy of the country are excluded, no tree of high quality can be found. For a while the authors had an impression that homosexuality has no influence on the demographic trends which was in contradiction with their previous publications, but then some trees with acceptable quality, relevance and robustness were found.

An example of a probably trustful tree is presented in Figure 4 with kappa 0.35 (Remember – kappa can be from -1 to +1, but 0.3 is usually accepted as the lowest trustful value. Also, the default accuracy is 37.2263% and the tree achieves 57.7%. Our additional tests showed reasonable robustness of these relations). The tree indicates that legalization of homosexuality in combination with prevalent Christian



religion is connected with low TFR and vice versa. In previous presentations we have provided a tentative explanation: most of the developed countries are liberal, they are of Christian origins and although the church advocates strong families, the legal system ignores it as well as the majority of population.

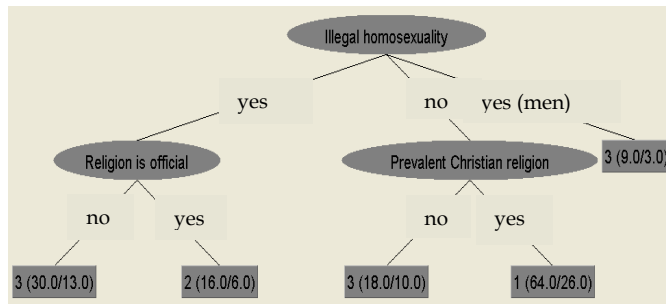


Fig. 4. Tree with social attributes without the ones explaining attitude towards abortion and contraception (Pruned, Min.Nr.Obj.=10). Accuracy of the tree is 57.6642 % (F=0.547, AUC= 0.597) and kappa statistic is 0.3574.

### 3.2 Developed countries

When only developed countries were taken into consideration, different patterns emerged significant. For the start, there was no country with TFR 3. The first pattern, discovered already a year ago, shows correlation between prevalent Muslim religion and high TFR of the country (Figure 5). Moreover, in the Christianity countries TFR is mainly lower than in the countries with other official religions (See Figure 6). Kappa statistic is a bit below 0.5 and accuracy is over 84% thus this relation can be trusted although there are only two classes.

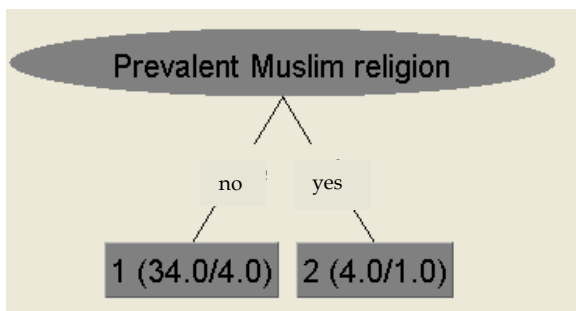


Fig.5. Tree constructed from attributes on developed countries (Unpruned, Min.Nr.Obj=2). Its accuracy is 86.8421 % (F=0.854, AUC= 0.509) and kappa statistic is 0.4751.

Polls show that in relatively non-religious Europe, Muslims are more likely than non-Muslims to be opposed to abortion, homosexuality, and suicide and that concepts like family and mother have greater importance to them. According to a 2009 Gallup survey [13], in France 78 percent of the general public finds homosexuality morally acceptable, compared to 35 percent of French Muslims. A 2009 Pew study [14] reported

that 49 percent of Americans find homosexuality to be “morally wrong,” that regular church-going means a greater likelihood of disapproval, and that American Protestants and American Muslims disapprove homosexuality in 60 percent. The gap is not between Islam and the West, but between more religious and less religious people, thus a system of values – traditional versus liberal.

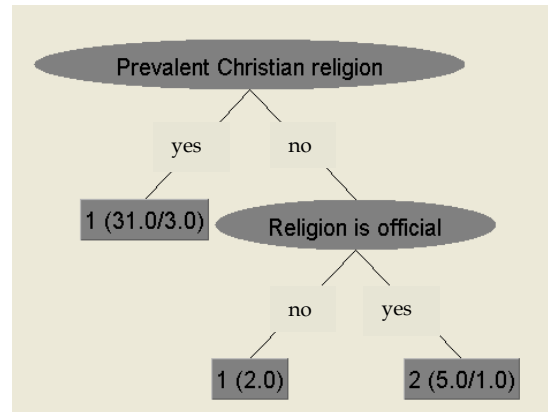


Fig.6. Tree constructed from attributes on the developed countries, without attribute showing prevalent Muslim religion (Unpruned, Min.Nr.Obj=2). Its accuracy is 84.2105 % (F=0.842, AUC= 0.842) and kappa statistic is 0.4747.

There are many studies examining religious influences on fertility rate. Using data from the 2002 National Survey of Family Growth (NSFG) it was shown that women who report that religion is “very important” in their everyday life have both higher fertility and higher intended fertility than those saying religion is “somewhat important” or “not important”. The theoretical frameworks commonly used to study religion and fertility reflect the focus on these denominational differences [10]. For instance, it outlines three conditions that produce religious effects on fertility. First, religion must disseminate norms about specific fertility-related behaviors. In addition, the religious organization must be able to enforce conformity to these norms among its members - either through social influence or through sanctions. Whether it is a consequence of religious impulses or not, approving homosexual marriages, homosexuality in general and having special antidiscrimination law for homosexuals causes the country to have low TFR (see Figures 7 and 8). But one should have in mind that e.g. the official religion and attitude towards homosexuality together stronger differentiate between countries with different TFR than homosexuality alone, so the religion is more important. It seems that the homosexuality issue is one of the liberal set of values which has overall the highest relation to low TFR.

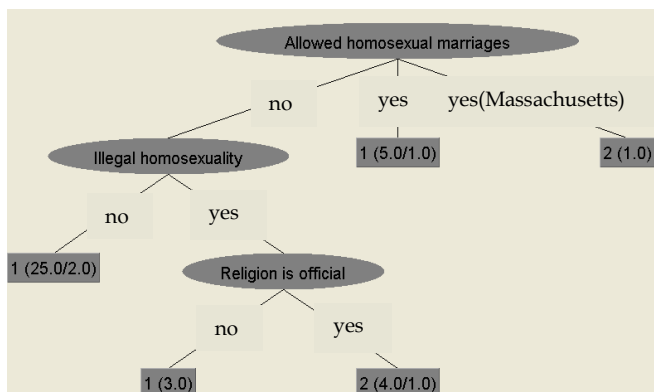


Fig.7. Tree constructed from attributes showing countries religious (without Muslims) and homosexual policy (Pruned, Min.Nr.Obj=2). Its accuracy is 86.8421 % ( $F= 0.868$ ,  $AUC= 0.854$ ) and kappa statistic is 0.4751.

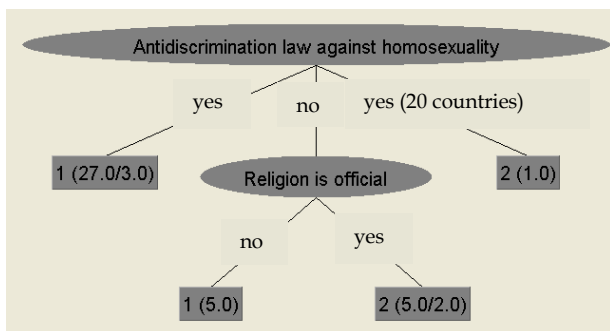


Fig.8. Tree constructed from attributes on developed countries, with some attributes showing attitude towards homosexuality and religion (Unpruned, Min.Nr.Obj=2). Its accuracy is 84.2105 % ( $F= 0.842$ ,  $AUC= 0.842$ ) and kappa statistic is 0.4747.

#### 4 DISCUSSION

Low birth rates and an aging population, according to Vladimir Spidla, director of employment, social affairs and equal opportunities for the European Commission, “is the inevitable consequence of developments that are fundamentally positive, in particular increased life expectancy and more choice over whether and when to have children.” Our study confirmed that birth control decreases TFR in all countries. It also showed that TFR is connected with the prevalent religion especially in the developed countries. Muslim religion is obviously the one stimulating child birth the most.

Although the relation between homosexuality and TFR was weaker than the relation concerning contraception or religion, it was still relevant. It might be that the relation towards homosexuality is just part of the system of value, but even on its own the relation is strong enough that we find it confirmed and the opposing objections rejected.

There is a tentative conclusion that these scientific methods can be used in Slovenian discussions about legalization of same-sex adoption or improving bleak demographic projections of Slovenia and Europe; however, in this paper we have concentrated on the scientific issue while interpretations can follow in other media.

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# ROLE OF ELDERLY IN PROVIDING FINANCIAL SUPPORT \*

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## Abstract

Owing to rapid population ageing in Slovenia, the relationship among generations should be studied at macro and micro levels. While the analyses of macro levels often recognize elderly as net receivers (of time, money and services), the analyses of micro levels most often acknowledge elderly as an active and giving part of population. Our research questions therefore address the role of the elderly as a source of financial support in intergenerational support flows.

## Introduction

We would like to stress that the elderly also play a role on the giving side of transfer flows (as already indicated in the literature as being very strong, Albertini et al., 2007; Kohli and Albertini, 2007). Analysis of intergenerational solidarity and transfers in Europe using the SHARE study (Survey of Health, Ageing and Retirement, see Albertini et al., 2007; also Kohli and Albertini, 2007), carried out in 10 European countries (Austria, Denmark, France, Germany, Greece, Italy, the Netherlands, Spain, Sweden and Switzerland) in 2004 shown that overall financial transfer and social support goes from the older to the younger generation. Transfers from grandparents to their children were more frequent and more intensive than the other way around. This shows that the older people are not passive receivers of help. Research in Slovenia has already shown that, at the micro level, it is intergenerational family transfers that have tried to compensate for the instability of the structures in the transition (Mandič and Hlebec, 2005; Šadl, 2005). At the macro level, the elderly have been in a relatively good position due to their advantageous labour market position (experiencing low unemployment and stable employment during their working lives) and the favourable pension system (mostly having relatively high pensions and a low age threshold for achieving pensioner status). They are therefore in a position to help the young within the family. In this paper we will analyse the new role of the elderly as a source of support in intergenerational support flows in Slovenia. We will focus on one support – i.e. financial support.

## Research

### *Methods and data*

In measuring the provision of social support, two general approaches can be distinguished – the network generator approach and the role relationship approach. A simple way, using the role relationship approach, to evaluate the provision of social support is to ask a survey question where

response categories are types of support providers (e.g. partner, parents, children, friends etc.). This approach is appealing as it saves time and money and is used in large, comparative surveys such as the EQLS (European Quality of Life Survey), ESS (European Social Survey) or ISSP (International Social Survey Programme). However, information obtained by this approach is very limited as the amount of support cannot be estimated, nor the characteristics of support providers (such as their age or place of living) or characteristics of ties between respondent (ego) and support providers (alters).

Most often, when evaluating social support provision the name generator approach to assessing social support networks is employed. The list of respondents (egos) is obtained in the first step. In the second step, existing ties are identified – all alters with whom the respondent has some sort of relationship, using a survey question called a name generator. When all the ties have been identified, the contents of the ties (provision of social support) and their characteristics (e.g. how often the respondent is in contact with support providers) are assessed. In most cases the characteristics of the alters are also measured, such as their age or gender. The name generator approach yields more and better quality data. However, it is time- and money-consuming and requires considerable effort from the respondent. The name generator approach has been used in SHARE (Survey of Health, Ageing and Retirement in Europe).

In this section, the 2002 study is described (Social Support Networks of Residents of Slovenia). The study is cross-sectional (Ferligoj et al., 2002). The sample size was 5,013 and the interview mode was computer-assisted telephone interviews. Data were collected from respondents aged 18 and over, with no upper limit. The study gives information about various types of support provision. It provides a representative sample of the Slovenian adult population after weighting. Several social support provisions were assessed, namely small material assistance, social support in the case of illness, financial support, emotional support in the case of trouble with a partner and in the case of sadness or depression, and advice support. What interests us in this paper is only financial support. For other research on social support networks see Hlebec 2003, 2007, Dremelj 2003, Mandič and Hlebec 2005, Filipovič et al 2005, Filipovič 2007, Hlebec et al 2010, Pahor et al 2010)

The final sample includes 5,013 respondents which allows a detailed analysis of socio-demographic groups (sex, age, residential location etc.) In this research a generator of

names approach was used to observe social support flows. Respondents indicated by names who were the persons offering them a particular kind of support and then later they defined their relationship with this person. This allows a high quality analysis of the flows of social support between generations.

### ***Intergenerational solidarity and financial support***

The demographic characteristics of the sample are presented in the first part of this section. Altogether there were 52% of female and 48% of male respondents. Nearly half of respondents claim that they live in a rural setting (48%, suburban 20% and urban 32%). About 30% have a primary school education or less, 28% an occupational one, 29% have completed 4 or 5 years of secondary school and 12% have a higher education. Age was recoded into 10 year categories, except the first and the last category (18-29: 22%, 30-39: 19%, 40-49: 19%, 50-59: 16%, 60-69: 13%, 70+: 12%).

Descriptive results are presented in the next part.

We will begin with the total network size and the size of the network providing a particular type of support. The total network size is 6.35<sup>1</sup>. As expected, the largest network size is for socialising and the smallest is for financial support, regardless the age of the respondents. Network size shrinks along with higher age categories; except for emotional support and support in the case of illness (the network size is the smallest for respondents aged 30-39).

Table 1: *NETWORK SIZE*

Type of support/Age	- 29	30-39	40-49	50-59	60-69	70-79	Total
Socialising	4.44	4.23	4.16	4.26	4.09	3.74	4.20
Financial support	1.40	1.31	1.23	1.19	1.07	1.03	1.23
Small practical aid	1.91	1.84	1.73	1.54	1.48	1.28	1.68
Large practical aid	1.42	1.63	1.56	1.54	1.31	1.15	1.46
Emotional support	1.88	1.60	1.61	1.64	1.69	1.60	1.68
Support in the case of illness	1.68	1.59	1.69	1.68	1.61	1.51	1.64
Total network size	6.53	6.56	6.52	6.37	6.25	5.48	6.35

Next, we present the total network composition in terms of the percentages of the total network represented by a specific tie (such as a partner) and the way we evaluate intergenerational support within the family.

Table 2: *NETWORK COMPOSITION*

Network composition	Overall %	Financial Support
Partner	10.75	5.31
Intergenerational (parents and child) <sup>2</sup>	19.52	31.62
Intragenerational (siblings)	8.92	13.92
Other relatives	13.40	12.70
Total family	52.59	63.55
Intergenerational within the family	37.12	49.76
Co-worker	4.76	3.88
Neighbour	8.88	4.28
Friend	30.47	26.56
Other	3.30	1.73
Total	100.00	100.00

The categories reveal that the total network composition is family-oriented and that intergenerational ties represent 37% of all family ties and 20% of all ties. Friends are also an important part of the network composition (30%), whereas neighbours and co-workers are not.

If we consider the proportion of intergenerational family ties with regard to the complete family composition, we can see that intergenerational ties are the most important source of financial support. Thus, people would turn to their parents or children for money. To observe intergenerational exchanges of social support we look at support sources across age categories. We would like to examine where and when adult children turn to their parents for support and where and when aged parents turn to their adult children for support.

The overall importance of intergenerational ties for providing financial support is by far the most pronounced compared to other types of social support. Overall, intergenerational ties represent 32% of all ties and 50% of all family ties. There are, however, significant differences across the age groups. Namely, intergenerational ties are the majority of support sources within the family for the youngest and the oldest group (about 60%). We estimate that both of these groups turn to the same people for financial support (aged 40-50). For the two age groups aged 40-49 and 50-59, intergenerational ties are important (31% - 39%) but are supplemented by friends (35% - 30%) and intragenerational ties (19% - 15%). The middle-aged generation can be described as a “sandwich generation”, but nevertheless older people aged 60+ are an important source of financial support for younger generations. In their present form, the data not allow us to calculate the balance between the age groups (whether older people receive more than they give).

<sup>1</sup> Network sizes cannot be summed up as a particular person (e.g. a partner) may be a source of many types of support.

<sup>2</sup> It would be correct to have descriptions of the categories grand parent and grandchildren and to include them in the category »intergenerational ties«. Unfortunately, these categories were not provided in the questionnaire. Therefore, these ties are collapsed into the category »other family«.

Furthermore, intergenerational sources represent about 30% of all network sources for financial support, except for respondents living alone (42%) and divorced respondents (42%) as shown in Tables 4-9 (in Appendix). Intergenerational sources within the family represent a larger percentage of family resources, e.g., people living alone and

single-parent intergenerational sources represent about half of family sources (53%, 56%), 56% for respondents living in the cities, 63% for single respondents and 60% for widowed respondents. There are no systematic differences across other variables, except for gender – women use more intergenerational sources than men.

Table 3: *NETWORK COMPOSITION ACROSS AGE CATEGORIES FOR FINANCIAL SUPPORT*

Age	Partner	Inter-generational	Intra-generational	Other relatives	Total family	Interg/Family	Co-worker	Neighbour	Friend	Other
- 29	8.15	48.19	6.68	9.64	72.66	66.32	2.15	0.84	23.05	1.30
30-39	4.66	27.08	15.25	15.47	62.46	43.36	5.34	3.28	27.91	1.01
40-49	4.32	16.11	19.21	13.02	52.65	30.60	6.49	4.93	34.56	1.37
50-59	4.70	21.15	15.46	12.88	54.19	39.03	4.62	8.10	30.39	2.70
60-69	4.75	28.66	17.98	13.09	64.48	44.45	2.12	7.49	23.14	2.77
70 +	2.20	44.68	14.17	14.11	75.16	59.45	1.42	5.08	15.88	2.46
Total	5.31	31.62	13.92	12.70	63.55	49.76	3.88	4.28	26.56	1.73

## Conclusions

It is not surprising that we have found that among the social support networks it is the family which plays the biggest role in practically all support types and that, within the family, intergenerational support is very strong for all age groups. This shows how intergenerational transfers generally are strong in both directions, from the young to the old and from the old to the young. However, the importance of intergenerational flows increases with age, which seems to indicate the stronger reliance of the elderly on support from the young than the other way around. Nevertheless the relative importance of intergenerational ties within social support networks is confirmed, particularly for financial support.

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## Appendix

Table 4: NETWORK COMPOSITION ACROSS HOUSEHOLDS FOR FINANCIAL SUPPORT

	Partner	Inter-generational	Intra-generational	Other relatives	Total family	Interg/Family	Co-worker	Neighbour	Friend	Other
Single	3.08	35.01	17.39	10.98	66.46	52.68	4.27	3.21	24.28	1.78
Single parent with children	3.78	33.48	13.14	9.35	59.75	56.04	3.31	4.89	29.60	2.44
Couple	8.43	31.42	13.56	11.96	65.38	48.06	3.31	6.26	23.02	2.03
Couple with children	5.25	30.57	13.71	13.58	63.09	48.45	4.42	3.45	27.94	1.10
Multigenerational household	5.21	31.45	17.36	12.91	66.93	47.00	1.72	3.57	26.54	1.23
Other	4.81	31.84	10.67	14.00	61.32	51.92	3.87	6.02	25.22	3.58
<b>Total</b>	<b>5.30</b>	<b>31.63</b>	<b>13.93</b>	<b>12.69</b>	<b>63.55</b>	<b>49.77</b>	<b>3.89</b>	<b>4.27</b>	<b>26.57</b>	<b>1.72</b>

Table 5: NETWORK COMPOSITION ACROSS TYPES OF SETTING FOR FINANCIAL SUPPORT

Community	Partner	Inter-generational	Intra-generational	Other relatives	Total family	Interg/Family	Co-worker	Neighbour	Friend	Other
Rural	5.73	29.62	16.25	14.73	66.33	44.66	3.99	5.00	22.63	2.05
Suburban	4.28	31.31	13.50	11.82	60.91	51.41	3.46	5.23	28.64	1.76
City	5.37	34.56	10.89	10.47	61.29	56.39	3.97	2.74	30.70	1.29
<b>Total</b>	<b>5.32</b>	<b>31.63</b>	<b>13.89</b>	<b>12.70</b>	<b>63.54</b>	<b>49.78</b>	<b>3.88</b>	<b>4.28</b>	<b>26.57</b>	<b>1.73</b>

Table 6: NETWORK COMPOSITION ACROSS HOUSEHOLD INCOME FOR FINANCIAL SUPPORT

	Partner	Inter-generational	Intra-generational	Other relatives	Total family	Interg/Family	Co-worker	Neighbour	Friend	Other
up to 130,000 SIT	3.88	32.72	14.89	13.58	65.06	50.28	3.23	7.20	22.53	1.98
more than 130,001 to 260,000	5.15	27.26	14.74	13.98	61.13	44.60	4.73	4.72	27.71	1.71
more than 260,001 to 390,000	5.09	32.65	14.29	14.27	66.30	49.25	4.62	2.30	25.27	1.51
more than 390,001	7.82	30.27	13.69	8.32	60.10	50.36	3.28	0.82	34.57	1.23
<b>Total</b>	<b>5.21</b>	<b>30.02</b>	<b>14.54</b>	<b>13.19</b>	<b>62.96</b>	<b>47.69</b>	<b>4.18</b>	<b>4.24</b>	<b>26.96</b>	<b>1.66</b>

Table 7: NETWORK COMPOSITION ACROSS EDUCATION FOR FINANCIAL SUPPORT

Education	Partner	Inter-generational	Intra-generational	Other relatives	Total family	Interg/Family	Co-worker	Neighbour	Friend	Other
Primary school or less	4.58	33.77	14.43	13.45	66.22	50.99	3.04	8.69	20.33	1.71
Occupational	4.32	25.30	15.24	15.37	60.23	42.00	4.87	3.87	29.14	1.89
4 or 5 year secondary	6.22	35.20	12.31	10.33	64.06	54.95	3.62	1.77	28.80	1.74
Higher or more	6.87	31.99	13.83	11.06	63.75	50.18	4.11	1.83	28.88	1.43
<b>Total</b>	<b>5.32</b>	<b>31.60</b>	<b>13.92</b>	<b>12.70</b>	<b>63.54</b>	<b>49.73</b>	<b>3.88</b>	<b>4.28</b>	<b>26.57</b>	<b>1.73</b>

Table 8: NETWORK COMPOSITION ACROSS GENDERS FOR FINANCIAL SUPPORT

Gender	Partner	Inter-generational	Intra-generational	Other relatives	Total family	Interg/Family	Co-worker	Neighbour	Friend	Other
Male	3.77	26.32	13.66	13.51	57.25	45.97	4.72	3.68	32.69	1.66
Female	6.72	36.43	14.15	11.96	69.26	52.60	3.11	4.82	21.00	1.80
<b>Total</b>	<b>5.31</b>	<b>31.62</b>	<b>13.92</b>	<b>12.70</b>	<b>63.55</b>	<b>49.76</b>	<b>3.88</b>	<b>4.28</b>	<b>26.56</b>	<b>1.73</b>

Table 9: NETWORK COMPOSITION ACROSS MARITAL STATUS FOR FINANCIAL SUPPORT

Marital status	Partner	Inter-generational	Intra-generational	Other relatives	Total family	Interg/Family	Co-worker	Neighbour	Friend	Other
Single	6.68	42.78	10.45	8.50	68.40	62.54	3.18	1.51	25.20	1.70
Married or living as married	5.40	25.09	15.41	14.83	60.72	41.31	4.47	5.30	28.05	1.46
Divorced	4.13	29.75	17.40	5.04	56.31	52.82	8.14	2.71	27.85	4.98
Widowed	0.65	42.38	13.31	14.70	71.04	59.66	0.14	6.55	19.81	2.46
<b>Total</b>	<b>5.32</b>	<b>31.63</b>	<b>13.92</b>	<b>12.70</b>	<b>63.57</b>	<b>49.76</b>	<b>3.88</b>	<b>4.25</b>	<b>26.57</b>	<b>1.73</b>

# REALNOST DEMOGRAFSKEGA RAZVOJA SLOVENIJE

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## POVZETEK

Prispevek poskuša na nekoliko bolj poljuden način prikazati najbolj verjetni bodoči demografski razvoj Slovenije. Le-ta je v mnogočem že pogojen s sedanjo starostno spolno sestavo prebivalstva, ki sicer nima vpliva na bodočo rodnost in smrtnost, vendar pa močno vpliva na bodoče število rojstev in smrti. Posebna pozornost je namenjena tudi migracijam, ki v zadnjem času odločilno vplivajo na število prebivalcev Slovenije. Narejena pa je tudi primerjava z nekaterimi dolgoročnimi projekcijami za Slovenijo.

## ABSTRACT

Article tries to measure the most probable future demographic development of Slovenia. Future demographic development has a strong predestination in nowadays sex and age structure of population, which do not infect future fertility and mortality rates, but has a strong impact on a number of birth and deaths. We deal also with migration that has a strong influence on population change. Comparison with some long term population projection is also presented.

## 1. UVOD

Ta prispevek je nastal predvsem zaradi tega, ker so razprave o problematičnosti bodočega demografskega razvoja Slovenije praktično poniknile. Število rojstev se je v Sloveniji v zadnjih letih dejansko dvignilo. Slovenija se je hkrati v zadnjem času (predvsem v Ljubljani) srečevala z dokaj močnim odseljevanjem mlajšega prebivalstva iz večjih mest in skupaj z nekoliko zvišano rodnostjo so časopise preplavili članki o pomanjkanju prostora v vrtcih predvsem v primestnih občinah. Problem demografskega razvoja Slovenije je torej rešen, saj v časopisih piše, da je v vrtcih premalo prostora. Realnost pa je nekoliko drugačna in kaže na precej drugačen bodoči scenarij. V prispevku poskušam opozoriti predvsem na določene zakonitosti demografskega razvoja, ki niso predmet nekkih želja ali različnih hipotez.

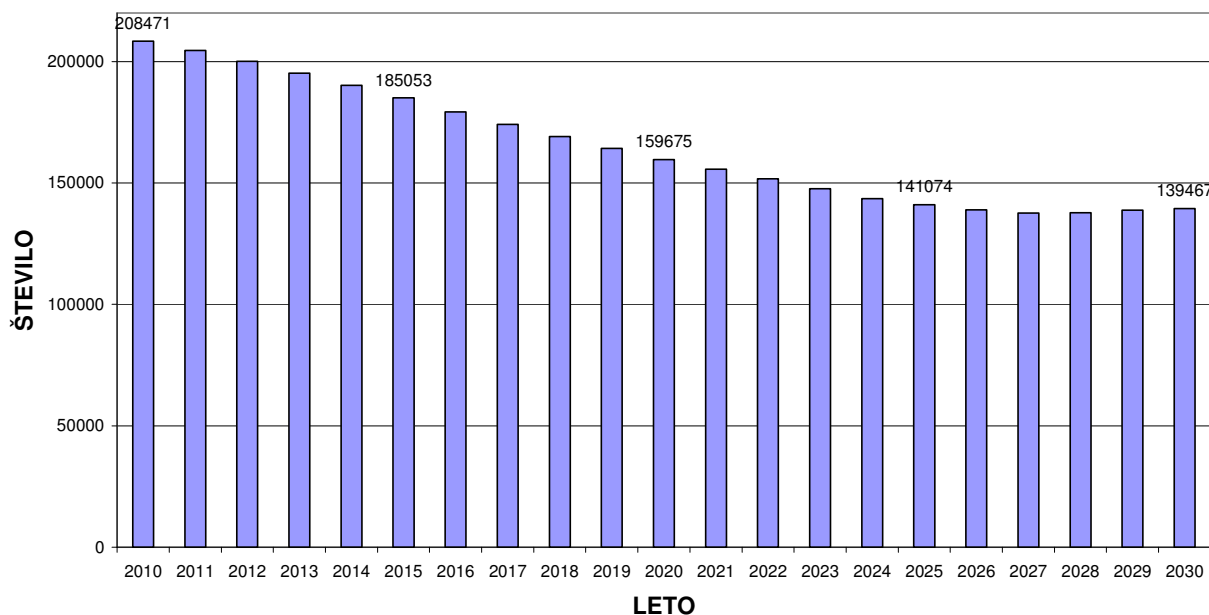
## 2. ROJSTVA

Število rojstev na nekem območju je odvisno od celotne rodnosti žensk in pa tudi števila in starostne sestave žensk na nekem območju. Ocena bodočega števila rojstev je torej odvisna od hipoteze o gibanju celotne rodnosti žensk in pa sedanjega števila žensk.

Po drugi svetovni vojni je število rojstev v Sloveniji močno presehalo 30 000 letno. Po letu 1980 pa se je število rojstev začelo hitro zniževati in kmalu padlo pod 20 000. V letih 1999 do 2004 je bilo celo nižje od 18 000 (z izjemo leta 2000), nato pa se je zopet začelo zviševati in v zadnjih dveh letih doseglo nekaj manj kot 22 000 rojstev letno (1). To je bil tudi razlog da se je zmanjšalo zanimanje javnosti za ta demografski problem in je ostala le še tema o hitrem povečevanju deleža upokojenega prebivalstva. Zavedati pa se moramo, da je večje število rojstev le delno posledica povečane rodnosti. K rasti števila rojstev je namreč pripomoglo tudi povečano število žensk v najbolj rodni dobi (okoli tridesetega leta), kar je sekundarna posledica povojnega razcveta rojstev. Večja številčnost teh generacij je razvidna tudi iz druge slike, ki prikazuje starostno sestavo prebivalstva v letu 2010.

Ko govorimo o realnosti bodočega demografskega razvoja Slovenije moramo upoštevati sedanje stanje. Na sliki št. 1 je prikazano število žensk v najbolj rodni dobi (20 do 34) let, saj le-te prispevajo nekaj več kot 90% vseh rojstev. Leta 2010 (1. 1. 2010) je v Sloveniji živelo 208 471 žensk v tej starosti. Že sedaj rojene deklice smo nato »postarali« in dobili njihovo ocenjeno število v najbolj rodni dobi do leta 2030. Hitro upadanje števila žensk v najbolj rodni dobi je logična posledica zniževanja števila rojstev po letu 1980 in s tem vstopanja vedno manj številčnih generacij žensk v rodno dobo. To upadanje bo najbolj izrazito nekako do leta 2025. Če upoštevamo le sedaj živeče deklice v Sloveniji (brez upoštevanja smrtnosti in migracij) bi se tako število žensk v najbolj rodni dobi že do leta 2020 (čez deset let !) znižalo za približno 50 000 ali skoraj za četrtino. Zato lahko pričakujemo zopet zniževanje števila rojstev, tudi v primeru nekoliko zvišane rodnosti.

**OCENA ŠTEVILA ŽENSK V NAJBOLJ RODNI DOBI (20-34 LET) V SLOVENIJI**  
(Izhodišče 1. 1. 2010 Vir: SURS)

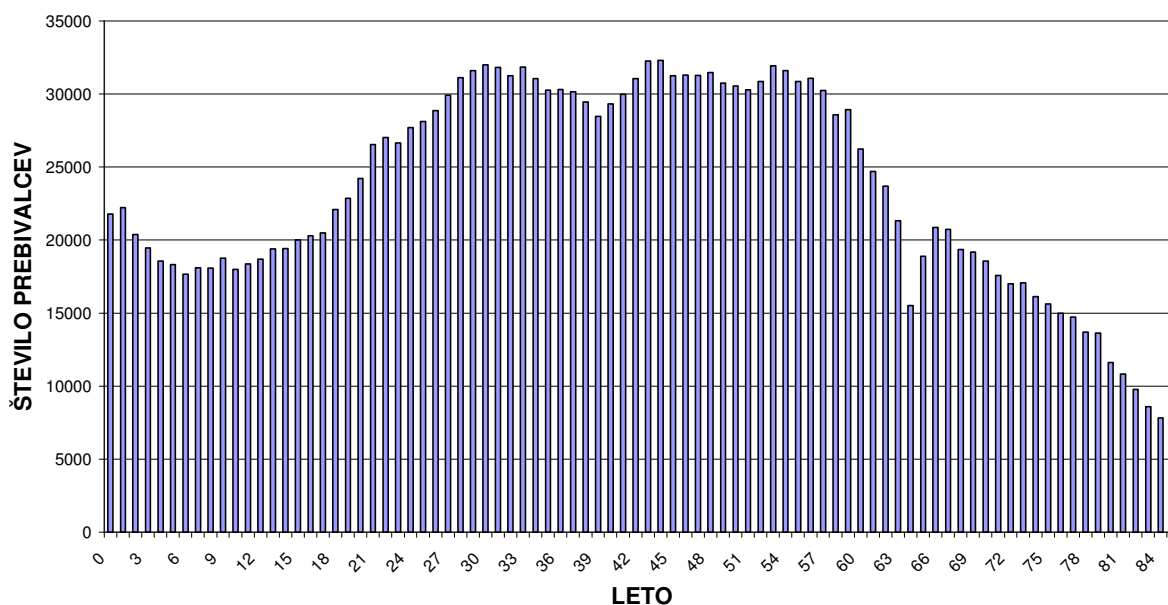


**3. SMRTI**

Število umrlih v Sloveniji se je v obdobju 1999 in 2009 gibalo med 18 in devetnajst tisoč (to število je bilo

preseženo le v letu 2003) (1). Zelo kmalu pa lahko pričakujemo naraščanje letnega števila umrlih v Sloveniji.

**ŠTEVILO PREBIVALCEV SLOVENIJE 1. 1. 2010 PO STAROSTNIH SKUPINAH**  
(Vir: SURS)



To lepo potrdi slika številka dve, ki prikazuje starostno sestavo prebivalstva Slovenije 1. januarja 2010. Iz slike je lepo razvidna bistveno manj številčna generacija, kot po starosti sosednje generacije, rojena leta 1945 in danes stara

65 let. Tako lepo vidimo razliko med številčnostjo generacij, ki danes žive v Sloveniji, med prebivalci rojenimi pred koncem druge svetovne vojne in drugimi rojenimi po njej. Vse generacije prebivalstva stare od 42 do 57 let imajo več



kot 30 000 prebivalcev. Prav vstop teh generacij v upokojitev je problem, ki danes najbolj tare Slovenijo. Logično pa je, da se bo počasi dvigovalo tudi letno število umrlih in v kakih dvajsetih letih gotovo presešlo število 30 000 letno.

Glavna vzroka za bistveno številčnejše generacije sta povečano število rojstev po drugi svetovni vojni v Sloveniji in močno priseljevanje teh številčnih generacij tudi iz drugih nekdanjih jugoslovanskih republik. Po podatkih SURS-a je bil pozitiven migracijski saldo Slovenije z ostalimi jugoslovanskimi republikami približno 120 000 prebivalcev (2). Hkrati pa je imela Slovenija negativni saldo z zahodnimi državami, ki pa ga nismo »priznavali«. To so bili zdomci – delavci na začasnem delu v tujini - , ki pa se praviloma niso vračali. Po oceni je bilo zdomcev okoli 50 000 (3). Tako so bile že tako zelo številčne povojne generacije še okrepljene s 70 000 priseljenci (saldo) in prav zato lahko Slovenija pričakuje enega najvišjih deležev starejšega prebivalstva (upokojencev) v Evropi, nato pa tudi bistveno povečano število letnega števila umrlih kot je danes.

#### **4. MIGRACIJE**

Slovenija je bila do leta 1957 tradicionalno območje odseljevanja, po tem letu pa je postala tradicionalno območje priseljevanja. Okoli leta 1990 (osamosvojitve) je bil migracijski saldo nekaj let negativen, vendar kmalu postal zopet pozitiven. V letih 2004 in 2005 je že dosegel vrednosti, ki smo jih poznali iz sredine sedemdesetih let. V zadnjih treh letih pa se je bistveno povečal in v letu 2009 dosegel skoraj 19 000 (1). Migracije se lahko zelo hitro spreminjajo tako po smeri kot jakosti. Tu jim ne namenjam posebne pozornosti, opozoril pa bi le na to, da je bil porast v zadnjih treh letih praktično vezan le na gradbeništvo. Na to kaže tudi podatek, da je med priseljenimi kar 90% moških in 90% jih prihaja iz območja nekdanjih jugoslovanskih republik (4). Ne gre torej za nek stabilen migracijski tok in vprašanje je koliko bodo te priselitve vplivale na bodoči demografski razvoj Slovenije. Domnevam, da je večina teh priselitev le začasnih. Na to nam kažejo tudi novejši podatki (5) o selitvenem prirastu. Medtem ko je le-ta v prvem četrletju leta 2009 še presegal 6000 priseljenih, pa se je v naslednjih dveh četrletjih več kot prepolovil v zadnjem četrletju pa komaj še presegel 500 prebivalcev in bil tudi v prvem četrletju 2010. leta nižji od tisoč. To kaže na veliko nestabilnost tega toka.

#### **5. DEMOGRAFSKE ZAKONITOSTI BODOČEGA RAZVOJA PREBIVALSTVA**

Ko torej govorimo o bodočem demografskem razvoju Slovenije moramo vsekakor upoštevati sedanji demografski potencial, ki ga predstavlja sedanja starostno spolna sestava prebivalstva. Iz te pa je razvidno, da lahko pričakujemo znižanje števila žensk v najbolj rodni dobi za četrtno že v desetih letih. Počasi bo začelo naraščati število umrlih in gotovo presešlo 30 000 letno. To seveda pomeni, da lahko

Slovenija pričakuje negativno naravno rast, ki bo presegala deset tisoč prebivalcev letno. Pričakujemo, da se bo rodnost še nekoliko dvignila saj glede na stanje Slovenije (gospodarsko, okoljsko tudi politično ipd.) lahko pričakujemo, da Slovenija ne bo imela ene najnižjih vrednosti rodnosti v Evropi. Vendar tudi dvig celotne rodnosti žensk do vrednosti 1,5 ne bi mogel kratkoročno nadomestiti primanjkljaja žensk v najbolj rodni dobi (6). Zato je bolj verjetno, da bo število rojstev čez deset let nižje od dvajset tisoč kot pa višje. Kot neka čudežna rešitev se vedno omenjajo migracije, ki pa takih primanjkljajev v naravni rasti gotovo ne morejo nadomestiti. Pri tem niti ne omenjam problemov, ki jih lahko sprožijo pretirane migracije.

Najbolj realno je, da v Sloveniji pričakujemo nazadovanje števila prebivalstva. To nam potrjujejo tudi različne projekcije prebivalstva Slovenije. Po oceni Eurostata naj bi imela Slovenija leta 2050 približno 1,8 milijona prebivalcev (ob višji rodnosti kot danes in letno od 3000 do 6000 priseljenih prebivalcev), po oceni demografskih strokovnjakov pri OZN pa celo samo okoli 1,6 milijona. Takim dolgoročnim napovedim dosti ljudi ne verjame ali bolje rečeno na zaupa. Vendar pa so glede na sedanje stanje dokaj verjetne. Še bolj verjetne pa so za krajše obdobje. Tako je na primer večina deklic, ki bodo rojevale do leta 2030 danes že rojenih, lepo pa so vidne zelo številčne generacije prebivalcev, ki bodo najbolj prispevale k povečanju letnega števila umrlih.

V kolikor v Sloveniji ne bi bilo migracij in bi se nadaljevali sedanji koeficienti rodnosti in umrljivosti, bi se število prebivalcev Slovenije od sedanjih 2 046 976 (1. 1. 2010) znižalo na 1 828 208 prebivalcev v letu 2030. To pomeni znižanje za skoraj 220 000 prebivalcev v dvajsetih letih ali enajst tisoč letno. Preprosto rečeno, bi tako Slovenija potrebovala enajst tisoč priseljenih prebivalcev več kot odseljenih vsako leto, če bi želeli ohraniti sedanje število prebivalcev. To pa je verjetno za Slovenijo prevelika številka in menim da tega ni potrebno utemeljevati.

#### **6 SKLEP**

Lahko rečemo in upamo, da je Slovenija dosegla svoje demografsko dno okoli leta 2000, ko je letno število rojstev upadlo celo pod 18 000 in je bila celotna rodnost žensk nižja od 1,2. V zadnjih dveh letih pa se je število rojstev približalo 22 000 letno in ta porast je sprožil zopet nekaj večje povpraševanje po vrtcih in nastal je vtis, da je edini demografski problem ki je ostal samo še preveliko število upokojencev. Če predpostavljamo, da je ugoden demografski razvoj le pri rasti števila prebivalcev, pa le-tega verjetno ne moremo pričakovati.

Bodoči demografski razvoj Slovenije je v veliki meri odvisen tudi od preteklega demografskega razvoja. Veliko število rojstev po drugi svetovni vojni in priseljevanje približno enako starega prebivalstva iz drugih nekdanjih

jugoslovanskih republik je zelo okrepilo generacije, ki sedaj prehajajo v upokojevanje. Hkrati bodo te zelo številčne generacije povzročile, da bo letno število umrlih v Sloveniji počasi začelo naraščati od sedanjih dobrih osemnajst tisoč na preko trideset tisoč.

Posledica drastičnega upada rojstev po letu 1980 pa povzroča vedno nižje število žensk v rodni dobi. Znižanje števila žensk v najbolj rodni dobi za četrtno v naslednjih desetih letih bo gotovo vplivalo na nižje število rojstev.

Realno lahko v Sloveniji pričakujemo zniževanje števila prebivalcev. To moramo sprejeti kot dejstvo, ki bi ga nadaljnji dvig rodnosti in priseljevanje nekoliko omilila. V kolikor bi hoteli na vsak način zadržati sedanje število prebivalcev, bi bilo potrebno tako močno priseljevanje, da bi nastali problemi gotovo povzročili več škode kot koristi. Ne nazadnje bi se lahko začelo postavljati vprašanje ali naj bo slovenščina še vedno edini uradni jezik, kar v dobi globalizacije ne bi bilo nekaj izjemnega. Po najbolj črnem scenariju pa bi to lahko dolgoročno slovenščino pripeljalo na raven retoromanščine v Švici.

Dokaj realno lahko pričakujemo določeno znižanje števila prebivalcev v Sloveniji. To je v največji meri posledica upada rodnosti, za Slovenijo pa je specifična tudi izrazita prevlada zelo številčnih povojnih generacij. Prav zaradi znižanja števila prebivalcev, pa bi se lahko tudi izboljšala starostna sestava prebivalstva in tako postala bolj uravnotežena. Prav dobra starostno spolna sestava prebivalstva je lahko bolj pomembna kot pa samo absolutno število prebivalcev. Slovenija je imela na primer ob popisu leta 1961 nekaj manj kot 1,6 milijona prebivalcev in zelo ugodno demografsko sliko. V kolikor se bo v Sloveniji rodnost zopet nekoliko dvignila in bomo ohranili nek zmeren pozitiven migracijski saldo, bo zmanjševanje števila prebivalcev za določeno obdobje, samo epizoda v demografskem razvoju Slovenije.

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# DIALOG IN PREŽIVETJE

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## POVZETEK

Preživetje postaja središčni pojem oziroma problem življenja človeštva. Vpetost v različne identitete človeka tako strukturira, da se skladno z njimi dialoško odziva. Dialog je preseganje strukturno-identitetnih vpetosti, da bi se človek odpiral pristnemu, prvotnemu, človeškemu. Zvestoba dialoškemu procesu oblikuje etične oziroma 'svetovne' kulture in zvestobo človeškemu. Pozunanjenje in postvarjenje je ovira za tako kulturo tudi za preživetje človeštva v moderni krizi.

## ABSTRACT

Survival is becoming a central concept respectively a question of mankind. Being incorporated in different identity-structures the man responds dialogically and congruently to them. Dialogue is surpassing the structural-identity integrations and leads to man's openness to authenticity, primacy and to humanity. Being faithful to the dialogical processes means forming the ethical, worldwide (universal) cultures and faithfulness to the human. Placing the stress on the external matters brings about a serious obstacle for such culture and also for the survival of mankind in modern crisis.

Prepričanja ima le tisti,  
ki ni ničesar poglobil.  
(Emil M. Cioran, v Stöltzel, 2002)

## 1 UVOD

Preživetje danes postaja središčni pojem oziroma že kar problem življenja človeštva. Predstavniki tako imenovanega *Rimskega kluba* (utemeljitelj Aurelio Pecci) so v svoji študiji (izšla je tudi v slovenščini) z naslovom *Meje rasti* že leta 1972 opozorili na klimatske in druge probleme življenja in preživetja na Zemlji, ki bodo zahtevale korenito spremembo mišljenja in ravnanja Zemljanov. Študijo o tem je opravila *Sloan School of Management of Massachusetts Institute of Technology*, ki si je zastavila nalogo preučiti (po)rast in razvoj človeštva oziroma s tem povezane industrijske družbe glede na trajno (continuous) rast oziroma vzdržljivost (*sustainability*) razvoja [1]. Vrednosti raziskav od takrat do leta 2004 kažejo na akutno rast negativnih posledic razvoja, ki jim je skupno, da je zanje odgovoren človek. Sprememba tega nezdravega, nedolgoročnega in nepredvidljivega razvoja je možna le z izjemno prisebnim dialogom vseh udeležencev teh procesov. Nujne spremembe so po izsledkih raziskav mogoče le ob osebni zavzetosti vpletenih za

spremembe. To vključuje odločitve na vseh nivojih kot nalogo zavzetega dialoga znanstvenikov, politikov, tehnologov in ostalih pristojnih. Za to pa je potreben realen uvid v stanje, ki smo ga ljudje ustvarili s svojim neodgovornim in z nezrelim ravnanjem. Ta kočljiv položaj človeštva lahko spremeni le priseben dialog odgovornih in da smernice za nujne ukrepe. Skupina pa žal ugotavlja, da se tudi po objavi prve študije še v devetdesetih letih 20. stol. enak razvoj nekontrolirano nadaljuje [2]. Nepripravljenost za spremembe potrjujejo tudi zapleti na konferenci v Kopenhagenu, decembra 2009, saj na njej ni prišlo do bistvenih premikov, ki bi razvoj obrnili v pozitivno smer[3]. Peter Sloterdijk je prepričan, da se mnogi ekonomski zavedajo zapletenosti položaja, a se delajo, kakor da je le-ta obvladljiv. V nekaterih krogih je sicer pripravljenost le za upočasnitev razvoja in za (delno) zmanjšanje problemov, ne pride pa do spremembe sistema, ker ta temelji na kapitalistični razglasitvi »pravice ljudi do brezmejnega pohlepnega obnašanja« in mu botruje kultura zavisti, ki pa onemogoča dialoško reševanje problemov [4]. Sloterijsk ne vidi nosilnih sil za preboj k drugačnemu ravnanju. Komunizem ni bil sposoben uravnotežiti družbenega in ekonomskega razvoja in je propadel. Globalni kapitalizem kot svetovna sila in utelešenje sebičnosti pa ne more spodbujati k odgovornemu ravnanju. Civilne (tudi verske) skupnosti so zelo zaposlene same s seboj in ni videti nosilcev, ki bi bili sposobni preusmeriti razvoj [5]. Zadeva je formalno v rokah politikov, ti pa so odvisni od ekonomistov in drugih načrtovalcev razvoja in zato prihaja do nasprotovanja spremembam (npr. ZDA, Kitajska, Rusija in druge afriško-azijske države). Kako torej glede na zapleteno »zahtevnost projekta« spreminjanja stališč priti do nujnih odločitev, ki bodo omogočile spremembe? Spremembe predpostavljajo odpravo zaviralnih mehanizmov ter dogovorno politiko in dialoško reševanje. Odločitve sprejemajo ljudje vpeti v čisto svoje(ste) (ustaljene) izkušnje, predstave in okvirne povezave (identitete), po katerih se odločajo. Šele priseben dialog lahko presega te pregreje.

## 2 PREPLETENOST IDENTITET

Gospodarska rast in razvoj sta kompleksna dejavnika, soodvisna od številnih drugih na različnih nivojih. Taki so: osebne psihološke podlage (sposobnosti, dosedanje izkušnje itd.), idejne predstave oziroma znanja, interesne zahteve, pogojene s strateškimi, gospodarskimi, političnimi socialnimi in idejnimi oziroma ideološkimi interesi oziroma usmeritvami. Vsi vplivajo na odločanje posameznikov in skupin tudi pri pristopu k razvoju oziroma rasti v svetu ali

tudi k upočasnitvi razvoja, se pravi spremembi dosedanjih tokov dogajanja.

Amartya Sen se ne strinja s Samuelom Huntingtonom glede spopada »velikih« civilizacij, ki bi bil posplošitev problemov identitete, saj noben človek ali skupina nimata samo ene identitete, pač pa je vsakdo splet več identitet, ki se medsebojno dopolnjujejo in poglobljajo. Človek praviloma razvija identitete na podlagi pripadnosti in svobodnega odločanja, kar ga postavlja v odnos do različnih, včasih tudi nasprotujočih si identitet. Tisti, ki smo živeli v komunističnem sistemu, smo bili sicer v njem, a smo bili z njim kot verni ali demokrati v neprestani napetosti, saj je med identitetama vladalo bojno razpoloženje. Še bolj zapleteno je pri otrocih, ki imajo zaradi kakih razlogov borbeni odnos do svojih staršev. Ponavadi se ljudje odločamo po pripadnostih. Ekonomist v podjetju praviloma daje prednost pred identiteto družini ali pa je v razpetosti med obojema, čeprav »priznanje ali potrditev identitete sama po sebi še nista nujno temelj za solidarnost pri praktičnih odločitvah; to mora biti stvar nadaljnega presojanja in analize [6]. Tu prihaja do pomembnih odločitev, katere naj bi po Senovem prepričanju usmerjala »etika identitete«, ki je »osrednjega pomena za vedenje posameznika prav zaradi neizbežnosti izbire prioritov v zvezi z našimi številnimi pripadnostmi« [7]. Pomembne odločitve je skladno s to etiko treba sprejeti, zaključuje Sen [8]. Spremembo razvoja sestavlja tudi identitetni problem, saj gre za privrženost določenemu načinu življenja in njegovim prednostim; znotraj tega pa so še gospodarske, socialne, politične in druge identitetne ujetosti.

Različnost identitet dodatno terjaja nujnost dialoga. Ljudje smo vpeti v različne svetove. Ta vpetost se izraža v govorici. Že same identitete so pri človeku plod dialoških razmerij: po govorici se čutimo kot Slovenci pa tudi pripadniki »vmesnih skupin«. V dialogu postane vsakdo otrok te matere in tega očeta, pripadnik te družine in tudi drugih identitet. Zato se tudi ovire postavljajo na ravni govorice oziroma dialoga in se edino na tej ravni lahko tudi razrešujejo. Etika identitet je zato etika odgovornosti do tistih, ki so nas omogočili kot bitja, ker so nam odprli identiteto. Vsak človek je vpet v različne govorne izkušnje, ki ga določajo glede na njegovo poreklo. Verjamemo, da ima to poreklo tudi globlje, religiozne korenine (vera).

### 3 PSIHOLOŠKE OVIRE

Ker je človek kot govoreče bitje po naravi tudi dialoško bitje, njegovo spočetje, rojstvo in prvi koraki v življenju absolutno predpostavljajo dialoški položaj. Spočetje je plod najbolj intimnega dialoškega razmerja v človekovem življenju. Moški in ženska oziroma praviloma mož in žena v ljubeči medsebojni predanosti, najbolj intimnem dialogu spočneta novo bitje. Tudi rojstvo je povezano s predanostjo matere, ki mora v bolečini dati prostost novemu bitju. V nadaljnjem življenju ob izmenjavi med materjo, očetom in ostalimi odnosnimi bitji otrok vzpostavlja prve temelje dialoškega bitja. Če se v teh zgodnjih izkušnjah pojavljajo ovire, se otrok ne more usposobiti za dialoško razreševanje

položaja in mora kasneje te pomanjkljivosti dopolnjevati oziroma kompenzirati. Otroci, ki niso bili spočeti v ljubečem dialoškem razmerju ali ki so odraščali v nečloveških (nedialoških) razmerah, ostajajo vse življenje prizadeti. Posredno se to kaže tudi v odnosu do materialnega sveta. Prvenstveni v človekovem življenju so osebni odnosi, stvarni so drugotnega pomena. Če otrok ne more razvijati osebnih odnosov, tudi nima urejenih odnosov do (tvarnih) stvari. Prihaja do postvarjanja odnosov, osebni razvoj pa krni. Nezmožnost oziroma pomanjkanje medosebnih razmerij ljudje zapolnjujejo z odnosi do stvari. Potrošniška logika ljudi navaja k (varljivemu) iskanju srečnosti v tvorni potešenosti kot nadomestku za (med)osebno neizpolnjenost, ta pa odpira pota maščevanja.

Psihološke ovire so torej tesno povezane z doživljanjem drugih, saj se tako empatija kot čustvena inteligentnost krepi z dialoškimi razmerji predvsem v zgodnjih letih. Od inteligenčne sposobnosti, pripravljenosti za vživljanje odraslih v svet otroka in posebno od prijavljenosti posvetiti svojo osebnost razvijajočemu se bitju je odvisen tudi razvoj teh sposobnosti pri mladih. Pomanjkljivi ljudje ostajamo nesposobni in nepopolni, kar omejuje tudi možnosti dobrega dialoga na vseh področjih človeškega delovanja.

### 4 ZRELOST IN ODGOVORNOST

Ali in kako imamo človeka lahko za zrelega oziroma sposobnega za samostojno razmišljanje in odločanje v odgovornosti do drugih in za druge? Le pri taki usposobljenosti govorimo o samostojnem in odgovornem človeku, sposobnem vživljanja in odgovorne delitve življenja z drugimi. Upravičeno se sprašujemo, koliko je danes takih ljudi celo med intelektualci? Razsvetljenstvo je poudarjalo samostojnost posameznika, danes gre za celotno človeštvo in torej za dialoško razpoložljivost ljudi, da razvijajo človeški potencial. Razsvetljenci so predpostavljali človeka kot (najbolj) umnega, ki ima pregled čez sebe in svet in je moralno usposobljen v odločanju za človeškost (Kant). Postmoderni um pa je omejen in zamejen (le) s svojo zgodbo, zato naj bi bil sicer odprt za drugega, a je v težavah, da se mu človeškost ujame v pomasovljenju ideoloških, medijskih ali političnih okvirov. Theodor W. Adorno spodbuja h Kantovski zrelosti v spisu *Kaj je razsvetljenstvo*, leta 1784, kjer Kant označuje razsvetljenstvo kot »izhod človeka iz njegove nezrelosti, ki jo je sam zakrivil« [9], in poudarja, da je Kantov stavek nedvoumen, a si moramo toliko bolj prizadevati za oblikovanje zrele osebnosti. To danes terjajo tudi drugi razumniki, kot sta Leonardo Boff, Zygmund Bauman itd.

Kako torej nasproti pomasovljenju vzgajati ljudi v samostojnosti in odgovornosti, da bodo delovali proti splošnemu mnenju (nemško »man«)? Le človek, ki si prizna omejenost, je odprt za novo. Večstoletni zanos znanstvenotehničnega napredka je človeka delal za neomejenega, vsemogočnega in nepripravljenega za priznanje svoje nemoči. V tem duhu so delovali sistemi, ki so vodilne napravili za nezmotljive bogove, nemočno množico pa v njihove odvisnike. Danes delujejo v tem duhu medijsko-

politični manipulatorji, ki zasvajajo množice z nerealno podobo človeka in manipulirajo z razpoložljivostjo nemočnega človeka, češ da ga tako lahko »odrešijo«. Sodobni družbeni položaj se je zelo zapletel in težko je celo skupinam ali posameznikom nasprotovati tem težnjam. »Ljudje, ki se slepo uvrščajo v kolektive, sami sebe napravijo za material in se izbrišejo kot bitja, ki se sama določajo. K temu pride še razpoložljivost, da druge obravnavamo kot brezoblično maso ... Demokracija, ki naj ne bi le funkcionirala, pač pa delovala po svoji zasnovi, terja zrele ljudi. Uresničeno demokracijo si lahko predstavljamo le kot družbo zrelih ljudi ... Uresničenje zrelosti je v tem, da nekaj ljudi, ki so za to razpoložljivi, z vso energijo deluje v smer, da je vzgoja vzgoja za protislovje in za nasprotovanje« [10].

Michael Novak govori o zahtevnosti uveljavljanja civilne družbe, ki naj bi delovala na sposobnosti posameznikov, da delujejo na vzajemni praksi, ne le na moralnih idealih. Zato so ustanovitelji ZDA gradili na realizmu izvirnega greha in »so se zelo trudili uperiti sebičnost proti sebičnosti in oblast proti oblasti, da bi samoljubje vsakega posameznika postalo varovalka pred samoljubjem drugih« [11]. Moralna ekologija je v prevzemanju tudi lastne odgovornosti za uveljavljanje odgovorne družbe. Zato moralne sodbe ne izhajajo iz kakih zakonikov ali pravil, »ampak iz sodbe dobrih, izkušenih in modrih ljudi«, pravi McCabe (2008: 104) [12]. V današnjih zahtevnih pogojih se po W. A. Galstonu [13], ki zagovarja liberalni model samostojnosti, taka družba utemeljuje na desetih postavkah: socialni mir, vladavina prava, prepoznavanje raznolikosti, težnja po vključevanju, minimalna dostojnost (izključevanje krutosti ali družbenega nadzora in »obupne revščine«), obilje, prostor za razvoj, približna pravičnost, odprtost za resnico in spoštovanje zasebnosti. Svobodna družba lahko goji in vzdržuje »koncept dobrega«. Kot zatrjuje Žalec, je pojem dobrega zato odvisen od družbe, ki dobro goji in skrbi za njegovo uveljavljanje. Za to nista dovolj le družina in država, pač pa širša osveščena skupnost. Pomembno vlogo imajo religije, saj vzgajajo k moralni osveščenosti, zrelosti [14] in soodgovornosti.

## 5 ODGOVORNOST IN PREŽIVETJE

Odgovornost pomeni delovati v odnosu do drugih. Ljudje smo dogovorna bitja: odgovornost predpostavlja dogovor, potreben že zaradi človekove omejenosti. Nihče sam ne vidi in ne ve vsega, drugi mu razširjajo obzorje videnja in vedenja. Dalje smo ljudje omejeni v identitete, ki tvorijo naš delovnanjski okvir. Preseganje ujetosti terja medsebojne dogovore. Člani študije *Meje rasti - po tridesetih letih* ne vidijo rešitve v prenašanju problemov (posledic odpadkov itd.) drugam ali na druge, pač pa v dogovoru za delitev problemov [15] (da bi npr. delali le višje dimnike cementarn ali toplarn in izpuste pošiljali drugim). Ker je danes razvoj marsikje presegel meje možnega, se nujnost dogovornih omejitev zaostrojuje. Kot pravi Günther Ropohl, odgovornost danes ne more biti več individualistična lastnost, pač pa vključuje vse. Stopnjuje jo priznanje lastne nepopolnosti, ki

omogoča vzajemnost ne le med osebami, pač pa tudi med ustanovami. Gre tudi za vzajemnost, izmenjavo in dopolnjevanje panog: etike, znanosti in tehnike [16].

Takšno vzajemnost pa je »v stoletju volkov«, kakor P. Sloterdijk označuje 20. stoletje, težko pričakovati, saj gre za zelo hude stvari, ki jih je povzročilo »enostransko videnje razmer«. Opravka imamo z »zanemarjenim nasiljem« [17]. Presegata pa ga lahko le bratstvo in svoboda. Zato tudi on predpostavlja svobodnega in odgovornega delovalca, ki bo svojo svobodo vključil v svobodo drugega po načelu bratstva. Enakost se je v polpreteklosti pokazala kot nedosegljivi ideal, bratstvo pa je uresničenje pripravljenosti svobodnih ljudi za sodelovanje. Podobno kot Nietzsche tudi Sloterdijk predlaga »zamenjavo toksične 'maščevalne ponižnosti' z inteligenco, ki naj novo preverja svoje timotične (gr. *thymós*, jeza, tudi srce itd.; op. J. J.) motive« [18]. To je program »vaj v ravnotežju«, ki se ga da izpeljati brez močnih osebnosti, vpetih v dogajanje in pripravljenih prevzeti odgovornost. »Napake niso dovoljene, so pa verjetne. Pri ugodnem poteku vaj bi se lahko izoblikoval komplet interkulturno obvezujočih disciplin, ki bi ga potem prvič upravičeno lahko označili z izrazom, ki je bil doslej uporabljen vedno prenačljeno: svetovna kultura« [19].

## 6 RELIGIJA, DIALOG IN PREŽIVETJE

Dalaj Lama je na obisku v Mariboru, 2010, govoril o nujnosti etike, ki po njegovem ne potrebuje religiozne utemeljitve. Mogoče se je strinjati z nujnostjo etike ali etosa, bolj zapleteno je, kako takšno držo uveljaviti in ohranjati oziroma spodbujati in kdo bo njen nosilec. Svetovni etos po Küngu omogoča sobivanje, k čemur lahko prispevajo »religije, ki se ... vadijo v ustvarjalnem sožitju in miroljubnem sodelovanju«. Tudi on zahteva dialog in sodelovanje med vsemi (verskimi) skupnostmi, politiki, znanstveniki, verskimi voditelji [20]. Podobno U. Beck zagovarja vzajemnost in vključenost religioznih prepričanij v smislu Gandija, kar lahko preprečuje nasilje in omogoča tvorno sodelovanje vseh tudi pri urejanju problemov preživetja.

Svetovna kultura, pravi A. Sen, nastaja ob premagovanju siromašenja ljudi [21] in krepitvi njihove svobode. Neogrožene in neujete osebe bodo zadovoljne in mirne ter sposobne odpiranja drugim in vzajemnosti, sobivanja in sooblikovanja vzdržnega razvoja. Sen se zavzema za svobodo oziroma sposobnost preseganja ujetosti v okvire lastne identitete, ker bodo take osebnosti odprte za kritično sprejemanje pametnih in koristnih novosti. Tudi preseganje gospodarsko-političnih diktatov je možno na tej ravni. Odgovornost predpostavlja možnost svobodnega razpravljanja in omogoča njegovo uresničevanje. Takšna »svetovna kultura« se torej začne v materinem telesu in zibki z vsakim novim bitjem in nadaljuje v dialogu, ki se ne zapre na nobeni ravni človekovega osebnega in družbenega delovanja.

## 7 ZAKLJUČEK

Dialog je nujni pogoj človekovega življenja in preživetja. Potrebno ga je gojiti pri mladih in jih usposobiti za dialoško držo, ki bo oblikovala tudi ustrezen pogoja za reševanje vseh vprašanj, tudi odnosa do okolja. Dialoško izpopolnjen človek je sposoben empatije in tako ustreznega odzivanja na probleme ljudi in sveta okrog sebe.

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# SPREMEMBE ŽIVLJENJSKEGA SLOGA IN DRUGI PREVENTIVNI ZDRAVSTVENI UKREPI, NAMENJENI RAZLIČNIM STAROSTNIM SKUPINAM PREBIVALCEV

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## POVZETEK

Preventivni zdravstveni ukrepi, ki zajemajo spremembe življenjskega sloga, javnozdravstvene ukrepe in presejalne programe, pripomorejo k boljši kakovosti življenja in manjšim stroškom zdravljenja in nege. Preventivni zdravstveni ukrepi se razlikujejo glede na ciljno skupino prebivalcev, kateri so namenjeni. Pri ekonomskem ovrednotenju se upoštevajo vložena sredstva in posledični učinki preventivnih zdravstvenih ukrepov.

## 1 UVOD

Uvajanje preventivnih zdravstvenih ukrepov je koristno z več vidikov. Poleg preprečevanja zbolewnosti je mogoče upočasniti potek določenih bolezni. Preventivni zdravstveni ukrepi, kot so presejalni programi, lahko vodijo v odkrivanje zgodnejših stadijev bolezni. Če se bolezen kot je rak odkrije v zgodnejšem stadiju, je bolj verjetno, da bo zdravljenje uspešno. Preventivni zdravstveni programi so usmerjeni k različnim segmentom prebivalcev, z različno stopnjo tveganja. Lahko gre za celotno populacijo, za manjši segment prebivalcev s povečanim tveganjem ali za še manjši segment z zelo velikim tveganjem [1].

Pomemben vidik preventivnih zdravstvenih ukrepov je ekonomski. Ekonomske analize in ekonomski dokazi morajo postati osrednji del raziskovanja o preventivnih zdravstvenih ukrepih. Rezultati raziskav so potrebni za ustrezne odločitve o zdravstveni politiki in za oceno dolgoročnih koristnosti [1]. Avtorji članka [2] so ugotavljali, da se v političnih govorih pogosto pojavlja promocija preventivnih zdravstvenih programov kot stroškovno učinkovitih zdravstvenih ukrepov. Vendar stroškovna učinkovitost ni vedno prisotna. Dejansko s pomočjo preventivnih programov obstaja možnost prihranka sredstev in izboljšanja zdravja. Ocenjujejo, da so v ZDA kajenje, slaba prehrana, fizična neaktivnost in zloraba alkohola dejavniki tveganja za skoraj 40 % smrti letno. Nekateri ukrepi, kot so svetovanje za preprečevanje kajenja, presejanje raka debelega črevesa in danke ter cepljenje, zmanjšajo umrljivost, z majhnimi sočasnimi stroški ali prihranki.

## 2 STRATEGIJE PREVENTIVNIH ZDRAVSTVENIH UKREPOV

Strategije preventivnih zdravstvenih ukrepov se razvrščajo v tri kategorije [3]:

- spremembe življenjskega sloga
- javnozdravstveni ukrepi
- presejalni programi.

Spremembe življenjskega sloga zajemajo spremembo vedenjskih vzorcev, na primer v povezavi z zlorabo alkohola in drog, kajenjem in prometno varnostjo. K javnozdravstvenim ukrepom spadajajo cepljenja zoper nalezljive bolezni, fluoriranje vode in pregled hrane. Presejalni programi vključujejo programe za zgodnje odkrivanje bolezni.

### 2.1 Spremembe življenjskega sloga

Rezultati naslednje študije [4] kažejo na velik delež javnozdravstvenih stroškov, ki nastopijo zaradi pomanjkanja fizične aktivnosti. S fizično neaktivnostjo so namreč povezani številni zdravstveni zapleti, ki pa se bi jim bilo mogoče izogniti. Sprememba življenjskega sloga je za večino ljudi zahtevna naloga; za spremembo vedenja, povezano z bolj zdravim življenjskim slogom, se je običajno potrebno truditi.

Sprememba življenjskega sloga pomeni spremenjeno vedenje in je cilj socialnega marketinga. Program socialnega marketinga poteka v več korakih, oblikovan pa je tako, da preko odločitev vpliva na vedenje [5]. S programom naj se ustvarjajo koristnosti in zmanjšujejo ovire, pomembne za specifične javnosti. Program naj v končni fazi vodi k povečani societalni (družbeni) koristnosti.

Osrednji vidik promocije zdravja je komuniciranje [6]. Metode množičnega komuniciranja pomenijo pomembno opcijo za promotorje zdravja. Pri učinkovitem sporočanju se uporabi znanje več strokovnih področij, kot so medicina, socialna psihologija in teorija komuniciranja. Socialni marketing pomeni uporabo metod komercialnega marketinga na socialnih področjih. Aktivnosti socialnega marketinga se pogosto izvajajo pri promociji zdravja. Pri socialnem marketingu se uresničujejo marketinške metode [5]. Uspešnost metod socialnega marketinga temelji ne le na dobri informiranosti ali spodbudah k za zdravje koristni

aktivnosti, temveč tudi na izmenjavi vrednosti. Ljudje so pripravljene spremeniti vedenje, če v zameno dobijo nekaj, kar cenijo. V procesu spremembe vedenja v socialnem marketingu se poskuša zmanjšati stroške in povečati koristnosti novega vedenja, ob sočasni ohranitvi socialnih ciljev.

Pri načrtovanju aktivnosti socialnega marketinga je treba določiti specifične potrebe predstavnikov ciljne javnosti, ugotoviti koristnosti, ki jih najbolj cenijo, njihova pričakovanja glede proizvodov in storitev, opredeliti morebitne ovire in ustvariti učinkovita promocijska sporočila [5]. Predstavnik ciljne javnosti lahko razdelimo na segmente, ki jih sestavljajo posamezniki z istimi značilnostmi. Te značilnosti so:

- demografske: ista starost, prihodek, spol ali etnična skupina;
- stopnja tveganja: ciljna javnost z velikim in majhnim tveganjem; način spopadanja s tveganim vedenjem;
- značilnosti, ki se nanašajo na potrebe in zaznave;
- vrsta komunikacijskega kanala;
- pripravljenost na spremembe.

Segment je lahko osnovan tudi na kombinaciji teh dejavnikov.

Vedenje je zelo različno in marketing je temu prilagojen [5]. Nekatere vrste vedenja so že uveljavljene, druge pa nove in še ne dobro razumljene. Različno je tudi obdobje, ko se pokažejo rezultati spremenjenega vedenja. K uspešnosti aktivnosti socialnega marketinga prispeva tudi udeležba predstavnikov ciljne javnosti pri zasnovi in izvajanju specifičnih aktivnosti.

### 3 PREVENTIVNI ZDRAVSTVENI UKREPI GLEDE NA STAROST

Glede na daljšo pričakovano starost oziroma večje število prebivalcev Evrope je pomembno, da se kakovost življenja izboljša v vsakem obdobju življenja, skladno z najvišjimi dosegljivimi zdravstvenimi standardi [7].

Promoviranje zdravja in preprečevanje bolezni je pomembno v vseh življenjskih obdobjih [7]. Aktivnosti za povečevanje zavedanja o zdravi prehrani, spodbujanje fizične aktivnosti in odvrčanje od kajenja in uživanja alkohola naj bodo usmerjene predvsem k ljudem v obdobju, ko so delovno aktivni. Pomembne strategije zajemajo tudi programe za zmanjšanje stresa in dostop do zmogljivosti za zagotavljanje preventivnih zdravstvenih ukrepov. Preprečevanje bolezni in nesreč starejših oseb bi moralo biti podprto z ustrežno namestitvijo, priporočili za preprečevanje padcev, spodbujanjem vključevanja v družbo, s primernim dostopom do zdravstvenih zmogljivosti ter z ukrepi za zdravljenje in preprečevanje duševnih bolezni. Z uresničevanjem preventivnih ukrepov v različnih življenjskih obdobjih se bo zdravstveno stanje prebivalcev izboljšalo, pričakuje pa se tudi boljše obvladovanje stroškov zdravljenja. Nekateri preventivni zdravstveni ukrepi so specifični glede na spol prebivalcev.

K bolj zdravemu življenjskemu slogu pripomore predvsem zdrava prehrana, fizična aktivnost, zmanjšanje stresa, pa tudi dostop do preventivnega zdravstvenega varstva [7]. S preventivnimi zdravstvenimi ukrepi v vseh starostnih skupinah se zmanjšajo stroški zdravljenja in nege, posebej v starejših letih.

Preventivne ukrepe lahko razdelimo v [7]:

- primarne preventivne ukrepe: ustrezno prehranjevanje, fizična aktivnost, ohranjanje dobrega počutja, cepljenje in vzdrževanje varnega okolja;
- sekundarne preventivne ukrepe: zgodnje odkrivanje bolezni ter ukrepi za povrnitev zdravja;
- terciarne preventivne ukrepe: zmanjšanje ali odpravljanje dolgotrajnih bolezni in poškodb, torej je zajeta tudi rehabilitacija.

Breme bolezni v razvitih državah povezujejo s sedmimi vodilnimi dejavniki tveganja: tobakom, krvnim pritiskom, alkoholom, holesterolom, preveliko telesno težo, nezadostnim uživanjem sadja in zelenjave ter fizično neaktivnostjo [7]. Zato so razvili programe za zmanjšanje teh dejavnikov tveganja, predvsem z zdravo prehrano, fizično aktivnostjo, preprečevanjem kajenja, omejevanjem uživanja alkohola, zmanjšanjem stresa ter dostopom do preventivnega zdravstvenega varstva; ti pripomorejo k bolj zdravemu življenju in boljšemu zdravju v starejših letih. Programi za povečanje zavedanja o zdravi prehrani lahko pripomorejo k spremembi vedenja. V daljšem obdobju prispevajo k zmanjševanju kroničnih bolezni in torej stroškov, povezanih z njihovim zdravljenjem.

#### 3.1 Pomen spremembe življenjskega sloga, povezanega z zdravjem, pri starejših prebivalcih

Podatki študije kažejo, da je za ljudi, starejše od 75 let, bolj kot za mlajše ljudi verjetno, da bodo trpeli zaradi kroničnih bolezni, in da bo zanje potrebno zdravljenje, ki bo povzročalo velike stroške [8]. Kljub razmeroma majhnemu deležu prebivalcev, starih 65 let in več, je poraba sredstev za njihovo zdravljenje velika. Avtorji študije predvidevajo, da bo do leta 2040 poraba sredstev za segment starejših prebivalcev ZDA znašala 50 % vseh sredstev za zdravstveno varstvo. Pogostnost številnih kroničnih bolezni je pri starejših ljudeh precej večja kot pri mlajših. Številne starejše osebe trpijo zaradi več bolezni hkrati.

Zagotavljanje preventivnega zdravstvenega varstva za starejše ljudi mora biti del primarnega zdravstvenega varstva in zdravstvenega sistema [8]. Za starejše ljudi se predlaga več ukrepov; v okviru primarnega preprečevanja bolezni poleg cepljenja predlagajo promocijo zdravja, predvsem preprečevanje nesreč, spodbujanje fizične aktivnosti in ustrežno prehrano. Z ozirom na sekundarne preventivne ukrepe, to je zgodnje odkrivanje in zdravljenje, se priporoča predvsem nadzor krvnega tlaka, zgodnje odkrivanje raka, okvar vida in sluha, ter razpoznavanje duševnih bolezni, pa tudi nekaterih drugih bolezni, ki se v večji meri pojavljajo v starejših letih. Preventivni zdravstveni ukrepi na terciarnem



nivoju zajemajo rehabilitacijo. Avtorji svetujejo oceno fizičnih, psiholoških in socialnih funkcij starejših oseb med 65 in 74 leti na dve leti ter letno oceno ljudi, starih 75 let ali več.

Avtorji [8] na osnovi raznih poročil zaključujejo, da izvajanje načrtovane fizične aktivnosti povzroči izboljšanje fizičnih in celo mentalnih funkcij. Posebno pozornost pri prehranjevanju mora biti namenjena starejšim ljudem s kroničnimi boleznimi, z duševnimi boleznimi ali osebam, ki so socialno izolirane. Koristen je posvet s strokovnjakom za prehrano. Praktični nasveti lahko pomagajo izboljšati prehrano starejših oseb.

Starejši ljudje pogosto jemljejo več zdravil hkrati; nekatera izmed njih imajo lahko majhno terapevtsko širino [8]. Poročajo, da je v primerjavi z mlajšimi ljudmi manj verjetno, da se bodo starejši ljudje z zdravnikom pogovorili o pojavu neželenih učinkov zdravil. Verjetnost pojava neželenih učinkov pri starejših ljudeh je primerjalno večja, k čemur prispeva več dejavnikov: večje število zdravil, ki jih oseba jemlje, spremenjena farmakokinetika in farmakodinamika zdravil, pogoste sočasne bolezni ter slabo sprejemanje zdravil s strani bolnikov. Neustrezni rezultati zdravljenja in neželeni učinki po jemanju zdravil se lahko pojavijo zaradi neprimerne jemanja zdravil, na primer neustreznih odmerkov, jemanja zdravil v nepravilnih časovnih razmikih ali jemanja zdravil, ki osebi niso bila predpisana. Kot vzrok za slabo sprejemanje zdravil avtorji navajajo veliko število predpisanih zdravil, nerazumevanje ustnih navodil, na primer zaradi kognitivnih motenj ali okvar sluha. Starejši ljudje z okvarami vida imajo težave pri branju navodil za uporabo zdravil. Težave lahko nastopijo tudi pri odpiranju vsebnikov z zdravili, nezmožnosti dostopa do lekarne ali finančnih težav. Skladno z drugo raziskavo [9], je odgovor posameznega organizma pri kronološko enako starih starostnikih zelo različen. Pogosto manjkajo podatki o učinku zdravil na starejše ljudi; po navedbah avtorjev 60 % starostnikov ne jemlje zdravil po navodilih zdravnikov.

Predlagajo preventivne ukrepe za zmanjšanje pogostnosti neželenih učinkov zdravil in za izboljšanje sodelovanja bolnikov pri zdravljenju z zdravili [8]. Svetujejo, naj se zdravila starejšim ljudem predpisujejo v prilagojenih odmerkih, odmerki pa se lahko naknadno spreminjajo glede na odziv. Bolniku in njegovim družinskim članom naj se razloži način zdravljenja, pričakovane koristnosti in možne neželene učinke ter medsebojno delovanje z drugimi zdravili. Bolnika naj se preskrbi s pisnimi navodili s pomembnimi podatki o zdravilih in shemo odmerjanja. Lahko se izbere vsebnike, ki se zlahka odpirajo in katerih ovojnina ima besedilo, napisano z velikimi črkami. Preveri naj se, ali bolnik lahko dostopa do lekarne, sicer naj se zagotovi pomoč. Če bolnik prinese vsa zdravila v ordinacijo, naj se preuči varnost sočasnega jemanja in izloči nepotrebna zdravila.

### **3.2 Spremembe življenjskega sloga, povezanega z zdravjem, pri mlajših ljudeh**

Pogosto opisani zdravstveni ukrepi, povezani s spremembo življenjskega sloga otrok in mladostnikov, zajemajo predvsem pravilno prehrano, ustrežno fizično aktivnost, vzdrževanje duševnega zdravja, preprečevanje kajenja in nekatera druga področja. Navezujejo se na pogoste zdravstvene težave pri teh ciljnih skupinah, ki jih povezujejo s preveliko telesno težo, duševnimi motnjami in kajenjem.

Poročajo [10], da sta fizična aktivnost in prehrana povezani z več zdravstvenimi težavami v mladosti in s kroničnimi boleznimi v odrasli dobi. Ocenjujejo, da je učinkovito svetovanje mladim ljudem o vedenju, povezanim z dobrim zdravjem. Ovire, ki preprečujejo učinkovito svetovanje, so pomanjkanje finančnih spodbud, znanja, veččin in preizkušenih ukrepov. Svetujejo zasnovano programov, ki temeljijo na teorijah vedenjskih sprememb, na poznavanju priložnosti, raziskavah in izkušnjah s podobnimi ukrepi.

Sistematično so spremljali tudi spremembo vedenja tekom odraščanja [11]. Pri tem so raziskovalci ugotavili, da se mora s preventivnimi zdravstvenimi ukrepi pričeti v zgodnjem obdobju odraščanja, saj se kasneje vedenjski vzorci težko spreminjajo.

V eni od študij [12] so program za preprečevanje duševnih bolezni ocenili kot uspešen. Pri tem so pri udeležencih po izvajanju ukrepov opazili več pozitivnih sprememb. Učinek programa je bil dolgotrajen. Avtorji opozarjajo na nujnost uvajanja preventivnih zdravstvenih ukrepov v javnozdravstvene sisteme.

V Sloveniji že potekajo raziskave in preventivni programi, ki se izvajajo v šolah in s katerimi se poskuša preko vedenjskih sprememb večji delež mladih ljudi uvesti v zdrav življenjski slog. Poleg koristnosti, povezanih z boljšim zdravjem v mladih letih, se pričakuje pozitivne zdravstvene učinke tudi v odrasli dobi. Poleg tega je verjetno, da bodo v prihodnosti današnji mladi ljudje svojim otrokom privzgojili zdrav življenjski slog.

### **4 EKONOMSKO OVREDNOTENJE PREVENTIVNIH ZDRAVSTVENIH UKREPOV**

V kanadski študiji [13] obravnavajo koristnost povečanja deleža sredstev iz zdravstvenega proračuna za preventivne zdravstvene ukrepe in promocijo zdravja. Predvsem obstaja vprašanje alokacije sredstev za promocijo zdravja, ki bi se kazala v največjih koristnih zdravstvenih učinkih glede na stroške.

Ekonomsko ovrednotenje je opredeljeno kot primerjalna analiza alternativnih možnosti za ukrepanje z ozirom na stroške in posledice [14]. Z ekonomskega vidika je pomembno sredstva investirati v učinkovite programe. Ekonomsko ovrednotenje poteka v več korakih. Po predstavitvi odločitve se opiše alternativne možnosti, opredeli se stroške in posledice vsake alternativne možnosti ter stroške in posledice prilagodi glede na razlike v časovnem poteku. Določi se negotovosti, ki se pojavijo zaradi nepopolnih informacij. Končno se interpretira rezultate ovrednotenja in predlaga priporočila.

Pri ekonomskem ovrednotenju gre predvsem za oceno učinkovitosti [14]. Doseganje tehnične učinkovitosti je zagotavljanje maksimalnega učinka na osnovi danega vlaganja, oziroma uporaba minimalnih vlaganj za doseganje enakega učinka. Alokacijska učinkovitost pa se nanaša na ustrezno kombinacijo in razporeditev programov in storitev. Pomeni zagotovitev najboljše možne vrednosti, z razporejanjem sredstev k ljudem, ki bodo imeli od njih največ koristi. Obstaja več vrst ekonomskega ovrednotenja, ki se razlikujejo glede na to, kako se koristnosti ukrepov merijo in vključujejo v analizo.

Ugotavljajo [15], da narašča število dokazov na osnovi ekonomskega ovrednotenja in mnogi kažejo ugodno razmerje med stroški in učinkovitostjo. Vendar je obenem razvidno, da večina ekonomskih ovrednotenj s področja primarne preventivne srčno-žilnih bolezni sodi k farmakoekonomskim študijam, kjer so predstavniki ciljne javnosti stari med 35 in 64 let. Porast števila farmakoekonomskih študij avtorji povezujejo z interesi farmacevtske industrije pri dokazovanju stroškovne učinkovitosti določenih vrst preventivnega zdravljenja. Pri tem pa so posebej študije za ekonomsko ovrednotenje preventivnih zdravstvenih ukrepov, ki zadevajo zdravje otrok in mladostnikov, še vedno zelo redke. To ni skladno s poudarki zagovornikov promocije zdravja, ki omenjajo vrednost zgodnje preventivne.

## 5 SKLEP

Pomemben del strategij preventivnih zdravstvenih ukrepov so spremembe življenjskega sloga. Privzem novega življenjskega sloga je povezan s spremembo vedenjskih vzorcev. S socialnim marketingom, pri katerem se uporabljajo metode komercialnega marketinga na zdravstvenem področju, se poskuša vplivati na vedenje predstavnikov ciljne javnosti. Kljub izvedbi nekaterih uspešnih, stroškovno učinkovitih programov, so v bodoče potrebne dodatne raziskave in uvajanje novih programov.

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# A REMOTE HOME CARE SYSTEM FOR THE ELDERLY: OPPORTUNITIES, PROBLEMS AND SOLUTIONS

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## ABSTRACT

Western society is characterized by increasing ageing. Due to ageing of the population, countries are dealing with increasing financial needs in providing adequate social and health care as well as the issue of insufficient capacities and long waiting lists at hospitals and retirement homes. One of society's responses to these issues is also the idea that elderly people should be given the opportunity to stay in their home environment as long as possible, capable of living as independently as possible with high quality of life. International research shows that this could be achieved by developing new information and communication technologies (ICT), which would provide remote home care or "telecare". In the article opportunities, problems and solutions of a remote home care system as part of the regular or general health and social care system for the elderly are presented.

**Key words:** ageing of the population, living environment, quality of living of the elderly, information and communication technologies, ICT, remote home care, telecare

## 1 INTRODUCTION

The number of elderly persons (over 60) increased by half in all European Union member states between 1960 and 1990, and currently this segment represents nearly one-fifth of the population. Projections indicate that this trend will continue if the birthrate continues to fall and if there is no inflow of younger people through migration. According to information from the United Nations, by 2050 the share of people over 65 will represent 30% of the European population, of whom 18% will be over the age of 80. This age group represents the fastest-growing share of the elderly population.

The problem of the ageing population has become an important political topic as well as an increasingly greater challenge for health and social care services. The ageing population is creating a strongly growing need for all kinds of health and social care. According to information from the European Commission, the percentage of GDP allocated to health and social care in the public sector sharply increases after age 65, which means that the most radical changes are necessary in this segment. In a growing consumer society, the elderly and the ill are demanding increasingly greater selection in healthcare and services.

Europe is aware that the issue of ensuring agreed-upon health and social care rights cannot be solved exclusively with the models used so far. Countries' financial capacities to ensure the current level and extent of health and social care services are decreasing, also due to economic uncertainty and the increasingly greater share of the nonworking population. Because we can expect that social conditions (especially economic ones) will continue to worsen, there will be an ever increasing number of individuals (especially elderly persons) that are unable to ensure minimum health and social care for themselves. On the other hand, because of increasingly limited financial means, countries will further restrict the criteria for the allocation of various forms of social and health care assistance and services. According to Hribernik (1996), such limitation especially affects the elderly, who are often pushed to the margins of the social and health care systems. Thus the ageing of the population is not a process that societies need to avoid, but is a process that they must deal with as a result and consequence of planned or desired processes that also demands the adaptation of social institutions and services. Rudel (2007) believes that it will be necessary to develop new solutions and introduce new forms of healthcare services that will be more effective than existing ones and financially less demanding. In this article the idea of a remote home care system – a new form of healthcare services is presented.

## 2 INNOVATIONS TO ENSURE HIGHER QUALITY OF LIFE FOR THE ELDERLY

Because existing models of health and social care are financially too demanding, developed countries are increasingly orienting themselves toward extending the lives of the elderly in their living environment. Along with the relocation of caretaking activities into the home environment, services must be carried out effectively and their quality must be ensured through adaptation of the built living environment, the introduction of new organizational procedures, and technical and technological solutions. According to Rudel (2004a), the goal of transferring problem-solving to the home environment is to raise the quality of users' lives, lower the rising costs of providing these services, and thus reduce pressure on state funds for satisfying healthcare and social needs.

The most basic method whereby this goal can be achieved is the physical (re)design of the built living environment according to the principles of *design for all/universal design*, which means user-friendly planning and provides smart and functional solutions that can serve the broadest circle of users with the least difficulty. Another method is *assistive technologies*. According to Dewsbury et al. (2004), this involves any kind of device or system that enables individuals to carry out a task that they would otherwise be unable to perform, or that increases the simplicity and safety with which a particular task can be performed. The use of assistive technology is anticipated when the first approach (design for all/universal design) is insufficient or simply not possible. Assistive technologies provide users with more effective supervision of the environment with the least possible physical exertion. In planning assistive technologies and their inclusion into the built environment, in addition to general standards it is also necessary to take into consideration individuals' specific needs, which are often otherwise overlooked in planning. Nonetheless, outfitting the living environment this way only extends elderly people's lives in their home environment to a limited extent. Barlow and Venables (2004) have determined that with ageing and deteriorating health, due to increased risk and additional needs, opportunities to live an independent life are reduced. Furthermore, for the most vulnerable group of elderly persons, additions to the built environment such as those described above are not sufficient.

The development of modern information and communication technologies (ICT) offers new opportunities and solutions that will fundamentally change the performance of healthcare and social services. Together with computer software and hardware, ICT enables the supervision, checking, and management of technologies and systems locally, in the home environment, and internationally, through remote access via the Internet. This involves the concept of *ambient intelligence* or a *smart environment*. According to Remagnino and Shapiro (2007), this expression is used to identify methodologies and technologies that enable an environment that effectively responds to users' needs and ensures them the greatest degree of independence, as well as improving their quality of life, and at the same time with stimulating psychological effects because the help offered by such an environment means that its users are not forced to live in institutional care. Such an environment combines computer and advanced network and assistive technologies (intelligent and innovative devices), and special interfaces (sensors) for perception and interaction with the user in a discreet manner, with the physical space designed following the principle of design for all/universal design. Computer hardware must be integrated into the environment in an unobtrusive manner and in minimal dimensions, with the least possible use of space and energy, which is made possible by smart materials, various nanotechnologies, and so on. A complex, heterogeneous network (telecommunications infrastructure) operates in such environments in an imperceptible manner. Such an

environment recognizes the presence of persons in the room on the basis of physiological characteristics (by voice, movement, etc.) and is always prepared for service demands. In this way it enables monitoring of occurrences in the environment and monitoring of the user's biological functions, and includes user protection. The operation of ambient intelligence is monitored, thereby ensuring security from the viewpoint of technologies and also from the ethical viewpoint (e.g., safeguarding of biometric and other personal user information). Ambient intelligence must be adapted to individual users, it must be accessible to them in the simplest manner possible, and it must take into account users' capabilities. Emeliani and Stephanidis (2005) believe that these systems define the vision of the information society and that in the future they will provide support for a broad selection of computer-supported human activities and access to numerous services and applications, especially because technologies are increasingly cheaper and the availability of various forms of telecommunications is continually increasing.

### 3 REMOTE HOME CARE SYSTEM

#### 3.1 Opportunities

Remote home care (known as telecare) is an innovative system that represents an applied form of an intelligent environment. Users' home environments are arranged following the smart house concept, connected to a remote monitoring network, and through this to providers of care and other services. The telecare system works through sensors that are built into the user's (smart) home environment in a discreet manner (e.g., on latches, handles, wristwatches, etc.) and monitor the user's life cycle; they measure/sense his or her physiological functions (e.g., heartbeat, blood pressure, skin moisture, blood sugar level, weight, temperature, carbon dioxide level in exhaled breath, sounds in the body, etc.) and mental functions, they monitor temporary and permanent lifestyle changes and assess the behavior pattern of the person observed (e.g., based on how many times they pass through the door, frequency of opening the refrigerator, frequency of stepping on a mat in front of the bed, etc.), and they also transmit reminders to the user (e.g., when it is time to take medicines, etc.). All of this information is transmitted and recorded in a remote information (monitoring) system. If the system perceives any kinds of changes that deviate from the user's normal parameters, an alarm is automatically triggered and transmitted to a call center (to a remote caretaker), and this person provides a suitable response in the user's home environment. Based on the type and extent of the problem(s), this person either provides appropriate instructions (recommendations) to the patient (e.g., to take medicine, see a doctor, etc.) or notifies public services or service providers (e.g., home nursing, emergency medical service, etc.) about the patient's needs.

Elderly people often experience transfers to hospitals and retirement homes as traumatic. This is because they are torn away from the environment in which they have lived their entire lives and built a network of interpersonal

relationships, and they feel socially excluded in the new environment (Kerbler 2006). According to Barlow et al. (2005a), remote home care represents a great opportunity for the elderly because it enables users to remain in their home environments for as long as possible, where they can live with the greatest independence and highest quality, and institutionalization is unnecessary or is postponed. The results of studies have confirmed that telecare increases the mental and physical condition of the elderly; this is demonstrated through less hospitalization and, when this does occur, hospital stays are shorter than for the population not included in remote care. Better, more effective (and less expensive) care in particular is one of the possible means for more extensive reduction of healthcare costs in societies with an ageing population.

### 3.2 Problems

Due to the anticipated opportunities provided by telecare, extensive research and development activities as well as strategic and pilot projects are taking place abroad in remote home care. These usually involve an elderly person's living environment turned into a smart house as an experimental environment. Examples can be found in the Scandinavian countries, the United Kingdom, Japan, and the United States, and this area is also well supported in research programs of the Commission of the European Communities (e.g., in the sixth and especially the seventh framework programs). In the UK and US in particular, there already exist a number of providers of such systems that collect information about vital life functions and transfer this through the home network and broadband communications routes to special health and care centers. Even the EU has adopted the development of a remote home care in its strategic documents (e.g., E-Health, and The Contribution of ICT to Health).

Some countries have begun establishing remote home care systems as part of the regular or general health and social care system (e.g., the British government has also worked out a strategic plan and started building a network to establish a telecare system). However, numerous setbacks have been met from the very beginning by establishing such remote home care systems. Researchers (e.g., Barlow et al. 2005b, 2005c, and Bayer et al. 2007) ascribe the reasons for this to the fact that no comprehensive studies on the establishment of a telecare system as part of the regular or general health and social care system have been conducted so far. The pilot and demonstration remote home care projects conducted across Europe and elsewhere are successful, but they do not provide an insight into what effects this innovation would have in society if it became part of regular or general health and social care. The trouble is that pilot projects are spatially, temporally, and organizationally limited. They are conducted under special circumstances (demonstration environments) with special (sometimes not clearly defined) groups of patients. Most often their main purpose is to evaluate clinical results and study the performance of the technology used. Despite the weaknesses described above, pilot and demonstration

projects can form the basis for wider use of a telecare system, but it is only a comprehensive understanding of the operation of the telecare system as a whole that enables the establishment of an effective telecare system in society.

In remote home care, people's physical distance places important organizational, logistic, and technical demands on those in charge of setting up this type of system; according to Rudel (2007), it is thus necessary that different services, especially those in health care, social care, and telecommunications, be interconnected. That is, this system requires thorough knowledge of the characteristics of care provision, the available technologies and communications, methods of shaping the living environment, and so on. According to Woolham and Frisby (2002), developing technologies and services as well as carrying them out should be in a manner appropriate to the needs of all participants: final users, informal and formal providers/suppliers of health and social care services, suppliers and producers of technical equipment and devices, providers of telecommunications services, planners and designers of the living environment, and so on. Barlow et al. (2005c) and Bayer et al. (2007) emphasize that it is necessary to understand needs in the broadest possible sense including, along with healthcare effectiveness, cost-effectiveness, and an understanding of the distribution of costs and benefits between healthcare and social institutions as well as other involved parties that are anticipated being a component of such a system, acceptability of remote care services for final users, adaptation of the living environment, ensuring suitable technical standards, technical reliability, fulfillment of legal demands and regulations, ensuring training of personnel to understand and use telecare resources as well as a sufficient number of suitably trained service providers, active inclusion of policy and cooperation between various levels of decision-making, ensuring the business goals of organizations included in the system, understanding the time dimensions of implementing/carrying out remote care in society, the time required for the changes rendering the system effective, the compatibility of the health and social care system, and so on. This final requirement demands compatibility with organization and coordination of ensuring services as well as the capability of being connected with information systems that support the provision of these services. In order to ensure effective provision and quality of the services, mechanisms for monitoring the provision of remote home care must be defined as well. All of the technical, logistic, and organizational requirements must be directed toward preventing situations that could result in the deterioration of the users' social, psychological, or health condition.

### 3.3 Solutions

Because of the many different interested parties and their various needs, the telecare system is very complex, and therefore its design and establishment as part of regularly ensured health and social care in society demand more thorough treatment. A critical evaluation should be made of the actual effects and consequences of established remote

home care in a society, and a special requirements of the existing care systems as well as social, economic, and cultural differences between countries and their regions have to be taken into account. It is only a comprehensive understanding of the operation of a potential remote home care system as part of the regular health and social care system and adapted to local conditions that enables the establishment of an effective telecare system in a society. Implementing an incorrectly planned and established system, however, could have many negative consequences in society, especially by threatening the health, social security, and personal safety of remote care service users.

#### 4 CONCLUSION

Opportunities, problems and possible solutions of a remote home care system for the elderly represents the starting points for a research that started this year on the Urban Planning Institute of the Republic of Slovenia. The goal of this research is to theoretically evaluate a potential remote home care system as part of the regular or general health and social care system for the elderly, with a special emphasis on caring for the elderly population in peripheral areas of Slovenia as the age structure of the population in these areas is especially unfavorable and is becoming worse. The exodus of young people from these regions is accompanied by a rapidly increasing number of elderly people, so caring for them is becoming a great problem, especially because these areas are difficult to access and are far from care centers in terms of distance and time; furthermore, because of their emotional attachment to their home environment and traditional ties, the elderly do not wish to be institutionalized.

The research's findings will have a great impact on international scholarship in this area because so far no thorough comprehensive study has yet been done evaluating a potential remote home care system in society as part of the regular or general health and social care for the elderly. Researchers have only recently begun drawing attention to this need, presenting and arguing in favor of it in individual scholarly papers. The study will thus respect the needs and requirements of the profession, and its findings will be original at the international level and significant for all societies that have ageing populations. They will contribute to the establishment of an effective remote home care system within society as part of the regular or general health and social care systems.

The findings will also have a great direct impact on the economy and wider society, especially because the telecare system includes a great number of different participants: from planners and designers of the living environment, telecommunications service providers, official and unofficial social and health care service providers, to end users. The establishment of an effective telecare system as part of the regular or general health and social care systems based on this research's findings will provide many opportunities for the development of new services and social infrastructure as well as the formation of new companies, which is also one of the goals of the Lisbon Strategy. The users of the remote

home care system will not only be elderly people, but also disabled persons, chronic patients, high-risk patients suffering from "modern diseases," whose number is increasing, patients waiting for surgery, postoperative patients, and so on.

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# NASLEDSTVENI POTENCIAL SLOVENSKE HRIBOVSKIH KMETIJ

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## IZVLEČEK

Eden od velikih problemov v kmetijstvu razvitih državah, tudi v Sloveniji, je zmanjševanje števila prevzemov kmetij. Proces opuščanja kmetij je v slovenskem prostoru značilen predvsem za hribovska območja. V članku ugotavljamo, kakšno je razmerje glede stanj nasledstva na slovenskih hribovskih kmetijah in kakšna je prostorsko razporeditev hribovskih kmetij glede na stanja nasledstva na njih. Izkazalo se je, da so stanja nasledstev na slovenskih hribovskih kmetij tesno povezana s sprejemljivo prostorsko in časovno oddaljenostjo od zaposlitvenih središč.

## 1 UVOD

Kmetije so najpogosteje v lasti družin (t. i. družinske kmetije) in so zato edini del družbe, ki mora sam zagotoviti svojo socio-profesionalno reprodukcijo. Na družinskih kmetijah se namreč nadzor nad upravljanjem in lastništvo kmetij medgeneracijsko prenašata znotraj družine (Gasson in Erringtonu 1993). Kot ugotavlja Hribernik (1994a, 35) je zato »[z]agotavljanje (inter)generacijske kontinuitete [...] odločilnega pomena pri ohranjanju tradicije kmetovanja. To je tiste ruralne vrednote, brez katere se izgublja specifična in generacijsko negovana identiteta podeželskega prostora«. V Strategiji razvoja slovenskega kmetijstva (1992) je bilo zato določeno, da mora družinska kmetija postati nosilec ek-socialnega in večnamenskega kmetijstva, »saj je za pretežni del slovenskega kmetijskega prostora (torej podeželja) nenadomestljiva« (prav tam, 72). Eden od velikih problemov v kmetijstvu razvitih državah, tudi v Sloveniji, je zmanjševanje števila prevzemov kmetij. Po Hriberniku (1994a, 35) je »proces bolj ali manj pospešenega zamiranja tega antropogenega dejavnika [...] v slovenskem prostoru značilen predvsem za številna obmejna in hribovska naselja«. To je še posebej zaskrbljujoče, saj so hribovske kmetije najpomembnejša prvina hribovske kulturne pokrajine – so njeni trajni oblikovalci in vzdrževalci (Natek 1989), v njihovem potencialu pa so osredotočene tiste pokrajinske sestavine, ki s svojimi raznovrstnimi učinki vplivajo na spremembe v pokrajini (Markeš 1998). V raziskavi, ki smo jo opravili v okviru doktorske disertacije, smo zato preučili, kakšno je razmerje glede stanj nasledstva na slovenskih hribovskih kmetijah in kakšna je prostorsko razporeditev hribovskih kmetij glede na stanja nasledstva na njih. Rezultate raziskave predstavljamo v tem članku. Predpostavljamo, da je prostorska razporeditev hribovskih

kmetij glede na stanja nasledstva na njih tesno povezana z lego kmetij.

## 2 METODE

Za raziskavo bi bil najustreznejši vir, ki zajema vse kmetije, popis kmetij. Ker pa v zadnjem popisu kmetij iz leta 2000 stanja nasledstva na kmetijah niso dovolj natančno opredeljena in ker popis tudi ne nudi informacij, kako so se predvideni nasledniki sami odločili glede prevzema in nadaljnjega kmetovanja, smo zato, da uresničimo zastavljeni namen, izvedli raziskavo v štirih korakih:

- opredelili smo stanja nasledstva na podlagi natančnejših kriterijev;
- na vzorcu hribovskih kmetij smo izvedli anketiranje po pošti;
- na podlagi pridobljenih anketnih podatkov o stanjih in odločitvah glede nasledstev na hribovskih kmetijah ter o njihovi strukturi smo oblikovali model verjetnosti nasledstva na hribovskih kmetijah v Sloveniji;
- rezultate modela verjetnosti smo prenesli na Popis kmetijskih gospodarstev v Sloveniji leta 2000.

### 2.1 Opredelitev stanj nasledstva

Da bi pri določitvi stanj nasledstva na hribovskih kmetijah v Sloveniji preseglili pomanjkljivosti popisa, smo naslednika opredelili kot osebo, ki bo za gospodarjem prevzela kmetijo in jo vodila, zanjo pa (v primerjavi s popisom) ni pa nujno, da živi v istem gospodinjstvu kot gospodar in da je gospodarjev potomec. Na tej osnovi smo stanja nasledstva določili na podlagi naslednjih kriterijev:

- a) ali je naslednik na kmetiji že natančno določen oziroma ali je nekdo za to že predviden;
- b) ali se je naslednik že sam odločil, da bo prevzel kmetijo, oziroma ali se bo naslednik zagotovo odločil, da bo prevzel kmetijo;
- c) ali bo naslednik po prevzemu kmetije nadaljeval s kmetovanjem;
- d) ali bodo na kmetiji zagotovo našli in določili naslednika, ki bo prevzel kmetijo in tudi nadaljeval s kmetovanjem.

Na podlagi kriterijev smo opredelili dve obliki stanj nasledstva na hribovskih kmetijah v Sloveniji, ki ju zaradi lažje ponazoritve izražamo z oznakama  $Y_i = 0$  in  $Y_i = 1$ , pri čemer pomeni:

$Y_i = 1$  kmetijo bo naslednik prevzel in se bo na njej še naprej ukvarjal s kmetovanjem,

$Y_i = 0$  na kmetiji ne bo prišlo do nasleditve oziroma jo bo prevzel naslednik, ki pa se ne bo ukvarjal s kmetovanjem.

## 2.2 Izbor kmetij in raziskovalni vzorec

Zaradi prilagoditve podatkom v popisu smo hribovske kmetije kot enote preučevanja opredelili na podlagi členitve območij z omejenimi dejavniki za kmetovanje, ki jo je izdelal Tone Robič (1988), in sicer kot kmetije, ki ležijo v gorsko-višinskem območju, na več kot 600 metrih nadmorske višine, in tudi kot kmetije, ki ležijo pod 600 metri nadmorske višine, vendar imajo več kot 60 % kmetijskih zemljišč v nagibu nad 35 % – po Robičevi tipologiji t. i. strme kmetije. Da bi si bile hribovske kmetije čim bolj podobne, smo oblikovali ciljno skupino hribovskih kmetij s skupno 6801 hribovsko kmetijo. Izbrali smo jih na podlagi treh kriterijev:

- biti so morale v alpskem ali predalpskem območju Slovenije;
- njihova glavna proizvodna usmeritev je morala biti živinoreja;
- gospodarji kmetij so morali biti stari vsaj 45 let.

Anketiranje smo izvedli med gospodarji kmetij ciljne skupine. V celoti izpolnjene anketne vprašalnike jih je vrnilo 789 oziroma 11,6 % gospodarjev hribovskih kmetij, ki smo jih na podlagi kriterijev opredelili kot ciljno skupino. Da je takšen raziskovalni vzorec kljub nizkemu deležu reprezentativen, je razvidno iz primerjave podatkov nekaterih osnovnih značilnosti vzorca s popisnimi podatki, ki veljajo za vse hribovske kmetije ciljne skupine. Povprečno so gospodarji na vzorčnih hribovskih kmetijah stari 60,9 let, vsi gospodarji ciljne skupine pa v povprečju 60,4 leta. Gospodarjev moškega spola je v obeh primerih tri četrtine, zelo majhne pa so razlike tudi v povprečni velikosti kmetije – kmetije raziskovalnega vzorca so v povprečju velike 21,7 hektarja, vse kmetije ciljne skupine pa 20,6 hektarja.

## 2.3 Oblikovanje in prenos modela verjetnosti nasledstva

Model verjetnosti nasledstva na hribovskih kmetijah smo oblikovali na podlagi izvedbe probit modela binarne izbire, ene od vrst modelov diskretne izbire, ki sodijo med regresijske modele. Oblikovani model smo nato prenesli<sup>1</sup> na Popis kmetijskih gospodarstev v Sloveniji leta 2000, in sicer na hribovske kmetije, ki so ustrezale postavljenim kriterijem za ciljno skupino, skupno na 6733 kmetij.

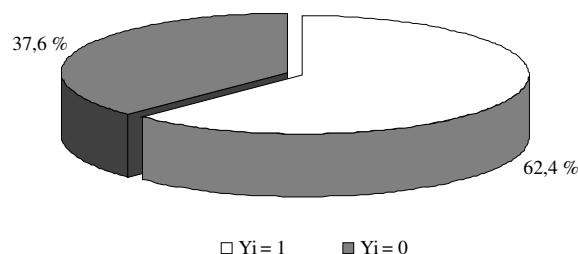
## 2.4 Prostorska raven prikazovanja podatkov

Čeprav bi bilo smiselno zastopnost hribovskih kmetij po stanjih nasledstva prikazati na čim nižji prostorski ravni, s čimer bi se natančno pokazale razlike in specifičnosti v

prostoru, pa zaradi zavezanosti k varovanju osebnih podatkov to ni bilo mogoče – v številnih naseljih je bilo le nekaj kmetij (v nekaterih primerih je bila v naselju le ena kmetija). Najnižja prostorska raven, ki je bila še sprejemljiva za prikaz rezultatov, je bila zato občina. Ker je bil popis izveden leta 2000, so tudi rezultati po občinah prikazani glede na število in prostorski obseg občin v Sloveniji tega leta. Skupno so se kmetije ciljne skupine nahajale v 82 občinah. Da bi prikazali prostorsko razporeditev občine glede na zastopnost hribovskih kmetij ciljne skupine po stanjih nasledstva na njih, in sicer glede na verjetnost, da bo kmetijo prevzel naslednik, ki se bo na njej še naprej ukvarjal s kmetovanjem ( $Y_i = 1$ ), smo občine razdelili v štiri skupine. Najprej smo določili srednjo vrednost med občino z najvišjim in najnižjim deležem kmetij z izidom  $Y_i = 1$ . Pri tem nismo upoštevali občin, v katerih je bila le ena kmetija<sup>2</sup> (zastopnost kmetij z izidom  $Y_i = 1$  je bila namreč v takih primerih ali 0-odstotna ali 100-odstotna). Mejo med osnovnima skupinama smo postavili pri 62,5 % in ju razdelili še v dva razreda tako, da so bile skupine glede na zastopnost kmetij med seboj čim enakomerneje porazdeljene.

## 3 REZULTATI

Rezultati so pokazali, da je razmerje glede stanj nasledstva na slovenskih hribovskih kmetijah zaskrbljujoče: na skoraj štirih desetinah slovenskih hribovskih kmetij namreč ne bo prišlo do nasleditev oziroma jih bodo nasledniki sicer prevzeli, vendar pa se po prevzemu ne bo ukvarjal s kmetovanjem (slika 1).



Slika 1: Delež slovenskih hribovskih kmetij glede na stanja nasledstva na njih<sup>3</sup>.

Največji delež takšnih hribovskih kmetij (65,2 %) je bilo v občini Radeče, visok delež kmetij, na katerih do nasleditve in nadaljnega kmetovanja ne bo prišlo, so imele še občine Kobarid (63,3 %), Cerklje ob Gori (58,7 %), Ribnica na Pohorju (58,8 %) in Podvelka (58 %). Več kot polovico hribovskih kmetij, na katerih ne bo prišlo do nasleditve oziroma se nasledniki po prevzemu ne bodo nadaljevali s kmetovanjem, je imelo še 7 občin (Bled, Bohinj, Tolmin, Luče, Kranjska

<sup>1</sup> Podrobnosti o oblikovanju modela in njegovem prenosu na kmetije iz popisa so opisane v avtorjevi doktorski disertaciji, z naslovom *Povezanost nasledstva na hribovskih kmetijah v Sloveniji z njihovo socialno-geografsko strukturo*.

<sup>2</sup> Občine Kanal, Nova Gorica in Vojnik.

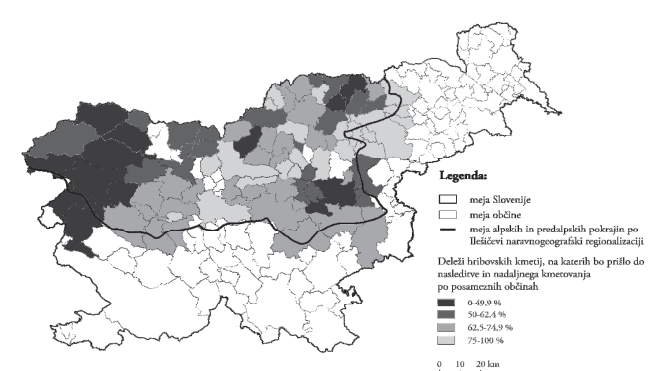
<sup>3</sup> Da se deleža v primerjavi z deležema pri kmetijah raziskovalnega vzorca razlikujeta le za 1,5 %, še dodatno potrjuje, da je bil raziskovalni vzorec reprezentativen.



gora, Laško, Hrastnik), skupaj torej 12 občin. Na drugi strani je bilo skupno 21 občin, v katerih so več kot tri četrtine hribovskih kmetij, ki jih bodo nasledniki prevzeli in na njih nadaljevali s kmetovanjem. Med tiste z najvišjim deležem teh kmetij so sodile: Cerklje na Gorenjskem (100 %), Zreče (90,4 %), Hoče – Slivnica (90,3 %), Braslovče (89,5 %).

Prostorska razporeditev občin glede na delež hribovskih kmetij, ki jih bodo nasledniki prevzel in se bodo na njih še naprej ukvarjali s kmetovanjem je prikazana na sliki 2. Z nje je razvidno, da so v alpski in predalpski Sloveniji tri večja strnjena območja občin z visokim deležem hribovskih kmetij, na katerih ne bo prišlo do nasleditve oziroma se nasledniki po prevzemu ne bodo ukvarjali s kmetovanjem:

1. Največje je območje, ki zajema zahodni, severozahodni in severni del alpskega in predalpskega sveta Slovenije. Vanj sodijo hribovske kmetije v Julijskih Alpah, Zahodnih in Vzhodnih Karavankah ter Savinjskih ali Kamniških Alpah, hribovske kmetije v pokrajini Tolminsko hribovje s srednjo Soško dolino, hribovske kmetije v Cerkljansko-Idrijskem hribovju in hribovske kmetije v Selški dolini v Škofjeloškem hribovju ter v zgornji Mežiški dolini v pokrajini Pohorsko Podravje.
2. Drugo območje obsega hribovske kmetije v vzhodnem delu Visokega Posavskega hribovja.
3. Tretje območje obsega hribovske kmetije v osrednji Dravski in zgornji Mislinjski dolini v pokrajini Pohorsko Podravje.



Slika 2: Delež hribovskih kmetij v alpski in predalpski Sloveniji, ki jih bodo nasledniki prevzel in se bodo na njih še naprej ukvarjali s kmetovanjem.

#### 4 RAZPRAVA

Občine z najvišjim deležem hribovskih kmetij, na katerih ne bo prišlo do nasleditve oziroma se nasledniki po prevzemu ne bodo ukvarjali s kmetovanjem, imajo znotraj vseh treh strnjenih območij središčno lego (npr. Laško, Ribnica na Pohorju, Bohinj) ali pa so na njihovem obrobju (npr. Radeče, Kobarid). Iz tega lahko sklepamo, da je stanje nasledstva na kmetiji tesno povezano z njeno lego. Primerjava prostorske razporeditve hribovskih kmetij glede njihovih stanj nasledstva na eni strani in območji, ki jih je opredelil Kovačič (2000) v svoji razvojno-tipološki členitvi podeželja v Sloveniji, na drugi, to potrjuje: pri območjih z višjim deležem hribovskih kmetij, na katerih ne bo prišlo do nasleditve, njihovi morebitni prevzemniki pa tudi ne bodo

nadaljevali s kmetovanjem, gre namreč za podeželska območja, ki se praznijo. Za ta območja je značilno, da je njihova demografska struktura zelo neugodna – indeks staranja prebivalstva je nad slovenskim povprečjem –, in da so slabše gospodarsko razvita. To pomeni, da potencialni nasledniki ta območja dojemajo kot periferna, kmetovanje na njih pa za manj perspektivno obliko zaposlitve, zato se iz njih odseljujejo. Po Hriberniku (1996) je verjetnost, da bi se kdo od odseljenih potomcev vrnil na kmetije na takih območjih, zelo majhna. Ugotovitev se ujema s spoznanji nekaterih tujih raziskovalcev, ki so se ukvarjali s problematiko nasledstva na kmetijah, npr. Rosemary Fennell (1981), Pfeffer (1989), Stiglbauer in Weiss (2000), Glauben idr. (2002). Po njihovem so na kmetijah v območjih s težjimi pogoji za kmetovanje zaradi slabših naravnih pogojev in slabše prometne dostopnosti slabša stanja nasledstva, osebe, ki so že določene ali predvidene za naslednike, pa se na teh območjih pogosto ne odločijo za prevzem kmetij. V nasprotju z njimi Potter in Lobley (1996), Kimhi in Nachlieli (2001) ter Corsi (2004) sicer navajajo, da je lahko povezanost med lego kmetij v območjih z omejenimi dejavniki za kmetovanje in stanji nasledstva na kmetijah pozitivna, saj so na teh območjih možnosti za zaposlovanje v nekmetijskih dejavnostih omejene, vendar pa je to za Slovenijo ne velja zaradi njenega polpreteklega zgodovinskega razvoja (zemljiški maksimum, zapostavljanje kmetijstva na eni in usmerjenost družbe v pospešen razvoj industrije na drugi strani). V Sloveniji je namreč »zaposlitev zunaj kmetije [...] v veliki meri povezana z eksistenčno nujo in zagotovitvijo socialne varnosti, saj kmetovanje ne zagotavlja primerne ravni dohodkov za življenje, zlasti če gre za hribovske kmetije in zlasti če so te majhne« (Hribernik 1996, 16). Po podatkih anketiranja je skoraj tri četrtine kmetij, na katerih sta poleg kmetovanja v nekmetijskih dejavnostih zaposlena ali gospodar kmetije ali gospodarjev partner. Po zaključenem šolanju pa naj bi bilo zunaj kmetije zaposlenih tudi 77,5 % določenih oziroma predvidenih naslednikov anketiranih kmetij, kar kaže, da se mlajše generacije prav tako zavedajo, da bodo v Sloveniji »v sodobnih tržnih razmerah preživele samo kmetije, ki bodo ustvarjale zadosti dohodka, zato bodo morale izkoristiti vse potencialne možnosti za pridobivanje dohodka, kar pa pomeni iskanje možnosti zaslužka na bistveno širših osnovah« (prav tam, 28). Lega slovenskih kmetij je torej tesno povezana s prostorsko in časovno oddaljenostjo od zaposlitvenih središč. V občinah, ki so periferne, imajo potencialni nasledniki manjše možnosti za časovno in prostorsko sprejemljivo zaposlitev zunaj kmetij, s tam pa manj možnosti za kombiniranje različnih dohodkov in zagotovitev življenjskega standarda, ki je primerljiv s standardom tistih, ki se s kmetovanjem ne ukvarjajo. Zato se za prevzem kmetij redkeje odločijo in se namesto tega zaposlijo v dejavnostih zunaj kmetijstva oziroma kmetije prevzamejo, vendar kmetijsko dejavnost na kmetiji postopoma opustijo ali pa postane ta le dopolnila. Usklajevanje opravil na kmetiji in prevelika oddaljenost zaposlitvenih središč namreč zahtevata velike psihične in fizične napore. Če se nasledniki na perifernih območjih

vendarle odločijo za prevzem kmetij in nadaljujejo s kmetovanjem, pogosto tvegajo, da ostajajo »brez pravih možnosti ustvariti si družinsko življenje ter pravočasno zagotoviti generacijsko kontinuiteto« (Hribernik 1994b, 32). Lego kmetije so namreč kot enega od treh glavnih pogojev za poroko s kmečkimi fanti v eni od raziskav izpostavile mlade neporočene delavke, ki bi bile sploh pripravljene živeti na kmetijah (Šmajgl 1993, povzeto po Hribernik 1994b). To se ujema z ugotovitvami Ane Barbič (1993), da je samoobnavljanje kmečkega sloja povezano predvsem z infrastrukturno opremljenostjo podeželja oziroma stopnjo njegove razvitosti, potrjuje pa se tudi dejstvo, da pomeni življenje in delo na hribovskih kmetijah v slovenski družbi manj privlačno življenjsko izbiro. Da mlada dekleta zavestno zavračajo življenje na kmetiji kot nepriljubljeno življenjsko možnost, se po Hriberniku (1996) izraža v izraziti omejenosti ženitvenega trga. Na kmetijo se praviloma poročajo le mladi, ki so na kmetiji odraščali in dobro poznajo pomanjkljivosti in prednosti kmečkega življenja (Barbič 1993). To se po Hriberniku (1996) kaže v velikem številu samskih moških na slovenskih kmetijah.

## 5 SKLEP

Stanja nasledstev na slovenskih hribovskih kmetij so tesno povezana s sprejemljivo prostorsko in časovno oddaljenostjo od zaposlitvenih središč. Glede na podatke empirične analize obstaja verjetnost, da bo več kot petina vseh kmetijskih zemljišč, ki je v uporabi v alpskem in predalpskem svetu Slovenije, s prenehanjem kmetovanja sedanje generacije gospodarjev ostala neobdelana, bo dana v najem oziroma bo prepuščena zaraščanju, proces deagrariacije pa bi lahko zajel skoraj tretjino vseh ljudi, ki živijo na kmetijah na tem območju. Sklepamo lahko, da se bodo potencialni, določeni ali predvideni nasledniki – če se bodo možnosti za zaposlitev zunaj kmetije zmanjšale, prostorska in časovna oddaljenost do delovnih mest zunaj kmetij pa s tem povečala, ter zlasti če se bodo poslabšale razmere v kmetijstvu in bo zaposlitev zunaj kmetije pomenila boljše življenjsko izbiro – za prevzem in nadaljnje kmetovanje na hribovskih kmetijah odločali vse redkeje tudi na tistih območjih alpskega in predalpskega sveta Slovenije, ki so z vidika trenutne gospodarske razvitosti in dostopnosti do zaposlitvenih središč manj periferna. Tudi izboljšanje gospodarske infrastrukture na perifernih območjih po našem mnenju ne bi bistveno pripomoglo, da bi se potencialni nasledniki pogosteje odločali za prevzem hribovskih kmetij in na njih tudi nadaljevali s kmetovanjem. Zaradi družbene marginalizacije hribovskih kmetij v Sloveniji, življenja na njih in kmečkega poklica in dela nasploh je namreč pri izbiri poklica zaposlitev v nekmetijskih dejavnostih privlačnejša. Dolgoročno vidimo rešitev v tem, da bi morala država jasneje poudariti pomen, ki ga imajo hribovske kmetije za pokrajino in celotno družbo, sprejeti bi morala njihovo ohranjanje kot narodno vrednoto, še zlasti pa bi jih morala na ta način sprejeti slovenska družba.

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# IS LOW FERTILITY RATE IN THE DEVELOPED COUNTRIES INFLUENCED PRIMARILY BY ECONOMY OR WOMEN LIBERALIZATION?

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## ABSTRACT

During the last two decades a silent demographic transformation with important economic and political consequences has taken place. Fertility rates have sharply decreased in most developed countries to the levels below replacement rates. We examined a hypothesis that a developmental state of the country and women's career orientation are highly connected with Total Fertility rate (TFR) of the country. We also studied the connection between TFR and the attributes of moral values. As a research tool we used data mining techniques and compared results with different accuracy estimation methods. The best trees were taken into further consideration. The results showed that economical factors divide world countries by their TFR quite well. Among other important attributes, education, social status and labor engagement of women are of great importance when investigating countries TFR. Relations are quite different when considering only the developed countries or all countries..

## 1 INTRODUCTION

Behind the emerging world demographic stabilization are wide differences between the countries. Some of them have a fertility rate which is very high or even growing. On the other side, among industrialized countries, only the United States alone has a growth rate comparable to that of developing nations. In Europe, populations are shrinking and immigration increases.

What are the causes of this huge differentiation? The interest in the topic increased considerably after the findings of Goldstein et al. [13] were published. They showed that although the ideal number of children declined in Europe during the past decades it is still considerably higher than actual fertility. Chesnais [4] called the difference between the observed (usually expressed with TFR) and desired fertility rates (ideal family size, expected or intended number of children) the 'fertility gap'. The issue is of great importance and was also emphasized by Commissioner Vladimír Špidla in his opening speech at the First Forum on the Demographic

Future of Europe, held in October 2006: Surveys show that most European couples aged 40 and over state that they were prevented from having as many children as they would have liked, in particular because of social and economic considerations. Goldstein et al. [13] concluded that the gap is at least partly due to a 'cultural lag' insofar as the ideal number of children is a measure of social norms and changes in the latter take longer than behavioral changes. Many similar researches followed, some pointed out the economic factors, other social factor, etc.

Our attempt is to highlight the relations among previously mentioned factors and country's TFR using different data mining (DM) techniques. In particular we analyzed the hypothesis that the developed countries have low TFR in accordance to the Preference theory, which states that woman's career orientation has a great impact on their fertility rate.

## 2 DM APPROACH

Previous scientific efforts in demography were devoted mainly to exploration and definition of the process of data collection and qualitative interpretation of the statistical results. Data is typically analyzed with event history regression methods, Markov transition models and Optimal matching method using common spread statistical packages like (SPSS, SAS, S-Plus, Stata, R, TDA, etc.) [21]. In our previous study [11], we used DM techniques and the results were promising, yet still, the objection that they were accessed due to a chance choice was brought to our attention. Therefore, we upgraded the research with new data and applied additional methods to check the quality of the constructed trees.

### 2.1 Basic data description

Data for DM is most commonly presented in attribute-class form, i.e. in a "learning matrix", where rows represent examples and columns attributes. In our case, an example corresponds to one country, and a class of the country, presented in the last column, denotes fertility rate. Altogether there are 33 basic attributes and 137 countries. Attributes and

their values were obtained from the demographic sources such as UN [24], and Eurostat [7]. They were separated into 5 subgroups, based on the different previous demographic theories: all (33), economical (9), educational (16), women's status in the country (5), and philosophical orientations (4). Our measurements were performed on all attributes and separately on specific groups. For the basic class we have chosen Total Fertility Rate (TFR), discretized into two values: high ( $>2$ ) and low ( $<2$ ). The branching point 2 was chosen because it represents the replacement level of the population. In reality, replacement level is a bit higher, around 2.1 in the developed countries, but this number depends on several other parameters such as mortality rate and immigrations, and furthermore only two countries have fertility rate between 2 and 2.1. Further, we conducted our procedure separately on the developed countries. Developed countries are countries with high gross domestic product (GDP); above 1000\$ per habitant (38 countries). GDP is defined as the total market value of all final goods and services produced within a given country or region in a given period of time (usually a calendar year) [28].

## 2.2 Trees induction and accuracy estimation

From the DM techniques available in Weka and Orange we have chosen J48, the implementation of C4.5 [29], a method used for induction of classification trees. This method is most commonly used when the emphasis is on transparency of the constructed knowledge. In our case this was indeed so, since the task is to extract most meaningful relation from hundreds of constructed trees (for a detailed description of the method see [11]). In addition, trees were induced changing the minimum number of example in the tree leaves (for 2 to 15).

The accuracy of the conducted trees was measured in various ways: first with 10-fold cross-validation, already built in the system. In this case there are 10 iterations taking a different single fold for testing and the rest 9 folds for training, averaging the error of the 10 iterations. The estimated accuracy of a classification tree corresponds to a probability that a new example will be correctly classified. Then we applied another two other accuracy measures: F-measure and ROC Area estimation. The F-measure is often used in the field of information retrieval for measuring search, document classification, and query classification performance. The traditional F-measure is the harmonic mean of precision and recall [3]. ROC-area estimation is in machine learning community most often used as AUC (area under ROC) statistic for model comparison [5, 8]. AUC has value between [0, 1]. A random classifier has an AUC  $\sim 0.5$  [15].

Finally, kappa statistic was calculated in order to estimate the quality of the constructed tree. Kappa statistic measures the

agreement of predictions with the actual class. In general it is appropriate for testing whether agreement exceeds chance levels, i.e. that predictions and actual classes are correlated. As a rule of thumb values of kappa from 0.40 to 0.59 are considered moderate, 0.60 to 0.79 substantial, and 0.80 outstanding [17]. Most statisticians prefer for kappa values to be at least 0.6 and most often higher than 0.7 before claiming a good level of agreement. There are also quotes that a high level of agreement occurs when kappa values are above 0.5 and that agreement is poor when kappa values are less than 0.3. While accuracy and AUC are correlated about 0.86, kappa and AUC are correlated about 0.93 and kappa and accuracy are correlated about 0.9 [16].

Despite all the accuracy and qualitative calculations, data mining method is at the end based on human-computer interaction, where in our case a user interacts with the decision tree learner to improve the trees in performance and meaning to him/her. In our study we used a method developed for a knowledge acquisition, where humans lead the data mining by comparing multiple trees constructed on different subsets of the data set and through several forms of attribute selection. By selecting the trees that are not only consistent with the data (e.g. measured by accuracy), but also meaningful, the result of the data mining process are usable domain models/decision trees. Such trees, in turn, contain the relations and attributes that best describe the domain.

Considering all the above information about the trees at the very end, the most valuable relations among all observed will be presented in the next sections.

## 3 MOST IMPORTANT RELATIONS DISCOVERED

In this section the most interesting trees are presented, i.e. those with most meaningful relations to humans and with best classification accuracy at the same time. From Table 1 one can see that in the case where all countries were taken into consideration, all the groups of attributes provided relatively good trees. When examining only developed countries, only the tree containing educational attributes turned out to be interesting and accurate ( $acc=81.5789$ ,  $F=0.733$ ,  $AUC=0.542$ ), however even then the quality of the tree is not satisfactory (i.e. it could be the product of chance). What distinguish all countries with lower TFR from the countries with higher TFR most, will be described in the following classification trees.

In Table 1, there are 6 different groups of attributes and 7 different measures of quality of the discovered relations, i.e., the quality of the constructed tree.

Table1. Most relevant trees, induced from different attributes subgroups on two different instance selections described with included attributes, minimum number of examples in the leaves, 3 different measures of accuracy and tree quality estimation.

ALL COUNTRIES	Attributes	All	All-21	Economical	Education	Women	Women (-21)
	Min.Nr.Obj	8	13	3	7	7	4
	Acc (%)	86.1314	84.6715	83.9416	80.292	89.781	84.6715
	F-measure	0.86	0.848	0.841	0.801	0.897	0.848
	AUC	0.879	0.818	0.791	0.803	0.907	0.887
	Kappa	0.6997	0.6809	0.6644	0.5697	0.7778	0.6809
	ACC-rank	2	3-4	5	6	1	3-4
	AUC rank	3	4	6	5	1	2
	Kappa-rank	2	3-4	5	6	1	3-4

Table 1 represents properties of the best trees constructed under given conditions. The attributes in the constructed tree are described here:

Ae = Human Development Index (HDI)  
 Ba= Proportion of married women (between 15 and 49 years) who use contraception  
 Be= GDP (Gross Domestic Product) Growth (%)  
 Cd=Public expenditure on education as percentage of GNP (Gross National Income)  
 Cr = Gross Enrolment Ratio. Pre-primary  
 Ct = Gross Enrolment Ratio. Secondary  
 Cz = Pupil-teacher ratio. Primary

Di = GNI (Gross National Income) per capita  
 S = Anti-discrimination law  
 V= GDP (\$) per capita (2002-2007)  
 4= Percentage employees (women)  
 8= Percentage own-account women workers  
 17= Adult (15+) women literacy rate  
 21= Length of maternity leave (weeks)

The best trees discovered have kappa over 0.5, and some even over 0.7. We consider them all relevant in particular because other measures of quality also indicate statistical significance.

The first obvious factor connected with TFR is country's economical situation. The corresponding tree is presented in Figure 1. The nodes represent three numbers: the class, the number of the examples of the majority class, and the other examples.

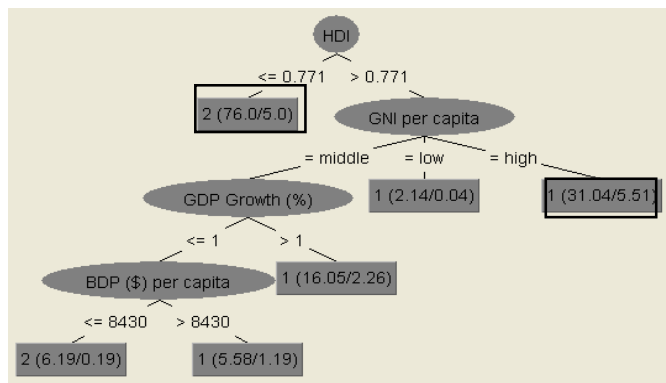


Fig.1. Classification tree induced from the economical attributes. Its classification accuracy is 83.9416 (F: 0.841, AUC: 0.791, kappa: 0.6644), the highest of the trees constructed on all countries.

From the tree in Figure 1 one can see that countries with low HDI (lower than 0.771) usually have high TFR. On the other side, countries with high HDI mostly have low TFR, except if their GNI per capita is middle, GDP Growth (%) is low and BDP (\$) per capita (2002-2007) is low. In the former case, the TFR is low as well. Over all we might conclude that the

developed countries have lower TFR in comparison with countries in development. Only the attribute HDI distinguish among the countries with low and countries with high TFR good enough (acc: 84.6715, F=0.848, AUC=0.818, kappa=0.6809). Our results are consistent with a number of studies which report theoretical and empirical correlations between the economic situation and fertility rates [18]. Researchers have also been particularly interested in the links between fertility rate and female labor force participation.

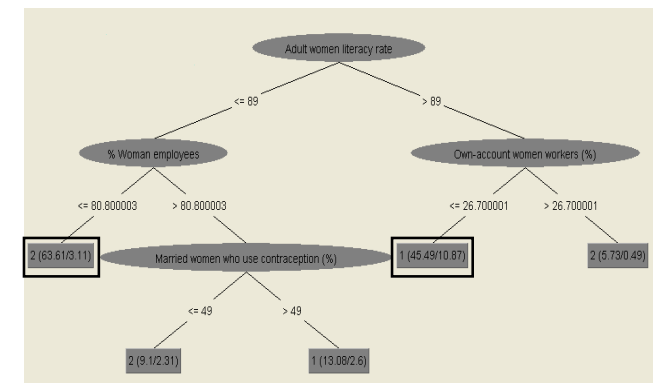


Fig.2. Classification tree, induced from the attributes showing women status in the country. Its classification accuracy is 84.6715 (F: 0.848, AUC: 0.887, kappa: 0.6809)

The tree in Figure 2 is one of the most accurate trees. It divides countries with low and high TFR first by Literacy rate of women older than 15 years. When it is more than 89 % then TFR is likely to be low. If it is lower, TFR is then likely to be high, except when there is a high proportion of married women (between 15 and 49 years) who use contraception

(higher than 70%) or high % of own-account women's workers.

Some of the researchers argue that correlation between female labor participation and TFR is turning from negative to positive trend since the mid-1980s [20] while others claim there is no causal relationship among those, and that there are other factors responsible for TFR [6]. There is data that in recent period TFR rises fast in many high-LFP (labor female participation) countries, especially due to the changing nature of female work and higher relative wages [9]. Researches question: Will more women at work produce better work-family combination and more men's domestic work and consequently raise TFR? We find this hypothesis unsupported by the available data.

The diffusion of contraceptive methods has also been pointed out as a possible explanation for fertility decline by some researchers. Over the past decades, legal restrictions on contraceptive use were removed in most Member States and 'modern' contraceptive methods have been made available in a growing number of countries. According to a United Nations report [25] modern contraceptive methods (primarily hormonal methods) have become the main instrument of birth regulation in Northern and Western Europe in the early 21st century and are also gaining ground in Southern as well as in Central and Eastern Europe. However, some authors still believe that although modern contraceptives and modern induced abortion technology have enhanced women's health and contributed to changes in partnership relations and the values associated with sexuality, reproduction and childbearing, they have not been a major cause of low fertility [10].

If the attribute "maternity leave" is added to the database, than it takes the leading role and the constructed tree is even more accurate (ACC= 89.781% F= 0.897 AUC= 0.907 kappa= 0.7778). The longer the maternity leave is, the lower is TFR. One might conclude that prolonging maternity leave does not influence the TFR.

Figure 3 represents the tree conducted from the educational attributes. In general it states that countries with better education have lower TFR. It was already discovered before that those women with university education have higher childlessness and lower fertility rates [22]. At this point one may ask itself: Will further increase in education lead to lower overall fertility? Nordic countries obviously already did this, since they are declining education gradient for women [2]. If other countries follow, the fertility-depressing effect of education may be attenuated.

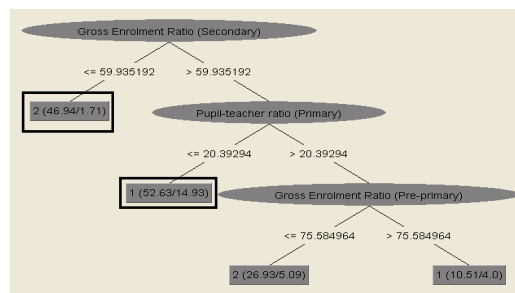


Fig.3. Classification tree, induced from the attributes showing country's educational policy (acc.: 80.292, F: 0.801, AUC= 0.803, kappa: 0.5697)

Are our findings an indicator or a confirmation that women's career doesn't go hand in hand with family formation? The cultural demographic approach centered on the notion of the Second Demographic Transition stresses such ideational factors as changing values and attitudes, female autonomy and independence as the main driving forces of the fertility decline [26]. Hakim proposes a theory, named Preference theory [27] which states that there are three "qualitatively" different types of women, who differ among one another in their preferences about work and home: (a) the home-centred, who prefer a home life to labour market work, (b) the work-centred, of whom many are childless and all have strong commitment in their employment careers, and (c) the adaptive, who want to do some labour market work but do not commit themselves to their careers. She maintains that most women in modern affluent countries have genuine and unconstrained choices to choose between a home-career and a work-career according to their preferences, and therefore their preferences determine their home life and career. This has to do with changing gender roles. Now, young women wish to have other roles in life than that just mother. They seek a social status based on jobs they themselves hold and on the related financial rewards such jobs provide. Education has made them conscious of their capability; they want a just return from their years of schooling; and they wish to be considered as autonomous individuals [14]. Although, some authors claims, that coinciding with the sharp reduction in fertility across the Organization for Economic Co-operation and Development (OECD), the correlation between fertility and female participation (and employment), which was negative during the 1960s and 1970s, became positive after 1986. From that year onward, THE fertility rates slightly recovered in those countries with higher female participation rates whereas they suffered a sharp decline in those with low participation [1].

#### 4 CONCLUSIONS

Our research revealed some known conclusions and some new with the use of DM techniques. In comparison to previous studies [11] we added some additional measurements of statistical significance to reply to the objections.

Economical factors are important when considering TFR of particular countries. Probably correlated, quality of the education is also an important factor concerning TFR. Yet maybe the most important is the status of women regarding the two mentioned factors. This might provide a clue for the developed countries how to tackle too low birth rates.

Several studies point out the variety of policies supporting families and working parents across OECD and European countries [12, 19, 23]. These analyses basically underline the differences in the nature and degree of the support provided, for example, in the form of cash benefits, child care services, and flexible working hours. According to these studies, part-time work, flexible working hours and other support provided by employers also contribute in varying degrees to the balance between work and family life. A macro level comparison shows that both higher fertility and female employment rates are simultaneously found in countries where institutional support of working parents is fairly comprehensive.

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# URBAN-RURAL DIFFERENCES IN COMMUTING IN SERBIA - GENDER PERSPECTIVE

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## ABSTRACT

The paper demonstrates the connections and relations between the extent and structure of commuting flows, as well as the type and population size of the settlements in Serbia. The commuting was examined by the special population census data processing. The crossing of data on the place-of-residence and place-of-work together with gender structure of commuters enabled the defining of dominant directions of commuting by gender within rural-urban hierarchy. Employed women are classified into seven groups by place-of-residence and place-of-work. Although most women work in the same size-of place group in which they live, female commuters across size classes are going to work mainly in larger sized groups.

## 1 INTRODUCTION

The published results of the population census in Serbia are considerably limited to scientific researches for being mostly in the form inadequate for the practical needs of certain researches. One of the problems is that the 2002 census data on commuters were published aggregately on the level of municipalities, while briefly for urban and rural settlements within municipalities. Another problem refers to the fact that the published collective data on commuters were given for divergent commuting flows only. Therefore, the spatial-functional connections and relations cannot be recognised completely between two areas [1].

Publishing the population census results not on the level of individual settlements, but on the municipal one and for divergent commuting flows only does not enable the complete advantage of the population census potentials as the data source for the commuting research in Serbia. Therefore, the results of the 2002 special census data processing were used in the paper in order to obtain data on lower territorial level, as well as direction of moving of commuters. The crossing of data on commuters' place-of-residence and place-of-work enabled the perspective of both convergent and divergent commuting flows in dependence on the population size, type of settlements and gender. The commuting flows were examined between rural settlements (with less than 2 499 inhabitants and between 2 500 and 9

999 inhabitants) and urban settlements (with more than 100 000 inhabitants, between 50 000 and 99 000 people, 10 000 to 49 999 people and less than 10 000 inhabitants) for the purpose of the analysis of the interrelationship between rural-urban hierarchy and commuting by gender. Although the structure of the settlements in Serbia includes mainly small settlements of the population size up to 1 000 inhabitants, almost 28% of the population live in four towns of the population size of over 100 000 inhabitants.

## 2 COMMUTING AND GENDER IN SERBIA

From the perspective of the life cycle factor (gender, age, marital status) influencing migrations, the changes in the life cycle influence the demands for different types of housing or geographical location which is reflected on migration and commuting flows. It has especially been important for women to whom the increased working engagement hinders the conformity with business and family duties. While some researches have emphasized that marriage is more important factor for the variability of commuting by gender than the presence of children [2], other authors conclude that the presence of children is the main factor of influence on differences in commuting flows of women in comparison with men [3].

The literature which deals with problems of migrations is full of evidences on greater significance of lifestyle and factors of life quality for selecting the type of migration and place of destination. The biological path of different parts of life of an individual consists of different life aspects such as aspects of parents or partners, working aspect, as well as aspect of home. Every aspect, although it has its own dynamics, influences others. Kamstra for example, makes difference between working and family style [4]. The significance of lifestyle is especially emphasized at counter-urbanisation and noted increase in the extent of definite town-village migrations, as well as increased extent of reverse commuting in many countries. The researches showed in the example of Pančevo in Serbia that allochthonous female commuters travel to work further spatially than autochthonous ones i.e. removals are not caused by workers' aspiration to be closer to place of work, but some other reasons (e.g. marriage) [5]. The feminisation of workforce has become the global trend, having the consequence of larger and larger share of women

in commuting flows. The increase in the share of women in the structure of commuters by gender is also noticed in Serbia (from 11.7 in 1961 to 35.5 in 2002), although apart from these changes men still make the majority of active commuters. In 2002, 65% of men were in the structure of total commuting flows in Serbia, whereas 35% of women. Observed on the level of larger regional wholes, the spatial mobility of women in Vojvodina is larger in relation to the area of Central Serbia [6]. Differences by gender are also expressed in the profile of employed commuter in most OECD countries. Women participate more than men in commuting only in France [7]. In Italy, 33% of workers are commuters, whereas 26% is for women [8]. In Serbia, 21.4% of workers are commuters, i.e. 17.7% for women and 24.1% for men.

The increase in the share of women in commuting flows in Serbia was influenced by the following:

- The increase in the economic activity of women (from 34% in 1961 to 43% in 2002),
- Higher degree of education of women and their more massive education (from 28% of highly educated in 1961 to 46% in 2002),
- The increase in the number of workers in servicing activities (from 14% in 1961 to 43% in 2002).

The index of economically active women in Serbia in the period from 1991 to 2002 is larger than a hundred in even 96 municipalities out of 161 municipalities. Moreover, these municipalities recorded the increasing number of female commuters in the same period. The transformation and privatisation of large industrial enterprises in the conditions of transition in Serbia, as well as the restructuring of the economy and the increasing demand for various services influenced the decrease in industrial production and the increase in the significance of the sector of servicing activities - the number of employed and the share in the national income.

Most female commuters in Serbia are employed in servicing activities. The largest differences between the structure of the total active population by activity and gender and the structure of commuters by activity and gender are with the employed in the production sector. The secondary sector employs 36.7% of men, i.e. 54.4% of male commuters. The ratio is 24.3% to 38.1% for female population. According to the Statistical Office of the Republic of Serbia [9], the largest disproportions in the gender structure of workers are noticeable in health care, education and financial mediation where there are between 350 and 150 women at 100 men.

The rate of unemployment also influences the extent and directions of commuting flows in Serbia, as well as spatial distribution of the female population. The largest differences in the structure of population by gender are in the settlements with more than 500 000 inhabitants, where there are 114 working age women at 100 men (see Fig. 1). The rate of unemployment of women is larger than the rate of unemployment of men in Serbia, whereas women are more

likely than men to be in the category of the long term unemployed.

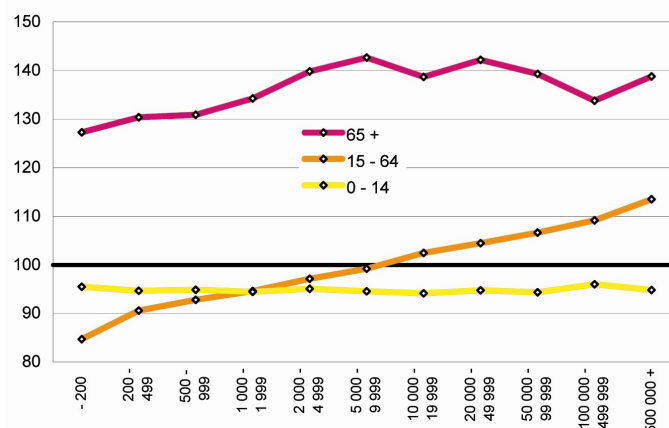


Figure 1: Number of women at 100 men by size of settlements and large age groups in Serbia in 2002 [9]

### 3 URBAN-RURAL DIFFERENCES IN COMMUTING IN SERBIA - GENDER PERSPECTIVE

Besides traffic, economic and other factors which influence the direction commuting flows between the settlements of different hierarchy in the settlement net, the structure of the employed is also significant, as well as their demographic and socio-economic characteristics such as gender, age, marital status, education, length of service, etc. Personal characteristics and the characteristics of household for which it is confirmed that influence the spatial and temporal travelling distance of commuter include gender, age, education, occupation, incomes, availability of automobile and size and structure of household [10]. Starting from the assumption that women, more educated and workers in certain activities commute daily up the size-of-place hierarchy, due to such distribution of work places of women and needs of the metropolitan centres for certain activities, the research of commuting flows within the settlement net in the USA showed that women, workers of higher educational degree, as well as the employed in production activities and those having larger incomes travel daily up the size-of-place hierarchy almost twice as more than those travelling to smaller settlement [11]. In order to define the direction of movement of female workers in the hierarchy of the settlement net, because it is not possible to see the type of the settlement of work on the basis of the published population census results of Serbia, we used certain population census data of Serbia from 2002 intended for a specific purpose, obtained from the Statistical Office of the Republic of Serbia. Although the statistics in Serbia marks the settlements as urban and others, the terms urban and rural settlements were used in the paper in order to be more clear which settlements it is about [12].

Figure 2 shows the distribution of about a million of the employed women classified by place of settlement and place of work in seven groups. About two-thirds of female workers lived and worked in urban settlements of Serbia in 2002. The difference between the shares of workers who live and work in urban settlements is nine percentage points (60 versus 69) showing relatively small daily exchange of female workforce between urban and rural settlements. The value of about 870 000 on a diagonal indicates that 77% of women work in the same size-of-place group in which they live (74% for males). The largest number of female commuters who work in the

group of settlements which is different than one to which their settlement of residence belongs commute from urban settlements with more than 100 000 inhabitants into urban settlements with between 99 999 and 50 000 and 49 999 and 10 000 inhabitants, as well as from rural settlements with less than 2 499 inhabitants into urban settlements with between 49 999 and 10 000 inhabitants. The percentage data in two last lines of the table point to the concentration of work-places in relation to residences. Most jobs are more concentrated in urban settlements in relation to the population.

Residence category	Total	Size of place of work						
		Urban				Rural		
		100,000 +	99,999-50,000	49,999-10,000	<10,000	10,000+	2500-9999	<=2499
<b>Urban</b>								
100,000	234970	<b>169292</b>	35462	27057	1180	321	950	708
99,999-50,000	178492	12914	<b>152373</b>	8349	1607	62	1747	1440
49,999-10,000	195231	12177	4689	<b>170324</b>	1424	257	2459	3901
manje10,000	64268	4261	4291	3497	<b>49516</b>	31	870	1802
<b>Rural</b>								
10,000+	16467	6311	1712	2810	152	<b>5296</b>	157	29
2500-9999	117041	12235	12809	14337	3855	199	<b>71749</b>	1857
<=2499	310733	7334	17006	25068	13501	180	4199	<b>243445</b>
Total	1117202	224524	228342	251442	71235	6346	82131	253182
<i>Percentage distribution</i>								
Place of work	100.0	20.1	20.4	22.5	6.4	0.6	7.4	22.7
Residence	100.0	21.0	16.0	17.5	5.8	1.5	10.5	27.8

Figure 2: Population by place of work and by place of residence for size-of-place groups, Serbia, 2002.

Differences were examined between the total employed population in the extent to which commuting is up the size-of-place hierarchy. Of 255 207 female commuters across size classes even 64% (163 537) are going to work in larger sized groups, whereas 36% (91 670) are going to work in smaller sized groups. The ratio is 75% to 25% for men.

Concentration ratios of the number of commuters working in larger divided by the number working in smaller size-of-place groups shows that for women 1.8 persons went to larger size groups for each individual going to smaller group, while for men 3.1 persons went to larger size groups for each individual going to smaller group. Although women commute up the hierarchy, these values are below the average both for total employed and male employed population in Serbia, which was not expected (see Fig. 3). We considered these ratios separately for women commuting within urban settlements, between urban and rural settlements and within rural settlements. For commuting within rural settlements, the results of differences by gender showed that although women twice as more go to larger group (ratio 2.2) for men the value is even larger (ratio 2.6).

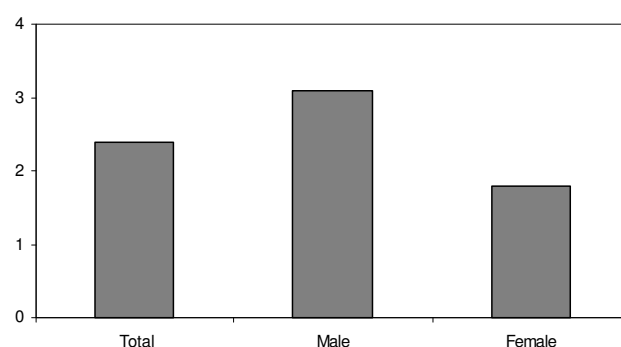


Figure 3: Ratio: Commuters to higher/commuters to lower size classes.

However, the largest difference by gender is for the commuting flows between rural and urban settlements where more than eight times as many women moved to larger than to smaller size groups, whereas ten times as many men did so. The ratio tends to be lowest for commuting within urban areas.

Commuting flows in Serbia comprise mainly the exchange of female workforce between larger urban settlements, as well as between rural areas and small and medium-sized towns, depending on the distribution of the population and the accessibility and character of jobs suitable for women. According to Turner and Niemeier, female jobs are those where women make 70% and more [13].

The structure of the settlement net considerably influences the direction of commuting flows in Serbia. Of 4 706 settlements in Serbia, even 4 181 settlements are of the population size up to 2 000 inhabitants. The spatial distribution of the population of Serbia is therefore very uneven. The largest concentration of the population is in several larger macro-regional urban centres. It is especially expressed for the female population, and about two-thirds of the employed female population live in towns, being reflected on commuting flows.

## 6 CONCLUSION

We discussed relations between commuting, gender and settlement structure in Serbia. Commuting flows participated by women developed mainly between larger urban settlements, and then between rural areas and small and medium-sized towns in 2002.

The results of the research showed that women work more and live within the same size-of-place group in relation to men. It is partially the consequence of the distribution of female population in Serbia.

Even though there is the trend to move up the rural-urban hierarchy, the values of the concentration ratio of the number of commuters working in larger divided by the number working in smaller size-of place groups for women are less than average and expected, having in mind that the so-called female jobs are more concentrated in towns. The ratio tends to be lowest for commuting within urban areas.

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# LATE AGE-SPECIFIC FERTILITY: THE DEVELOPMENTS IN SELECTED OLD AND NEW EU MEMBER AND CANDIDATE COUNTRIES SINCE 1960

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## ABSTRACT

Women and couples tend to limit fertility in marginal age groups of female's reproductive period. In this paper the author addresses late age-specific fertility developments in selected EU member and candidate countries. Age-specific fertility rates are relatively low after the age of 35 in advanced countries. Only the age group 35-39 is still important for the procreation. In general, total late fertility was higher in 1960 than in 2007 in majority of European countries. Late age-specific fertility rates decreased in the period 1960-1985 in most of the countries analysed in the paper. However, in the middle of the 1980s in some countries turnarounds of the trend became evident. In for- runner countries the late age-specific fertility considerably increased recently. In the future, we expect further increase in the late age-specific fertility in Europe.

## 1 INTRODUCTION

Age-specific fertility in advanced countries with the modern demographic regime (MDR) is concentrated in the female age group 20 – 34 years and more and more tend to narrow to the age group 25 – 33. Women and couples in advanced countries tend to limit fertility in marginal age groups of female's reproductive period. Adolescent fertility is not only unwanted but more and more unacceptable for an individual and the society. Main reasons are prolonged schooling, investment in human capital of young boys and girls and late economic emancipation of young people. The transition from school to work has been postponed not only in the early twenties but more and more in the late twenties.

Late age-specific fertility is much more in the domain of an individual couple or a woman and her family in spite of the fact that physicians advise avoiding a childbearing after the woman's age of 35 years. Widespread employment of women, low reproductive norms and modern life styles in advanced countries do not support the childbearing in the period 35 – 49 years of age. Age-specific fertility rates in this period show more or less completed procreation, efficient family planning and the use of modern contraceptives.

In this paper late age-specific fertility is defined by the age group 35-49 years of the females in spite of the fact that people from the health sector tend to label having a child at a mother's age of 30 or above as late especially in the case of the first child (Beets, 2008, p. 22). The author will analyze the late age-specific fertility developments in selected European Union countries and some of the EU candidate countries in the period from the year 1960 to the

most recent years. He will also try to answer the question how much have late age-specific fertility changed as a consequence of fertility decline in some EU candidate countries, a very low level of fertility in all EU member states and of the postponement of childbearing among younger generations.

## 2 LATE AGE-SPECIFIC FERTILITY IN SELECTED EU MEMBER AND CANDIDATE COUNTRIES

Statistical data for advanced countries show us later start with childbearing in the lifecycle of an individual woman than ever before. However, the later start does not mean that fertility would have automatically increased in the age group of female population 35–49. Therefore, permanent demographic research is necessary for following and understanding of the evolution of late fertility patterns and trends in countries with the MDR. In fact, late motherhood and postponement of childbearing in Europe has been frequent research topics in recent years. Some examples from this field of studies are Van Nimwegen et al, 2002, Sobotka, 2004, Ni Bhrolchain and Toulemon, 2005 and Billari, 2005. The topic has also been frequently discussed at the scientific conferences and analysed in the special sections of demographic scientific journals. Two recent examples are Vienna Yearbook of Population Research 2006 (VID, 2006) and the last paper edition of Italian population journal *Genus* (*Genus*, 2008/3-4).

The meanings of the terms late motherhood and postponement of childbearing are different in the literature as well as in the above mentioned studies. The Dutch authors use the term late motherhood in the meaning of postponement of the childbearing (Van Nimwegen et al, 2002, p. 10 – 16). Many other authors use the term postponement of childbearing in two different meanings. The first meaning stresses the possibility of compensation of the fertility decline at younger ages with (at least partial) fertility rise at later ages. The second meaning most often simply refers to an increase in the mean age of first birth or in the mean age at childbearing (Ni Bhrolchain and Toulemon, 2005, p. 86). However, in almost all of these studies very little is said about late age – specific fertility in the last 15 years of female reproductive period.

Late motherhood can be understood and studied also from the viewpoint of the late age – specific fertility. The author of this paper studied late age – specific fertility in Europe in the period 1961 – 1985 (Malacic, 1994) and late fertility trends in Europe in selected European countries (Malacic, 2008). Late age – specific fertility considerably decreased in

the period 1961 – 1985 in Europe. However, toward the end of the period in certain European countries some discontinuities and turnabouts in the prevalent tendency became evident.

This paper will proceed on and upgrade the author's previous studies. Late age – specific fertility will be analysed on the basis of age – specific fertility rates in the age groups 35 – 39, 40 – 44 and 45 – 49 years and late total fertility rate in the age group 35 – 49 years which is defined as the sum of five years age – specific fertility rates in the 15 years age range multiplied by five. Late total fertility rate can be interpreted as the number of childbirths to the hypothetical cohort of women in the age group 35 – 49 years under the condition that registered five years age – specific fertility rates in the age group 35 – 49 years refer to the given cohort of females. Late total fertility rate does not depend on the age structure of a population.

Age – specific fertility is relatively low after the age of 35 for different reasons. They work practically over the whole reproductive age span and can be grouped as follows: 1. intrauterine mortality, postpartum amenorrhea, ovulation without conception; 2. early sterility and possibly higher intrauterine mortality for older women; 3. extension of birth intervals by abstinence or prolonged breast-feeding and 4. birth control by contraception or abortion (Lutz, 1989, p. 7). The groups 1 and 2 are more important for natural fertility regime which can be illustrated by Hutterite fertility. Hutterite fertility rates for age groups 35 – 39, 40 – 44 and 45 – 49 are 0.406, 0.222 and 0.061 respectively (Malacic, 2006, p. 55). Contraception and abortion are predominant causes of low levels of late age – specific rates in modern fertility regime of present day Europe and other developed countries. They are the consequence of more or less conscious decisions of an individual (female or male) or a couple.

Late fertility has also numerous demographic and other economic and social consequences. If we mention only the most important demographic consequences it is necessary to refer to higher infant mortality and more congenital abnormalities compared to the fertility in the age group 20–34. From the viewpoint of postponement behaviour the late fertility also lead to smaller family sizes, contributes to the decline of fertility at levels well below replacement, to additional population ageing and to earlier and stronger natural and overall population decline (Beets, 2008, p. 22). Nine European Union member countries and two EU candidate countries will be analysed in this paper over the period from the year 1960 to the most recent years. The countries will be divided in four groups. In the first group (for-runners) are Denmark, Sweden and United Kingdom. Their basic characteristic is higher fertility rate in the age group 35 – 39 in 2006 or later than in 1960. The second group (mainland Europe) includes France, Germany and Italy. Their size is the main reason for the selection from the pool of North – Western, South and Central European countries with typical U shaped  $f_{35-39}$  in the studied period. The third group (Eastern Europe) includes Bulgaria, Romania and Poland. These countries represent new EU

member states from the last two EU enlargements in the years 2004 and 2007 and to some extent Eastern Europe as a whole. The fourth and most heterogeneous group (EU candidate countries) represents Turkey and Croatia. Croatia is demographically similar to its neighbouring and Eastern European countries while Turkey is special case because of unfinished demographic transition. At present Turkey has been finishing the demographic transition and it does not have any experience with the MDR yet. Late age – specific fertility has had more specific paths in the third and the fourth groups practically over the whole period covered in the analysis. The most interesting examples are Romania and Turkey while the trend has been declining in Turkey as well as in Poland and U shaped in other countries in the two groups with the turnaround later than in the first and the second groups of countries.

Late age – specific fertility rates for the age groups 35 – 39, 40 – 44 and 45 – 49 and indexes 2006/1983 and 2006/1960 for the countries included in the analyses and for the years 1960, 1983, 1993, 2003 and 2007 respectively are shown in tables 1 and 2. Statistical sources do not cover all data demanded in the title of both tables. Therefore, some minor data substitutions were necessary for particular years and countries and some differences also appears in the most recent year with available data. It should be outlined also that Germany and Croatia have not been independent countries in today's state borders since the 1960s. Fortunately, statistical data for these two states in their present size are available for the whole period studied and can be analysed here. Additionally, figures 1 – 4 are included in the paper to show graphical illustration of the late age – specific fertility trends for the rates  $f_{35-39}$  and  $f_{40-44}$  for the period 1960 – 2007 or in some cases to some other most recent year with the available data. The trends for the four groups of countries are shown separately.

Table 1: Late age – specific fertility rates (in %) and indexes 2007/1983 and 2007/1960 for for-runners and mainland Europe groups countries, years 1960, 1983, 1993, 2003 and 2007

		For-runners			Mainland Europe		
		Denmark	Sweden	UK <sup>1</sup>	France	Germany	Italy <sup>2</sup>
$f_{35-39}$	1960	39.2	39.6	44.1	50.6	44.2	61.2
	1983	15.0	26.0	23.0	22.0	16.0	24.8
	1993	33.4	43.4	33.4	32.2	21.6	30.4
	2003	46.6	51.0	46.0	47.4	30.2	50.2
	2007	55.3	62.6	56.6	61.0	41.8	53.8
	$I_{2006/1983}$	368.7	240.8	246.1	277.3	261.2	216.9
$f_{40-44}$	1960	11.2	12.0	12.3	15.6	11.8	22.2
	1983	2.4	4.6	4.4	4.4	2.6	5.2
	1993	5.0	7.6	5.8	6.2	3.4	5.6
	2003	7.6	9.6	9.4	9.6	4.8	9.8
	2007	9.0	12.0	11.2	6.0	7.4	11.0
	$I_{2007/1983}$	375.0	260.9	254.5	136.4	284.6	211.5
$f_{45-49}$	1960	0.8	0.8	0.8	1.0	0.8	1.8
	1983	0.2	0.2	0.4	0.2	0.2	0.4
	1993	0.2	0.2	0.2	0.2	0.2	0.2
	2003	0.2	0.4	0.6	0.4	0.2	0.4
	2007	0.3	0.6	0.7	1.0	0.3	0.5
	$I_{2007/1983}$	150.0	300.0	175.0	20.0	150.0	125.0
$I_{2007/1960}$	37.5	75.0	87.5	100.0	37.5	27.8	

Notes: <sup>1</sup> 1959 instead of 1960; <sup>2</sup> 2006 instead of 2007. Source: RDDE 2005; Demographic Yearbook. Special issue: Historical supplement; Home pages of national statistical offices.

Late age – specific fertility rates in selected countries show very low fertility in the age groups 40 – 44 and 45 – 49 years. The only exception is Turkey because of the demographic transition delay in this country. Childbearing in the age group 45 – 49 years is really exceptional not only in the EU but in modern Europe in general. In contrast, the age group 35 – 39 years is not only dynamic but also still important for the procreation.

The data in table 1 and 2 show that our four groups of countries behave differently concerning late childbearing. The difference is smaller between for-runners and mainland Europe groups than between these two groups and the Eastern European and EU candidate countries groups. In the for-runners and mainland Europe groups we have only four European countries where  $f_{35-39}$  was higher in 2007 than in 1960 (Denmark, Sweden, UK and France). For-runners and mainland groups are quite similar. In all six countries three late age-specific fertility rates declined between 1960 and 1983. Thereafter, two of them,  $f_{35-39}$  and  $f_{40-44}$ , have increased considerably as indexes 2007/1983 show. The third rate,  $f_{45-49}$ , remains at very low level.

The dynamics in Eastern European and EU candidate countries groups were very complex in the period considered. All three age-specific fertility rates declined in Poland and Turkey. However, the levels for the two countries were different. In Turkey the levels were approximately three times higher than in Poland. In certain respect Poland and Turkey are late-comers. The level of late fertility in Bulgaria, Romania and Croatia, is also important characteristic shown in table 2. It is surprisingly low, especially in Bulgaria. The cause should be very likely sought not only in the use of contraception but also in the prevalence of abortion in these ex-socialist countries. In Bulgaria, Croatia and partly Romania some signs of turnarounds in the trends in the last two decades were already visible in  $f_{35-39}$  and  $f_{40-44}$ .

Table 2: Late age – specific fertility rates (in %) and indexes 2007/1983 and 2007/1960 for Eastern European and EU candidate groups of countries, years 1960, 1983, 1993, 2003 and 2007

		Eastern European countries			EU candidate countries	
		Bulgaria	Romania	Poland	Croatia	Turkey <sup>1</sup>
$f_{(35-39)}$	1960	19.6	34.8	58.4	34.8	175.8
	1983	9.4	17.0	30.2	16.4	89.2
	1993	8.2	11.4	25.4	17.6	54.8
	2003	11.2	15.0	21.0	23.0	44.0
	2007	18.4	19.8	25.6	30.1	...
	$I_{2007/1983}$	195.7	116.5	84.8	183.5	49.3
$I_{2007/1960}$	93.9	56.9	43.8	86.5	25.0	
$f_{(40-44)}$	1960	6.6	14.8	21.5	11.4	68.2
	1983	2.0	4.6	7.4	3.4	34.6
	1993	1.8	3.2	6.2	3.4	23.4
	2003	1.8	3.2	4.8	4.2	16.4
	2007	2.8	3.6	5.4	5.4	...
	$I_{2007/1983}$	140.0	78.3	73.0	158.8	47.4
$I_{2007/1960}$	42.4	24.3	25.1	47.4	24.0	
$f_{(45-49)}$	1960	1.0	5.4	2.3	2.2	12.4
	1983	0.2	0.4	0.4	0.2	5.6
	1993	0.2	0.2	0.4	0.2	8.2
	2003	0.0	0.2	0.2	0.2	6.6

	2007	0.1	0.2	0.2	0.2	...
$I_{2007/1983}$	50.0	50.0	50.0	100.0	117.9	
$I_{2007/1960}$	10.0	3.7	8.7	9.1	53.2	

Notes: <sup>1</sup> Indexes for Turkey are 2003/1983 and 2003/1960. Source: RDDE 2005; Demographic Yearbook. Special issue: Historical supplement; Home pages of Eurostat and of the national statistical offices.

Figures 1–4: Sum, by five-year age groups, of two late age-specific fertility rates for selected groups of countries in the period 1960-2007. Source: RDDE 2005 and home pages (Eurostat and national statistical offices).

Figure 1

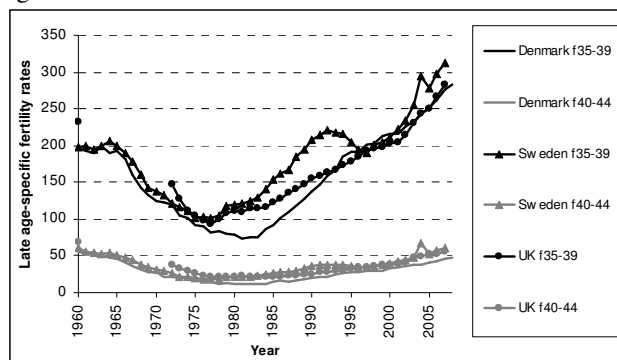


Figure 2

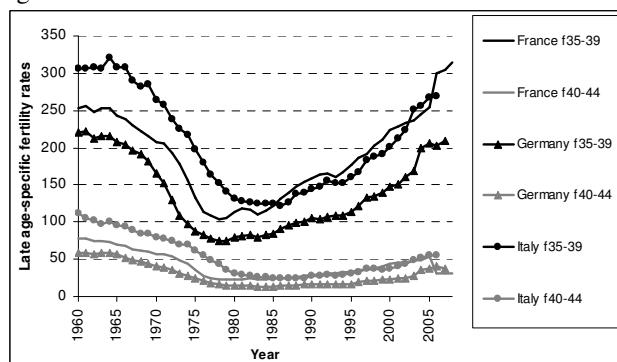
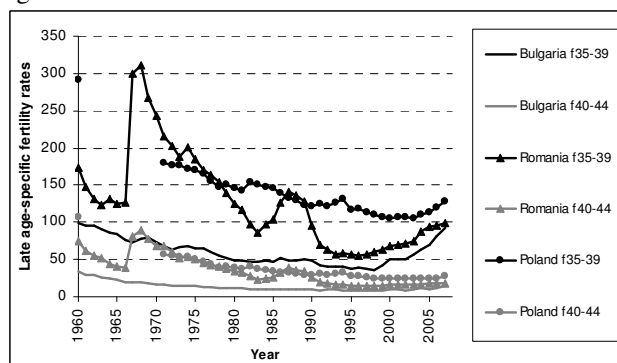


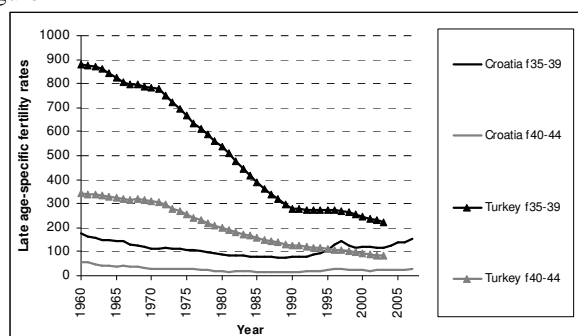
Figure 3



For more complete elaboration of late age-specific fertility it is necessary to compare late and total fertility. Therefore, we have selected some indicators of late and total fertility for the four groups of countries for the years 1960, 1983, 1993, 2003 and 2007. The indicators are shown in tables 3 and 4. These indicators are total late fertility rate ( $T_{f,35+}$ ),  $T_{f,35+}$  as a percent of  $T_f$ , percent change of the  $T_{f,35+}$  in the period 1983 – 2007 and percent change of the  $T_f$  in the period 1983 – 2007.

The data for for-runners and mainland groups in table 3 show similar trends in selected late age-specific fertility indicators in the period 1960 – 2007. Total late fertility rate which is un-comparably lower in modern Europe than in the case of Hutterite fertility declined between 1960 and 1983 and has increased thereafter. Similar dynamics characterised total late fertility as the percentage of the total fertility in six countries of the for-runners and mainland groups. In 2007, however, the total late fertility had higher percentage of the total fertility than in the year 1960. In Italy, 24.1 % or almost a quarter of period total fertility occurred in the age group 35 – 49 in the year 2006.

Figure 4



Total late fertility as a percent of total fertility increased considerably in the period 1983 – 2007 in all six countries. The increase was un-comparable to the change of the total fertility rates of these six countries in the same period. In the period studied, total fertility increased in Denmark, Sweden, UK and France and declined in Germany and Italy. It is more than evident that late age-specific fertility trends in the for-runners and mainland groups of European countries indicate certain degree of postponement of childbearing at least in the period 1983 – 2007.

Table 3: Selected indicators of late and total fertility for for-runners and mainland Europe groups of countries, years 1960, 1983, 1993, 2003 and 2007

		For-runners			Mainland Europe		
		Denmark	Sweden	UK <sup>1</sup>	France	Germany	Italy <sup>2</sup>
$T_{f, 35+}$	1960	256	262	286	336	284	426
	1983	88	154	139	133	94	152
	1993	193	256	197	193	126	181
	2003	272	305	280	281	176	255
	2007	323	376	323	340	247	326
$T_{f, 35+}$ as a % of $T_f$	1960	10.0	11.9	11.7	12.3	12.0	17.7
	1983	6.4	9.6	7.8	7.5	6.6	10.1
	1993	11.0	12.9	11.2	11.6	9.8	14.2
	2003	15.5	17.8	16.4	14.9	13.0	20.4
	2007	17.5	20.0	17.6	17.2	18.0	24.1
$\Delta T_{f, 35+}$ in 1983 – 2007 in %		267.0	144.2	132.4	155.6	162.8	114.5
$\Delta T_f$ in 1983 – 2007 in %		33.3	16.8	4.0	11.2	- 4.2	-10.6

Notes: <sup>1</sup> 1959 instead of 1960 and 2006 instead of 2007; <sup>2</sup> 2006 instead of 2007. Source: RDDE 2005; Demographic Yearbook. Special issue: Historical supplement; Home pages of the national statistical offices.

Table 4: Selected indicators of late and total fertility for selected European countries, years 1960, 1983, 1993, 2003 and 2007

		Eastern European countries			EU candidate countries	
		Bulgaria	Romania	Poland	Croatia	Turkey <sup>1</sup>
$T_{f, 35+}$	1960	136	275	411	242	1282
	1983	58	110	190	100	647
	1993	51	74	160	106	432
	2003	65	92	130	137	335
	2007	107	118	156	178	...
$T_{f, 35+}$ as a % of $T_f$	1960	5.9	11.8	13.8	11.0	20.7
	1983	2.9	5.3	7.9	5.3	16.5
	1993	3.5	5.1	8.6	7.4	15.0
	2003	5.3	7.2	10.6	10.3	13.8
	2007	7.5	9.1	11.9	12.7	...
$\Delta T_{f, 35+}$ in 1983 – 2007 in %		84.5	7.3	- 17.9	78.0	- 48.2
$\Delta T_f$ in 1983 – 2007 in %		- 29.4	- 37.2	- 45.2	- 25.5	- 37.9

Notes: <sup>1</sup>  $\Delta$  for the period 1983 – 2003. Source: RDDE 2005; Demographic Yearbook. Special issue: Historical supplement; Home pages of Eurostat and of the national statistical offices.

Eastern European group has had different development in the period studied. Total late age-specific fertility rates in this group were declining in Bulgaria and Poland practically to the end of the twentieth century and have started to increase thereafter. The development in Romania was very specific with two unusual increases. The first increase has its peak in the year 1967 after the introduction of strict population policy measures by the communist party. The second increase has its peak twenty years later at the end of the socialist period in the country. In Romania, the trend of the total fertility has been very similar to the shapes of the late age-specific fertility. In other two countries, the total fertility rate has declined since the middle of the 1980s. However, in 2007 the differences between total fertility rates of the countries in the third group were quite low.

Croatia and Turkey in the fourth group are demographically very different. In Turkey, the trends of the total fertility and the late age-specific fertility have been declining and have been caused by the finishing of the demographic transition in the country. Croatia is demographically more similar to the other ex-socialist Eastern European countries. However, it experienced the turnaround in the development of the late age-specific fertility rates in the middle of the 1980s. It was earlier than in the third group countries. Notwithstanding, recent levels of the total fertility rate are similar to the levels in the third group countries.

### 3 CONCLUSION

Age-specific fertility distribution has shown considerable changes in the old and new EU member countries with the MDR as well as in the selected EU candidate countries where in certain cases MDR has not fully developed yet. It seems that postponement of childbearing has been the most prominent feature of these changes in more advanced countries in recent decades. The other countervailing process was the slimming of the late age-specific fertility rates as a consequence of the higher birth order parities decline.



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# DEMOGRAPHIC APPROACH TO MEASURING HUMAN CAPITAL IN KAZAKHSTAN

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## **Introduction to human capital measurement approaches**

The issues of measuring human capital are increasingly coming to the fore of understanding of features and mechanisms of human capital. However, the common principles in estimations of this complex indicator have not been elaborated yet. Human capital is a complex concept, it has many dimensions and can be acquired in various ways (at home, at school, at work, and so on). Human capital is intangible asset, the stock of which can not be directly observed like physical capital. Therefore, estimates of the human capital stock are constructed indirectly. The approaches to human capital measurement mainly include the education-based approach, cost-based approach and the income-based approach. Like physical capital stock, the human capital can be valued using three general methods:

- i. it can be observed as a distribution of the population's education, skills, and experience for a particular society, which is inferred as a certain level of readily available human resources for the production.
- ii. it can be valued as the sum of investment, minus depreciation, added over time to the initial stock;
- iii. it can be valued as the net present value of the income flow it will be able to produce over an assumed lifetime.

## **Measuring human capital for Kazakhstan by education-based approach**

Throughout whole human history and especially today when economic relations, production methods, technological facilities and competitiveness principles change quickly in response to international demands and challenges, the better-educated workers and employees are more able to adapt to new circumstances and contribute to the success of a wide range of industries and reveal inexhaustible potentials for development. The focus which was set in previous years in Kazakhstan on building a cadre of people with good comprehensive education and technical skills has been invaluable. Kazakhstan set a goal to successfully educate the majority of citizens in order to prepare them for an economy in which workers and employees need to be able to learn new tasks, thoroughly and quickly.

The economic literature postulates that a relevant stock of human capital (educational attainment of the population) improves the competitive structure of a country, stimulates its high-tech sector, and fosters economic growth. W. Lutz writes that education is the process (flow) through which people gain skills and knowledge. In general according to education-based approach the stock of educated people with such skills and knowledge is considered as human capital. In this chapter we will resort to this definition, assuming the education, measured by educational attainment of the adult population, contributes to the accumulation of human capital stock in the country. Educational attainment is of course a very rough indicator for human capital, especially over a long period of time and across different sectors of the education systems and different political, economic, educational reforms throughout the history. We have decided, however, to accept this mainstream indicator of human capital within this paper, rather than introducing more or less arbitrary and sophisticated ones.

Chart 1. Age pyramid by level of formal education for Kazakhstan in 1999

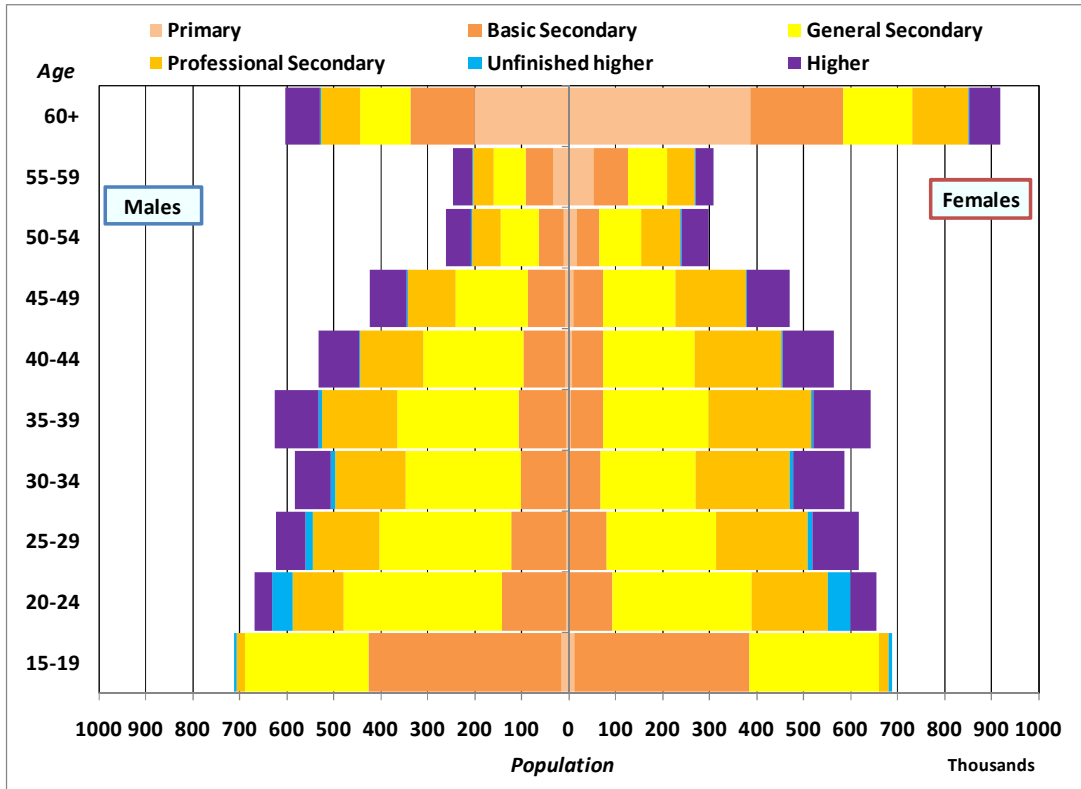
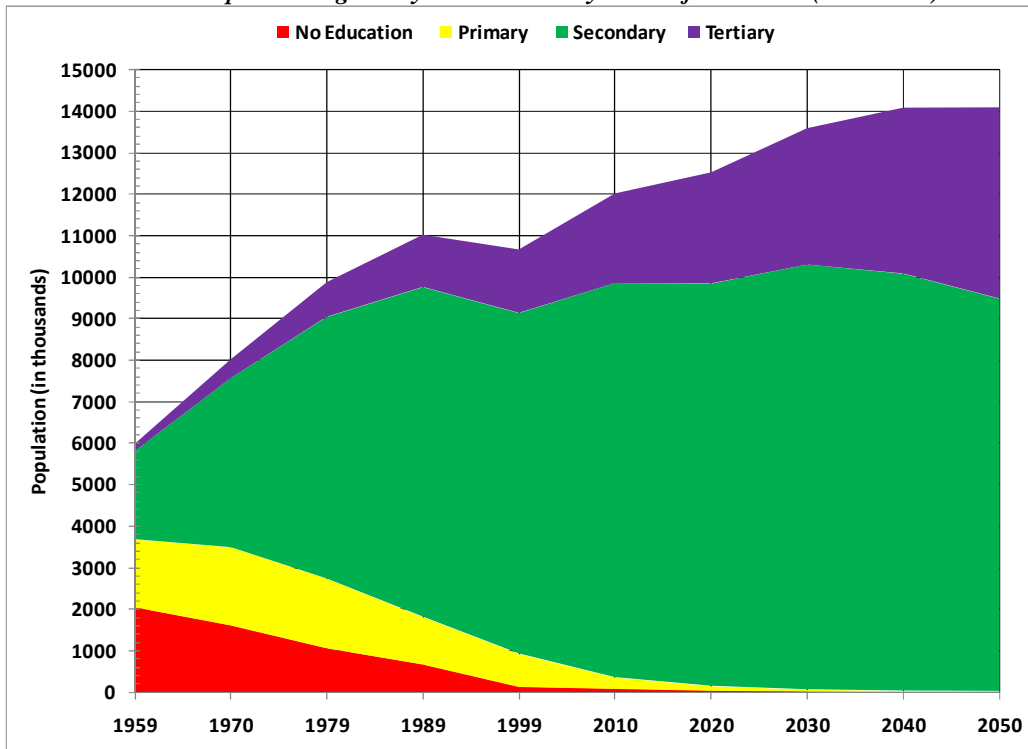


Chart 2. Population aged 15 years and over by levels of education (both sexes)



The systematic studies of past, current, and future educational attainment by age and sex can make important contributions to the better understanding of human capital reproduction dynamics. It seems to us that using the multi-state method mentioned in this chapter should be clearly superior to the rather simplistic projection method of just drawing a line between the starting point and the goal set for future. The methods presented here require a bit more effort in the assembly of data and in the definition of the specific model assumptions, but the data is readily available for Kazakhstan and the method is well tested and established in the scientific literature. In other words, there is no good reason for not applying it systematically. Writing this chapter we also aim to help to prepare the ground for better age-specific indicators of human capital that will subsequently allow for the calculation of models with more age precision. More demographic precision in the form of age-specific information can provide a more appropriate picture. In this brief description it was not possible to do more than draft the theory and refer to some of the empirical research which consider the vital and manifold role of human capital formation in personal, national, and global economic development. After all, it is evenhanded to conclude that albeit the considerable levels of human capital may not guarantee the economic growth at a certain time and place, the harmonized growth and reproduction of human capital appear to be a necessary factor to insure sustained economic development.

### **Measuring human capital for Kazakhstan by life-time labor income based approach**

I use two methods in this chapter, adopted from Jorgenson and Fraumeni (1992) and Le (2006), to measure human capital in Kazakhstan. I make some modifications in the methods in order to adjust them for the case of Kazakhstan. Similar to Le I consider into account only the contribution of those who are at working age, employed and only their contributions within the market activities (while Jorgenson and Fraumeni account also for contribution that employed individuals make outside work). According to the model, average human capital  $H$ , is defined as the present value of lifetime labor income, of all individuals aged  $x$  with education level  $e_i$ , and specified as:

$$H^e{}_x(c) = Em^e{}_x * In^e{}_x + H^e{}_{x+1}(c) * p_{x,x+1} * (1+g)/(1+d)$$

where:

- H (c) = human capital per capita
- Em = employment rate;
- In = average annual labor income of workers;
- $p_{x,x+1}$  = probability of surviving one more year from age  $x$ ;
- g = annual growth rate in real income;
- d = discount rate.
- $e_i$  = the educational attainment of level  $i$ ;
- x = age

*Table 1. Aggregate human capital stock. Kazakhstan. (in billion \$ deflated for 2008)*

	Urban					
	2003	2004	2005	2006	2007	2008
Higher education	79,57	132,98	172,52	214,79	343,82	260,23
Unfinished higher education	10,51	15,98	22,78	27,41	36,73	23,73
Professional education	96,50	140,90	168,83	197,46	314,54	228,10
Primary education	24,88	37,76	44,24	55,31	67,92	46,29
<i>Total</i>	211,47	327,62	408,38	494,97	763,01	558,35
	Rural					
	2003	2004	2005	2006	2007	2008
Higher education	14,50	22,83	28,44	36,77	73,03	57,98
Unfinished higher education	3,15	5,78	6,57	8,18	14,59	10,04
Professional education	36,70	52,72	60,91	73,16	140,48	102,54
Primary education	37,13	63,038	74,80	87,50	161,85	112,09
<i>Total</i>	91,48	144,36	170,73	205,62	389,96	282,64

## Conclusion

Human capital can not be developed in isolation. Rather, it is influenced by the interaction of complex demographic, social and economic factors. The basis of human capital is people. Therefore, the key factor that influences the character and the size of a country's human capital stock is demographic. The attainable level of human capital stock can be promoted or limited fundamentally by population. In addition, the characteristics of population (for example, its age profile) have a large influence on the potential stock of human capital – both for today and in the future. Following this consideration we tried to measure the human capital in Kazakhstan in this paper, paying special attention to the demographic factors. Investigating the main approaches to human capital measurement we have implemented the estimation of human capital for Kazakhstan by education-based approach and life time labor income approach. We decided not to repeat the main findings by estimations implemented with different measurement approaches in this concluding chapter, rather we want to open the discussion how it is relevant for the case of Kazakhstan and represent the accuracy of calculations.

One should be very careful not to use the results of this study uncritically. It is important to state that, although this work attempts to be relatively comprehensive, its collection of statistics is not complete. Space and resource considerations have necessitated a degree of selection from the available information. This was done on the basis of covering the breadth of publicly available data sources – often with the use of higher level summary statistics. In this respect, the issue of appropriate general statistics arises very urgent.

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# THE EDUCATION OF GYPSY CHILDREN WITHIN EUROPE

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## ABSTRACT

The expansion of the European Union increases the opportunities for people to move freely between Member States, including temporary workers and nomadic communities like Gypsies. However, this raises many issues for static communities with their infrastructures and facilities concerning how best to cope with the needs of such nomadic communities who are often difficult to contact and whose movements may be difficult to predict. One issue concerns the schooling of Gypsy/Roma children. This paper has been to provide the diverse European management boards with an updated analysis of the situation of the schooling of Gypsy/Roma children.

Generally, it has been observed that education systems studied are not capable of dealing with the schooling of the Gypsy/Roma children in a positive way. Indicators for this include the high percentage of absenteeism and dropping out of students who are also failing to gain school results. The way Gypsy/Roma children are educated across Europe is dependent upon political, socio-cultural, institutional and ideological factors.

**KEYWORDS:** Education systems, Gypsy/Roma children, European Union

## 1 INTRODUCTION

Numerous studies and survey on the situation of Roma and Travellers show discrimination, harassment and social exclusion of Roma needs to be addressed urgently. The best use of EU structural funds were explored, and how local authorities can draw from these, implement Human Rights at the local level, and be inclusive of the needs of Roma: reducing social inequalities, increasing gender equality, combating discrimination. Models of good practice of service at the local level from earlier Agency's reports published last year, 'Housing Conditions of Roma and Travellers in the European Union' and 'The situation of Roma EU citizens moving to and settling in other EU Member States', and examples given by representatives of Romani grassroots organisations and of local authorities were discussed, and the needs of local authorities were assessed to allow learning among local authorities.

## 2 ECONOMIC CRISIS FUELLING RACISM IN EUROPE

The economic downturn has led to a rise in discrimination, racism and xenophobia in Europe, particularly in EU countries such as Italy, Slovakia and Hungary, the latest Amnesty International report on human rights shows.

The marginalisation was heightened in 2009 by fears of the economic downturn, and accompanied in many countries by a sharp rise in racism and hate speech in public discourse.

Roma continued to be denied equal access to education, housing, health care and employment.

## 3 CHANGES TO THE LOCAL AUTHORITY PERFORMANCE TARGET SETTING PROCESS

The Department for Children, Schools and Families (DCSF) made changes to the way local authorities set targets from the academic year 2010/11. From that year the authority must set a performance target. The age cohort size for other minority ethnic groups for which local authority must set targets remains at '30 or more'. This reduction in cohort size for GRT pupils is another attempt to raise the awareness amongst local authorities of the continuing underachievement of GRT pupils in comparison to their peers. This in turn will help authorities to target their resources where it is most needed.

## 4 IMPLEMENTING THE LISBON AGENDA: EDUCATION AND TRAINING

In an effort to strengthen Europe's employment strategy, the **2000 Lisbon Agenda** addresses the educational and training needs of Europe's diverse population and within this promotes the need for social inclusion of marginalised social groups – such as the Roma and Travellers. The Council [1] has called for targeted intervention in this area and the Commission's relevant communication mentions specifically the situation regarding education and vocational training in the Czech Republic, Hungary and Slovakia [2]. The objectives set by the Lisbon Summit to improve active citizenship, equal opportunities and social cohesion has a special relevance for the access of Roma and Travellers to general and vocational education and training systems, especially since young people constitute a majority in Roma and Traveller communities [3].

To date, only seven Member States have agreed to include monitoring of the progress in social inclusion of Roma and Travellers in the National Action Plan (NAP) reports that

provide an update on the progress of implementation of the Lisbon Agenda. This could be due to different constitutional traditions of Member States, where there are some difficulties to reach an agreement on monitoring the situation of ethnic minorities. However, for future policy decisions it is essential to monitor progress, particularly regarding the benchmark objectives of the Council identified above, on the basis of specific indicators.

The 29 indicators developed for monitoring performance and progress of education and training systems in Europe could be further elaborated to allow the identification of indirect and institutional discriminatory practices.

## 5 FINDING SOLUTIONS

There are different visions of how to improve the education system in general and how to strengthen the educational improvement of the Roma. The different actors involved assume responsibility or choose to indirectly deny responsibility, by delegating it or imposing it on someone else. As the qualitative research shows, assuming responsibility is more constructive than blaming others or finding excuses.

**Involved actors and assuming responsibility for education of the Roma** Education is, in the end, the task of the school, which should be interested to bring the children in school. Therefore, the school officials should press the township officials to provide the conditions needed for school attendance and to force the parents to send their children to school. Instead, all the guilt for abandonment is put on the Roma parents themselves, and it seems that after all the school officials tacitly agree with this abandonment which exonerates them of responsibility [...] In fact, in his opinion

(the headmaster), the Roma children's school problems can be solved by the school psychologist. Therefore, what has actually happened in the end is that the social, economic and cultural difficulties of Roma in general, when they have to find their place in a non-Roma environment, and of the children here, have been turned into a medical problem.

The school mediator is one of the actors who – as reflected in the interviews with both beneficiaries and school representatives – assumes the most responsibility, sometimes even exceeding the formal requirements of the post. And, as can be seen in this case, the negative aspects to this mediation structure slowly start to appear, such as the double dependency on the health mediator – from the institutions and from the Roma parents – or the complete lack of direct communication between the institution and the parents.

We can track significant changes in educational attainment for different generations. For the purpose of this analysis we can basically distinguish between the following age groups:

- Children aged 7-13, who should currently attend primary school or gymnasium;
- Adolescents aged 14-17, who should currently be enrolled in vocational school or high school; they were born after the collapse of the communist regime;

- Young adults aged 18-29, who could be students or graduates; they were born in the period 1977 – 1989, an interval of intense assimilation policies targeting the Roma<sup>27</sup>;

- Adults aged 30-59, who were born in the period 1947-1977, when communist social

- policies did not target the Roma as a special group;

- The elderly, aged 60 or more, born before 1947.

We can see that the age group 30-59 has the highest proportion of high school graduates, for both the Roma and the comparative sample. Even so, there are significant differences between the two samples regarding the younger group, aged 18-29. In the Roma sample their educational level has decreased: instead of high school education, a larger proportion of pupils only obtain gymnasium or lower schooling. In the comparative sample, the decrease in high school graduates is due to enrolment in higher education: there is a significant increase for post-liceal graduates, students and university graduates.

Variables that have a statistically significant influence on educational achievement are mainly the same for the Roma and the comparative sample, with some exceptions. We have included in the models all adult household members (aged 18 and over) for whom we have information in the database.

The probability of a Roma being a high school graduate is increased significantly by being male, belonging to the age group 30-60, having a traditional *neam* affiliation and by living in a better-off household (as indicated by the number of long-term consumer goods); and it is decreased if household members speak Romani in the home and if the person has failed at least one school year.

The probability of having at least a gymnasium degree (8 years of schooling) is increased by being male, belonging to a better-off household and not speaking Romani at home. The 30-60 age group does not differ significantly from the other adult group, but the elderly have a significantly lower proportion of gymnasium graduates.

In the comparative sample, the probability of having graduated high school is increased by being male, living in an urban locality and coming from a better-off household, and it is decreased by being over 60 or having failed at least one school year.

Type of locality has no influence on Roma level of schooling, but is significant for the comparative sample. This indicates that Roma pupils do not take advantage of the opportunities of the urban environment – they face an equally adverse schooling challenge, irrespective of locality.

## 6 CONCLUSION

The Government has made considerable progress in putting in place a framework of support to Gypsies and Travellers. The focus is now on delivery and ensuring that action is taken forward, on site supply in particular, but also in measures aimed at helping the Gypsy and Traveller community improve its overall level of health, and in improving the educational outcomes of its children. However, without robust and reliable statistical, ethnically



differentiated data regarding enrolment, attendance, attainment and performance in all levels of education it will not be possible to measure their impact and added value. Member States should consider cooperating with the Commission and Eurostat in order to develop common statistical indicators in education for monitoring Roma and Traveller pupils' educational attainment. Problems in defining these groups in ethnic, linguistic or cultural terms could be overcome with the adoption of broad definitions.

Strategies at national level have a greater impact when local organisations and communities are directly involved in designing measures and implementing them. In many countries this is already the case.

Teachers are key actors in education and can function as multipliers of key messages regarding integration and non-discrimination. In this sense it is important to educate and train Roma and Travellers as teachers as soon as possible, not only to facilitate the integration of Roma and Traveller pupils, but most importantly in order to provide alternative role models counteracting negative social stereotypes. Social deprivation, segregated housing and poverty influence directly the educational perspectives and opportunities of Roma and Travellers. It is therefore crucial to provide adequate financial means that will enable these pupils to reach and participate in mainstream schools. This may take the form of scholarships and social support, as well as means of transportation that will allow them easy access to schools.

Curricula and textbooks convey directly or indirectly key social values and contribute to the development of social attitudes. It is therefore essential to present Roma and Travellers and their contributions to society and culture in a positive light as well as to make their presence visible.

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# POMEN POROČNEGA OBREDA ZA SKUPNO PARTNERSKO ŽIVLJENJE

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## ABSTRACT:

### **Importance of the Rite of Marriage for Communal Life in Partnerships**

The Slovenian birth rate is in a declining situation. To catch up with the normal renewing of population, the number of births should be increasing by far more than 60%. Undoubtedly, one of the main reasons is the large number of partner relationships, since, parallelly, statistics show a decreasing number of traditionally structured and registered families. Moreover, partners, married or not married, don't persist in their communal relationship. So how might we stabilize these ties?

In the past, the civil and religious dimensions of the institution of marriage assured its stability. The traditional institution of a male-female relationship has been composed of four pillars: the public declaration, the recognition, the looking for the other, and the manifestations of this bond. Today, we find the popular opinion that this institution is not necessary, even that it is an impediment for the realization of the person.

The institution can be compared to vessels that contain and conserve water; or to support wires of a weak tree. With these pillars as a firm foundation the institution could conserve the partnership; and especially where love existed between the partners. In the case where there is just the ownership of property, the institution could just enforce the egoism of partners. An institution could maintain the stability of relationship wherein the essence of that relationship is »the looking for the other«.

What one finds in the other is something more than just what he can see. In fact what he looks for is beyond the other. He seeks transcendence and thus he looks for God. That is the reason why this relationship could be called the "sacred place". The being in such a relationship is a religious being.

The partnership also seeks to express itself. The rite of marriage is the expression of the decision for stability in a relationship built on love. The ritual of marriage is the ceremony of its recognition by society; and at the same time it is a sign of the institutionalization of this relationship.

The rite is also the expression of a culture, a mode of life. Because modes of life change all the time, the rite has to change simultaneously to be able to conserve its signification and exercise its function. The contemporary tendency to change the rite (not to marry but just to accept the partner to live with) is a consequence of the changes of today's mode of living and at the same time proof that the rite is of major importance for conserving the stability of the partnership.

## Uvod

Dosedanje konference o demografiji in družini na Inštitutu Jožef Stefan so nam predstavile mnoga dejstva in podatke, ki kažejo na premajhen naravni prirastek prebivalstva v Sloveniji. Da bi dosegli raven enostavnega obnavljanja prebivalstva, bi morali rodnost povečati za več kot 60% (Čepar, 2007).

Posebej moramo biti pozorni na podatek, da se je delež otrok, rojenih zunaj zakonske zveze, povečal od 8.5 odstotka leta 1970 na 47.2 leta 2006 (Čepar, 2007). Število sklenjenih zakonskih zvez pa se je od 15.048, ki jih Statistični urad RS beleži za leto 1976, v letu 2005 znižalo na 5.769. Naslednje leto se je število sklenjenih porok povečalo, bilo jih je 6.368, kar pa je še vedno malo. Vse več je zunajzakonskih parov, ki imajo povprečno le enega otroka, hkrati pa se delež eno starševskih družin v Sloveniji povečuje. Ob popisu prebivalstva leta 2002 je bilo v Sloveniji le polovica družinskih skupnosti, kjer sta bila starša poročena (Osredkar, 2008). Ti podatku kažejo, da je zniževanje števila rojenih v zadnjih desetletjih premo sorazmerno z manjšanjem števila poročenih parov v naši domovini in je obratno sorazmerno z naraščanjem števila ločitev in parov, katerih skupno življenje ni »registrirano«. To slednje je sicer statistično težko preverljivo, ker življenje »na koruzi« uradno ni ugotovljeno.

Iz teh dejstev lahko spoznamo, da je v Sloveniji družina v krizi in v našem prispevku se bomo zaustavili pri njej. Ne bomo se spuščali v debato o opredelitvi družine v Sloveniji. Primerjamo pare, katerih skupno življenje je registrirano bodisi na občini bodisi v Cerkvi ali drugi verski skupnosti, s pari, ki se jim registracija zakonske zveze ne zdi pomembna.

## 1. Demografska kriza je pogojena s krizo partnerskega odnosa

Z izrazom »kriza družine« razumemo krizo stalnosti, torej trajnosti partnerskega odnosa. Problem namreč ni samo ta, da se poročeni ločujejo, problem je, da pari ne zdržijo skupaj. Ne razidejo se namreč samo poročeni, tudi neporočeni pari se vse pogosteje razidejo. Tega dejstva s številkami ne moremo pokazati. Toda problem je jasen: v krizi ni poroka, v krizi je partnerski odnos. Pri partnerskem odnosu pa ne gre le za predanost, temveč gre za trajnost odnosa. Ugotavljamo, da je bistvo predanosti trajanje. Nihče namreč ne praznuje močne, globoke predanosti, ki bi trajala le nekaj mesecev, temveč praznujemo srebrno ali zlato poroko, petindvajset ali petdeset let skupnega življenja. Za demografsko problematiko je to zelo pomembna ugotovitev. Naše razmišljanje namreč temelji na predpostavki, da so najboljše zagotovilo za rodnost in zdrav razvoj otrok družine, kjer obstaja stalnost odnosa med staršema. Takih družin pa je vse manj. Kako pomagati? V preteklosti je partnerski odnos reševala institucija. Ali ga lahko rešuje tudi danes?

## 2. Institucija kot ohranjevalka odnosa

Institucija je struktura, ki jo najdemo v vseh plasteh človekovega družbenega življenja. Ponavadi si pod tem izrazom predstavljamo le ustanove, kot so: vlada, šola ali Cerkev... V bistvu pa gre pri instituciji za posebno vrsto odnosov med člani družbe. Neinstitucionalizirani odnosi med posamezniki se lahko spreminjajo ali ukinjajo. Kakor želijo posamezniki. V primeru, ko pa člani neke skupnosti spoznajo, da je za posameznike in skupnost dobro, da se nekateri odnosi med posamezniki ne spreminjajo več, postavijo pravila, ki odnose utrdijo. Za razvoj družbe so nujno potrebni stabilni odnosi med njenimi člani. Pa tudi sicer odnos sam teži k stalnosti. Zato odgovorni v vsaki skupnosti s soglasjem vseh njenih članov ali pa s preglasovanjem postavijo zapovedi in omejitve za vloge v družbenih odnosih, v okviru katerih se zadovoljujejo potrebe posameznika in družbe. Postavijo neko institucijo, da bi se ohranilo nekaj pomembnega. Etimološko »in-stitutio« označuje nekaj trdnega, stabilnega, trajnega, zato se institucionalizirani odnosi ne morejo kar čez noč spreminjati ali ukinjati. Kaj je potrebno narediti, da odnosu postavimo oporo? Za vzpostavitev institucije so potrebni štirje temeljni pogoji:

- odnos javno razglasiti,
- priznati odnos,
- iskati partnerja v odnosu in
- izražati odnos.

Navedimo nekaj primerov institucionalizacije odnosa. Institucija lahko npr. izobraževanje, vero, državo ali ljubezen naredi stabilno, trajno in jo ohranja.

Človek se lahko izobražuje na različne načine. Vzame npr. učbenik in ga bere. Če mu »paše«, kadar in v kolikor mu ustreza. Otrok sprašuje dedka ali starša, kaj je to in kaj je ono; ko pa se otrok vpiše v šolo, se njegovo izobraževanje institucionalizira. Šola in učenec imata dolžnosti, ki se jih morajo držati in pravice. Človek se vpiše v šolo in šola ga sprejme; čim bolj je učenec iskalec, tem več se nauči in svoje znanje lahko tudi pokaže. Šola pa mu znanje lahko tudi ovrednoti s potrdilom. Šola mu je pri iskanju znanja v veliko pomoč in daje mu veliko večjo gotovost pridobiti izobrazbo, kot če bi se izobraževal sam.

Tako je tudi z vero. Človek lahko veruje in izraža svojo vero, kakor se mu zahoče. Ko pa se določi verski nauk, hierarhija članov verske skupnosti, zapovedi in prepovedi obnašanja in delovanja na moralnem področju in, kar je najpomembnejše, ko pride do družbenega priznanja, takrat govorimo o institucionalizaciji vere. Preprosto rečeno, od vere preidemo k religiji, ki je opora pri ohranjanju vere. Vernik postane član verske ustanove tako, da jo zaprosi za vstop, ta ga sprejme (npr. krst) in ga vodi pri iskanju in izražanju vere.

Še najbolj slikovita predstavitev postavitve institucije pa je ustanovitev države. Slovenija pred dvajsetimi leti, pa tudi Kosovo pred kratkim, je javno razglasila neodvisnost, tj. samostojno državo. Javna in slovesna razglasitev je znamenje odločitve pripadnikov naroda in je temelj institucije. Toda to ne zadostuje. Potrebno je še priznanje mednarodne skupnosti držav. Temu sledi iskanje drugega, tj. vzpostavljanje diplomatskih, političnih in gospodarskih odnosov. Čim več je teh, tem bolj se država lahko razvije. In končno pride na vrsto izražanje svoje državnosti. Politiki kar tekmujejo, kdo bo imel več obiskov in potovanj v druge države; če ne bi bili prisotni na konferencah in slovesnostih, bi to pomenilo, da »ne obstajajo«. Kjer se le da, izobesijo državno zastavo; isti smisel imajo športne prireditve in razna druga tekmovanja. Pravijo: »Gre za promocijo države!« Toda, v resnici gre za veliko več. Gre za institucionalizacijo države.

Govorimo lahko tudi o postavitvi institucije, ki je opora pri ohranjanju ljubezni med partnerjema. Ljubezen, sama na sebi, je odnos med partnerjema, ki se lahko spreminja brez pravil. Če se par odloči, sklene zakon po pravilih družbe, v kateri živi, in tako institucionalizira ljubezen. Partnerji se javno poročijo, sklenejo zakon, ne le zaradi slovesnosti, temveč zato, da javno razglasijo svojo odločitev in da sprejmejo priznanje družbe; ta namreč tudi preveri, če ni nobenih zadržkov za sklenitev zakona. Čim več stikov ima zakonski par z drugimi ljudmi in čim več se »kaže« v javnosti, tem bolj pomemben člen družbe postaja. Bolj kot je trdna njuna skupnost, bolj »utrdi« tudi ljubezen med njima. Vsi vedo, da sta par, njuna zveza je zapisana v matični knjigi, oba imata pravice in dolžnosti in njun odnos ima trdnost v družbi.

Pomen institucije je v njeni organiziranosti. Pravila sprejme in za izvrševanje skrbi avtoriteta v skupnosti: predsednik društva, prvi minister, verski predstojnik ali pa zakonca. Vsaka institucija je usmerjena k določenemu namenu, ki se doseže s skupnim, družbenim delovanjem njenih članov. Institucije so torej trajne družbene tvorbe in

se spreminjajo počasi, zato pa je toliko večja gotovost priznanja in varovanja vlog v družbenih odnosih njenih članov. Delovanje institucije urejajo pisna in nenapisana pravila, ki omogočajo neprekinjenost ali kontinuiteto v družbenem življenju. Institucije pa izvajajo tudi funkcijo družbenega nadzora in prisile: posameznika prisilijo v sprejetje neke vloge ali odnosa, v nasprotnem primeru sledijo sankcije.

Pogosto slišimo govoriti ljudi, da institucije sploh ne potrebujemo, torej tudi poroke ne, pomembna naj bi bila le ljubezen med partnerjema. Res je najpomembnejša ljubezen, toda izkušnje nas učijo in statistika nam potrjuje, kako je ljubezen krhka. Ljubezen in zakonsko zvezo – institucijo lahko primerjam vodi in posodi, v kateri se voda ohranja. Voda je pomembna in potrebna za življenje. Če je ne bom redno pil, bom dehidriral in umrl. Torej vodo potrebujem, brez posode pa lahko živim. Nujno posode res ne potrebujem za življenje, posredno pa jo potrebujem, da bom v njej ohranjal vodo in jo tudi komu ponudil. Voda brez posode se razlije v zemljo in izgine. Če hočem vodo shraniti in jo ohraniti, nujno potrebujem neko posodo. Takšno ali drugačno. Navedimo še primerjavo z opornico. Institucijo lahko primerjamo z opornico, ki jo na vrtu postavimo k vsajeni sadiki, ki je nežna in slabotna. Fižolove palice dajejo oporo rastlini, ki se sama ne bi mogla vzpenjati; opornice za paradižnikove sadike imajo enako nalogo, pa opornice pri mladih drevesih, ki sama ne bi kljubovala vetru ali celo viharjem... Tako je tudi z ljubeznijo. Če jo hočemo ohraniti, nujno potrebujemo neko oporo, tj. nek dogovor, neka pravila, torej potrebujemo ustanovo - institucijo. Tako nas uči teoretično znanje.

### 3. Poroka ni vedno zagotovilo stabilnosti zveze

V praksi ljudje izkušajo, da poroka ni vedno zagotovilo stabilnosti zakonske zveze. Povrh vsega, ko se par razide, vpis v matično knjigo celo otežuje ločitev zakoncev.

To je res. Toda, ne le vpis v matično knjigo, tudi samo dejstvo, da sta dve osebi preživeli neko časovno obdobje v tesni povezanosti, otežuje ločitev. Dva, ki sta bila v partnerskem odnosu iskreno povezana, ne bosta nikoli mogla popolnoma »pretrgati vezi« med seboj. Tudi, če se fizično oddaljita, bo neka vez med njima ostala. In ta vez otežuje ločitev in angažiranje v »novih povezavah«, in sicer zato, ker odnos teži k stalnosti; ker je uresničevanje posameznika uresničljivo v trajanju, v stalnosti odnosa. Dokaz za to je občutek »neuspeha« pri ločitvah navkljub še tako groznim razmeram (Vistoropski Nika, 2010). Posameznik se namreč uresničuje, postaja to, kar bi rad bil, le v trajnem odnosu, torej v trajanju odnosa. Biti v odnosu pa pomeni iskati partnerja, hrepeneti po njem, se darovati zanj. Najbolj jasno je to zapisano tako: »Nihče nima večje ljubezni kakor je ta, da kdo da življenje za svoje prijatelje« (Jn 15,13). Ljudje pa tega ne vedo in se motijo, pričakujejo namreč, da se bodo uresničili v iskanju samega sebe, preprosto rečeno: v uživanju, v iskanju ugodnosti zase. Dati življenje za drugega, ne pomeni umreti, temveč podariti mu

svoj čas. Kogar ljubiš malo, mu podariš nekaj minut svojega časa. Kogar ljubiš bolj, mu podariš več svojega časa. Kogar ljubiš čez vse, mu podariš svoje življenje. To pa pomeni iskati poti, kako osrečiti drugega, ne pa streči svojim željam. Tisti, ki zapustijo partnerja v prepričanju, da bo z drugim bolje, ne razumejo bistva odnosa in ne ljubezni. Dokaz je prav nezadovoljstvo v »drugem« ali v naslednjih poskusih ustanoviti dober odnos. Možnost ločitve od partnerja ne zagotavlja uspeha odnosa z drugim partnerjem. Človek sam sebe »nese« tudi v drugi odnos, in če se korenito ne spremeni, se bo neuspeh ponovil. Človek se uresničuje samo v trajnem odnosu, ki pa egoistom ni dosegljiv.

Lahko trdimo, da je institucija v oporo ljubezni tam, kjer realno obstaja ljubezenski odnos; tam, kjer se partnerja zavedata bistva ljubezni in prakticirata iskanje »drugega«. Kjer pa ljubezni ni, obstaja pa neka posesivna vez med partnerjema, lahko poroka, ali pa samo skupno življenje, povzroči, da se posameznikov egoizem še bolj uveljavi. V primeru nezavedanja in nesprejemanja ljubezenskega odnosa pri zakoncih celo Cerkev dopušča ločitev, ko razglasi ničnost zakona, tj. potrdi, da zakon sploh ni bil veljavno sklenjen. Na cerkvenem sodišču pa je potrebno argumentirati in dokazati nezavedanje ali nesprejemanje pogojev za zakon v trenutku poroke.

Zakaj lahko institucija ljubezen med partnerjema utrdi v stabilnosti?

### 4. Partnerski odnos kot iskanje

Verjamemo, da je bistvo človeka telesnim čutom nedostopno, da ne gre zgolj za spoznavanje, temveč gre za hrepenenje po drugem. Človek se človeka ne more polastiti, ne more ga razumeti, po njem lahko samo hrepeni. Po ničemer drugem človek ne more tako močno hrepeneti kot po drugem človeku. Človeka nihče ne vznemirja tako, kakor ga vznemirja človek poleg njega. Zakaj? Zato, ker v obličju drugega lahko prepozna Boga. Zato, ker je vsak odnos, sam po sebi, nekaj sakralnega (Gostečnik, 2006, 2007). Bitje v odnosu je religiozno bitje in samo bitje v odnosu je lahko religiozno bitje. Danes je verska mlačnost pogojena prav s krizo odnosa. Ker pa smo mi vsi »bitja v odnosu«, vsi na nek način verujemo, vsi imamo vse pogoje za verovanje. Pravzaprav je ljubezenski odnos že neke vrste verovanja. Človek je namreč bitje, ki se v odnosu do drugega ne zadovolji s čutno predstavo (vizualna slika, glas, tip) drugega, temveč ga išče in spoznava, čeprav se zdi, da ga je že našel in spoznal. Kaj človek prepozna v človeku? Človek začuti, da drugi ni samo to, kar se vidi, sliši in otiplje, temveč, da se v drugem skriva nekaj veliko več kot zgolj »nekaj duhovnega« ali veliko več kot zgolj neka »duša«. Verjame, da bo ta »nekaj več« našel v drugem in zato se nikoli ne zaustavi v iskanju. Ker spozna in samo v kolikor spozna, da drugega ne more nikoli v polnosti razumeti, zaobjeti in nikoli imeti, lahko verjame (nima dokazov, da bi to vedel), da v drugem obstaja nek popolnoma Drugi, ki ga nikoli ne bo razumel. In ker je tako drugačen, ga zapiše z veliko začetnico. »Slutim, čutim, izkušam in verujem, da si ti le podoba nekoga, ki ga iščem.«

Drugi ni nič drugega, kot podoba Drugega. V tem kontekstu lahko razumemo stavek, ki je zapisan na začetku Svetega pisma: »Bog je ustvaril človeka po svoji podobi« - ti si namreč ta Božja podoba. Zato človek veruje. Čim bolj ga drugi vznemirja, tem bolj v njem išče Drugega. Bolj natančno, v podobi drugega prepozna Božjo podobo, kar pa je z drugimi besedami napisano v Matejevem evangeliju: »Karkoli ste storili enemu izmed teh mojih najmanjših bratov, ste storili meni« (Mt 25,40).

Bolj kot »prepričanje o Božjem bivanju«, kakor si ljudje pogosto predstavljajo, je verovanje odnos. Odnos pa je vedno iskanje drugega. Vera, ki je odnos, je iskanje Boga v odnosu do drugega. Človek v slehernem odnosu izkuša presežno.

## 5. Partnerski odnos kot izražanje

Odnos je torej iskanje. Toda - kakšno iskanje? To ni iskanje izgubljenega predmeta, temveč je iskanje nekoga, ki ga človek ne more enostavno pobrati stal in ga vtakniti v svoj žep, ter reči: »Sedaj si moj!« Biti v odnosu pomeni iskati subjekt, osebo, ki je nihče ne more nikoli imeti v posesti. Pomeni, hrepeneti po nekom, ki bo dovolil, da ga nekdo nagovori s »ti«; pomeni, ne biti zadovoljen z dejstvom, da si sam. Zato je iskanje v odnosu v bistvu »izpostavljanje« subjekta z namenom, da bi ga drugi »našel«, opazil. Podobno je z dekletom, ki »išče« fanta: dekle se izpostavlja (lepo se obleče in se uredi) in se nastavlja v vidno polje izbranca. Vsak odnos je izpostavljanje samega sebe. Z drugimi besedami rečemo, da ima odnos v naravi sami težnjo, da bi bil viden, tj. izraža se po svoji naravi. Človek želi »videti« druge in biti viden, ker je simbolno bitje (Juhant 2007, 39-40). Kdor se znajde v ljubezenskem odnosu z nekom, ne more, da tega ne bi pokazal. Zato fant dekletu prinese rože, jo povabi v kino in ji neštokrat pove, da jo ima rad. Toda, tu ne gre le za izražanje med subjektoma v odnosu. Odnos sam se izraža navzven. To je razlog za množico povabljenih na poročno slavlje. Zakonca bi namreč kar celemu svetu rada povedala, da se imata rada. To je nenazadnje tudi odgovor, zakaj toliko grafitov z vsebino, kot je npr. »Špela ljubi Tomaža«... In zakaj toliko poljubljanja in objemanja v javnosti. Izražanje odnosa je eden od elementov institucionalizacije odnosa. Bolj, ko se odnos izraža, bolj je stabilen.

## 6. Odločitev v odnosu za odnos je začetek institucije.

Partnerji, ki še tako trdovratno zavračajo poroko, se zavedajo, da brez institucije ni trajanja odnosa. Zato svoj odnos krepijo z drugačnimi institucijami. Vsak dogovor med partnerjema, tudi najbolj preprost, npr. kje bodo shranjeni moji in kje tvoji čevlji ali zobna ščetka, vsaka pravila za skupno življenje - je že neke vrste institucija, ki krepi in ohranja odnos. Čim več je teh dogovorov, tem močnejšo oporo ima odnos. Vsak dogovor je hkrati namreč tudi poskus odločitve za odnos. Poskus zato, ker še ne vsebuje

trajne perspektive. Prava odločitev je lahko samo ta, ki vsebuje obljubo trajanja in ki se izrazi v javnosti. Taki odločitvi pa rečemo poročni obred.

## 7. Obred

Obred je zunanji izraz odločitve partnerjev za skupno življenje in hkrati izraz družbenega sprejemanja njune odločitve. Obred je javno slovesno dejanje v predpisani, ustaljeni obliki; naj gre za laični obred poroke na magistratu ali za verski obred v svetišču. Pri civilnem poročnem obredu župan ali matičar predstavlja družbo, ki sprejema odločitev poročencev, pri verskem obredu pa igra to vlogo duhovnik ali predstavnik verske skupnosti. Pri poročnem obredu morata prisostvovati tudi dve priči. Ker obred vsebuje vse elemente, ki so potrebni, je obred že znamenje institucionalizacije odnosa med partnerjema.

Kako je prišlo do obreda? Iz religiološkega področja, kjer obred igra podobno vlogo kot pri zakonskem življenju, vemo, da se obred razvije iz prakse posameznikov. Ustanova le povzame način izražanja, ki ga ljudje prakticirajo. Tudi spremembe v obredu so posledica spremenjene prakse izražanja posameznikov. Navidezna razlika med verskim in poročnim obredom je ta, da se verski obred stalno ponavlja, poročni obred pa se zgodi enkrat. Če pa gremo v globine vsebine poročnega obreda, spoznamo, da se tudi poročni obred, kot izraz ljubezni, ponavlja vsakokrat, ko se izraža ljubezen med partnerjema.

Zgodovina nam pripoveduje, da so se obredi vedno spreminjali, razvijali. Spremembe pa še zdaleč niso bile slučajne. Dejstvo, ki ga moramo upoštevati, da bomo razumeli evolucijo obreda je to, da je obred izraz načina življenja. Obred je razumljiv v toliko, v kolikor se izvaja v kontekstu kulture. Vzemimo svetopisemske primere religioznih obredov, da bomo boljše razumeli. Kaj, ki je bil poljedelec, je »daroval od sadov zemlje daritev Gospodu«, Abel, ki je bil pastir ovac, pa je »daroval od prvencev svoje drobnice, njihovo tolščo« (prim 1 Mz 4,2). S spremembo načina življenja je vernik spreminjal tudi svoje obrede. Za poljedelca je bilo samo po sebi umevno, da bo daroval Bogu delo svojih rok, kakor je tudi za lovca samo po sebi umevno, da bo Bog deležen plena, ki ga je lovec po njegovi dobroti ujel. Čim več je ulovil, tem bogatejša je bila daritev. Ko pa je postal poljedelec, pa je bila daritev odvisna od žetve. V obeh primerih obred odraža način življenja. Zato tudi imamo npr. različne poročne obrede na različnih koncih sveta. Obred je torej razumljiv v kulturi, v kateri je nastal. Zunaj te kulture pa obreda ne razumemo. Ali ga lahko kljub temu razumemo? Lahko ga razumemo, vendar pod pogojem, da spoznamo in se vživimo v njihov način življenja.

Ker se način življenja spreminja, se spreminjajo tudi obredi. V novi kulturi ne bi bili več razumljivi in ne bi mogli ne izražati vsebine odnosa. Postali bi nesmiselni, nerazumljivi. Zopet si bomo pomagali s področjem religije in navedli dva primera.

Ponavadi se način življenja, torej kultura, spreminja počasi. Sočasno se spreminjajo tudi obredi, da lahko ohranjajo svojo funkcijo. Ko pa so Evropejci osvojili

ameriški kontinent in si podvrgli tamkajšnje prebivalce, so čez noč spremenili njihov način življenja. Obredi njihovih religij se niso prilagajali spremembam, niso se spremenili, niso več odražali načina življenja indijancev in zato ti niso mogli več na tak način izražati svoje vere. In ker niso »prakticirali«, niso imeli obredov in so izgubili tudi svojo vero. Podoben primer je kurentovanje, ki se je ohranilo na Ptuj kot »kulturni« običaj iz preteklosti. Tudi kurentovanje je bilo izražanje načina življenja naših prednikov. Danes smo ta običaj – obred restavrirali, toda, ker ne razumemo načina življenja, ki ga izraža, ne razumemo verskega nauka, ki ga vsebuje.

Ker se način življenja stalno spreminja, se mora spreminjati tudi obred, da lahko njegova vsebina ostane enaka. Ravno to pa se danes dogaja. V družbi vidimo zahteve po spremembah »poročnih obredov«. Čeprav zatrjujejo, da bodo skupno življenje začeli brez obreda, si partnerji želijo obred in nek obred tudi opravijo. Danes naj bi obredi bili čim bolj zasebni; če je mogoče le administrativno dejanje v pisarni... Neporočeni pari, ki zahtevajo potrditev njihovega skupnega življenja, ki jim omogoča enake pravice, ki jih imajo poročeni pari, v resnici iščejo neko novo ustanovo, ki bi utrdila njihovo zvezo in ji dala gotovost.

## 8. Zaključek

Kaj narediti, da bi se povečala rodnosti v Sloveniji? V iskanju odgovora na to vprašanje smo ugotovili, da se pari, ki se odločijo za trajno in stabilno vez, v povprečju odločajo za več otrok, kakor tisti, katerih povezava je negotova. Pokazali smo tudi, da institucija lahko pomaga ohranjati ljubezenski odnos, kadar je ta odraz stalnega iskanja partnerja v tem istem odnosu. Zato lahko trdimo, da poročni obred, kot ustanova, pozitivno vpliva na rodnost in vzgojo otrok v družini.

Razlogi za zavračanje poročnega obreda, torej institucionalizirane tradicionalne oblike poroke, so navadno zelo praktični, npr. ni denarja za pogostitev svatov; ali pa si mladi ne želijo nakopati stresa povezanega z obredom poroke. V primerjavi s koristjo, ki jo poroka prinaša, pa so ti razlogi banalni. Iskanje novih oblik obredov in pojav novih in drugačnih načinov institucionalizacije partnerskih odnosov potrjuje naše trditve.

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# MIGRANTS AMONG SLOVENE STATISTICAL REGIONS AND THEIR EDUCATIONAL ATTAINMENT

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## ABSTRACT

**Education capital is an important source of economic growth and social development. It is possessed by people. Migration influences the distribution of the stock of education capital. The paper presents results of the analysis of the past migration flows of Slovene 2002 native-born Census population among statistical regions by their educational attainment.**

The purpose of the analysis was to estimate how the past migration flows of population among statistical regions in Slovenia influenced the present regional distribution of education capital.

## 1 INTRODUCTION

Education capital<sup>1</sup> is one of the elements of human capital. It is an important source of economic growth and social development. The nature and speed of economic and social development depend also on the human capital of the economy.

Education capital is embodied in individuals. It is generated in several ways. Initial formal education, education and training of adults and experiences are most important. Due to difficulty of measurement of informal education the analysis focuses on formal education.

One measure of the stock of education capital is educational attainment (Bevc, 2006, pp. 67).

According to international research results higher levels of educational attainment have a greater impact on economic growth than lower levels of educational attainment. This is a result of a combination of education and cognitive skills that are generated through education (Krueger and Lindahl et al,

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<sup>1</sup> Human capital is the narrowly defined as capital of education. (Bevc, 2006, pp. 67).

The interpretations and conclusions, expressed in this paper do not necessarily reflect the views of the Statistical Office of the Republic of Slovenia.

2001, pp. 1102 and 1109). The same is true of the impact of the level of educational attainment on social development (Wößmann, 2006, p. 8-9).

Migration influences the stock of education capital of the sending and the receiving territorial unit. From this perspective both the volume of migration flows and the migrants' educational attainment are relevant. The paper will focus on interregional migration of population with the first residence in Slovenia (for the purpose of this analysis for them also term born in the country is used).

## 2 METHODOLOGY

In order to derive information on the past flows of education capital among statistical regions in Slovenia, we used 2002 Census data. The observation unit for this analysis is in the country born census population of Slovenia, aged 15 or over, as of 31 March 2002.

The population census is the most comprehensive datasource on migrants. It provides data on national population's residence at census date, their educational attainment, region of origin (i.e. person's first residence) and some of the past internal population movements. While no exact time of the emigration from the region of origin and no data on the educational structure of emigrants at the time of migration is available in Slovenia. For the purpose of this analysis these data were estimated.

Annual historic statistics on migration shows that emigrants especially up to 2002 moved at younger ages. Most numerously they moved between the ages of 20 and 29.

Annual data on the age structure of interregional migrants by statistical regions are available for the 1992-2002 period. In this period internal migrants most numerously moved between statistical regions aged 20-29 years old (their share in this period fell from 36% of all internal migrants in 1992 to about 30 % in 2002).

### 3 RESULTS

Table 1: Native born population, aged 15+, who immigrated to the region of residence, by educational attainment, Slovenia, Census 2002

Educational attainment	In 1000
Basic educated or less educated	60
Upper secondary educated	119
Tertiary educated	50

Source: SORS

#### Most people move after they finish their schooling

##### a) Not many have more than one interregional migration

Between the person's time of birth and the last migration person can move several times.

The probability of migration increases with the person's age. According to the rough estimates that are possible to derive from the census data, among interregional migrants 93% of primary educated, 92 % of upper secondary educated and 88% of tertiary educated migrants moved interregionally for the first time.

b) At the last migration among native born population, for which the last migration was migration from the region of origin to the region of residence at Census 2002:

84% of primary educated were older than the age at which primary school is finished (15+);

76% of upper secondary educated were 17 years old or more (this age group was observed because lower vocational educated and middle vocational educational attainment are included in upper secondary education) and

70% of tertiary educated moved at the age of 22 years or older (part of those who moved aged 15-21 could move as pupils or students).

##### c) Low participation of basic or less and upper secondary educated people in formal education of adults

A person can obtain education after migration. According to results of international surveys, the majority of those who are included in additional formal education are higher educated (mostly tertiary educated).

In Slovenia inclusion in tertiary education has been on the rise since 1990. The first data on education of adults in Slovenia are available for 2007.

Table 2: Share of adults in the age group 25-64 who participated<sup>2</sup> in formal education, by educational attainment, Slovenia, 2007

Educational attainment	Enrolled in %
Total	8.7
Basic or less	2.1
Upper secondary	8.9
Tertiary	13.6

Source: SORS - Adult Education Survey

<sup>2</sup> In period of 12 months before survey.

#### Majority of interregional emigration »brain drain«

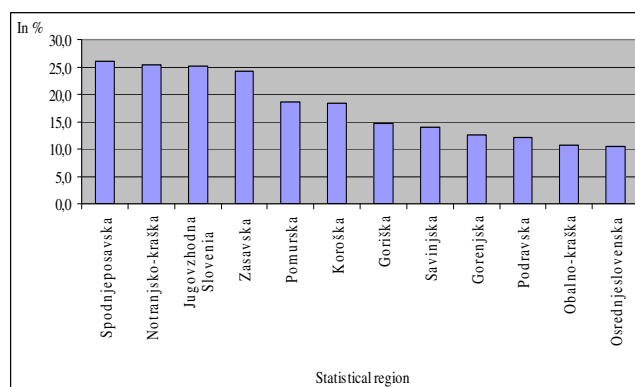
From the above data we can roughly conclude that the majority of moves of the native born population (aged 15+) happened after they obtain the education they have on the Census day.

In this analysis also those who obtained their education after migration are considered as emigrated after they finished education. Namely, results of surveys show strong effects of parents' education on the level of education eventually attained by a child (Currie and Moretti 2003); for those who moved aged 7-14 years old, recalculation among the level of education would be needed in order to more precisely estimate people's educational attainment at migration, which would complicated the analysis. Furthermore, for those who moved to the region of destination before last migration, no data on their age at the time of migration is available.

**Consequently estimates of the level of educational attainment at the time of movement are slightly overestimated.**

#### Most affected regions

Chart 1: Native born population, aged 15+, who emigrated from the statistical region of the first residence by region of the first residence, Slovenia, Census 2002



Source: SORS

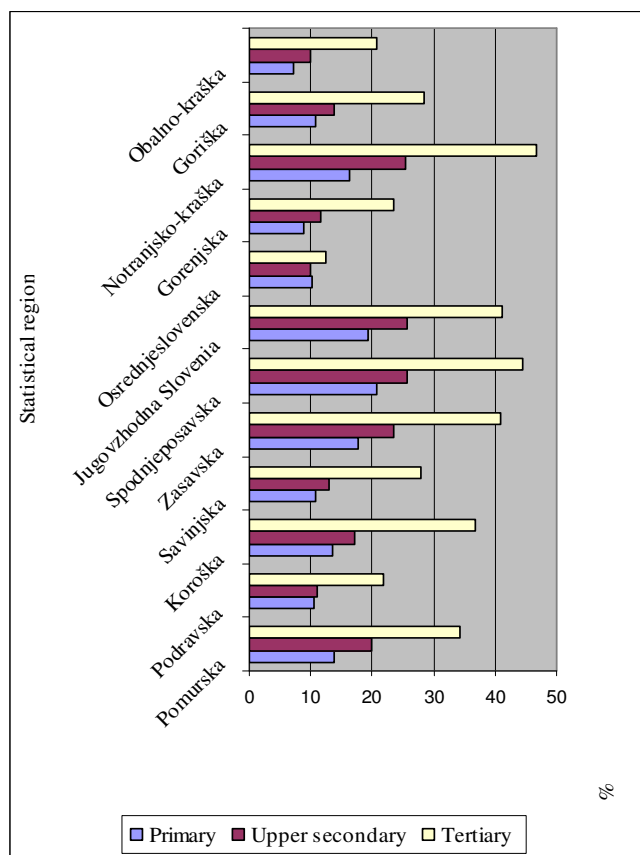
As regards the region of the first residence, there are 6 regions most affected by emigration. Four due to massive emigration - Spodnje Posavska, Notranjsko-kraška, Jugovzhodna Slovenija and Zasavska statistical region - followed by the Pomurska statistical region, which has among people with the first residence in the region the lowest share of highly educated people (8,9 %), of whom one third emigrated. A similar situation was recorded in the Koroska statistical region.

Spodnje Posavska, Notranjsko-kraška, Jugovzhodna Slovenija and Zasavska are statistical regions with the highest shares of emigrated among all education levels. From Spodnje Posavska, Jugovzhodna Slovenija and Notranjsko-kraška statistical regions a quarter of upper secondary educated people with first residence in the region emigrated to another region.



While, the biggest outflow of tertiary educated people with first residence in the region was experienced by the Notranjsko-kraška statistical region from where almost half of tertiary educated people emigrated, followed by Spodnjeposavska (44%) and Jugovzhodna Slovenija (41%).

Chart 2: Share of emigrated population, aged 15+ by educational attainment and region of the first residence, Slovenia, Census 2002



Source: SORS

### Not much of outflow replaced or compensated

More economically developed regions experienced less numerous outflows and more numerous inflows in comparison with other regions.

Most noticeably Obalno-kraška, Osrednjeslovenska and also Podravska and Gorenjska statistical regions (more economically developed statistical regions) recorded the lowest shares of emigrated in all groups of education. All of them did not record noticeably higher emigration of highly educated people in comparison with emigration of lower educated people (around 10 % of emigrated people in all educational groups).

On the other hand, less economically developed regions suffer higher outflow of education capital.

Table 3: Net loss of population, aged 15+, by selected educational attainment, statistical regions of the first residence, Slovenia, Census 2002

Statistical region of the first residence	Educational attainment			
	Upper secondary		Tertiary	
	absolute numbers	%	absolute numbers	%
Notranjsko-kraška	-3000	-13,2	-2000	-31,9
Zasavska	-2200	-10,4	-1500	-30,3
Spodnjeposavska	-4800	-14,5	-1900	-29,6
Jugovzhodna Slovenija	-9500	-15,3	-3800	-27,2
Koroška	-2900	-8,2	-1900	-24,5
Pomurska	-6600	-12,3	-2400	-23,6
Goriška	-2500	-4,9	-1800	-13,4
Savinjska	-1300	-1,2	-2400	-10,7
Podravska	-1000	-0,7	-1200	-4,0
Gorenjska	3200	4,0	-600	-3,1
Obalno-kraška	7100	22,3	2300	26,9
Osrednjeslovenska	23600	13,4	17100	32,6

Source: SORS

### Destination differs by education level

In general, number of migration decreases with the distance.

Results of this analysis show that in Slovenia this is true for lower educated people but not for highly educated people.

As expected, data show unequal regional distribution of migrants by education.

Those with lower education attainment moved most numerously to the neighbouring regions while upper secondary and tertiary educated people concentrate in the Osrednjeslovenska statistical region (with exception of emigrated secondary educated from the Pomurska statistical region and from the Koroška statistical region). The highest concentration in the Osrednjeslovenska statistical region is recorded among tertiary educated (despite the fact that also the Podravska region has been a university region for decades), with no region as an exception.

The Osrednjeslovenska statistical region received half (48 %) of all tertiary educated interregional migrants.

### Higher educated more interregionally mobile

Table 4: Native born population, aged 15+, who immigrated to the region of residence, by educational attainment, Slovenia, Census 2002

Educational attainment	In 1000	%
Basic or less	60	12.4
Upper secondary	119	14.5
Tertiary	50	25.2

Source: SORS

### Emigration of better educated people from regions poorly endowed with education capital

Under the assumption that no migration would occur with the same mortality and fertility and under the assumption that migration happened after finished education on the census day in 2002 in Slovenia regional distribution of

native born population, aged 15+, by educational attainment would be as follows:

Table 5: Population, aged 15+, by educational attainment and statistical region of the first residence, Slovenia, Census 2002

Statistical region of the first residence	Educational attainment (%)		
	Primary or less	Upper secondary	Tertiary
Pomurska	43	48	9
Podravska	33	56	12
Koroška	33	55	12
Savinjska	34	54	11
Zasavska	30	57	13
Spodnje-posavska	36	53	11
Jugovzhodna Slovenia	37	51	12
Osrednjeslovenska	26	57	17
Gorenjska	28	57	15
Notranjsko-kraška	33	53	14
Goriška	36	51	13
Obalno-kraška	31	54	15

Source: SORS

Data show that without immigration the receiving regions would have already better educational structure of their population (more education capital) and the sending regions lower educational structure of their population. Therefore, for the regions poorly endowed with education capital the loss of education capital due to emigration can increase the negative impact of emigration on the development of the region.

#### Time of movement

Table 6: Native born population, aged 15+, who immigrated to the region of residence by educational attainment and year of last migration, Slovenia, Census 2002

Educational attainment	Total	<1970	1970-1990	1990>	In %			
Primary or less	46.000	56	28	17				
Secondary	86.000	42	36	23				
Tertiary	37.000	33	36	32				

Source: SORS

The results show that after 1990 especially the share of tertiary educated migrants increased.

This is also due to the fact that in Slovenia enrolment in tertiary education and consequently the number of tertiary educated people increased after 1991.

#### 4 CONCLUSION

Despite the fact, that in this analysis also those who obtained education after migration are considered as they emigrated after they finished their education, data shows that as a result of the past interregional migration flows some statistical regions benefited much in terms of education capital, while the majority suffered major losses. Data show that for the sending regions emigration represent a large loss (a large share of higher educated emigrate, there is no replacement migration from other regions and no numerous immigration of people from abroad - and those who do immigrate from abroad usually have lower levels of education).

In recent decades a big part of interregional migration of highly educated people took place. From data on the past interregional movements of the population of Slovenia after 2002 we can expect the continuation of the concentration of highly educated people in the Osrednjeslovenska statistical region and especially numerous migrations of highly educated people.

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# PLANNING HUMAN RESOURCES FOR THE FUTURE: A REPORT ON THE PEER REVIEW AMONG THE EU COUNTRIES

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## ABSTRACT

The paper is motivated by discussions held at the peer review (PR) on ‘the ageing population and educational choices’ which took place in Helsinki (Finland) in June 2010. The discussions focused on the need to forecast the required changes in the European educational systems in order to be able to educate the employee profiles needed for the future economic structure bound to change due to population ageing. The best case example was provided by Finland which presented its VATTAGE model. The purpose of the model is to identify the medium and long-term development of industrial structure and demand for different skills in Finland. The PR discussion also focused on activities led in other participating countries; some are more and some less active in this area. The aim of the paper is to disseminate the key points of the PR discussion and thereby raise awareness of both Slovenian experts studying, and decision-makers having to deal with, the impact of ageing on the labour market.

The processes of population decline and ageing influence numerous aspects of our lives. Economists are primarily concerned about their impact on the economic performance. To prepare and cushion this impact, individual countries as well as the EU institutions have undertaken numerous activities. The purpose of this paper is to emphasise the importance of projection and planning for the future in order to avoid the most painful potential outcomes. The paper was motivated by a peer review, organized by the European Commission and GHK, held in June 2010 in Helsinki. The countries’ representatives discussed the importance of planning in educational systems in order to be able to satisfy the demand for the profiles required by the changed economic structure in the future. The host country, Finland, was presented as the best case; and a review of activities, problems, and issues arising around projection, planning and policy-making in participating countries, was carried out. The paper presents the Finnish example and positions Slovenia among other countries in the EU.

## 1 AGEING IN SLOVENIA AND THE EU

According to the 2009 Ageing Report [1], Slovenia is expected to be the third among the EU countries most affected by the population ageing, if the impact is measured by ageing costs as percentage of GDP (pensions, long-term care, health care, education, unemployment benefits). Only Luxemburg and Greece are expected to suffer more. While in Luxemburg the total ageing costs are expected to be around 38 %, they are projected to rise from around 23 to 36 % of GDP in Slovenia between 2007 and 2060 [1, p. 191].

The 2009 Ageing Report [1] foresees that Slovenia will spend additional 8.8 % of GDP for old age and public pensions till 2060 (9.9 in 2007 and 18.6 in 2060). Ageing will also significantly impact the public health spending, although forecasting in this field is quite hard due to numerous reasons. The AWG (Ageing Working Group) scenario predicts that public spending on health care will rise from 2007 to 2060 by 28 %, i.e. from 6.6 % of GDP to 8.5 % of GDP. Public expenditure on long term care is also expected to rise, from 1.1 % of GDP in 2007 to 2.9 % in 2060 [1, p. 147, 165].

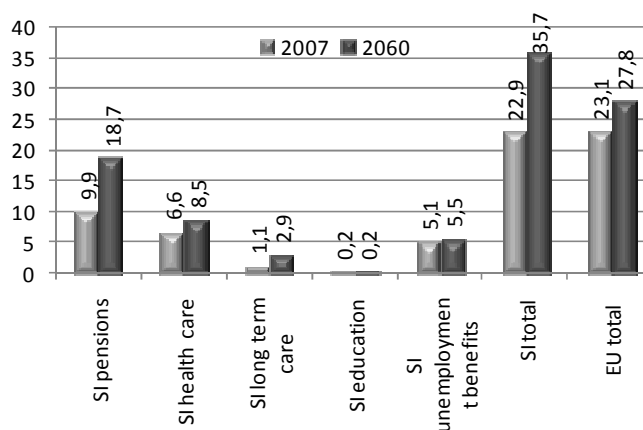


Figure 1: The costs of ageing as percent of GDP by category in Slovenia and total costs in the EU, 2007 and 2060.

Data source: 2009 Ageing Report [1].

The theory and empirical estimates warn of the (negative) impacts of ageing in the economic sphere, i.e. economic growth and, in turn, GDP and GDP per capita, because productivity, savings, financial markets as well as sectoral structure will be affected; public finances are already facing a major challenge [2].

One of the problems related to ageing are sectoral changes due to the changed consumer age structure. This is further compounded by the problem of changed occupational structure [3, 4, 5] which will have a major impact on national educational systems in the coming decades. Countries use computable general equilibrium models to forecast these changes because they will need to implement changes bottom-up; starting with their educational systems. One of the most advanced in this respect is Finland whose case we briefly discuss in the next segment.

## 2 FINLAND AS THE BEST-PRACTICE EXAMPLE

Arnkil [6] reports that Finland has changed significantly since 1990, especially in economic, employment and structural terms. The main reasons for such developments are export dependence, significantly aged demographic profile and limited workforce resources – a situation quite similar to that in Slovenia. The goal of remaining one of the most vibrant and competitive economies in the world is a key strategic issue for Finland.

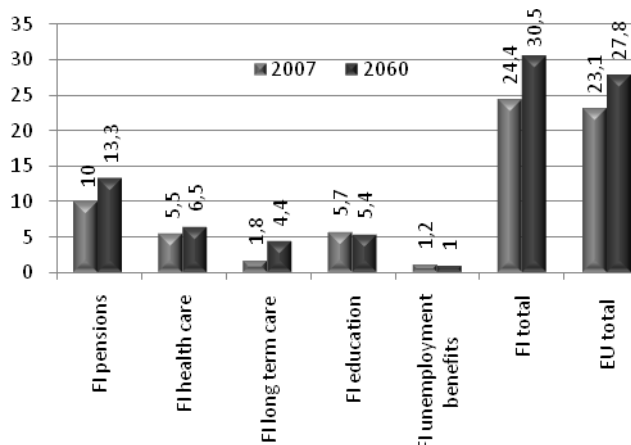


Figure 1: *The costs of ageing as percent of GDP by category in Finland and total costs in the EU, 2007 and 2060.*

Data source: 2009 Ageing Report [1].

Finland is already experiencing a demographic change, which became very obvious back in 2005 and will reach the peak in 2020 [6]. Since, again similarly to Slovenia, the country is not interesting for immigrants, the problem of labour shortages and pressure on public finances is also severe, and taking effect earlier than elsewhere in Europe. In order to prepare for the future, a significant amount of projecting is used. One of the key goals is the evaluation of

the future structure of the economy and the educational as well as occupational needs.

‘In Finland there is an abundance-to a point of being fragmented-of forecast, anticipation and restructuring methods and activities on a national/central, regional and sub-regional levels, which by their very widespread nature, risk being fragmented’ [6, p.4]. The activities are focused on education and training needs, the demand for labour, changes in qualifications and competences of the labour force, changes in different business fields, demographic structures, innovation systems and other [6, p. 4]. Twelve different institutions are involved in these activities at the central/national level (6, Table 1, p. 5).

The tradition of projections and anticipations has been strong in Finland and has been the topic of two peer reviews (2006 and 2010). The first more important model was the Long-Term Model (LT), which covered the period from 2005-2025 and focused on the question of labour supply and labour demand in different sectors [6, p.7]. The labour supply was based on demographic projections and labour market participation rates, while the demand was determined using data on production, labour productivity, hours worked and the number of employed individuals. The interaction between supply and demand provided data on demand and unemployment. The results were also disaggregated to regional levels and sectors (occupations) [6, p. 7]. The model was subjected to several criticisms in the 2006 PR, especially with regard to the assumptions, endogeneity, absence of sectoral forecasts, inter-sectoral linkages and the problems with the clarity of micro-macro linkages.

In 2010 the country for the first time implemented the VATTAGE model. The model is a dynamic applied general equilibrium model, based on the Monash model (dynamic model developed at the Monash University, Australia, and used in many countries like China, US, Denmark, Netherlands), which is suitable for long-term modeling [6, p. 8; 6, p. 4]. The purpose of the exercise was to identify the medium and long-term development of labour demand and the demand for different skills in Finland. The authors [7] stress that the study is the first of its kind in the EU.

What is so special about this model? Historical simulations of the development of the Finnish economy from 1990s onwards are used as a forecasting basis. The past linkages are especially important as a source of information on trends in industry-level technology parameters and commodity level demand parameters.

The complexity of the model is very big: ‘in a dynamic mode, the model contains hundreds of thousands of equations’ [7, p. 6] to describe relationships between all agents in the economy (utility maximizing consumers, profit maximizing firms, public sector with policy objectives and the exogenous rest of the world [Figure 1, 7, p. 5].

Let us take a look at the results of the simulations till 2025. The GDP growth is expected to average at around 1.7-1.8% per year. The population change is ‘at the core of the estimate for GDP growth’ [7, p. 21] and also when it comes

to the estimates of the age-related expenditures. Since employment is expected to start shrinking, the GDP growth stems primarily from the productivity growth. While the key driver of the Finnish growth in the past were exports, the model shows that by 2015 the domestic demand, primarily for public services (especially age-related) will be comparable to the exports demand growth. These results are worrisome, because the increase in public services employment (especially health care and social services) is high, whereas the productivity in these sectors is traditionally lower [7, pp. 22-25].

The results of this Finnish modeling exercise are very interesting and important for other European countries for several reasons: (1) this is the first model for an EU country that deals with the problem of how ageing will impact not only growth and productivity, but sectoral shifts and thereby also demand for labour and occupational needs, (2) the results are highly relevant for policy-makers in different fields (a lot of emphasis is given the importance of productivity in service sector, especially less productive health care and long-term care, which have traditionally been facing labour shortages and which might – paradoxically – cause labour shortage in other sectors of the economy); and (3) the results can be used as an indication of how educational systems will be required to adapt in order to produce the required structure of skills.

The Finnish model was accepted well at the peer review in Helsinki in June 2010. Nevertheless, several comments and suggestions were made by the participants. Firstly, whether the state should plan and change the educational system in advance. What could happen with the excess workers of a given occupation in case the projections are wrong? Secondly, the problem of projecting for a period far in the future on the parameters based on the past was linked to the possibility of larger shocks to the economy, such as those induced by globalization, ICT revolution, etc. Finally, the model does not deal with several softer issues related to the labour market and skills: skills obsolescence, career change, how can a high rate of innovation be achieved despite ageing and its negative impact on productivity (also in the R&D sector), what is the role of the state in life-long learning and how does it impact the results and other related issues.

Representatives of Austria, Belgium, Cyprus, the Czech Republic, Germany, Norway, Serbia, Slovenia, Sweden, and the UK participated at the Helsinki 2010 PR. In the next segment we evaluate the experiences of these countries relative to the Finnish one (in the process putting the most spotlight on Slovenia).

### 3 SLOVENIA AND THE OTHER EU ECONOMIES

#### 3.1 Slovenia

Slovenia has been, similarly to Finland, quite active in tackling the ageing problem. Policy measures in three major fields of social care: (1) pension system, (2) health care, and (3) long-term care have been an element of discussion

and revisions for the past two decades with the goal of achieving a working consensus among all relevant social partners [8].

**The pension system** in Slovenia is founded on the pay-as-you-go system. In 1992 the Law on Pension and Disabled Insurance was adopted; the foundation of the current system was thus set. The first major reform of the pension system was adopted in 2000, introducing a gradual increase of the retirement age (in 2010 56 years and 8 months of age with 37 years and 3 month of insurance period for women and 58 years of age and 40 years of insurance period for men), diminishing differences between the rights of men and women, strengthening the link between the contributions of the individual and his/her pension (lengthening the reference period for calculating pension from 10 to 18 years), and also introducing the 2<sup>nd</sup> and 3<sup>rd</sup> pillar. The currently still valid law has been supplemented and changed several times [9]. The government is now preparing a new reform package, which consists of two parts (1) modernization of the current system, expected to take force in 2011, and (2) establishment of a new pension scheme, which should be implemented in 2015. The modernization encompasses several important elements: extending the working lives of the older (current government suggestion is 43 and 41 years of work for men and women, unions insist on 40), stimulating the younger to enter the labour market earlier, additionally strengthen the correlation between the contributions paid and benefits received (considering 35 years of contributions, now 18), and ensuring more transparency and information to individuals about the funds paid. The new pension system would also introduce a ‘zero’ pillar (pension and disability payments from state budget to deal with elderly poverty [10].

The pension reform is supported by macroeconomic modeling, using a CGE model [11,12] and a model developed by Sambt [13], which uses the intergenerational linkages to forecast the impacts of ageing on the pension system (see also [8]).

**The long-term care system** is being established with the Long-Term Care Act. The act first defines long-term care activities, and also provides regulation about the insurance for long-term care. The act also foresees compulsory social insurance (reduction of pension and disability insurance) and options for voluntary additional insurance. Long-term care expenditure is projected using statistical data prepared by the Statistical Office of the Republic of Slovenia, while the actual forecasting was done using CGE modelling [14].

**The health care** is another area of significant interest. The Resolution on Healthcare [15] deals with the problem of ageing and the costs related to ageing in terms of health care. Expenditure was forecasted using data on the health of current population, forecasting the change in health and different diseases, and different age cohorts, which is monitored by the Statistical Office of the Republic of Slovenia (System of Health Accounts, established since 2005). Slovenian Exit Strategy 2010-2013 (p. 30) also plans to change two key laws in the field, Health Services Act and the Health Care and Health Insurance Act, which are

expected to rationalize the sector, introduce programme funding health services, increase quality of management and change the funding activities which are provided by health insurance [10].

Similarly to Finland, the Elderly Care Strategy [16] plans several activities to educate the general public (especially the young) about the ageing and elderly in order to provide a better environment for social cohesion. The main role in this undertaking is played by the Ministry of Education and Sport. In line with the strategy, the curricula were adjusted to include topics on intergenerational consensus. Great efforts are made to emphasise the role of life-long learning with the aim of developing programmes which would support active ageing and increase the elderly's abilities to use computers and internet [17, pp. 17-19].

Overall, in comparison with Finland, Slovenia is slightly less active, especially in terms of planning for the changed occupational needs although some projects are underway [18, 19]. Mismatch on the labor market has already been noted: a low inflow of skilled and semi-skilled individuals on one, the number of graduates in Slovenia skyrocketing from 5,951 in 1990 to 14,769 in 2007 on the other hand [20]. Tuition free system of higher education is forcing people in making non-rational decision about the field of their study as most of them do not consider employment prospects in the future when making decisions about their study. The system of tuition would increase reservation price of schooling for those who are on the margin comparing their pre- and post-education productivity. Empirical study on employability of young graduates in 2007 reports that young people in the technical or science fields of study had less problems in finding employment than their counterparts that studied social sciences (economics, business and law as exemption) or humanities [21]. Although the EU is stressing the importance of massive access to tertiary education, the Slovenian example shows that forcing people into tertiary education leads to higher unemployment of young graduates especially when any clear strategy for stimulating the study of deficitary fields is missing. In this respect Finnish forecasting of future skills needed on the labor market might provide good foundation for planning an efficient educational system in Slovenia in the coming decades.

### 3.2 Other EU countries

Overall, Austria, Belgium, Cyprus, the Czech Republic, Germany, Norway, Serbia, Sweden, and the UK (the countries which participated at the 2010 Helsinki PR) have not yet established a tradition of anticipating skills or educational needs based on the long-term employment projections. However, some countries did report that macroeconomic modeling is used when studying labour demand (e.g. in Austria, Belgium, Slovenia and Norway) although the projected time frame is shorter and methodology less complex than in Finland. It seems that the Northern European countries devote more time to the use of these tools. Full papers on individual countries' experiences are available at the PR webpage [22].

Some country representatives (e.g. from Serbia) pointed to the lack of the use of forecasting tools (e.g. in Serbia); in several cases this is due to the lack of cooperation among the key partners in order to help produce good models and to actually use the results in policy-making. The representative of Germany emphasized three key points: (1) how much can the past say about the future, (2) how do equations capture the actual behavior of economic agents and (3) how to deal with the problem of external shocks [23].

## 4 CONCLUSION

The 2010 Helsinki PR on the ageing population and educational choices was a great manifestation of the powers and dangers of forecasting and projecting methods. Overall, the results of the analysis on how ageing will impact sectoral structure and occupational needs show that the relative importance of health care and long-term care in GDP and employment will rise, potentially disproportionately due to lower productivity in the service sector. Consequently, this might result in labour shortage in other sectors. This will present all European countries along with Slovenia with the problem of steering the educational system in line with the projected labour market needs – a challenge our policy-makers need to start preparing for without delay.

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# THE CHALLENGES OF THE SUSTAINABLE DEVELOPMENT IN AN AGEING SOCIETY

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## ABSTRACT

**The Bruntland definition of sustainable development includes three important dimensions: the economic, social and environmental one. The ageing population poses a threat to all three of them, with the economic and social dimensions particularly affected: the patterns of economic growth are expected to change along with the relationships within the society (the intergenerational cohesion being particularly challenged). In this paper we discuss the approaches to diminishing negative consequences of ageing on sustainable development both in general and in Slovenia.**

## 1 THE CONCEPT OF SUSTAINABLE DEVELOPMENT

Bruntland Report published in the year 1987 [1] defined sustainable development as a form of development which “meets the needs of the present without compromising the ability of future generations to meet their own needs ... In essence, sustainable development is a process of change in which the exploitation of resources, the direction of investments, the orientation of technological development; and institutional change are all in harmony and enhance both current and future potential to meet human needs and aspirations”.

According to UNESCO [2] sustainable development can also be called “the triple bottom line” of economic, social, and ecological sustainability. The concept of sustainable development thus includes three important dimensions: the economic, social, and environmental one. It closely links the desire for the development of a harmonious society aimed at higher welfare, social cohesion and environmental protection.

## 2. AGEING POPULATION AS A CHALLENGE TO SUSTAINABLE DEVELOPMENT

The Brundtland Report [1] presented the population challenge primarily as the challenge of a sustainable population; the primary concern was not ageing in

developed but the rapidly increasing population in developing countries.

Although the document recognizes the low or even zero population growth in the developed countries, the population projections into the second half of the 20<sup>th</sup> century alert us to the possibility of endangered sustainability implementation due to overpopulation.

What about the problem of ageing? Sustainable development is not possible without economic growth. Negative economic growth trends can be explained by a mix of factors; the most important being the fiscal pressures, labour availability, impact on productivity and impact on savings.

The negative relationship of economic growth and ageing population is demonstrated by numerous authors [3,4,5,6]. Turner et al. [7] show that due to a demographic change the growth rate in the EU will amount to less than 1% per annum by 2020, and should average less than 0,5% per annum between 2030 and 2040.

Prskawetz et al. [7] analyze GDP per capita in the EU based on population projections. GDP per capita is expected to decline when the share of the working-age population declines. The time pattern of the decline in GDP per capita differs between regions and is expected to decline within the next ten years in Finland, Sweden, Hungary, the Czech Republic, Malta, Denmark, and the Netherlands. A relatively early start of the decline will also be noted in France, Belgium, the United Kingdom, Ireland, Slovakia, and Slovenia.

For fiscal pressures, Dang et al. [8, p. 12] provide an estimate for an average OECD country (primary surplus of 2.5% of GDP, debt 55% of GDP). Ageing could increase the governmental primary deficit of 6% of GDP, and double its public debt over the next 50 years. The key causes of increasing public finance pressures will be the public pension commitments and healthcare (Figure 1 on the next page). Pay-as-you-go systems will be especially under pressure due to pre-defined benefits and increasing dependency ratio. Increasing contribution rate and uncertainty about the future could also threaten intergenerational consensus, sustainability of the system and, ultimately, the potentially also the European welfare state [9].

Ageing will also significantly impact savings. Increased dependency ratio will lead to a drop in savings rate and increase interest rate, which can be expected to impact



economic growth via investment activity in turn [see 9]. The estimates by Park [in 10] show that a 1 percentage point increase in the dependency ratio will decrease the aggregate saving rate by up to 0,86 percentage point.

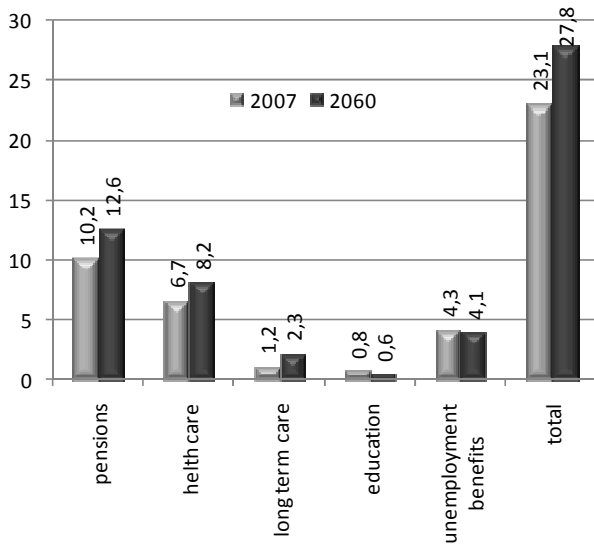


Figure 1: Ageing pressures: age related expenditure as % of GDP in the EU-27.

Data source: Eurostat, 2010.

Finally, negative impacts of ageing on the economic growth also stem from the availability and productivity of labour. An unpleasant consequence of a declining population is the decrease in available labour force which can directly impact growth if the productivity levels remain the same or decline as they usually do with ageing. Vegard [11] shows that individual job performance tends to decline from around 50 years of age onwards, especially for work tasks where problem-solving, learning and speed are needed. If the job requires experience and verbal abilities, older individuals sustain a relatively high productivity level. Ample empirical evidence that older workers are less capable, feel less capable, have rusted knowledge and skills, are less able to learn, are physically less able, appreciate leisure more etc. also exists [12; 13; 14].

Overall, in terms of sustainable development, ageing thus directly impacts its economic dimension. Furthermore, one of the premises of sustainable development is a harmonious society. However, in the European setting, we can already observe the first signs of ageing increasing intergenerational tensions, impacting the existing social patterns, and changing political as well as institutional landscapes. It is safe to assume that in a long-term ageing will change the preference formation in the society, impact social development, and, as a consequence, target economic and environmental issues (especially those which should be the matter of a broader public consent).

### 3 AGEING AND SUSTAINABLE DEVELOPMENT IN THE EU AND SLOVENIA

By 2060 the European population (analyzed as EU-27) will change significantly in size and structure. The median age is expected to rise from 40.4 years (2008) to 47.9 years (2060). Those aged 65 or more will represent 30 percent of the total population compared to 'just' 17.1 percent in 2008. Dependency ratios are expected to deteriorate dramatically. By 2060 the ratio between old and those aged 15 to 64 will be 1 to 2. In 2008 four people aged 15 to 64 come on every person aged 65 or more [15].

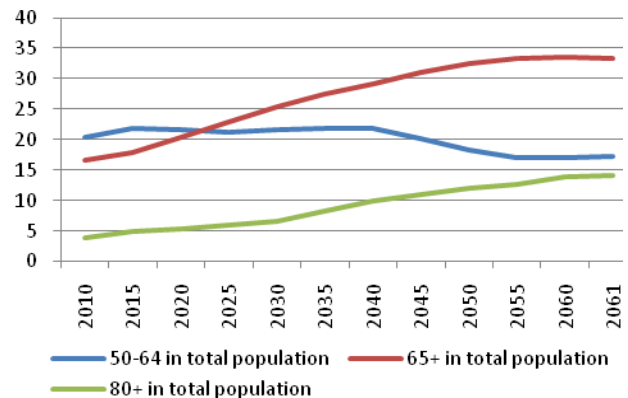


Figure 2: Age structure of the population in the future.

Data source: Eurostat, 2010.

Compared with other EU countries, ageing will affect Slovenia very dramatically. In 2010 the share of those aged 65 or more is estimated at 16,6%, and the share of those aged 80 or more at 3,9%. By 2060 the share of those aged 65 or more is expected to rise to 33,4%; and the share of people aged 80 or more is expected to reach 14,1% [15, Figure 2 in the text]. The changed structure of the population will have a huge impact on the labour markets and consequently also on dependency ratios. Old age dependency ratio, which is defined as the number of people aged 65 and over as a percentage of the projected number of persons aged between 15 and 64, is expected to rise from 23,9 in 2010 to 62,2 in 2060.

The changed demographic reality can be expected to impact numerous aspects of Slovenian economic and social reality and thereby also the implementation and success of the sustainable development model.

The 2009 Ageing Report [16] actually forecasts that by 2060 Slovenia will be the third most affected country in the EU, if the impact is measured with age-related costs in GDP. The most affected country is expected to be Luxemburg, where the total ageing costs are supposed to be around 38 % of GDP in 2060. In Slovenia they are expected to rise from around 23 to 36 % of GDP between 2007 and 2060 [16, p. 191].

The increase in age-related costs stems primarily from increased pension outlays and health care costs. Slovenia is

expected to add additional 8.8 % of GDP for old age and public pensions by 2060 (9.9 in 2007 and 18.6 in 2060), while public spending on health care will rise from 2007 to 2060 by 28 %, i.e. from 6.6 % of GDP to 8.5 % of GDP. Public expenditure on long-term care is also expected to rise, from 1.1 % of GDP in 2007 to 2.9 % in 2060 [16, p. 147 and 165].

#### 4 AGEING AND SUSTAINABILITY: AN OVERVIEW OF POLICY RECOMMENDATIONS

The European Older People's Platform [17] suggests that policy developments in many areas (employment, pensions, social inclusion, health, transport, urban development, housing, research, education and citizenship and so on) need to be well coordinated to help create the right policy responses to the problem of ageing. However, to provide the appropriate mix of policy responses to ageing in terms of supporting sustainability, ageing and its consequences must first be well understood – both in general and in a given country (in our case Slovenia).

Although ageing was not one of key concerns in the Brundtland Report [1], the report does emphasise many population and broader social aspects that are relevant for ageing societies, too. First, the report exposes the close link between population growth and economic prosperity and the required balance between the two: 'The critical issues are the balance between population size and available resources and the rate of population growth in relation to the capacity of the economy to provide for the basic needs of the population, not just today but for generations' [1]. Although the problem of future generations in developed differs from that in developing economies, it is all about scarce resources for both. In the developing economies it is the scarcity of natural resources and depletion, while in developed economies it is labour that is scarce.

In this context the policy recommendations from the Report [1] are very relevant: "Policymakers must realize that spending on population activities and on other efforts to raise human potential is crucial to a nation's economic and productive activities and to achieving sustainable human progress - the end for which a government exists." Besides managing population growth, the Brundtland Report [1] stresses the following key policy orientations for success: (1) improving health, (2) broadening education, and (3) empowering vulnerable groups. Although in 1987, when the Report was published, the focus was primarily on excessive population growth, all key policy aspects from the Report can be reinterpreted also for the ageing problem in developed economies. Or in other words, the key difference is in the focus on human potential. In developed countries it should be on raising fertility and education in order to keep the society at its current innovative potential, which is the key source of economic growth.

Regarding the **population growth**, the policy recommendation from the Brundtland Report is that the campaigns must be multifaceted; strengthening social,

cultural and economic motivation for couples in terms of family policy. Ageing requires focus on raising fertility. In this regard, Slovenia has made some significant reforms in the past in order to stimulate couples to have more children (one year maternity leave, pension benefits, benefits/subsidies for families with lower income or more children, father's leave), but the reality of the labour market is at the moment not supportive of young parents and especially young women [18]. Therefore, one of the key challenges that has been neglected since the previous government's criticized and ultimately failed attempt is to develop a comprehensive strategy on raising fertility.

The next challenge is entirely economic and related to **fiscal sustainability**. Since the beginning of transition, significant changes in the pension system have been made. At the moment the PAYG system, last time significantly reformed in 2000, is being reformed in two major aspects: (1) modernization of the current system and (2) establishment of a new pension scheme, which is expected to be implemented in 2015. Modernization will extend the working lives of the older (current government suggestion is 43 and 41 years of work for men and women, unions insist on 40), stimulate the younger to enter the labour market earlier, additionally strengthen the correlation between the contributions paid and benefits received (considering 35 years of contributions, now 18), and ensure more transparency and information to individuals about the funds paid. The new pension system would also introduce a 'zero' pillar (pension and disability payments from state budget to deal with elderly poverty [19]). Especially the lengthening of working lives will lower the fiscal burden and also diminish the negative impact on growth that might stem from the lack of labour. Thereby, a major step towards ensuring sustainability will be made.

But to be able to successfully implement these changes, it is also important to reform the existing **health care system**. The Brundtland Report [1] emphasises the necessity of establishing broad based health provision. This problem is also extremely relevant for any ageing society which aims at increasing working lives and stimulating life-long learning. To achieve these elements, people must be in good psycho-physical condition. Slovenia has taken several steps in this direction. At the moment [19] the government plans to change two key laws in the field, Health Services Act and the Health Care and Health Insurance Act. The changes, that also take into account the demographic change and its impacts, are expected to rationalize the sector, lead to the introduction of programme funding health services, efficient management of institutions and should change the funding activities which are provided by health insurance. They are expected to at least sustain the existing level of health care services, which is a precondition for successful working-life extension and consequently sustainability. Also, the problem of good health of the society is closely linked to the environmental component of sustainability [1] as health living and work environment help sustain good strength of the workforce.

Other reforms related to **age management** are in the planning process. Currently [20] a strategy on active ageing is being prepared, which is important for several reasons. The existence of a document ensures that focused work will be done in the specified fields (with the final critical evaluation of achieved goals). The strategy will introduce measures such as a promotional campaign aimed at educating the general public about the problems of ageing (following a best-practice Finnish example). In view of older workers' employment, the strategy plans measures to improve the working environment, to promote the employment of older workers by educating the business people about the existing good practices, and by using different measures of making older workers' employment more interesting for companies (subsidies, active labour market policies, assistance to companies in building their HRM strategies, etc.). These efforts of the government should further help reduce the sustainability problem.

In terms of extending working lives successfully, it is also very important to stimulate learning, especially **life-long learning**. We have shown that individuals, as they become older, might be less interesting to a potential employer, primarily due to obsolete knowledge. Life-long learning reduces this problem. Slovenia is doing well in the EU context, since 82% of people report to be involved in either formal or informal training compared to 42 in EU25, while 7.6 of Slovenians in aged between 25 and 64 report to be involved in formal education compared to 4.5% in EU25 [15].

All these changes in the institutional framework are also in line with the last aspect of sustainability policy recommendations – **protecting the vulnerable groups**. Older are at the moment still in a disadvantaged position, especially in the labour market [21], but the complex reform package can be expected to mitigate this problem.

Taking into account the general demographic and labour market trends in Slovenia we believe that should the “Malo delo” initiative not be passed, establishment of employment agencies for retired people who would like to continue to work part time should become the priority of policy makers. Such employment agencies should bring favourable tax treatment and introduce flexible employment contracts similar to student work. In this way employing older people would become more attractive from firms' perspective while, on the other hand, retired people would be able to mitigate the problems of maintaining the lifestyle they were used to when on salary with their low pensions.

All in all, the Brundtland report [1] recommendations are again very topical – not only because of the ageing problem in developed economies but also because of the current global economic crisis. We should therefore keep in mind that future economic growth should be based on sustainable resources if we want to avoid the next crisis even in – or despite of – the circumstances of an ageing population.

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# ZDRAVSTVENA OBRAVNAVA BOLNIKOV, KI ŽIVIJO POD PRAGOM REVŠČINE

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## ABSTRACT

**Objectives.** To explore the accessibility of healthcare for the poor in Slovenia, to get insight into the problems and consequences this deprived group has to deal with when accessing healthcare.

**Method.** The study involved a qualitative methodology using semi-structured interview. The interviews were recorded and transcribed verbatim. The interviews were undertaken with people living in Ljubljana below the poverty line and dealing with health problems.

**Results.** The participants have to deal with many problems and needs: adverse family circumstances and living situations, multi-morbidity and other negative influences on mental health. The mentioned accessibility problems were: problems with transportation, dependence, barriers for the participants to seek for healthcare and barriers caused by the healthcare providers. The participants try to deal with those problems in several ways; nevertheless there are consequences such as less utilization of the GP, high use of the district nurse and a delay in care.

**Conclusion.** The access of healthcare for poor people is inadequate.

## 1 UVOD

Od objave publikacije z naslovom *Neenakosti v zdravju* oz. od t. i. črnega poročila je minilo že več kot 30 let (1). Townsend in sodelavci so poročali o številnih neenakostih v zdravstvenem stanju podskupin prebivalstva, ki so izvirale iz različnih socio-ekonomskih značilnosti. Pri prebivalcih nižje socio-ekonomske skupine so zabeležili večjo pojavnost specifičnih bolezni in večjo stopnjo umrljivosti (2–6). Danes še vedno ugotavljamo, da so med različnimi socio-ekonomskimi razredi prisotne tudi razlike v uporabi zdravstvenih služb: službo splošne medicine pogosteje koristijo posamezniki nižjih slojev (7–10). Pogostejši obiski so v tesni povezavi s povečanimi potrebami te skupine prebivalstva (11–14). Prav nasprotno pa se dogaja na sekundarni ravni (klinični specialisti), kjer je koriščenje storitev pogostejše med premožnejšimi prebivalci (11–14). Te razlike niso prisotne le v državah v razvoju, ampak tudi v državah Evropske skupnosti.

Razlogi za takšno neenakost so večplastni: posamezniki iz nižjih socio-ekonomskih slojev imajo večje tveganje za nastanek kroničnih obolenj; spopadajo se s slabim materialnim stanjem in neustreznimi razmerami za bivanje; na delovnem mestu so pogosteje izpostavljeni škodljivim vplivom delovnega okolja (5, 15, 16); za to skupino je značilen tudi nezdrav slog življenja (kajenje, uživanje

alkohola, čezmerna telesna teža); (5, 17–18). Srečujejo se tudi z ovirami, ko se bolezen že pojavi. Te deloma izvirajo iz neustreznih psiholoških odzivov posameznika – negativnega stališča do bolezni in zdravstvenega sistema (16) ter neustreznih odzivov na začetne težave (14). To je pogosto posledica nizke stopnje izobrazbe in neustrezne zdravstvene ozaveščenosti, kar vodi v napačno oceno resnosti bolezni in prepoznega iskanja pomoči (14, 16, 19, 20). Z ovirami se srečujejo tudi na strani izvajalcev zdravstvenih storitev: zdravniki imajo različne načine sporazumevanja z revnimi, poleg tega se razlikujejo glede odnosa zdravnik – reven bolnik (16). Čeprav država lahko zagotavlja brezplačno zdravstveno zavarovanje in s tem dostopno zdravstveno službo, se v praksi pojavljajo razlike med bogatimi in revnimi. Ne smemo pozabiti še stroškov prevoza in manjših prihodkov zaradi odsotnosti z dela, kar si revni težko privoščijo. Vse to prispeva k temu, da revni pozneje (po)iščejo zdravniško pomoč, zaradi česar so stadiji bolezni bolj razviti. S tem se viša stopnja napotitev ravnih bolnikov na bolnišnično zdravljenje (21, 22).

## 2 MATERIALI IN METODE

Kvalitativen način raziskovanja ponuja možnost, da ugotavljamo dejstva, ki so skrita kvantitativnemu načinu raziskovanja: misli, občutke, socialne interakcije. Z našo raziskavo smo skušali (o)vrednotiti dostopnost revnih do zdravstvene oskrbe, ugotoviti perspektive posameznikov, njihovo doživljanje ter kaj si želijo oz. kaj so sposobni spremeniti sami (23–25). Avtorica tega prispevka (DRP) je na podlagi analize literature oblikovala polstrukturirani vprašalnik, s katerim smo anketirali ljudi, ki živijo pod pragom revščine. Terensko delo je potekalo v Mestni občini Ljubljana. Anketiranje je med terenskim delom k raziskavi povabila patronažna medicinska sestra TZ. Intervjuji so trajali od 20 do 70 minut in so potekali na anketirančevem domu, tako da so bili odstranjeni morebitni moteči dejavniki, ki se pojavljajo v zdravstvenih ustanovah. Anketiranci so se doma počutili bolj varne in zaupljive. Po načelih kvalitativnega raziskovanja sta prepise intervjujev analizirali DRP in JA.

## 3 IZSLEDKI

V raziskavi je sodelovalo 10 anketirancev (6 moških in 4 ženske). Njihova povprečna starost je bila 66,5 let (najmlajši udeleženec je bil star 55 let in najstarejši 92 let). Vsi so poročali o težavah v njihovem družinskem življenju, govorili so o smrti in boleznih partnerja ter otrok, o odsotnosti otrok, stalni negi bolnih družinskih članov ipd.

Preglednica 1. Družinske okoliščine, o katerih so poročali anketiranci

Družinske okoliščine	otrok	odsotnost otrok
		bolan otrok
		smrt otroka
		prekinjeni stiki z otrokom
	sorojenec	onesposobljen sorojenec
		odsotnost sorojencev
	partner	ločitev
		bolan partner
		vdovstvo
		samski stan
		onesposobljen partner
	starši	prekinjeni odnosi s partnerjem
		odvisnost od alkohola
odsotnost matere		

Vsi anketiranci so navajali precejšnje zdravstvene težave, predvsem s področja srčno-žilnih in možgansko-žilnih bolezni, sladkorno bolezen, poškodbe ter težjo pokretnost zaradi degenerativnih obolenj kostno-mišičnega sistema. Temu se pridružujejo še duševne težave: stres, ki izhaja iz pomanjkanja materialnih in finančnih sredstev ter pogostih bolezni, žalovanje zaradi mrtvih ali bolnih družinskih članov, pa tudi občutki hude osamljenosti:

“Nimam nikogar.” (moški, intervju 8)

“Pogosto se počutim tako osumljenega. Nikogar nimam, s komer bi govoril, ali bi mi pomagal, kadar sem popolnoma na tleh.” (moški, intervju 9)

Številne težave nastopijo, kadar anketiranci iščejo zdravstveno pomoč. Najprej so tu njihove osebne značilnosti, ki prispevajo k neustreznem odločanju za obisk pri zdravniku.

Preglednica 2. Značilnosti anketirancev, ki ovirajo dostopnost do zdravstvene oskrbe

Ovire na bolnikovi strani	pomanjkanje znanja		nizka izobrazba
	stališča o zdravstveni oskrbi	nezadovoljstvo	zdravnik splošne medicine
			sekundarno zdravstvo
			patronažna medicinska sestra
			zdravstveni sistem
		čustva, povezana z zdravstveno oskrbo	počutje v zdravstveni ustanovi
			ambulanta za brezdomce
			strah pred zdravnikom
			sram
	skrb za družinske člane		trma
		spomin na slabe čase	
		nepriljubljenost	
		onesposobljen družinski član	

Večina anketirancev je imela dokončano štiriletno osnovnošolsko izobraževanje in le eden je imel končano poklicno šolo. Prav pomanjkanje znanja vpliva na napačno presojo o bolnikovem zdravstvenem stanju in resnosti bolezni. To povzroči, da prepozno poišče zdravstveno pomoč.

Stališča revnih bolnikov do zdravstvene službe so zelo pomembna: če je bolnik z zdravstveno oskrbo zadovoljen, jo bo poiskal prej.

Negativna čustva so pomembna ovira pri obisku zdravnika.

“Ne grem rad k zdravniku. Odprejo se stare rane.” (moški, intervju 9)

“Strah me je vseh teh ljudi.” (ženska, intervju 6)

Velike težave imajo tudi s transportom. So brez avtomobila ali voznškega dovoljenja oz. vozilo ni prilagojeno njihovim težavam. Več anketirancev je navajalo težave s hojo.

“Do tja že ne bi prišla; ne z mojimi nogami.” (ženska, intervju 6)

Revni bolniki so odvisni od drugih, da jih prepeljejo do zdravnika, da jim uredijo zdravstveno zavarovanje ali jih naročijo na pregled.

“Sosedje mi pomagajo in pokličejo zdravnika.” (moški, intervju 3)

Analiza intervjujev je pokazala, da se ovire pojavljajo tudi na strani izvajalcev (zdravnikov, medicinskih sester).

Preglednica 3. Ovire, ki se pojavljajo pri izvajalcih zdravstvenega varstva

Ovire pri izvajalcih	dostopnost	izbrani zdravnik	ga ni v ordinaciji
			dolga čakalna doba
			redko izvajanje hišnih obiskov
			težave, da zdravnika dobiš na telefon
			zdravnik ima malo časa, je zaposlen
		brez izbire zdravnika	
	specialist	ga ni v ordinaciji	
reševalna služba	dolga doba čakanja		
stališča		bolnika ne jemljejo resno	

Da bi premagali te ovire, bolniki poiščejo praktične rešitve, največkrat pa si pomagajo sami.

“Kolikor je mogoče, si pomagam sama.” (ženska, intervju 1)

Zelo pomembno vlogo pri reševanju zdravstvenih težav revnih imajo patronažne medicinske sestre.

“Patronažna sestra me obišče vsak četrtek in mi izmeri krvni sladkor ter pritisk. Prinese mi recepte in napotnice, če je potrebno. Zelo je prijazna in me vedno sprašuje, ali še kaj potrebujem od zdravnika.” (moški, intervju 3)

#### 4 RAZPRAVA

V raziskavi smo proučevali dostopnost do zdravstvene oskrbe v skupini revnih bolnikov. Pri tem smo opazovali tudi okoliščine, v katerih ti živijo, in ki lahko vplivajo na zdravstveno stanje in zdravljenje ljudi. Srečevali smo se s številnimi težavami, težkimi družinskimi okoliščinami, hudo zboleznostjo, pomanjkanjem denarja, pomanjkanjem socialne oskrbe. Ugotovitve se ujemajo s podatki iz literature, kjer najdemo podatke, da družinske razmere, stanje v gospodinjstvu in socialne okoliščine vplivajo na višjo umrljivost in obolevnost (26–28). Smrt zakonca oz. ovdovelost, ločitev ali odsotnost partnerja so stresni in dramatični dogodki, ki vplivajo na zdravstveno stanje (27). Več bolezní naenkrat in višja starost so dejavniki, ki slabšajo zdravstvene izide.

V letu 2008 je Rust s sodelavci v Ameriki proučeval dostopnost do urgentne službe. Ugotavljal je težave pri vzpostavitvi telefonskega pogovora z zdravnikom, dolge čakalne dobe, odsotnost zdravnika iz ordinacije, težave s transportom do ordinacije ipd. (29). Podobne ugotovitve so se pokazale tudi v naši raziskavi.

Čeprav ima raziskava številne omejitve (največja je v majhnem vzorcu anketirancev), bi veljalo z njo nadaljevati in jo razširiti na večje območje. Razkrila je veliko in pomembno vlogo, ki jo imajo pri oskrbi revnih bolnikov

patronažne medicinske sestre. Prav bi bilo, da bi njihovo delo ovrednotili z ločeno raziskavo.

#### 5 ZAKLJUČEK

Kadar revni ljudje potrebujejo zdravstveno oskrbo, se srečujejo s številnimi težavami (naročanje, telefonski stik z zdravnikom, urejanje zdravstvenega zavarovanja). Pri tem so prvi pomočniki svojci, sosedje in prijatelji. Slabe izkušnje z zdravstveno službo in ponovno doživljanje tragičnih ali nesrečnih dogodkov v preteklosti pomenijo oviro za tiste, ki so potrebni pomoči, da bi jo poiskali. Revni bolniki se sramujejo svojega stanja in ga z neobiskovanjem zdravnika skrivajo.

Pomembni so še dejavniki na strani izvajalcev zdravstvene oskrbe: odsotnost zdravnika, dolge čakalne dobe, neustrezna komunikacija, (nekateri) zdravniki revnega bolnika ne jemljejo resno ipd.

Tudi revni bolniki si najprej pomagajo sami.

Kot ključna oseba, ki organizira zdravstveno oskrbo, se je v naši raziskavi izkazala patronažna medicinska sestra.

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# PREPOZNAVANJE IN REGULACIJA OTROŠKE STISKE KOT TEMELJ ZDRAVE DRUŽBE

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## POVZETEK

Kot mimoidoči (ali tudi kot starši) smo večkrat priča povsem legitimnemu čustvenemu ali fizičnemu nemiru otrok in nemoči staršev, da bi nanj pravilno odgovorili; na drugi strani pa se kot terapevti srečujemo z odraslimi, ki nimajo dostopa do svojih občutij in zato izkrivljen pogled vase ter odnose, ki jih živijo. V prispevku bomo sledili vprašanju, kaj je tisto, kar otrok potrebuje za svoj optimalen razvoj in od kod izvira (ne)sposobnost odraslih do stika s svojimi in otrokovimi občutki. Zanima nas tudi, ali in kako sta ta dva pojava povezana. Pokazali bomo na pomembnost starševskega ravnanja z otrokovo stisko. Otrok je namreč od rojstva dalje soočen z izzivi, ki jih predenj postavlja njegov razvoj ter okolje, ki ga obdaja, zato potrebuje starše, ki mu bodo fizično in čustveno »dovolj dobro« na razpolago, da ga bodo začutili v njegovi stiski in bodo znali nanjo pravilno reagirati. Prepoznati otrokovo stisko pomeni uglasiti se na otroka, v sebi začutiti njegov (in svoj) nemir ter ga predelanega, vzajemno reguliranega »vrniti« otroku v obliki npr. tolažbe, objema, poimenovanja, spodbude. Otrok preko opisanega starševskega ravnanja dobi sposobnost prepoznavanja lastnih čutenj ter model samo-regulacije notranjih stanj, kar je temeljni pogoj za funkcionalno vstopanje v odnose in grajenje zdrave družbe.

## 1 UVOD

Pot do t.i. zdrave družbe vidimo v odraslih, ki znajo in zmorejo funkcionalno ter odgovorno vstopati v odnose, ki jih živijo. Temelj, ki določa način, kako bodo otroci kot odrasli ravnali drug z drugim ter širšim družbenim okoljem, je starševstvo.

Teorija navezanosti in raziskave iz tega področja so pokazale, da otrok skozi ponavljajoče se izkušnje skrbnik-otrok, razvije notranje delovne modele za socialne izkušnje in skupaj s tem tudi celoten spekter navezanosti- od varne do nevarne. Okolje zgodnjih odnosov opremi posameznika s kontrolnim sistemom procesiranja informacij, s t.i. regulatornim sistemom. Regulatorni sistem je ustvarjen skozi funkcijo navezanosti na skrbnika; ta funkcija je morda najpomembnejša evolucijska funkcija navezanosti [1]. Samo-regulacijo lahko vidimo kot ključni mediator med genetsko predispozicijo, zgodnjimi izkušnjami in odraslim

funkcioniranjem [2]. Da pa lahko otrok v sebi razvije samo-regulacijski sistem, s katerim bo funkcionalno odgovarjal na razvojne in socialne izzive, potrebuje starše, ki bodo znali prepoznati in pravilno odgovoriti na njegovo stisko. Vloga zgodnjih odnosov je formativna, ker ti odnosi spodbujajo razvoj glavnih možganskih samo-regulacijskih mehanizmov, ki dovoljujejo posamezniku da učinkovito deluje v družbi [2]. Rečemo torej lahko, da je tip navezanosti, ki ga otrok razvije ob starših ter z njim povezan regulacijski sistem ključ do tega, kako bo otrok doživljal sebe ter druge, kar posredno pomeni tudi način grajenja družbenega konteksta, znotraj katerega bo posameznik deloval.

## 2 VARNA NAVEZANOST IN REGULIRANJE OTROKOVIH NOTRANJIH STANJ

John Bowlby, ki je prvi uporabil pojem navezanost (attachment), si je zastavil temeljno vprašanje in sicer kako dokazati, da so odnosi res pomembni. Znotraj evolucijske teorije je iskal, kaj omogoča preživetje vsakemu živalskemu bitju. Ugotovil je, da ima vsaka žival sposobnost, da prepozna, kam pripada. Taka je npr. sposobnost mladiča, da prepozna svojo mater in se zateče k njej. Navezanost je utemeljil v odnosu otrok- starš. Izkušnje spodbujanja, podpore in sodelovanja z materjo in takoj zatem z očetom, dajo majhnemu otroku občutek vrednosti, vero v dobronamernost drugih in ustrezen model, po katerem bo lahko gradil svoje prihodnje odnose. Še več; s tem, ko starši otroku omogočijo, da z zaupanjem raziskuje svojo okolico in se v njej znajde, pridobi otrok tudi občutek kompetentnosti. Če se tako ugodne družinske razmere nadaljujejo, se ti zgodnji miselni, čustveni in vedenjski vzorci ne bodo samo ohranili, ampak bo celotno otrokova osebnost postajala čedalje bolj strukturirana in sposobna delovati na dovolj kontroliran in trden način, ter bo sposobna to ohraniti v vedno bolj zahtevnih razmerah... Kasneje bo ta struktura odločala o tem, kako bo odgovoril na težje dogodke, med katerimi so v prvi vrsti zavrnitev, ločitev in izguba [3].

Shore in Shore [4] ugotavljata, da je Bowlby sicer pokazal, da teorija navezanosti temelji na potrebi po varnosti, vendar pa sodobna nevroznanstvenika hkrati trdita, da je navezanost več kot to; je temeljna matrika za kreiranje



desno-možganskega selfa, ki lahko regulira lastna notranja stanja in zunanje odnose[4].

Bistvena naloga prvega leta življenja je ustvarjanje varne navezanosti med otrokom in primarnim skrbnikom. Da lahko komunikacija ustvarja varno vez, mora biti mati psihobiološko uglašena na dinamično otrokovih telesno osnovanih notranjih stanj centralnega in avtonomnega vznemirjenja. Tekom afektivne komunikacije, vtakane v epizode vzajemnega zrenja, psihobiološko uglašen senzitivni skrbnik ocenjuje neverbalne izraze otrokovega vznemirjenja in nato regulira ta afektivna stanja- tako pozitivno, kot negativno. Odnos navezanosti omogoča diadično regulacijo čustev, kjer mati (primarni skrbnik), so-regulira otrokov razvijajoči se centralni in avtonomni živčni sistem. Bolj, kot zmore mati v procesu dialoga uglasiti svoj nivo aktivnosti na otroka tekom obdobji socialnega vključevanja in bolj, kot mu v obdobjih izključenosti omogoča, da si mirno opomore ter bolj, kot ga zna prestreči v njegovih pobudah, da bi se ponovno vključil, bolj je sinhronizirana njuna interakcija. Regulacijski proces afektivne sinhronosti, ki ustvarja stanje pozitivnega vznemirjenja in interaktivna reparacija, ki modulira stanja negativnega vznemirjenja, so temeljni elementi navezanosti. Skozi sekvence uglaševanja, napačnega uglaševanja in ponovnega uglaševanja, otrok postaja oseba. Tako se čustvo v začetku regulira ob drugih, toda skozi otroštvo narašča sposobnost samo-regulacije, kot rezultat nevrofiziološkega razvoja. Te prilagoditvene sposobnosti so temeljne za samo-regulacijo, ki je zmožnost fleksibilne regulacije psihobioloških stanj čustev skozi interakcije z drugimi, interaktivne regulacije v kontekstu odnosov ter regulacije brez drugih, torej samoregulacije v avtonomnem kontekstu. Navezanost, razplet otrokovih genetsko kodiranih bioloških (temperamentnih) predispozicij in zlasti okolja, ki ga ustvarja skrbnik, tako predstavlja regulacijo biološke sinhronizacije med in znotraj organizmi [4]. Raziskave kažejo, da je varna navezanost povezana z optimalnim funkcioniranjem; mehanizem, preko katerega se formira navezanost vključuje diadično regulacijo in koordinacijo afektivnih stanj [5], ne-varna navezanost pa je v nasprotju z varno, eden ključnih rizičnih faktorjev v razvoju socialne in psihopatologije.

### 3 DIADIČNA REGULACIJA IN ODZIVNOST NA OKOLJE

Ko nas zanima vloga oz. pomen regulacije afekta, Bradley [6] odgovarja, da si je večina sodobnih raziskovalcev enotna, da je funkcija regulacije afekta v tem, da posameznika opremi s fleksibilno odzivnostjo na zahteve okolja.

Vzpostavitev odnosa, kjer eden od partnerjev diade deluje kot varna baza za drugega je dosežena skozi optimalno diadično regulacijo afekta, ki je stalno koordiniranje od momenta-do-momenta, ter diadična regulacija afektivnih stanj skozi psihobiološko stanje uglaševanja. Proces diadične afektivne regulacije od momenta-do-momenta je

ustvarjen iz nenehnih ponovitev sekvenc uglaševanja (vzajemne koordinacije afektivnih stanj), prekinitev (napaka vzajemne koordinacije) in reparacije (ponovna vzpostavitev koordinacije pod novimi pogoji). V diadah varne navezanosti prekinitev motivira reparacijo in negativna čustva so metabolizirana hitro, medtem ko se ohranja relacijska povezanost. V patogenih diadah pa prekinitev ne motivira diadične reparacije, ampak vodi k prekinitvi povezanosti, umiku, osamljenosti, kjer se lahko posameznik zanese samo nase, namesto, da bi mu strategije diadične regulacije pomagale se soočiti s stresom nereguliranih emocij [7].

Kako lahko torej povežemo diadično regulacijo afekta oz. stalno koordiniranje od momenta-do-momenta in razvoj zdrave družbe? Študije razvoja psihopatologije med več faktorji tveganja (npr. izguba, travma, zloraba, možganske poškodbe,...) za razvoj številnih motenj navajajo tudi težave v navezanosti ter senzitivnost do izraženih čustev [6]. Fosha [5] v povezavi s tem meni, da zavedati se, biti v stiku z in imeti zmožnosti izražanja čustev pomaga posamezniku razviti biološko adaptacijsko informacijo, ki mu lahko pomaga pri spoprijemanju z življenjem. Če povzamemo našteto lahko torej rečemo, da starši s svojo senzitivnostjo in razpoložljivostjo otroku omogočijo najbolj potencialen razvoj glede na njegovo genetsko predispozicijo. Nerahločutno starševstvo predstavlja oviro za razvoj otrokovega potenciala; neprimerno odzivanje na otroško stisko kaže na težave, ki jih ima starš z reguliranjem otrokovega afekta.

Težave v diadični regulaciji afekta in kot njihov rezultat posameznikova (naša opomba: otrokova) osamljenost vpričo prevevajoče čustvene izkušnje vodijo k razvoju psihopatologije. V diadah, kjer je skrbnikova afektivna kompetenca ogrožena, močna otrokova čustva zmotijo skrbnika. Zgrešena diadična izkušnja vzbudi drugi val intenzivnih emocij, patogenih afektov strahu, sramu in stiske. Kot rezultat (a) prekinjena začetna čustvena izkušnja, (b) izkušnja osamljenosti kot rezultat prekinjene vezi v navezanosti in (c) patogeni afekti strahu, sramu in stiske, privedejo k tretjemu valu afektov: neznosnemu čustvenemu stanju osamljenosti. Občutja nemoči, ne-vrednosti, praznine, zloma ali izgube, so nekatera od boleznih čustev, ki karakterizirajo to »črno luknjo travme« [7]. Posamezniki naredijo vse, da se izognejo tem občutkom; procesno učenje jih je naučilo, da so ta čustva nevarna. Samo namig čustvene aktivacije vzbudi afekte »rdečega signala«, ki sporočajo posamezniku, da morajo biti direktne izkušnje temeljnih čustev obrambno izključene [7].

Otroštvo je po številnih raziskavah [8] sedaj razumljeno kot obdobje, ki ga zaznamuje vzajemna interaktivna regulacija med skrbnikom in otrokom. Ta vzajemna interaktivna regulacija se pojavi skozi procese, ki jih različno določa afektivno ujemanje, afektivno zrcaljenje in uglaševanje na afekt. Skupno vsem tem procesom je, da se skrbnik poskuša ujeti oziroma uglasiti na afekt, ki ga izrazi otrok.... To deljenje afektivnih stanj je ključno za povezovanje med

skrbnikom in otrokom, pomembno pa je tudi za proces diferenciacije, zlasti do razpona skrbnikovih odzivov-četudi so ti verjetni glede na afekt, ki ga je prikazal otrok, niso točne replike tega afekta... Skrbnikov delno verjetni afektivni odziv pomaga otroku diferencirati lastna čustva od starševskih, ter tudi pridobitev sposobnosti za afektivno self-regulacijo. Starši, ki so zmožni uglasitve na afekt – to je, odzivanja na otrokova čustvena stanja kot deljena- njuna skupna, a vendar drugačna od njihovih lastnih, že delajo s svojim otrokom kot z ločenim posameznikom, četudi ima ta otrok še premalo sposobnosti za neodvisno subjektivnost [8]. Otrok ob senzitivnih in odzivnih starših tako prepozna svojo notranjost in postaja vedno bolj diferenciran in samostojen.

#### 4 ZAKLJUČEK

Vzgoja varnih, čustveno kompetentnih, sodelujočih otrok, ki imajo poln dostop do lastne kreativnosti in izražanja, je nujno potrebna za zdravje človeške družbe in zdravje planeta [9]. Vendar pa se otroci ne rodijo s sposobnostjo prepoznavanja lastnih afektivnih stanj ali z jezikom, ki bi ta stanja razložil. Skozi proces razvojnega učenja in v okolju empatičnih ter odprtih odnosov otrok razvije sposobnost, da prepozna kako se počuti [10].

Bolj, kot bodo dali starši sebe na razpolago, da se bo otrok lahko navezal nanje, da bo lahko ob njih umiril svojo stisko, bolj bo ta otrok potrjen v tem, da ni z njim nič narobe, da je vse, kar doživlja normalno, da lahko gre naprej v svet, kjer bo lahko suvereno ter odgovorno ravnal. Da pa se bo lahko otrok navezal na svoje starše to zanje predstavlja neprestano uglaševanje na tega otroka, občutenje, ovrednotenje in reguliranje svoje stiske, ki jo doživljajo ob nemirnem otroku ter s tem tudi že reguliranje otrokovega nereguliranega notranjega stanja. Iz tesnobe, nemirne, žalostne, jezne ali prestrašene otroka, se bo tako preko starševskega toplega, pomirjujočega in hkrati spodbujajočega odzivanja, taisti otrok počasi razvil v zrelega in odgovornega posameznika, ki bo lahko soustvarjal zdravo družbo.

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# VARNO STARŠEVSTVO: SEDANJI IZZIV ZA PRIHODNJE KAKOVOSTNO ŽIVLJENJE

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## POVZETEK

Varna navezanost med starši (skrbniki) in otrokom je kritičnega pomena za otrokovo trenutno in bodočo dobrobit. Razvije se preko konsistentnih, uglašanih, rahločutnih in vzajemno reguliranih odzivov staršev na otroka. Za razvijajočega se otroka in njegovo dolgoročno kakovost življenja je varna navezanost kritičnega pomena saj nudi ranljivemu dojenčku varno osnovo preko bližine trajno dosegljivega skrbnika; neposredno vpliva na strukturo, delovanje in rast razvijajočih se možganov, saj medosebni odnosi ustvarjajo nevronske povezave; dovoljuje otroku, da raziskuje okolje z ravno pravšnjo mero tesnobe; spodbuja zdrav kognitivni, čustveni in socialni razvoj; vodi do osnovnega zaupanja, razvoja intimne in vzajemnosti, ki služi kot osnova za pomembne odnose preko celega življenja; spodbuja psihološko in čustveno samoregulacijo, ki je temeljni kamen zgodnjega otroškega razvoja; kaže se v oblikovanju pozitivnega občutka o sebi, vključno z občutki kompetence, samovrednosti in pozitivnih temeljnih prepričanj (notranji delovni modeli sebe); spodbuja ponotranjenje prosocialnega čuta in moralnega delovanja ter vrednot, vključno s sočutjem, empatijo in razvojem vesti; služi kot zaščitni dejavnik, ki povečuje dosegljivost virov in odpornost ter s tem zmanjšuje negativne učinke stresa v življenju. Zato velja razmisliti o možnostih in načinih, ki bi spodbujale razvoj varnega starševstva, saj je to dolgoročno gledano vedno pot do zdravega posameznika in družbe.

## 1 NAVEZANOST

Sodobni relacijski pogledi na psihofizični razvoj človeka poudarjajo, da je temeljna razsežnost človeškega bivanja njegova vpetost v odnosno matrico. Biti v odnosu je primarna življenjska potreba. Da je otrokov svet že po naravi socialen in da so odnosi vrojeni, so ugotavljali številni raziskovalci in psihoanalitiki (npr. Winnicott, Kleinova, Fairbairn, Sullivan, Bion, Kohut, Bowlby idr.). Pri tem so za človeka še zlasti pomembni primarni odnosi v družini, ki s svojo dinamiko ustvarjajo vzdušje, na podlagi katerega se v kasnejšem življenju določa posameznikov

način vzpostavljanja, oblikovanja in ohranjanja odnosov ter njegov način dojemanja sebe, drugih in sveta [1].

Ko govorimo o pomenu kvalitete najzgodnejših odnosov, ne moremo mimo teorije o navezanosti (*angl. attachment theory*), ki jo je oblikoval John Bowlby [2, 3, 4], kasneje pa so jo z raziskavami nadgradili Mary Ainsworth [5] in mnogi drugi [6, 7, 8, 9]. Teorija navezanosti se je razvila v eno od najuspešnejših teorij v psihološki znanosti na področju zgodnjih odnosov otroka, ki nam pomaga razumeti tudi kasnejše intrapsihične in interpersonalne vzorce delovanja posameznika. Z njo je Bowlby opisal biopsihološki ustroj človekove psihične strukture, iz katere izvira posameznikov način navezovanja in ohranjanja stika z drugimi [10]. Na to pa zlasti vplivajo tiste osebe v otrokovi okolici, od katerih je odvisno njegovo fizično in tudi čustveno preživetje. Odnos navezanosti zagotavlja otroku fizično bližino primarnega skrbnika oz. osebe navezanosti (*angl. attachment figure*), hkrati pa se med njima stekajo afektivne vezi, kjer se srečata kot posameznika in kjer ima eden izmed njiju za drugega velik čustven pomen in je zaradi tega nenadomestljiv [11].

Mary Ainsworth je prva empirično raziskala odnos navezanosti med materjo in otrokom, pri čemer je poudarila štiri kriterije navezanosti: ohranjanje bližine z osebo navezanosti (*angl. maintaining proximity*), dojemanje osebe navezanosti kot varne, trdne osnove za raziskovanje okolja (*angl. secure base*), dojemanje osebe navezanosti kot nekoga, ki nudi varno pribežališče (*angl. safe haven*) in doživljanje separacijske tesnobe (*angl. separation anxiety*), kadar se oseba navezanosti umakne, kar vodi tudi v žalovanje, če je oseba navezanosti izgubljena [12]. Ainsworthova je s sodelavci [5] izvedla znamenito raziskavo (t.i. *Strange Situation Test*), v kateri so opazovali kvaliteto navezanosti – značilnosti ločevanja in ponovnega vzpostavljanja stika med otroci (starimi eno do dve leti) ter njihovimi materami oz. skrbniki. Na osnovi te in poznejših raziskav so ugotovili, da lahko ločimo tri tipe navezav: varno navezanost, ki predstavlja optimalno obliko navezanosti in je kontrastna ne-varnima oblikama navezanosti (izogibajoča navezanost in ambivalentna navezanost). Kasneje je Mary Main odkrila še četrti tip navezanosti, za katerega je značilno otrokovo nenehno, a

neuspešno menjavanje različnih strategij navezovanja; od tod tudi ime dezorganizirana navezanost [13].

## 2 RAZVOJ NAVEZANOSTI

Po Bowlbyju [2, 3, 4] je navezanost del prilagoditvenega vedenjskega sistema, ki ga otrok vzpostavi v najzgodnejšem otroštvu. Ta mehanizem razloži, kako otrok vzpostavlja in ohranja stik s svojim staršem ali primarnim skrbnikom in kako se odziva na prekinitve tega stika. V varni navezanosti bo otrok lahko poiskal bližino z osebo na katero je navezan, ohranjal bo občutek varnosti, da se lahko nanj obrne v času stresa ter zavedanje, da ga bo odrasli potolažil in umiril njegovo tesnobo. Hkrati bo razvil notranji delovni model varne baze, ki je notranja shema sebe v odnosu do drugega (osebe navezanosti), ta shema pa mu omogoča imeti občutek varnosti pri raziskovanju sveta. Primarni odnos s skrbnikom (navadno je to mati) otroku omogoča preživetje, prek njega pa mati otroku regulira čustveno zahtevne situacije v času stresa.

Sistem navezanosti vznikne, ko skrbnik zagotavlja otroku zaščito pred potencialnimi zunanji nevarnostmi in stresorji, medtem ko mu dopušča možnost, da se uči veččin, ki jih potrebuje za samostojno delovanje. O sistemu navezanosti lahko govorimo kot o vseživljenjskem razvojnem sistemu, v katerem ljudje uporabljajo izjemno kompleksne fizične, kognitivne in komunikacijske strategije za oblikovanje močnih čustvenih vezi, ki bi jih zaščitile pred resničnimi ali potencialnimi grožnjami [2, 3, 4, 12, 14].

Čeprav pride otrok na svet opremljen s sposobnostmi, s katerimi išče bližino, komunicira z odraslimi in jih aktivira, da se nanj odzovejo, torej s sposobnostmi, ki aktivirajo sistem navezanosti, pa je izoblikovanje navezanosti izjemno interaktiven in vzajemen proces, ki se izoblikuje v nenehnih drobnih interakcijah med otrokom in skrbniki zlasti v prvem letu otrokovega življenja [15]. Nasmeh, očesni stik, afektivna uglašenost, dotiki, držanje, nega itd. so tiste interakcije med otrokom in skrbnikom, preko katerih se otrok nauči zaupati in biti odvisen ter varen ob skrbniku. S tem skrbnik otroku zagotavlja ljubezen, varne meje, zadovoljuje potrebo po samoizpolnitvi in spodbuja k raziskovanju. Starši in otroci tako vzajemno vplivajo drug na drugega in na izoblikovanje sistema navezanosti [16].

Pri teh vzorcih interakcij med skrbniki in dojenčkom zlasti pomembno vlogo igra sinhronija oz. uglašenost teh interakcij [17]. Raziskave kažejo, da so pri tistih starših in dojenčkih, kjer je bila ob prvem letu starosti otroka ugotovljena varna navezanost, bile v zgodnjih mesecih otrokovega življenja med njim in njihovimi starši prisotne interakcije, ki so bile ritmične, časovno usklajene in vzajemno zadovoljujoče. Obenem pa je bilo pomembno tudi to, da je teh interakcij bilo dovolj, kar pomeni, da se je preko nenehne odzivnosti staršev na otrokove potrebe po fizičnem stiku, varnosti, bližini in ljubezni v otroku utrdilo zaupanje v

skrbnika in v njegovo sposobnost zaščite ter zagotavljanja varnosti [18].

## 3 POMEN NAVEZANOSTI ZA KASNEJŠI RAZVOJ

Kvaliteta navezanosti z osebo navezanosti v otroštvu zaznamuje človeka v vseh nadaljnjih odnosih v življenju, saj predstavlja model odnosov oz. dojetanja sebe, drugih in sveta [19]. Že Bowlby [3] je trdil, da osnovni mehanizmi navezanosti ostanejo aktivni in vplivni od zibelke do groba, se pravi skozi celotno življenje. Ko se namreč primarni odnosi otroka z osebo navezanosti večkrat ponavljajo, otrok zgradi notranje modele delovanja (*angl. internal working models*), na osnovi katerih bo razvijal odnose tudi v prihodnosti [20]. Z vidika vseživljenjske perspektive kvaliteta navezanosti, ki se oblikuje v zgodnjem otroštvu, vpliva na oblikovanje kasnejših odnosov, bodisi v okviru širšega socialnega konteksta, ali pa v intimnih odnosih oz. v odnosih med starši in otroci [21].

Znani so mnogi pozitivni dolgoročni učinki izoblikovane varne navezanosti v zgodnjem obdobju otroštva, npr. višja stopnja neodvisnosti in avtonomije, večja sposobnost intime in čustvenosti, višja stopnja prosocialnega čuta, več pozitivnih temeljnih prepričanj, večja sposobnost empatije in sočutja itd. Ne-varna navezanost pa je velikokrat povezana z višjo stopnjo agresivnosti, impulzivnosti, negativno samopodobo in antisocialnim vedenjem na splošno [22, 23, 24, 25]. Varno navezani dojenčki zrastejo v malčke, ki kažejo večjo trdnost, samokontrolo in radovednost. Nasprotno je npr. pri malčkih, ki so kot dojenčki razvili dezorganizirano navezanost: pri njih je več agresivnosti in nestabilnosti [26]. Varno navezani otroci v predšolskem, šolskem in zgodnjem najstniškem obdobju tvorijo tesnejše in bolj zadovoljujoče medvrstniške odnose [27]. Poleg tega raziskave navezanosti kažejo tudi, da se pri varno navezanih otrocih kaže višja stopnja občutka varnosti pri raziskovanju sveta, odpornost na stres, sposobnost regulacije emocij in dojetanja življenja kot smiselne celote [28].

Ključne komponente navezanosti je mogoče opaziti zlasti v odraslem intimnem odnosu. Hazan in Shaver [7, 8, 9] sta ugotovila, da se tip navezanosti, ki ga je posameznik kot otrok vzpostavil s starši, ponovi v odraslem intimnem odnosu, kjer partner začne služiti podobnim funkcijam in zadovoljuje iste potrebe po čustveni podpori in varnosti, kot so to v otroštvu počeli starši. Raziskave kažejo, da naj bi šlo za pomembno povezavo med zgodnjim neustreznim ali razdiralnim odnosom starš-otrok in zakonskimi težavami kasneje v življenju [29]. Posledice starševstva, ki temeljijo na ne-varni navezanosti, so daljnosežne, saj se kasneje kažejo v navidezni samostojnosti in ne-varni navezanosti pri čustveno negotovi in za odnose nepripravljeni odrasli osebi [30]. Problem je, ker osebe v nadaljnje odnose vstopajo s svojim »lažnim jazom«, občutkom samozadostnosti in oblikami samostarševstva ter zaradi strahu pred intimo ponovno poustvarjajo ne-varne odnose, katerih del so bili v otroštvu. Tako te obrambe, ki so bile v zgodnjih letih nujne

za ohranitev odnosa z drugimi, čeprav v obliki namišljene vezi, v odraslih intimnih odnosih preprečujejo, da bi vanje vstopali v polnosti in brez obramb, da bi tvegali in dali sebi in drugim možnost [31]. Na drugi strani pa varno navezani otroci zrastejo v samozavestne odrasle, ki so sposobni tako samostojnosti kot vzajemne soodvisnosti v odnosih [32]. Varna navezanost povečuje čustveno prožnost (partnerja) in optimizira sposobnost vztrajati v intenzivni čustveni izkušnji brez da bi pri tem posameznik uporabil obrambne izločitve. Potreba posameznika po drugem in navezanost na drugega je temeljni vidik zdravega intimnega odnosa in pogoj za njegov nadaljnji razvoj [33, 34].

Navezanost pa se nanaša še na en pomemben razvojni vidik, ki ga razkriva predvsem nevropsihologija. Otrok ima namreč ob rojstvu še zelo nerazvite možgane v primerjavi s tem, kako kompleksni bodo postali, ko bo otrok rasel in ko bo stopal v interakcije z drugimi, saj so naši možgani izrazito socialni: izoblikovani so v odnosih z drugimi ljudmi in od kvalitete teh odnosov je odvisno, kako se bodo izoblikovali načini možganskega delovanja [35]. Zato so izkušnje, ki gradijo varno navezanost, bistveni dejavnik zdravega razvoja možganov. Raziskave o materah in dojenčkih kažejo, da je mati tista, ki neposredno vpliva na razvoj otrokovih možganov, ter da je vpliv pozitiven, ko se mati afektivno uglaši nanj [36]. Zgodnje izkušnje odnosov se ne zapišejo samo v globoko nezavedno področje, ampak vplivajo tudi na razvoj organskega sistema v možganih, ki je odgovoren za procesiranje nezavednih informacij v nadaljnjem življenju. V tem smislu je otrokov prvi odnos, zlasti odnos z materjo, osnova za to, kako se bodo v otrokove možgane zarisali krogotoki za procesiranje čustev, ki določajo posameznikove bolj ali manj primerne sposobnosti za vstopanje v čustvene odnose kasneje v življenju [37].

#### **4 SKUPINA ZA MLADE MAMICE KOT PRIMER KLINIČNE PRAKSE PRI SPODBUJANJU RAZVOJA VARNE NAVEZANOSTI**

Ker je kakovost navezanosti tako ključnega pomena za kvaliteto življenja, je smiselno razmišljati o oblikah in pristopih, ki bi pomagale pri osveščanju staršev o pomenu stika med njimi in njihovim otrokom ter jim pomagale pri preseganju blokad, ki ovirajo razvoj varne navezanosti. Zagotovo je pomembno, da je v temelju poti do zdrave navezanosti prisotno ti. 'varno starševstvo', ki se kaže kot toplina, rahločutnost, sočutje, razumevanje, skrbnost, odsotnost kaznovanosti, nasilja ali zlorab, skratka kot pozitivna povezanost z otrokom.

Raziskave kažejo, da je ključnega pomena pri oblikovanju varne navezanosti materina senzitivnost oz. rahločutnost do otroka [5]. Senzitivnost oz. rahločutnost je splošno opredeljena kot stalna pozornost na dojenčkovo stanje, točna interpretacija dojenčkovih signalov in dobra časovno usklajena odzivnost matere na signale otroka, ki vodi v vzajemno nagrajujoče in zadovoljujoče interakcije med

materjo in otrokom [38]. Matere, ki so čustveno dosegljive, odzivne, konsistentne in tople v svojih odnosih z dojenčki, posebej v prvih 6 mesecih njihovega življenja, so najbolj uspešne pri utrjevanju varnega odnosa navezanosti, ki ga je mogoče ugotavljati pri 12 mesecih starosti otroka [39]. V tujini je izoblikovanih več psihosocialnih pristopov, ki se usmerjajo v delo z mladimi starši in poskušajo na osnovi teoretičnih, empiričnih in kliničnih dognanj pomagati vzpostavljati rahločutno in varno starševstvo, ki vodi v razvoj varne navezanosti (npr. *Circle of security*) [40].

Tudi v Sloveniji smo priče vedno večim poskusom dela z mladimi starši. Avtorici prispevka želiva med njimi omeniti skupino za mlade mamice, ki je nastala na podlagi večletnih izkušenj psihoterapevtskega dela po modelu relacijske družinske terapije [41, 42, 43] z mladimi mamicami, mladimi pari, ki pričakujejo otroka in z mladimi pari, ki imajo majhne otroke. Namen skupine je ustvariti varen prostor za mlade mamice in njihove dojenčke in s tem odpreti okvir za globlji stik med dojenčkom in mamico (skupine se udeležujejo mamice z dojenčki v času njihovega porodniškega dopusta, se pravi v prvem letu starosti otroka; posebno srečanje je namenjeno tudi očkom). Pri mladih starših je namreč velikokrat čutiti veliko tesnobe in negotovosti ob prehodu v starševstvo, kar lahko pogubno vpliva na mlade starše ali na otroka, če starša med seboj te napetosti ne uspeata zaznati, ubesediti in vključiti v vsakdanje življenje. V tem primeru tesnobo preko nerahločutnega starševstva in okrnjene sposobnosti prepoznavanja otrokovih potreb neposredno preneseta na otroka, kar negativno vpliva na njegov razvoj. Mamice, ki so zelo tesnobne, depresivne, prestrašene in negotove, se dosti slabše odzivajo na svoje dojenčke, so bolj utrujene, čutijo več stresa ter so tudi bolj negotove v odnosu do svojega partnerja [32]. Tesnobo ob otroku regulirajo s storilnostjo, neuglašeno nego (pretirano ali zanemarjajočo), otroke težko umirijo in uspavajo, imajo težave z dojenjem in so na splošno manj učinkovite ter se doživljajo kot čustveno izpraznjene in nepotešene [44].

*»Mislila sem, kakšna »emancipirana« ženska moram biti, kako moram čimprej prilagoditi dojenčka na svoje življenje, da bo čimbolj »priden«, da bom imela čim manj dela z njim, da bom lahko drugim povedala, da naš dojenček spi vso noč ipd. Bila sem pod vplivom »svobodne« družbe, ki poudarja, da so otroci omejitve za naš osebni razvoj, saj se moramo zaradi njih odreči npr. zabavi, prijateljem in karieri, ki smo jih imeli, preden smo ustvarili družino. Vesela sem, da to sedaj razumem drugače, da ne živim zato, da hodim v službo, ampak da hodim v službo zato, da lahko živim.«*

*(udeleženka skupine)*

Temeljna predpostavka, na kateri temelji odločitev za oblikovanje skupine za mlade mamice, prihaja ravno iz teorije navezanosti, ki trdi, da je sposobnost matere, da se uglaši na otroka v prvih mesecih njegovega življenja tisti temelj, ki bo v veliki meri odločal o širini in globini otrokovega razvoja. Če se mati lahko otroku v polnosti preda (za kar potrebuje varen čustven in fizičen prostor),

potem bo tudi otrokov razvoj hitrejši in bolj varen [45]. Ključni moment stika med materjo in dojenčkom je prav sposobnost »biti skupaj«, biti v stiku. K tej sposobnosti sodi najprej ustvarjanje varnega pribežališča (*angl. safe haven*) za otroka, to je prostora, kjer je mama lahko sproščena in se lahko sproti odziva na otrokove potrebe (sposobnost očesnega stika, sposobnost umirjanja otroka, sposobnost prepoznavanja njegovih telesnih potreb, sposobnost sproščene dojenja, sposobnost igranja z otrokom). To v konkretni situaciji pomeni, da lahko v miru podoji otroka v skladu z njegovimi zahtevami, ga previje, se z njim igra, ga uspava itd. ne da bi se ob tem počutila utesnjeno, osramočeno, negotovo, kot se pogosto zgodi v socialno bolj zahtevnih situacijah (npr. izven doma in doma, kadar je obkrožena z drugimi odraslimi, ki jo s svojimi pritiski spravljajo v stres in stalno odločanje, komu naj najprej odgovori in čigave potrebe so prve) [46].

*»Bolj se mi zdi, da sem povezana z dojenčkom. Prej sem bila »obsedena« sama s sabo, za kaj vse bom prikrajšana zaradi dojenčka. Sedaj pa razmišljam, kaj potrebuje moj dojenček, kako se lahko prilagodim njegovim potrebam. Sem tudi veliko bolj samozavestna in sproščena mama, ko dobim kakšen »dobronameren« nasvet.«*

*(udeleženka skupine)*

Če uspe mama za otroka odpreti varno zatočišče, potem bo otrok kmalu sposoben mamu »uporabiti« tudi kot trdno in varno osnovo oz. izhodišče (*angl. secure base*), od koder se bo upal odpraviti v svet (starejši otrok bo odšel od mame v prostor, poiskal bo stik z drugimi otroki, raziskoval bo predmete v svoji okolici, skratka, začel bo raziskovati. Vse otrokove aktivnosti, ki jih lahko razvija znotraj varnega izhodišča bodo zaznamovane z večjo intenziteto in predvsem večjo zavzetostjo, koncentracijo, kot aktivnosti, ki jih otrok izvaja v manj varnem okolju [47].

*»Pred srečanji je bil sin precej nezaupljiv in ponavadi se zunaj oz. drugje ni nikoli čisto sprostil, proti koncu srečanj pa se je začel bolj sproščeno gibati med mamicami in otroci. Je veliko bolj umirjen in tudi sama sem bolj umirjena.«*

*(udeleženka skupine)*

Tekom srečanj skupine se je izkazalo tudi to, da je za mamico pri vzpostavljanju varnega odnosa z otrokom temeljnega pomena tudi dober odnos z otrokovim očetom. Ob prehodu iz partnerstva v starševstvo, kar je močan stresni dogodek, se najmočneje kažejo nezavedni prenosi stilov navezanosti, saj se morata partnerja in zdaj mlada starša prilagoditi na prisotnost novega člana, ki je od njiju močno odvisen [48]. Razvojno dojenček od staršev zahteva tudi največjo ranljivost (ko v skrbi zanj poskušata ugotoviti in zadovoljiti njegove potrebe). V tem obdobju sta partnerja prvič zares soočena z odnosom in kot taka na preizkušnji ali bo odnos obstal in se razvijal ali pa se bosta povečala oddaljenost in konflikt ter bo odnos celo razpadel [49, 50]. V času prehoda v starševstvo (in v družino), je za posameznika torej najpomembnejši in najmočnejši ravno

odnos, ki ga ima s partnerjem. Če je ta odnos iskren in ranljiv, s tem gradi na varnosti, to varnost pa starša lahko udejanjata tudi v odnosu z otrokom. Kakovost njunega odnosa je torej bistvenega pomena za varno starševstvo, tako materinstvo, kot očetovstvo. Obenem pa izoblikovanje varnega starševstva posledično pomeni tudi poglobitev odnosa med partnerjema.

*»Spekter vprašanj in tem povezanih z najinim otrokom se je razširil. Že prej sva se veliko pogovarjala o vzgoji, najini vlogi kot staršev, pa kljub temu ostajajo še neizrečeni pomisleki, ki jih sedaj lažje izraziva drug drugemu. Pa tudi mož bolje razume dejstvo, da otroka čutim drugače in vem, kdaj mu je dovolj in kaj potrebuje in se bolj intenzivno vključuje v njegovo nego tudi pri manj prijetnih opravilih. Oba sva postala tudi bolj odločna v odnosu do najinih staršev glede tega, kaj si želiva za svojega sina.*

*(udeleženka skupine)*

Narediti prostor za otroka v zakonu zato pomeni, da zakonca ob otroku ustvarita nov čustveni prostor, zlasti novo ranljivost in iskrenost, ki ju morda prej ni bilo čutiti v njunem odnosu [10]. Otrok od staršev zahteva prilagoditev in sprejetost, tudi s tem, da sprejmeta vse tisto, kar se jima ob otroku prebujata. Najkrhkejša čutenja, ki jih lahko človek doživi v svojem življenju, doživi ob otroku, ob novorojenčku, za katerega je v polnosti odgovoren, nima pa nobenega ključa, kaj ta otrok v določenem trenutku potrebuje, razen svojega lastnega čutenja, ki mu ga otrok vzbuja [51]. To je lahko vir obramb in umika, ki pelje iz odnosa, lahko pa je priložnost za oba, da sebi izgradita nov prostor v odnosu, tokrat ne le kot partnerja, ampak tudi kot starša. Prostor za otroka zato lahko nastane tam, kjer sta starša lahko drug ob drugem samostojna in sodelujeta, hkrati pa se povežeta ravno v novi ranljivosti vsakega od njiju, kar še poveča varnost njunega odnosa [10].

## 5 SKLEP

V splošnem lahko rečemo, da so varno navezani otroci tisti, ki imajo temeljne potrebe primerno zadovoljene, zato čutijo, da se lahko na starše zanesejo. Tako se izoblikuje temeljno zaupanje, ki je bistvenega pomena za kasnejši razvoj zdrave, vibrantne osebnosti, ki bo sposobna zdravih odnosov, zadovoljstva, svežine, igrivosti in ustvarjalnosti. Pot do tja vodi preko varnega starševstva, kar je za starše izziv, hkrati pa izjemno pomembna izkušnja. Ta jim omogoča da kot partnerji lahko tudi v stresni in zahtevni situaciji uspejo slišati drug drugega, se podpirati in s tem sebi in otroku omogočiti medsebojno bližino ter dati varen dom.

*»Razumem, da je vsak otrok enkrat in kot tak zasluži vso pozornost in ljubečnost svojih staršev. Zato staviti samo na priročnike ne gre, ker jih nihče ni napisal za mojega otroka. Absolutno verjamem, da je biti z otrokom, dojenčkom lahko čas intenzivne notranje preobrazbe, če le to dovolim in temu sledim. Otrok se me res dotakne tam, kjer je bil zame*

primanjkljaj, praznina, pogrešanje in to mi da novo moč, odrešitev. To je res lepo.»

(udeleženska skupine)

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# IMPROVING THE SUPPORT RATIO INDICATOR

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## SUMMARY

**Aging is rapidly changing the population age structure in developed countries, including Slovenia. The consequences of a changing population age structure on economic activity are often analyzed with the support ratio and/or dependency ratio indicator(s). Those intend to show whether the structure of the self-supporting and dependent population is improving or worsening over time. However, those two groups are, in practice, usually arbitrarily categorized into age groups. In this analysis, we use age profiles from the National Transfer Accounts (NTA) methodology to improve the support ratio indicator.**

## 1 INTRODUCTION

Throughout the population, some individuals are working and earning labor income but others are not. The share of self-supporting individuals varies substantially by age. Because of biology, people in their early years of life and later years of life are not able to produce. In contrast, prime-age individuals predominantly work.

The link between demography and economy is usually analyzed through two indicators: the dependency ratio and the support ratio. Both are derived from comparing the number of people of working and of nonworking age. However, very simple and strong assumptions are used to define the working and the dependent population. It is assumed that people aged 15–64 years are working, whereas those aged 0–14 and 65+ are dependent. In developed countries, age 20 instead of age 15 is used. Age 20 is a more realistic boundary for developed countries because few individuals are already working at age of 15 – mainly because of high enrollment in secondary education and tertiary education.

The support ratio is the ratio between the number of people of working age (20–64) and the total population, whereas the dependency ratio is the number of dependent people (0–19 and 65+) over the number of people of working age (20–64). In this analysis, we focus on support ratio.

First, we present the latest Eurostat EUROPOP2008 population projections to show how the expected share of

three age groups will change in the future. In the next section, we present the results of NTA age profiles showing how much the people in Slovenia are really producing and consuming at different ages. We then use those results to calculate the improved support ratio indicator. In the last section, we conclude and point out the limitations of the results.

## 2 CHANGING POPULATION AGE STRUCTURE

Aging is rapidly changing the population age structure in developed countries. Practically all such countries currently face rapidly aging population. In most developed countries, the fertility rate is far below the replacement level. For replacement fertility in developed countries, the total fertility rate (TFR) should be about 2.1. The TFR expresses the average number of children that women give birth to in their lifetime to ensure population reproduction in the long run, assuming no migration and assuming that all women survive from birth to the end of their reproductive life.

Slovenia is not an exception to this. On the contrary, in the past several decades, fertility has declined to very low levels and rapidly increasing longevity is even more pronounced. In Slovenia, TFR fell below the replacement level in 1981, and it was declining until 2003, when it reached just 1.2 children [1]. Thereafter, it gradually increased to 1.53 in 2008 and 2009 [2], which is still far below the replacement level. At the same time, longevity has been increasing quickly. From the period 1983–1984 to 2008, life expectancy has increased from 66.99 to 75.42 years for men and from 75.04 to 82.26 for women [3]. In the past decade, the increase has occurred especially quickly, increasing from 1998–1999 to 2008 from 71.39 to 75.42 years for men and from 78.75 to 82.26 years for women – which on average is an increase of almost 0.4 years per year.

In 2008, Eurostat prepared EUROPOP2008 population projections for EU-27 member states, Norway, and Switzerland. It used the convergence method for mortality and fertility assumptions, whereby the convergence year 2150 was set technically. However, the projections were prepared only for the period until 2060. In the analysis, we use data for the 1960–2007 period combined with EUROPOP2008 population projections for 2008–2060 period. For the period before 1971, we used interpolation



techniques with census data from 1961 and 1953. For the 1971–2007 period, we used data from the Statistical Office of the Republic of Slovenia (SORS) [4], for which register data were available from 1986 onward; for earlier periods, they used estimates as well. Figure 1 presents the relative population structure by those three age groups.

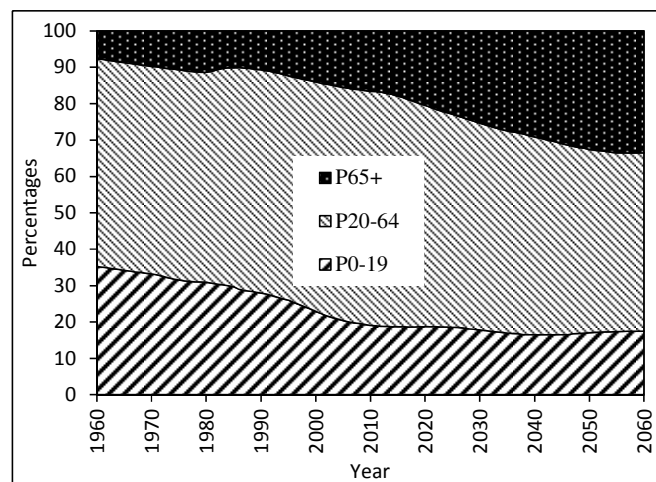


Figure 1: Age structure of Slovenian population (1960–2007) and age structure of the projected Slovenian population (2008–2060).

### 3 AGE PROFILES OF LABOR INCOME AND CONSUMPTION

Because of drastic demographic changes, as presented, the age dimension is becoming increasingly important in economic analysis. A comprehensive picture of the economic behavior broken down by age is therefore most welcomed. National Transfer Accounts (NTA) is a relatively new system for measuring economic flows among different age groups. It is consistent with the System of National Accounts (SNA). The SNA is internationally standardized and widely accepted in nearly all countries worldwide. The NTA is introducing an age dimension to the SNA. The NTA's adjustment to the SNA aggregate controls greatly increases the relevancy and international comparability of the results and enables consistent and comprehensive estimates of private transfers, something not possible before the NTA.

The NTA methodology is being developed in an international project that included 33 countries as of August 2010. A more comprehensive description of the methodology can be found on the NTA project webpage [5]. For a more detailed analysis of the Slovenian case, see [6].

We first outline some basic elements of the NTA methodology focusing on the age profiles of consumption and labor income for Slovenia, which we later apply. Those are the two most important categories in the NTA system in

general, because the difference between them (called life-cycle deficit in the NTA framework) is the reason for economic flows across age groups.

Usually, for SNA categories, there are no data available about their distribution across ages. Administrative data about wages, pensions, health-care expenditures, and so on, could be exceptions, but often this is not the case. In contrast, survey data in most cases contain information about respondents' age. However, surveys contain just a small sample of the total population, and respondents can (intentionally or unintentionally) substantially over- or underreport true values. In the NTA, therefore, in most cases, first the relative age profiles are calculated from the survey data and then are adjusted (values being multiplied by the adequate number) to match the aggregate controls. If there are no data about the aggregate controls available, they are estimated from the survey data. However, serious under- or overestimation can occur in this case. If the data for relative age profiles cannot be obtained, even from surveys, the available proxies are sought.

The data source of relative age profiles for both of those categories is the household expenditure survey (HES), which is also the data source for many other NTA categories. As explained, the obtained age profiles are adjusted to the aggregate controls for those two categories, available in the SNA. However, the data on consumption are reported on the household level rather than the individual level. Assumptions have to be made, and methods such as equivalence scale and regression are applied for assigning household data to individuals. In particular, for private consumption on education and health, the regression method has been used; for other private consumption, the equivalence scale has been applied.

Various data sources have been used to allocate public consumption by age. For example, to allocate public consumption on education, the data about school enrollment by age were used, assuming equal per capita consumption at the same educational level (e.g., kindergarten, primary school, secondary school). The age profile of public consumption on health consists of subcategories like drugs, hospitals, outpatient care, and so on, collected by different institutions. Figure 2 presents the resulting age profiles of consumption and labor income for Slovenia in the year 2004.

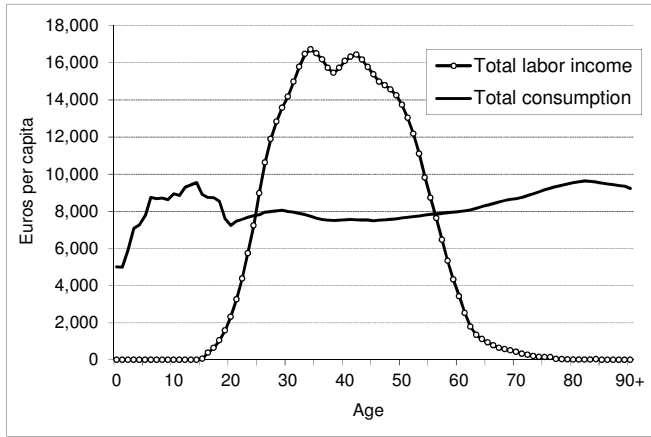


Figure 2: Age profiles of consumption and labor income for Slovenia, 2004.

The labor income at age 20 is still very low; thus, people of that age are far from being self-supporting. Also, they become dependent much earlier than the age of 65. In fact, the production of people in Slovenia in 2004 was not exceeding their consumption before age 25, and at age 56, their consumption was already exceeding their production. Using the conventionally defined support ratio, we would considerably overestimate the number of self-supported individuals (20–64 years) and underestimate the number of dependent individuals (aged 0–19 and 65+).

#### 4 SUPPORT RATIO

As already explained, the conventionally defined support ratio assumes that all people aged 20–64 are self-supporting (and implicitly equally productive), whereas the remaining population is dependent, not producing at all. It also assumes that all people have the same consumption needs, as the denominator equals total population, not affected by the age structure of the population. Thus, in the conventional support ratio, the effective labor force ( $LF1$ ) and the effective number of consumers ( $CON1$ ) are defined in the following way:

$$LF1 = \sum_{a=20}^{64} N_a \quad (1)$$

$$CON1 = \sum_{a=0}^{\omega} N_a \quad (2)$$

where  $N_a$  represents the number of people in age  $a$ , and  $\omega$  denotes maximum length of life. The presented age boundaries were chosen arbitrarily. In reality, not all people between certain ages are producers with the remainder unproductive. Even if those cutoff points would capture true results for some country, this is highly unlikely to be the case for all countries. Furthermore, the productivity of working individuals can vary across age, and dependent people can have different needs in different age groups. As

Figure 2 presents, this is indeed the case for the Slovenian results.

Having the described NTA age profiles of consumption and labor income (see Figure 2), we know the people's consumption and production at each age. Instead of defining producers and consumers arbitrary with age groups, we can multiply the two NTA age profiles by the population age structure. Following this procedure, we obtain another pair of effective labor force ( $LF2$ ) and effective number of consumers ( $CON2$ ):

$$LF2 = \sum_{a=0}^{\omega} \gamma(a)P(a,t) \quad (3)$$

$$CON2 = \sum_{a=0}^{\omega} \alpha(a)P(a,t) \quad (4)$$

where  $P(a,t)$  represents the population of age  $a$  in year  $t$ ;  $\alpha(a)$  is an age-specific vector of coefficients measuring age variation in consumption;  $\gamma(a)$  is an age-specific vector of coefficients measuring age variation in productivity; and  $\omega$  again denotes maximum length of life. Following this procedure, we obtain the improved version of the support ratio, taking into account the true consumption needs and the true production at each age in Slovenia.

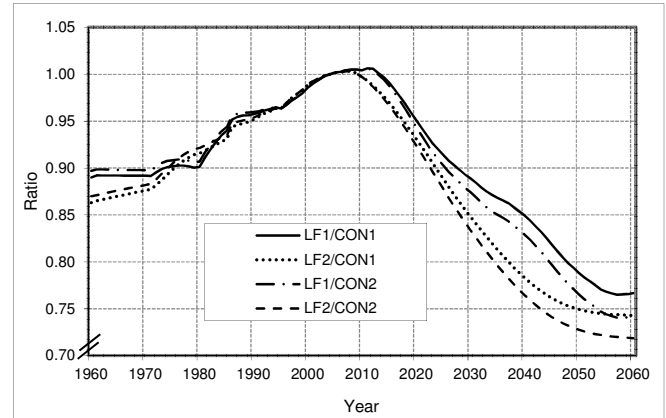


Figure 3: Four different combinations of labor force ( $LF$ ) and consumption ( $CON$ ); Slovenia, relative to 2004.

Figure 3 presents the development of  $LF1/CON1$  and  $LF2/CON2$  from 1960 to 2060. We chose 2004 as a reference year because the age profiles were obtained from the data that year. Thus, the improvement or deterioration in the support ratio is expressed relative to the support ratio in 2004. The decision about the base year would not affect the conclusions. Whereas the  $LF1/CON1$  support ratio is the conventionally defined support ratio, the  $LF2/CON2$  is the NTA improved support ratio (using NTA age profiles).

As Figure 3 plots, looking half a century backward and forward, at present, we are just about facing the economically most favorable age structure of the Slovenian population. However, this will change soon. According to the conventionally defined support ratio ( $LF1/CON1$ ) the deterioration will start in 2012; by 2060, it will decline by 23% against its 2004 level. According to the NTA improved support ratio ( $LF2/CON2$ ), the drop will be much greater (28%) and the deterioration will have already started in 2009. Although those differently defined support ratios were moving quite closely in the past several decades, the results are much different for the future period.

Already Cutler, Poterba, Sheiner and Summers in 1990 [7] proposed an alternative to  $LF1/CON1$  by calculating  $LF2/CON2$  but using the simplified equivalence scale (only three age groups) for consumption and wages for weighting labor force. Following their approach, we present the remaining two combinations of  $LF$  and  $CON$ , that is,  $LF1/CON2$  and  $LF2/CON1$ . Through the two combinations, we can determine how much of the difference between  $LF1/CON1$  and  $LF2/CON2$  each component ( $LF$  and  $CON$ ) contributes separately. Figure 3 shows that in the past and in the next four decades, the main difference between  $LF1/CON1$  and  $LF2/CON2$  comes from  $LF$ . Only at the end of the projection period does the effect of  $CON$  become greater and equalize with the effect of  $LF$ . Thus, the  $LF$  category deviates most from the arbitrarily defined 20–64 age group, being assumed in the conventional support ratio indicator.

## 5 CONCLUSIONS AND DISCUSSION

Because of the ongoing population aging in developed countries, the proportion of the working population is declining while the proportion of elderly people is rapidly increasing. According to the latest Eurostat EUROPOP2008 population projections, the 20–64 age group will decline from 64.5% of the total population in 2008 to 49.1% in 2060; in the same period, the proportion of elderly (65+) will increase from 16.2% to 33%. The conventional support ratio indicator is defined as proportion of the population age 20–64 in the total population. It is expected to fall by about 23% from its level in 2004. Its decline is projected to start in 2012. However, taking into account actual age profiles of labor income and consumption in Slovenia in 2004, the NTA improved support ratio already started to decline in 2009; by 2060, it will fall by 28% against its level in 2004, a substantial difference. We consider these results an improvement over the conventional support ratio, which does not take into account actual distribution of consumption and production across age, but arbitrarily defines the two categories with age boundaries that are equal for all developed countries.

The age profiles of labor income and consumption depict the situation in 2004. In our projections of the first demographic

dividend, we keep the two age profiles unchanged for the entire projection period. However, in reality, age profiles change. We could further improve the results for the past by trying to estimate age profiles of labor and consumption in those years. However, this would be challenging work, especially because of data availability. Also, we could assume changes in age profiles in the future on the basis of some assumptions or simulations of the development in the years to come. We leave both options for future research.

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# BABY BOOMERS AND RETIREMENT IN SERBIA – GENDER PERSPECTIVE

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## ABSTRACT

**Aging population is becoming a major challenge for all European countries, including Serbia, and the sustainability of the pension system is one of the priorities that the modern society has to face. The expected retirement of the baby boom generation will substantially increase the number of pension beneficiaries. In Serbia, the employees: retirees ratio is 1.41:1, with the tendency of a continuous misbalance. The gender composition of retirees, especially of the baby boom generation, and the greater participation of women's retirement due to their greater life expectancy and longer retirement, will affect the relation between the working-age and inactive population. This paper explores the changing gender composition of pensioners, the increasing number of women in the genesis of this contingent and the anticipated structural changes in the future.**

## 1 INTRODUCTION

Demographic changes in Serbia over the past half a century have not only dynamic, but also qualitative consequences, among which the most striking transformation happened in the age and economic structures. Aging population and increasing share of economic inactive, especially people with personal income, raises serious issues of sustainability of the pension system. An additional problem is the ageing of the baby boom generation, considering long-term low fertility, reduction of working-age population and increased unemployment rate in Serbia. Baby boomers or population born in period 1947 -1957, had impact on many social systems in the past, and most important is fact that this generation is more numerous in size comparing with cohorts born before and after them. It is interesting that generation of baby boomers were the one that strongly affected the pension system thirty years ago, when the economy was in uplift, because large number of workers was paying relatively small contributions, and small number of pensioners was receiving a high pension. That created the myth of unfunded state pension system where economically inactive population was provided with high pensions and

working population paid little, so-called “pay as you go system”, which is still actual (Mijatović, 2008). This generation, which has always been different from the others, must get special attention at the end the first decade of this millennium because they will be leaving working-age and economically active population very soon. The first women baby boomers were retired in 2008, while the first men from the baby boom generation that will gain the right for age pension will be in 2013. The biggest impact on the pension system should be expected after retirement of the first male baby boomers because they will rapidly increase the number of persons of both sexes who are entitled to a pension. The pension system in Serbia already has difficulties in its funding and it is forced to provide one part of the funds from the budget.

Number of dependent population and its impact on labor force is constantly rising since the second half of the twentieth century. According to the census in 1981, the ratio between the working and inactive population that has income was 100 to 18; in 1991, this ratio has become less favorable (100:28). The last census revealed trend of further increase of inactive population with personal income, with 0,44 inactive with their own income to one economically active person. There are also some changes considering number of years one spends as pensioner, and such changes could be noticed in quite a short time by the statistics of the Pension insurance fund. Thus, in the period 2003-2008, the proportion of pensioners who use pension less than 15 years is continuously decreasing, while the share of those who use a pension more then 16 and less then 20 years increased (from 17.9% to 22.5%) and three years ago about 146 000 of all age pensioners was in this group. Also, there is more and more retirees who use pension for more than 20 years, roughly 134 000 in 2007 .

Although in Serbia retirement exists as measure of social security for long time, this phenomenon has been linked primarily to the male population. The traditional male role as breadwinner has created conditions where they constituted majority of work force, while the activity of women in the past has been managing the household tasks and child care and education. However, the era of socialism after the

Second World War created the opportunity for women to start working outside the household. The ideology that had a strong effect on all forms of equality, including gender, influenced the economic activation of women. Even though, in terms of gender theory, new social system valued at women precisely the skills that are verified in the traditional society - the ability to work, and in the background of the "won" freedom to work outside of the household lies society's need for labor, demographic result is increased employment of women.

These processes coincide with the genesis of baby boom generation, which entrance in working-age population gave significant boost to the economy of the former Yugoslavia. According to Wertheimer-Baletić (1973), East European socialist countries had the highest rates of economic activity of women, where the distribution had unimodal curve shape, as a result of the employment policy that lead to full time working women regardless of marital status and number of children, because the income that provided employed women was significant contribution to the standard of living of the family. Generations of baby boom women are the first who spent their working lives as employees, equivalent to men employment, and those are just the first generation of women that will make the first pension based on working history, rather than their mothers who acquired a right to a pension after becoming widows.

Increase in the number of women pensioners can be expected not only because the baby boom generation is more numerous, but additionally because of the increase in life expectancy that was simultaneous with the genesis of this generation.

Table 1: Life expectancy of baby boomers

Age	All	Men	Woman
45	29,66	27,49	31,76
46	28,77	26,63	30,85
47	27,9	25,78	29,94
48	27,03	24,94	29,04
49	26,17	24,12	28,15
50	25,33	23,3	27,26
51	24,49	22,51	26,38
52	23,67	21,72	25,5
53	22,85	20,96	24,63
54	22,05	20,2	23,77

Source: Detailed life tables, 2001-2003

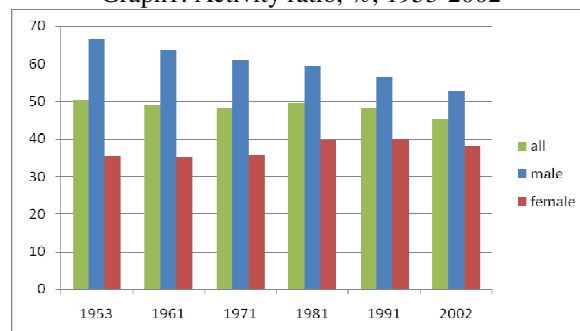
In the period 2002-2008, life expectancy of women aged 60-64 increased from 18.8 years to 19.6. If we look at five-year period mentioned age groups of women older than 60 years, it is clear that women who now have 60-64 years will live longer than women the same age group back in 2002 (Abbreviated approximate life tables, 2002-2008), which means that longer life expectancy of women will have

profound impact on pension system in the future that can lead to a feminization of pensioners.

The combination of increasing life expectancy and the number of baby boomers will result that bigger generation will live longer, with an emphasis on demographic rule that women live longer than men. The difference in life expectancy of men and women older than 60 years is little more than 2 years according to data for 2008 and decreases with age. In the same year, according to the Fund for pension insurance of employees, the average length of usage of old age pension for women was 18 years, and for men 16. When it comes to disability pensions, men have used pension 18 years and women 21 years, and for man who are self employed average is 11 years and 12 for woman. Even woman who paid contribution as farmers are longer using pension benefits than man. This difference between average years spent as pensioners for men and woman imposes itself as rule and it has a chance to continuously increase this gap.

Increase participation of women pensioners is result of changes in economic structures, and increased activity rates of women, whose economic activation favored tertiary sector. Increased activities of women had an impact on increasing the number of socially insured, and thus increased the coverage of pension and disability insurance. Activity rates of women in 1953 were 35.3%, in the last census were 38.3%, while the activity rate of men is simultaneously decreasing (from 66.5% in 1953 to 52.8% in the 2002 census.), as a result of reducing agricultural population and extension of years of schooling. Another strong factor that will influence the increase in the number of women pensioners is age structure of woman baby boomers that starting from 2008 are to acquire the right to a pension, and their number and age structure rejuvenate retirees. This process will be even more obvious when the men of this generation cross age limit for retirement. The average age of pensioners will change in future, and in 2008 for employees were 75 years for men, as for self-employed, and for farmers higher, 77 years. There is a difference between the sexes when comparing the average age of pensioners, and women from the fund of employees are on average old 75 years, the fund of selfemployed 72, and women farmers 74 years.

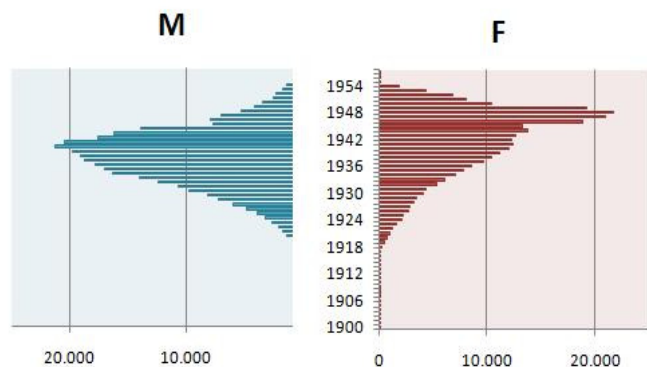
Graph1: Activity ratio, %, 1953-2002



Source: Census analysis, 2006

The dynamics of the disproportionate number of men and women who are entitled to retirement is best seen on the pyramid of age pensioners, which reflects the long-term transformation of the workforce. The sudden increase in female age pensioners (with 13 291 born in 1945, and the 21 645 born in 1948, according to the Fund for pension insurance of employees, 2007), clearly shows that women baby boomers have been more economically active compared to the previous generation of women born in time of economic crisis between the Depression and during the Second World War. After all, the total number of women who have used the right to retirement in 2007, even one-third were members of the baby boom generation. The structure of old age pensioners who were born before the 1941 shows existing sexual imbalance in favor of men. Transformation of society after the Second World War, followed by uncontrolled migration directed to the city due to the agrarian overpopulation, the introduction of compulsory education, new jobs suitable for women's labor force, have led to a changes in traditional gender roles. Gradual, and then after generations of woman baby boomers, a sudden increase in the number of retirees clearly reflects the effects of demographic and economic transitions. An additional issue is the fact that the share of pensioners did not pass the legal age limit for pension, because they used the right for early retirement.

Graph 2: Age pyramid of age pensioners, 2007

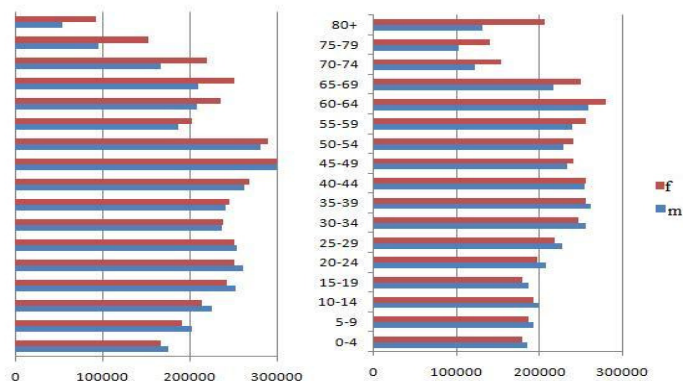


Source: Fund for pension insurance, 2007

In order to understand the scale of the problem and the expected aging baby boom generation of pressure on the pension system, the method that will be used is population projections, taken from the Republic Office of Statistics. According to the medium variant projection, in 2017, baby boomers will continue to be one of the largest cohorts, along with the "echo" generation, born in the eighties, children of baby boomers. The age pyramid is characterized by narrowed base, as a result of low birth, and extended peak, as a result of lengthening life expectancy, and given the tendency according to the projections will only intensify in the future, it is expected further narrowing of the base of the

pyramid, and further expansion of its peak. The number of baby boomers will lead to a "younger" old people, and the increased number of "young" in the elderly population over 65 years, and will lead to an inevitable demographic ageing process.

Graph 3: Age pyramid 2002 and projection for 2017



Source: Census and site of Republic Office for Statistic

Issues that will become more noticeable as a result of rising number of pensioners includes increased need for medical interventions and home health care, and greater pressure on homes for the elderly. Increased number of women pensioners who typically have smaller income than men and put then at risk of poverty. The current number of pensioners can't be ignored, and the expected inflow of baby boomers will be a great challenge for already unwieldy pension system. Serbia did not follow the reforms that majority of European countries did, in the form of the introduction of World Bank 's Three pillar model because it has been estimated that the situation in the country was not appropriate for introduction of compulsory private insurance. Given the current economic crisis, this decision seems right but it does not solve the basic problem. For now, the state solves problems without making big changes, but the announced reform of the retirement law shows tougher policy towards retirees. In fact, the most affected by changes in the law will be women, as it all younger than 45 years will have to reach 63 years to qualify for a pension.

## 2 DISCUSSION

Ageing of population is reality and it has serious and profound implications. Future development of any society will depend on success in dealing with consequences of a rising share of old population. In Serbia, country with 17% of population older than 65 years and projections that in any variant indicate continuation of ageing, implications can't be ignored. Retirement of baby boomers means sudden increase of pensioners; policy makers must be aware of incoming changes. Smaller contingent of young population entering working age, as a result of low fertility in the 1990s, and bigger cohorts of baby boomer just a few steps away from the legal age for retirement, threatens to create a "vacuum" in economically active population. This could lead to lower

pensions, which could affect more woman than man since their pensions are already smaller. Bigger contributions could be another solution, but it may also disturb intergenerational relations. Another issue is the fact that the question of pensions and retirement is frequently a part of prejudice, so the public education should take care of it.

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# DRUŽINA IN DEMOGRAFIJA MED ODGOVORNOSTJO IN SOCIALNIMI EKSPERIMENTI

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## **Povzetek**

*Pričujoča razprava želi predstaviti predlog novega Družinskega zakonika v perspektivi demografskega stanja v R. Sloveniji in pomenu za vrednoto družine, zakonske zveze in koristi otrok. Predlagana ideološko sporna redefinicija zakonske zveze in družine ter izenačitev istospolne registrirane partnerske skupnosti v Družinskem zakoniku, za zakonsko zvezo pomeni nadaljnjo slabitev vrednote konvencionalne družine in s tem nadaljnjo slabitev pogojev za dvig rodnosti v naši državi.*

## **1. Uvod**

Novembra leta 2008 je sedanja vlada R. Slovenije, pod vodstvom Boruta Pahorja, oblikovala vladni koalicijski sporazum z naslovom »Uveljavitev odgovornosti za spremembe« (Uveljavitev odgovornosti za spremembe 2008). V njem so koalicijski partnerji zapisali, da se bodo med drugim odzvali na zaostreno finančno krizo, razslojevanje prebivalstva ter podnebne spremembe. Obenem so zapisali temeljna načela, ki bodo vodila vlado v času do naslednjih volitev leta 2012. To so načela svobode, poštene tekmovalnosti, strpnosti in solidarnosti. Zanimivo pri tem je dejstvo, da je bila iz koalicijskega programa izpuščena skrb za izboljšanje demografske slike naše države. T.i. »demografska zima«, v katero vstopa naša država in ki bo vedno bolj vplivala na socialno in finančno sliko države, po mnenju koalicije ni problem, ki bi bil deležen posebne pozornosti. Skrb za vrednoto družine, rodnost in demografsko prihodnost, je v koalicijskem sporazumu sicer posredno vključena v programe za izgradnjo neprofitnih stanovanj, oblikovanju ugodnih kreditov za mlade družine ter oblikovanje novega družinskega zakonika, ki naj bi celostno uredil družinsko zakonodajo. V tem okviru velja omeniti posebno skrb koalicije, da omogoči posvojitve tudi izvenzakonskim parom ter samskim osebam kot tudi, da olajša postopke mednarodnih posvojitvev. V koalicijskem sporazumu je tudi zapisano, da bo vlada med drugim preučila možnosti za izboljšavo *Zakona o registraciji istospolnih partnerskih skupnosti* (Državni zbor 2005).

## **2. Pojem družine in zakonske zveze v predlogu novega družinskega zakonika**

Že junija in julija 2009 so se v javnosti pojavile poluradne informacije o tem, da se pripravlja novi družinski zakonik

(DZ). Pri tem je zanimivo, da so se že od samega začetka pojavile govorice, da želi vlada v DZ izenačiti istospolne partnerske skupnosti z zakonsko zvezo ter s tem redefinirati tako pojem družine kot tudi zakonske zveze. Predlagana izenačitev bi tako odprla vrata novim oblikam posvojitve otrok v t.i. istospolne skupnosti. Omenjene informacije so se, konec septembra 2009, izkazale kot resnične, ko je Ministrstvo za delo, družino in socialne zadeve poslalo v javno obravnavo predlog DZ (MDDSZ 2009). V tretjem členu DZ je predlagalo redefinicijo zakonske zveze, kot »življenjsko skupnost dveh oseb, katere sklenitev, pravne posledice in prenehanje ureja ta zakonik.« Ob tem pa je predlagalo tudi novo definicijo družine, kot »življenjsko skupnost otroka z enim ali obema staršema ali z drugo odraslo osebo, če ta trajno skrbi za otroka in ima po tem zakoniku do otroka določene dolžnosti in pravice.« Omenjeni predlogi sprememb so že takoj vzbudili veliko pozornost v slovenski javnosti. Komisija Pravičnost in mir pri SŠK je bila ena prvih organizacij, ki je v svoji izjavi »Ohranimo in okrepimo vrednoto zakonske zveze in družine« opozorila na problematičnost omenjene redefinicije (KPM 2009). Amnesty International pa se je, s posebno izjavo, zavzel za redefinicijo družine (Amnesty International Slovenija 2009). Javne predstavitve mnenj, v prostorih Državnega zbora oktobra istega leta, so se udeležile številne organizacije civilne družbe in posamezniki, ki so v veliki večini izrazili nasprotovanje in dvom v takšno, po njihovem mnenju, ideološko redefinicijo družine in zakonske zveze.

Predlog DZ bo, v kolikor bo sprejet, vplival na vrednoto družine in zakonske zveze v slovenski družbi. Prav tako po bo s tem posegel v tiste pogoje, ki bodo posredno vplivali v slovensko demografsko sliko. Temeljno vprašanje, ki si ga ob tem strokovnjaki zastavljajo je, ali lahko s pojmom družine poimenujemo vsako obliko skupnega bivanja, kot tudi, ali je vseeno kakšen »tip družine« država zakonsko priznava in podpira z vidika natalitete in demografije? DZ kot temelj državne družinske politike, naj bi pravno in simbolno ščitil vrednoto zakonske zveze in družine. Seveda pa se ob tem pojavlja tudi vprašanje, kakšno družino in zakonsko zvezo v bistvu ščiti? Z demografskega zornega kota, ni nevtralnno, kakšen tip skupnega bivanja zakonodaja ščiti in finančno podpira. Kot je mogoče analizirati, je že obstoječi *Zakon o zakonski zvezi in družinskih razmerjih* (Državni zbor 2004) vpeljal redefinicijo družinskega in zakonskega življenja, prav tako pa vzpostavil pogoje, ki so



spremenili število sklenjenih zakonskih zvez ter število rojstev v naši državi.

### 3. Kakšno obliko skupnega bivanja promovira in ščiti predlog novega družinskega zakonika?

Predlog novega DZ bo nadomestil dosedanja veljavni *Zakon o zakonski zvezi in družinskih razmerjih* s katerim želi vlada na enem mestu pravno urediti to obsežno materijo. Sedaj še veljavni zakon, je bil sprejet v prejšnjem nedemokratičnem političnem sistemu, ki je med drugim ukinil razlikovanje med izvenzakonsko in zakonsko zvezo ter krivično razlikovanje pri obravnavanju otrok. Slednje je prav gotovo pozitivno, zanimivo pa je, da se je s sprejemom takšne zakonodaje tudi simbolno uveljavila redefinicija zakonske zveze in s tem socialno okolje, ki je odprl nova razumevanja zakonskega in družinskega življenja.

Glede na prejšnji politični ideološki sistem, so upravičena vprašanja, kakšen koncept družine in zakonskega življenja je bil takrat politično sponzoriran, oz. s kakšnim namenom je prejšnja država vstopila v področje družine in zakonske zveze. Zanimivo je, da so imeli vsi veliki ideološki sistemi dvajsetega stoletja skoraj identični pogled na družino. Vsi trije sistemi so bolj ali manj uveljavljali ločitev, izenačitev izvenzakonske zveze z zakonsko in državno sponzorirane institucije, ki so vzgajale otroke v duhu prevladujoče ideologije. »Rdeča nit« vse te državne rekonstrukcije, je bil nadzor nad družinskim in zakonskim življenjem ter poseganje v vzgojo otrok. Z vidikov ideoloških sistemov sta družina in zakonska zveza tisti družbeni celici, ki sta najbolj neodvisni in kjer je posameznik najbolj zavarovan pred družbenimi vplivi. Takšna trdna struktura pa posamezniku omogoča večjo sposobnost kritičnega razmišljanja ter večjo samostojnost. Zato je razumljivo, da sta npr. Marx in Lenin družino in zakonsko zvezo predstavila kot nekakšno kletko, v kateri je predvsem ženska »priklenjena na štedilnik in gospodinjska dela.« S tem pa naj bi bila oropana svojega dostojanstva in temeljnih pravic. Takšno zavzemanje za pravice žensk, ni imelo samo pozitivnih posledic v smislu državljanskih, političnih in ekonomskih pravic; med drugim je šlo tudi za to, da se v imenu parole – ženska je delavka, ki gradi družbeni red – oslabi temeljno celico vsake družbe, t.j. družino. Uveljavitev pravnih institutov, kot npr. razveza, začasna ukinitve sklepanja zakonske zveze za časa oktobrske revolucije, uveljavljanje izvenzakonske zveze in vedno večja vloga države pri ideološki (pre)vzgoji otrok, je skušala ustvariti družbo, kjer bo posameznik kot (ne)subjekt ideološkega aparata »neodvisno« formiran in indoktriniran. Tako rekonstruirana družina, pa je omogočila takšne družbene razmere, v katerih sta bila ideološka kritičnost in družbeni aktivizem pogostokrat izvzeta iz obzorja ideološko preobraženega delavskega človeka. S pomočjo takšnega človeka pa je bilo mogoče graditi kulte osebnosti in psevdoreligiozne rituale, kot npr. *Štáfeta mladosti* in stadionske manifestacije, katerim se še danes lahko čudimo npr. v Severni Koreji.

Ideološki totalitarizmi prejšnjega stoletja so družbeno kritičnost in aktivizem, manipulacijo ter pojem svobode, rekonstruirali tudi s pomočjo državne intervencije v strukturo zakonskega in družinskega življenja. Takšen »družinski projekt« ni vključeval samo modifikacije na zakonodajni ravni; vključeval je tudi načrtno izključitev tistih izobraževalnih vsebin, ki bi kakor koli govorile o tem, kako naj mladi človek uresniči svoj največji ideal – to je družino oz. zakonsko zvezo, kako naj vzgaja svoje otroke in kako naj rešuje družinske probleme. O vseh teh temah, je na vseh nivojih izobraževanja, potekal nekakšen »zaukazani molk« z namenom, da se formirajo generacije in generacije tistih, ki bodo ta ideal v praksi težje uresničevali. Takšni posamezniki, ki so se soočali z neuresničeno oz. neuspešno družinsko in zakonsko zgodbo, pa so bili za sistem neke vrste »idealni državljani«, saj so energijo, ki bi jo usmerjali v kritiko sistema, samoiniciativno in velikokrat nezavedno preusmerjali v reševanje osebnih travm in samo-zdravljenja spominov. Takšna zmanjšana sposobnost ideološke kritike, pa se je na poseben način kazala tudi v lažji idejni manipulaciji in mobilizaciji. Tem državno sponzoriranim premikom na področju družinske politike velja dodati tudi ideje o prekomernem naraščanju svetovnega prebivalstva ter o omejevanju rodnosti. Promocija t.i. nadzora rojstev, kontracepcije in tudi alternativnih oblik skupnega bivanja, ki beležijo manjšo odprtost za življenje, je postala značilnost tudi slovenske družinske politike zadnjih 50 let.

Sedaj veljavni *Zakon o zakonski zvezi in družinskih razmerjih* ni samo dobronamerno izenačil izvenzakonske in zakonske zveze. V bistvu je presešel krivično pojmovanje tistih parov, ki niso bili poročeni od tistih, ki so bili poročeni, prav tako pa je ustvaril razmere, ki so otroke osvobodile statusa »nezakonskosti«. Skoraj 40 let kasneje pa lahko ugotovimo, da so se s sprejemom tega zakona, ustvarile tudi takšne družbene razmere, v katerih so postali poročeni zakonci in njihovi otroci depriviligirani v odnosu do tistih izvenzakonskih parov, ki se v javnosti deklarirajo kot samohranilci in samohranilke. Zaradi ne-registriranosti izvenzakonskega bivanja, ni mogoče ugotovljati, kdo živi sam z otrokom in kdo živi skupaj s partnerjem/partnerico. Zato imajo takšni pari, oz. tako deklarirani posamezniki, v takšnem socialnem okolju prednost pred formalno poročenimi zakonci, ko gre za dodeljevanje socialnih stanovanj, vključitve otrok v vrtce in študentske domove, višine štipendije, plačevanje prispevkov za vrtce, prejemanje socialnih dodatkov idr. To pa pomeni, da so lahko zakonci zaradi dejstva poročeni depriviligirani, stigmatizirani in celo diskriminirani. Takšna družinska politika je dejansko ustvarila razmere, v katerih se poroka finančno ne »izplača« in kjer je posledično tista skupnost, ki je najbolj trdna in statistično najbolj odprta za življenje, že v izhodišču prikrajšana. Na osnovi takšne družbene stvarnosti ni čudno, da smo država z najnižjim številom sklenjenih zakonskih zvez na tisoč prebivalcev v celotni EU (SURS 2006); prav tako pa smo država z eno najnižjih rodnosti tako v Evropi kot verjetno tudi v svetu (Eurostat 2010).

V takšno družinsko in demografsko stanje, vstopa sedanja vlada s predlogom novega DZ. Tudi s tem predlogom ne bo ukinjena pretekla ideološka paradigma in s tem razmerja, ki bodo v praksi še naprej deprivilegirala klasično pravno urejeno zakonsko zvezo moškega in ženske. Še več. S predlogom izenačenja istospolne partnerske skupnosti z (izven)zakonsko zvezo, bo v imenu zagotavljanja pravic istospolnih oseb vzpostavljen sistem, ki bo še nadalje, socialno in simbolno, slabil institucijo zakonske zveze in družine med moškim, žensko in otroci. Ob tem je zanimivo, da je vlada to predlagala, v imenu tistih otrok, ki naj bi že odraščali v istospolnih skupnostih in ki naj bi bili (domnevno) na številnih področjih prikrajšani; prav tako pa tudi v imenu domnevno zavezujočih mednarodnih dokumentov, ki naj bi od naše države zahtevale sprejem tovrstne izenačitve in uvajanje posvojitve otrok v istospolne skupnosti. Slednje seveda nima nobene osnove v mednarodnih dokumentih. Po mnenju *Evropskega sodišča za človekove pravice* ni diskriminatorno, da zakonska zveza moškega in ženske ter istospolna partnerska skupnost nimata enakega pravnega režima, torej enakih pravic in dolžnosti. Prav tako sklicevanje predlagateljev in podpornikov takšne zakonodaje na *Konvencijo o človekovih pravicah in temeljnih svoboščinah Sveta Evrope* nima osnove, saj je *Evropsko sodišče za človekove pravice* (junija 2010) takšno sklicevanje zavrnilo kot neutemeljeno. Zato je silno nenavadno, da vlada, v času socialne in demografske krize, predlaga ideološko rekonstrukcijo družinskega življenja in s tem odpre vrata tveganemu in nepredvidljivemu socialnemu in demografskemu eksperimentu.

#### **4. Ali je t.i. istospolna družina primerna za razvoj in vzgojo otrok?**

Danes naj bi se v določenih idejnih krogih, pod pojmom družina, razumele vse možne kombinacije in relacije, vključno z istospolnimi skupnostmi. Prav tako naj bi bile vse skupnosti enako primerne za vzgojo otrok kot tudi, da tip »družine« nima vpliva na demografsko stanje države. Ideološke trditve, da so tudi istospolne skupnosti enako primerne za posvojitev otrok, so zavajajoča. Dva istospolno usmerjena sta lahko sicer dobra očeta, vendar tudi skupaj nikoli ne moreta nadomestiti matere. Prav tako sta lahko dve lezbijki odlični materi, a bo otrok v njuni zvezi vedno prikrajšan za očeta. Nobena istospolna skupnost ne omogoča tistega, kar lahko da heteroseksualna zveza – namreč skupaj tako očeta kot mater. Prav tako izenačitev istospolnih skupnosti z zakonsko zvezo in finančna ter socialna podpora, nikakor ne more imeti dolgoročnega vpliva na utrjevanje tiste oblike družinskega življenja, ki more pozitivno vplivati na naše demografske kazalce. Temeljni razlogi, zakaj pravna izenačitev istospolnih skupnosti ne more pozitivno vplivati na rodnost in vzgojo otrok ter s tem na demografsko sliko, so številni. Nekatere je mogoče tudi natančneje analizirati.

Predstavniki vlade in različnih nevladnih organizacij v podporo istospolnih skupin poudarjajo, da je za posvojitev otroka in njegovo odraščanje ključnega pomena ljubezen in ne oblika, oz. tip družine ter zakonske zveze. Številne študije kažejo, da otroci za svoj razvoj potrebujejo tako moški kot tudi ženski lik. Prav tako je danes vedno več raziskav in analiz, ki govorijo, da istospolna skupnost ne more biti enaka, ali celo boljša od konvencionalne družine. Ob tem se omenjajo podatki, da je homoseksualna oblika spolnega vedenja povezana z višjo stopnjo tveganja za promiskuiteto, spolno prenosljive bolezni, duševne bolezni, zasvojenostjo s toksičnimi snovmi, nasilju v družini in spolno zlorabo otrok.

Različne študije kažejo, da povprečen homoseksualni moški v svojem življenju zamenja veliko število partnerjev. A. P. Bell in M. S. Weinberg sta v klasični študiji o homoseksualnosti ugotovila, da je imelo 43 odstotkov starejših moških homoseksualcev spolne odnose s 500 ali več partnerji; 28 odstotkov pa 1.000 ali več spolnih partnerjev (A. P. Bell in M. S. Weinberg 1978; . P. Bell, M. S. Weinberg in S. K. Hammersmith, 1981). V študiji spolnih profilov 2.583 starejših homoseksualnih moških, ki je bila objavljena v *Journal of Sex Research*, Paul Van de Ven in drugi raziskovalci ugotavljajo, da je "povprečen razpon števila spolnih partnerjev od 101 do 500 partnerjev." (P. Van de Ven, 1997). Poleg tega je imelo med več kot 25 odstotkov homoseksualnih moških spolne odnose z več kot 500 spolnimi partnerji. Znanstvena revija *Sexually Transmitted Infections* je objavila članek, v katerem je zapisana presenetljiva ugotovitev, da »je bilo povprečno število moških spolnih partnerjev v celotnem življenju bistveno večje pri lezbijkah kot je to bilo pri kontrolni skupini.« (K. Fethers, 2000, 348).

Pogostokrat se omenja tudi večja izpostavljenost homoseksualnih oseb okužbam s spolno prenosljivimi boleznimi. 62% vseh primerov AIDSa v ZDA je med moškimi homoseksualci. (Centers for Disease Control and Prevention 2007; E. O. Laumann 1994). Tudi gejevska in lezbična zdravniška društva priznavajo: "Spolno prenosljive bolezni (SPB) so pogostejše med spolno aktivnimi homoseksualci." Njihove spletne strani ugotavljajo, da to vključuje spolno prenosljive okužbe, "za katere ni zdravila (HIV, hepatitis, B, C; humani papiloma virus, itd.)« (V. M. B. Silenzio 2010). Znanstvena revija *Sexually Transmitted Infections* poroča tudi o "večji razširjenosti bakterijskih vnetij - hepatitisa C in HIV - med lezbijkami (K. Fethers, 2000, 345). Po podatkih slovenskega *Inštituta za varovanje zdravje*, se je leta 2008 z virusom HIV okužilo 45 oseb, od katerih je bilo 34 moških. Dva sta se okužila pri heteroseksualnih odnosih, 32 moških pa se je okužilo pri spolnih odnosih z osebo istega spola. To pomeni, da je moška homoseksualna populacija najbolj dovzetna za omenjeno okužbo. Če primerjamo moški homoseksualni par, ki posvoji otroka, lahko hitro spoznamo, da ima morebitni posvojeni otrok v takšni skupnosti večje tveganje, da se znajde v položaju, ko se bosta njegova "posvojitelja" okužila

z virusom HIV in zanj ne bosta mogla več skrbeti. Osnovni statistični račun vključuje predpostavko, da je v Sloveniji 30.6.2009 živelo 1.011.767 moških in da naj bi imelo po "informacijah" gejevskih aktivistov 10% (t.j. 100.000) moških homoseksualnega nagnjenja (kar je vsaj trikrat več od primerljivih študij). Pod takšnimi pogoji se je leta 2008 0,00021935% vseh heteroseksualnih moških okužilo z virusom HIV; istega leta pa se je z istim virusom okužilo 0,032% homoseksualnih moških. Če primerjamo obe številki, lahko vidimo, da imajo homoseksualni moški statistično 145 krat večjo verjetnost, da se bodo okužili z virusom HIV kot heteroseksualni moški. Če pa sprejmemo realne ocene o številu homoseksualnih moških, da je teh trikrat manj, pa se s tem faktor pogostnosti poveča za trikrat. To pa pomeni, da imajo pripadniki homoseksualne populacije 435 krat večjo verjetnost, da se bodo pogosteje okužili z virusom HIV kot pa je to verjetno med heteroseksualnimi moškimi. Takšen podatek pove, da nikakor ne drži trditev predstavnikov MDDSZ, da je posvojitve v istospolne moške skupnosti enako varna kot v heteroseksualne skupnosti moškega in ženske. Posvojeni otroci v homoseksualne skupnosti imajo do 435 krat večjo verjetnost, da se bodo srečali z osebo okuženo z virusom HIV kot pa je to v heteroseksualni skupnosti. Prav tako imajo do 435 krat večjo verjetnost, da bodo predčasno izgubil enega ali pa celo oba posvojitelja in bodo morali biti ponovno posvojeni.

Višje tveganje za duševne bolezni, je nadaljnja značilnost homoseksualne skupnosti. Leta 1999 je bila objavljena študija v *Archives of General Psychiatry*, v kateri je bilo ugotovljeno, da so geji, lezbijke, biseksualci v mladosti izpostavljeni večjemu tveganju za težje oblike depresij, splošne anksiozne motnje, motnje vedenja, samomorilne misli in poskuse samomora kot običajna populacija (D. Fergusson, 1999). Raziskave obenem tudi poudarjajo, da je v istospolni populaciji zaznati večje tveganje za zasvojenost s toksičnimi snovmi. *The Gay and Lesbian Medical Association* (GLMA) pravi, "Geji pogosteje uporabljajo toksične snovi kot pa je to v splošni populaciji." Dodajajo, da podatki kažejo, da "so homoseksualni moški pogosteje odvisni od alkohola kot heteroseksualni moški". Prav tako "homoseksualni moški pogosteje kadijo kot heteroseksualni moški." (V. M. B. Silenzio, 2010). GLMA poroča tudi, da "lezbijke pogosteje uporabljajo prepovedane droge kot heteroseksualne ženske"; podobno velja tudi za kajenje in alkohol (K. A. O'Hanlan, 2010).

Posebno poglavje predstavlja tveganje za družinsko oz. partnersko nasilje. Leta 1994 so v reviji *Journal of Interpersonal Violence* objavili študijo, ki je preučevala konflikte in nasilje v lezbičnih zvezah. Raziskovalci so ugotovili, da je 90 odstotkov vprašanih lezbijk v zadnjem letu doživelo eno ali več dejanj verbalnega nasilja s strani partnerice; 31 odstotkov pa je poročalo o enem ali več dogodkih telesnega nasilja s strani partnerice (L. Lockhart, 1994). V svoji knjigi *Men Who Beat the Men Who Love Them*, avtorja Island in Letellier ocenjujeta, da "je pojavnost

nasilja v homoseksualnih moških zvezah skoraj dvakrat večja kot je to heteroseksualni populaciji.« (D. Island in P. Letellier, 1991).

Pedofilijo in spolne zlorabe otrok najpogosteje zakrivijo moški. Poročilo *American Professional Society on the Abuse of Children* ugotavlja: "V obeh kliničnih in ne-kliničnih vzorcih moški zakrivijo veliko večino spolnih zlorab otrok." (J. Briere, 1996). V veliki večini primerov so žrtev spolnih zlorab dečki. O tem govori študija *Journal of Sex Research*, ki ugotavlja, da četudi je heteroseksualnih moških 20-krat več kot homoseksualnih moških, so le-ti odgovorni za eno tretjino vseh spolnih zlorab (K. Freund, R. Watson in D. Rienzo, 1989). Mnogi pedofili se opredeljujejo za homoseksualce. Čeprav številni homoseksualni aktivisti skušajo dokazati, da je spol zlorabljenega otroka nepomemben glede na spolno usmerjenost pedofila, študija 229 obsojenih pedofilov, ki je bila objavljena v *Archives of Sexual Behavior* kaže, da 86% storilcev spolnih zlorab dečkov, sebe opisuje kot homoseksualne oz. biseksualne." (W. D. Erickson, 1988).

Posebej velja omeniti tudi višje tveganje za ločitev oz. razpad istospolne skupnosti kot je to v primeru konvencionalne družine. Skupina nemških in norveških raziskovalcev je pod vodstvom Gunnarja Anderssona analizirala podatke o porokah na Švedskem in Norveškem (G. Andersson, 2006). Na Švedskem je registracija istospolne skupnosti možna od leta 1995, na Norveškem pa od leta 1993. Tam je med letoma 1993 in 2001 sklenilo zakonsko zvezo med moškim in žensko 196.000 parov, v istem obdobju pa se je registriralo samo 1.293 homoseksualnih parov. Podobno je na Švedskem med letoma 1995 in 2002 sklenilo zakonsko zvezo 280.000 heteroseksualnih parov, v istem obdobju pa se je registriralo samo 1.526 homoseksualnih parov. To pomeni, da se na Norveškem na vsakih 1.000 porok sklene sedem registracij (0,66%), na Švedskem pa samo pet (0,54%). Hkrati je raziskava pokazala, da je imelo istospolnega partnerja (torej tudi homoseksualno ali vsaj biseksualno usmerjenost) tekom življenja približno 4% žensk in med 4-9% moških. To pomeni, da je potrjevanje zveze pred matičarjem med zvezami moškega in ženske relativno precej pogostejše kot med zvezami oseb istega spola. Statistični podatki kažejo, da so na Norveškem in Švedskem zakonske zveze moških in žensk tudi stabilnejše od registriranih istospolnih skupnosti. Tveganje za ločitev je tako v zakonski zvezi 50% manjše kot v istospolni moški skupnosti oz. kar 167% manjše kot v ženski istospolni skupnosti. Švedski in norveški strokovnjaki so poudarili še, da možnost registracije ali sklepanja zakonske zveze istospolnih parov, ne vplivata pozitivno na njihovo trdnost, medtem ko je dokazano, da so heteroseksualne zakonske zveze veliko trdnejše od izven zakonskih skupnosti.

## 5. Zaključek

Iz omenjenih raziskav je razvidno, da so otroci posvojeni v istospolne skupnosti izpostavljeni večjim zdravstvenim in socialnim tveganjem. Ko je torej govora, ali so istospolne skupnosti enakovredno okolje za psihološki in telesni razvoj otroka res primerne, temu ni mogoče pritrčiti s takšno gotovostjo, kot to delajo nekateri predlagatelji in zagovorniki novega predloga DZ. V javnosti se celo najdejo nekateri posamezniki in skupine, ki trdijo, da ni nobenih relevantnih znanstvenih študij, ki bi nasprotovale legalizaciji istospolnih zakonskih zvez in posvojitve. Številne študije kažejo, da bo otrok v istospolni skupnosti odraščal, v verjetno bolj nestabilni zvezi, kjer se bo pogosteje srečal z nezvestobo posvojiteljev, bolj bo izpostavljen nasilju med posvojiteljema ter pogosteje izpostavljen stiku z osebami okuženimi s spolno prenosljivimi boleznimi. Zaradi teh in drugih razlogov posvojitvam otrok, s strani istospolnih parov, nasprotuje javno mnenje, prav tako pa ga ne legalizirajo v veliki večini držav sveta. Še posebej ker bo s tem povzročila še daljše čakalne vrste za posvojitve otrok. Obenem pa bo t.i. pravica do posvojitve otrok, pomenila tudi brezplačni dostop do etično vprašljivih postopkov umetne oploditve v epruveti.

Demografske posledice tovrstne zakonodaje, je v bistvu lahko predvideti. Predlagana izenačitev ne bo rešila enega temeljnih problemov slovenske družbe, t.j. demografske zime. Nadaljnja relativizacija simbolne in socialne vloge t.i. konvencionalne družine moškega, ženske in otrok bo še naprej negativno vplivala na rodnost in s tem na demografsko sliko naše države. Simbolna vloga zakonodaje bo še naprej ustvarjala razmere, ki ne bodo naklonjene konvencionalni družini in s tem večji rodnosti. Znano je namreč, da je samo konvencionalna družina tista, ki nudi na splošni ravni dovolj ugodne pogoje za posredovanje življenje in vzgojo otrok, v takšni meri, da se družba lahko obnovi in reši iz negativne demografske slike. Utrjevanje konvencionalne družine in zakonske zveze, ustrezni izobraževalni in socialni programi, so zato še vedno najbolj smiselni. Prav tako pa je potrebno v DZ odpraviti vse okoliščine, kjer so poročeni moški in ženske diskriminirani. Neposredna državna intervencija v družinsko življenje in pravice otrok, brez čim širšega družbenega soglasja, se je do sedaj še vedno izkazala kot tvegana in neodgovorna. Zato lahko upravičeno pričakujemo, da se bo vlada in slovenska družba odpovedala takšnemu socialnemu in demografskemu eksperimentu.

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# VPLIV UMETNEGA UREJANJA ROJSTEV NA DEMOGRAFSKO SLIKO R. SLOVENIJE

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## Abstract:

*One of the main challenges of today's Slovenia is the decrease of population. There are many reasons for such state, like redefinition of family and marriage; different role of religion and traditional values in modern society and the influence of the so-called modern pop culture. Among these reasons it is possible to include the issues of contraception and abortion as well. Public sensibility and detabuization of these main reasons for the decrease of the Slovenian population and promotion of basic values like human life, family and critical use of the contraceptive devices, could be part of the long-term demographic solution.*

## Povzetek:

*Slovenija se sooča z dolgoročnim upadom svojega prebivalstva. Razlogi za takšno stanje so zelo različni kot npr. spremenjeno razumevanje družine in zakonske zveze, spremenjen odnos do religij in temeljnih družbenih vrednot ter vpliv moderne pop kulture na odločitve posameznika. Med vzroke je potrebno uvrstiti tudi vpliv umetnega uravnavanja plodnosti, še posebej uporabe kontracepcije in izvajanje splavov. Senzibilizacija javnosti o omenjenih problemih ter promocija vrednot življenja, družine ter kritične uporabe kontracepcije je lahko del demografske rešitve.*

## 1. Uvod

»V boju za ohranitev narave ni pomembnejšega cilja kot umiritev človeške populacije,« je dejal Al Gore, nekdanji ameriški predsedniški kandidat in Nobelov nagrajenec, ter nadaljeval, »da zmanjšamo okoljske probleme je potrebno v državah v razvoju razširiti nadzor rojstev ter programe za splave.« (Human Life International, 2010) Omenjene besede Al Gora odražajo trenutno mišljenje, ko gre za presojo demografskih in okoljskih problemov, obenem pa izražajo Zahodni t.i. »razsvetljeni« pogled na človeštvo in prihodnje generacije. Ob tem si je mogoče zastaviti vprašanje, ali tovrstni pogled zdrži t.i. strokovno presojo in kritiko, ali pa predstavlja novo obliko tveganja in negativnih dolgoročnih vplivov.

Kultura, kjer sta vrednoti življenja in družine velikokrat stvar proste izbire, se pogostokrat sooča z demografskimi problemi. Evropa in z njo Slovenija vstopata v t.i. »demografsko zimo«, kjer postajajo otroci redkost (Eurostat. Demographic Outlook, 2010, 42). V zadnjih tridesetih letih se je rodnost v svetovnem merilu, zmanjšala za več kot 50%

(Feder Don, 2010). Leta 1979 je imela povprečna ženska na tem planetu šest otrok; danes jih ima 2,9. To število še vedno vsako leto pada. V Evropi se je število otrok, mlajših od pet let, v 50 letih zmanjšalo za 36%. Vedno manj otrok in vedno več starejših ljudi je svet v katerega vstopamo. V tem okviru postaja najpomembnejša številka 2,1 – kolikor znaša faktor rodnosti, ki družbi omogoča preživetje.

## 2. Demografska slika R. Slovenije

Zadnji relevantni podatki na področju demografije so iz leta 2008 (Statistični urad R. Slovenije, 2010). Takrat je v Sloveniji živel nekaj več kot 2 milijona ljudi. Tega leta se je rodilo 21.817 otrok; od tega 52,9% zunaj zakonske zveze (Eurostat 2010, 177). Značilno za to leto je bilo, da je vedno manj sklenjenih zakonskih zvez in vse več razvez. V primerjavi s časom pred štiridesetimi leti, je bilo leta 2008 2,5 krat manj porok in 2,5 krat več razvez. Statistični urad R. Slovenije ugotavlja, da rodnost upada že skoraj 100 let, posebej intenzivno pa po letu 1980. Prav tako se starost matere ob rojstvu prvega otroka stalno zvišuje. Pred 40 leti je bilo več kot 50% mater ob rojstvu prvega otroka mlajših od 25 let; leta 2008 pa je bilo takšnih mater okoli 20%. Zanimivo je, da se je število tretjerojenih otrok v zadnjih petdesetih letih zmanjšalo za 40%, višjerojenih pa za več kot 80% manj.

Statistični urad R. Slovenije in Eurostat ugotavljata, da se bo prebivalstvo v Sloveniji staralo hitreje kot v ostalih državah EU-27 (Giannakouris Konstantinos, 2010). Po srednji napovedi bo do leta 2060 število prebivalstva v naši državi padlo za 12% (ob pogoju, da se bo rodnost povečala na faktor 1,53); po pesimistični napovedi, pa nas bo leta 2060 samo 1,45 milijona.

Ne glede na vse te podatke, rodnost in z njo povezana demografska slika postajata eno izmed ključnih vprašanj naše prihodnosti. Ob predpostavki, da je v družbenem in državnem interesu, da se število prebivalcev ustali in da se rodi dovolj otrok za obnovo prebivalstva, je potrebno razmisliti o nekaterih ključnih razlogih za nastanek takšnega demografskega stanja, prav tako pa si je potrebno zastaviti vprašanje, kaj lahko država in posamezniki naredimo za to, da se bo demografska slika izboljšala.

## 3. Nekateri vzroki za nastanek demografske zime

Primerjava podatkov izpred štiridesetih let in današnjimi, govori ne samo o tem, da se je število rojstev zmanjšalo, temveč tudi o vrednostnih premikih, ki so se zgodili na

individualni in družbeni ravni. Med temi posebej velja omeniti tiste, ki so povezani z razumevanjem družine, zakonske zveze in nerojenega življenja. V strokovnih krogih že dolgo časa obstaja prepričanje, da je rodnost velikokrat povezana z vrednoto družine ter zakonske zveze. Bolj ko sta v družbi uveljavljeni vrednoti družine in zakonske zveze, manj je tveganja za nizko rodnost. Prav tako pa velja nasprotno, da manj ko je smisla za zakonsko in formalno urejeno družinsko življenje, večje je tveganje za nizko rodnost. Čeprav je povezava med rodnostjo in zakonskim ter družinskim življenjem zelo pomembna, ob tem ni mogoče spregledati tudi nekatere druge dejavnike, ki vplivajo na nizko rodnost.

**3.1 Spremenjeno razumevanje družine in zakonske zveze.** Redefinicija zakonske zveze je eden od načinov, kako je mogoče zmanjšati rodnost (Ian Smith, 2004). Izenačitev izvenzakonske zveze z zakonsko zvezo je tako lahko eden od načinov, kako je mogoče zmanjšati rodnost (Popenoe, David, 2008). Omenjena izenačitev v Sloveniji ni samo spremenila razumevanja družine, temveč je ustvarila specifične družbene razmere, v katerih so postali poročeni zakonci (v primerjavi z izvenzakoncami) na številnih področjih deprevilegirani in celo »finančno kaznovani«. To še posebej prihaja do izraza v primerih, ko se izvenzakoncami prikazujejo kot enostarševski starši ter uveljavljajo ugodnosti v primeru dodelitve otrok v vrtec, plačevanju prispevkov, davkov, kandidiranju za socialna stanovanja, štipendije otrok, socialnih pomoči itd. Trenutni vladni predlog Družinskega zakonika uvaja še radikalnejšo redefinicijo zakonske zveze in družine. Po tem predlogu naj bi bile istospolne registrirane skupnosti v vsem izenačene z zakonsko zvezo oz. izvenzakonsko zvezo. V praksi bi to pomenilo, da bi bila tudi neporočena istospolna partnerja izenačena z (izven)zakonskim heteroseksualnim parom in deležna enakih socialnih ugodnosti. Takšen vrednostni premik, bo po mnenju mnogih, še nadalje slabil pomen konvencionalne zakonske zveze in družine, prav tako pa bo slabil pozitivni vpliv vrednote družine in zakonske zveze na rojevanje otrok. Sociološke analize govorijo, da je za državljana oblika skupnega bivanja lahko stvar proste izbire; za družbo in državo pa vse oblike skupnega bivanja niso enako pomembne. Konvencionalna družina moškega, ženske in otrok je edina oblika družinskega življenja, ki družbi in državi omogoča dolgoročno demografsko preživetje. Eksperimentiranje, redefiniranje in izenačevanje na področju družine, se lahko kratkoročno kažejo kot moderne in inkluzivne (Alho Juha, Keilman Nico 2007, 252); dolgoročno pa odpirajo številne demografske, socialne in ekonomske probleme.

**3.2 T.i. razpad klasičnih vrednot in spremenjen odnos do religij.** Po drugi svetovni vojni in še zlasti po letu 1968 in 1989 smo na vrednostnem področju pričeli številnim premikom. Navkljub številnim pozitivnim spremembam, kot npr. okoljska ozaveščenost, globalna solidarnost in medsebojno spoštovanje, pa na drugi strani beležimo pravo razgradnjo temeljnih vrednot kot so to npr. družina,

zakonska zveza, nerojeno življenje, zvestoba, nenasilje v zakonu, ekonomska pravičnost itd. Sprejem ideološke in vrednostno pogojene zakonodaje pred 40 in 50 leti, izključitev verskih skupnosti in duhovnih vrednot iz javnega življenja, še zlasti izven šolskih programov, sovpada s krizo temeljnih družbenih vrednot, ki vplivajo na demografsko sliko. Vedno večja osebna avtonomija, odpoved klasični (krščanski) etiki in uvajanje kolektivne ter kasneje neoliberalne ideologije, je v slovenski družbi ustvarilo okolje kjer sta za mnoge posameznike želja po otrocih in družini velikokrat neuresničeni. Čeprav omenjeni želji še vedno veljata za največji vrednoti med mladimi ljudmi.

### 3.3 Mediji in sodobna kultura.

Verjetno eno od najpomembnejših področjih, kjer si ljudje izoblikujemo stališče o samem sebi, smislu življenja in vrednotah, je danes t.i. množična pop kultura, ki s svojimi podobami, sporočili, ideali vpliva na posameznikovo odločitev, ali se bo poročil oz. imel svoje otroke. Poročila o (ne)uspešnih zakonskih zvezah, kriminalu, družinskem nasilju v marsičem ustvarja javno mnenje, ki je družini in življenju naklonjeno oz. jo zavrača. Ob tem velja omeniti tudi številne ideje o tem, kakšni (materialni) pogoji morajo biti zagotovljeni, preden se mlad par odloči za otroka kot tudi odsotnost ustrezne družinske in starševske vzgoje v naših šolskih programih. Tabuizacija tovrstnega življenja ter premajhna prisotnost pozitivnih zgledov gotovo vpliva na okolje, ki je življenju bolj (ne)naklonjena.

Med vzroki za slabo demografsko sliko velja omeniti odloženo odločitev za zakonsko in družinsko življenje. Pred 40 leti je bilo 50% mater, ki so rodile prvega otroka mlajših od 25 let; danes jih je takšnih mater samo še petina ali 20% (Statistični urad R. Slovenije, 2010). Prednost formalno neurejenemu izvenzakonskemu bivanju prav gotovo ne vpliva spodbudno na rodnost. Znano je, da se v izvenzakonskih skupnostih partnerji težje odločajo za otroke, težje sprejemajo morebitnega nezaželenega in nenačrtovanega otroka ter imajo na splošno nižjo rodnost, kot je to v konvencionalni družini. Omeniti velja tudi pojav, ki ga strokovnjaki imenujejo gamofobija ali strah pred poroko. Gre za psihološki pojav, kjer se mladi zaradi strahu pred razpadom zakonske zveze težje in kasneje odločajo za skupno življenje. Razlogi so lahko osebni (izkušnja razpada njihove družine), odsotnost oz. preslaba družinska in starševska vzgoja ter negativni kulturni in medijski pritiski. Posebna skupina vzrokov, za nastanek »demografske zime«, se nahaja v osebnem in družbenem odnosu do nadzora plodnosti in sredstev za uravnavanje plodnosti.

### 4. Ali nas vsesplošni dostop do splava in kontracepcije lahko reši iz »demografske zime«?

V slovenski strokovni literaturi se redkokdaj povezuje demografsko stanje z obstoječimi sredstvi in programi za uravnavanje rodnosti. Pod tem pojmom je, v slovenskem kontekstu, mogoče razumeti predvsem »ustrezno« spolno vzgojo v izobraževalnih programih, bolj ali manj vsesplošni

in brezplačni postopki za umetno prekinitve nosečnosti ter prost dostop do kontracepcijskih sredstev. Po skoraj 50 letih je prišel čas, da se v okviru razmisleka o demografskem stanju naše države dotaknemo tudi teh občutljivih tem. Razlog za takšno »občutljivost« je prav gotovo v tem, da so številni državljani in državljanke tako ali drugače osebno vključeni v to tematiko. Prav tako pa se kritičen premislek o omenjeni temi sooča s t.i. tabuizacijo tovrstnega govora, za katerega je značilna pogostokrat čustvena in emancipacijska argumentacija, ki racionalnemu in uravnoteženemu govoru ni naklonjena.

Teme kot npr. nerojeno življenje, umetno uravnavanje plodnosti, predrojstvena diagnostika, sterilizacija, splav itd. so znotraj katoliške moralne teologije izredno žive in aktualne. V prvi meri ne gre tu samo za vprašanje moralnosti oz. etičnosti, temveč tudi za dojetje vpliva teh tem na telesni, duševni, duhovni in socialni ravni. Biblično razumevanje človeka in družbe izhaja iz prepričanja, da imajo vsa dejanja sociološke, biološke kot tudi duhovne razsežnosti oz. vsebine. To pa so vsebine, ki jih znotraj verske skupnosti in širše prepoznamo pod pojmi kot so vrednote, moralna načela, osebna prepričanja in drže itd. Uvajanje t.i. »kontrolne rojstev«, sredi 60 let prejšnjega stoletja, je želelo odgovoriti na problem »demografske bombe«. Vedno večje naraščanje svetovnega prebivalstva je povzročilo veliko zaskrbljenost na področju zagotavljanja hrane, vode, energije pa tudi ohranjanja miru in trajnostnega razvoja. Malthusianizem – je kot ideja postal ideologija Združenih narodov, Mednarodnega denarnega sklada in Svetovne zdravstvene organizacije. Še dandanes se ta ideologija kaže kot neposredna finančna in tehnična podpora programom za nadzor plodnosti, splava in kontracepcije. Tovrstna mednarodna politika se je izkazala kot zelo uspešna (Leridon Henri, 2006). V številnih državah se je rodnost umirila, v Zahodnih (še posebej evropskih) pa je drastično upadla in je danes pod mejo redne obnove prebivalstva.

Zakonsko urejen vsesplošni dostop do kontracepcije in splava je v marsičem odgovoren za nastanek današnje demografske slike v Sloveniji (Institute for Family Policies, 2010). Legalizacija splava v petdesetih letih prejšnjega stoletja, je na eni strani omogočilo državljanom svobodno odločitev o številu svojih otrok; na drugi strani pa je preprečila rojstvo tiste generacije otrok, ki bi nas danes reševala iz demografske zime. Tako je med leti 1981 in 2004 v postopkih splava izgubilo življenje 312.108 otrok (IVZ, 2008). Vendar ta številka ni dokončna. Za ustrezno razumevanje obsega vpliva »nadzora rojstev« je potrebno dodati še število splavljenih in uničenih otrok v postopkih umetne oploditve v epruveti. V R. Sloveniji so med leti 1984 in 2002, v okviru t.i. oploditve z biomedicinsko pomočjo, umetno ustvarili 39.697 človeških zarodkov iz katerih se je rodilo samo 2.324 otrok (Virant-Klun, 2002, 200-201). To pomeni, da je bilo za rojstvo enega otroka, spočetega v epruveti, potrebno ustvariti in uničiti v povprečju 16 zarodkov. Da bo predstava o že spočetih, vendar kasneje

abotiranih otrocih celovitejša, je potrebno upoštevati tudi vpliv prostega dostopa do umetne kontracepcije. Z legalizacijo in brezplačnim dostopom do kontracepcije nismo samo preprečili številnih spočetij, temveč smo s temi sredstvi preprečili tudi rojstvo že spočetih otrok. T.i. abortivni učinek kontracepcije danes beležimo skoraj pri vseh hormonskih oblikah umetne kontracepcije. Koliko nerojenih otrok je bilo na ta način eliminiranih, seveda natančno ni mogoče govoriti. Po strokovnih ocenah uporablja hormonsko kontracepcijo približno ena tretjina žensk (Renar Irma, 2008). Število uporabnic hormonske kontracepcije pa še narašča. Zanimiva je tudi informacija, da je več kot 50% žensk, ki so opravila splav, to storile po tem, ko so uporabljale »zanesljiva« kontracepcijska sredstva. Praktična uspešnost in zanesljivost tovrstnih sredstev je še vedno zelo vprašljiva. Obseg te razprave ne dopušča natančnejše analize omenjenih postopkov in sredstev umetnega nadzora rodnosti. Prav gotovo pa njihova nekritična uporaba ne vpliva pozitivno na nataliteto in demografsko stanje družbe.

Katoliška teologija gleda na uravnavanje plodnosti kot na legitimno željo znotraj zakonske zveze. T.i. načelo »odgovornega starševstva«, ki vključuje premislek o številu in razmiku med otroci, je del katoliške teologije. Odločitev za uporabo t.i. »naravnih metod uravnavanja plodnosti«, je lahko koristen, zdravju prijazen in brezplačen način, kako zakonci odločajo o številu svojih otrok. Takšen način uravnavanja plodnosti ne posega v že spočeto življenje, obenem pa vključuje pozitiven odnos tudi do tistih otrok, ki niso vedno najbolj načrtovani. Vse kaže, da prihodnost družbe ni odvisna od tega, kako sprejema izključno načrtovane in zaželene otroke; vedno bolj postaja tudi razumljivo, da ima prihodnost samo družba, ki je sposobna integrirati tudi t.i. nepričakovane in nezaželene otroke.

Znotraj katoliške teologije velja omeniti tudi zanimivo perspektivo, ki se dotika duhovnih in socialnih posledic umetnega uravnavanja plodnosti. Med temi velja še posebej omeniti vpliv kontracepcije in splava na psihološko stanje zakoncev, odločitev za družinsko ter starševsko življenje ter neplodnost. Vedno bolj se kaže, da je porast uporabe kontracepcije in izvajanja postopkov splava povezan z nižjo stopnjo poročnosti, krajšo življenjsko dobo zakonske zveze ter posledično nižjo rodnostjo.

## 5. Kaj lahko naredimo?

V antičnih tradiciji poznamo pregovor: »Grki so zavzeli Trojo, ker so to poskusili.« Omenjena modrost govori, da vsako obdobje človeške zgodovine odpira številne možnosti, ki jih lahko izkoristimo in pravilno uporabimo. Znotraj slovenske demografskega stanja velja, da lahko kot družba in posamezniki naredimo zelo veliko. Ustrezno izobraževanje, sprejem zakonodaje in aktivno promoviranje ključnih vsebin za dvig rodnosti lahko že na kratki rok spremeni demografske kazalce. Nekatere – vendar ne vse – je mogoče izraziti v naslednjih predlogih:

- a. *Revizija dosedanjih izobraževalnih vsebin na vseh stopnjah izobraževanja.* Uvajanje družinskih in starševskih vsebin je potrebno prepletati z ustreznim izobraževanjem na področju kritične uporabe umetne kontracepcije in odgovorne spolnosti.
- b. V naših šolskih programih je potrebno *detabuizirati nerojeno življenje.* Večja ko bo med ljudmi zavest o nerojenem življenju, lažje bodo nosečnost presojali iz perspektive nerojenega otroka. Država naj zagotovi tudi pravico vsake ženske do posveta pri psihologu in ustreznega časa za premislek pred splavom (Tisu Mojca, Mahnič Jana. 2010).
- c. *Državljanom in državljkam je potrebno zagotoviti celostne informacije o naravi in načinu delovanja umetnih kontracepcijskih sredstev.* Tu ne gre samo za vprašanje uravnavanja plodnosti, gre tudi za številne dileme povezane z učinkom tovrstnih sredstev na zdravje žensk, na morebitno nerojeno življenje in na alternative metode uravnavanja plodnosti.
- d. *Z ustrezno finančno, socialno in davčno politiko je potrebno spodbujati sklenitev zakonske zveze med mladimi.* To najprej pomeni, da se v praksi odpravijo vse tiste okoliščine, kjer so poročeni zakonci diskriminirani; prav tako pa je potrebno spodbujati mlade, da leto poroke čim bolj zniža na čas okoli 25 let (Eurostat, 2009, 33). Več ko bo ljudi živelo v urejenih zakonskih zvezah, večje upanje bo za porast posredovanja življenja.
- e. *Poseben izziv je vprašanje kulture in idealov, ki jih ustvarja.* Posebna kulturna politika, tudi na področju filmov (npr. v smislu slovenskih pozitivnih družinskih filmov), je z vidika dviga rodnosti lahko pomembna in smiselna. Vgraditev pro-družinskih in pro-življenjskih vrednot med medijske vsebine je stvar, ki bi jo lahko država izvajala preko svojih posebnih programov.
- f. *Sprejem takšne zakonodaje s katero se bo vloga konvencionalne družine krepila in ne manjšala.* Ob trenutnih razpravah povezanih z izenačitvijo istospolne skupnosti je potrebno poudariti, da naj se vsa področja, kjer so istospolni partnerji prikrajšani uredijo znotraj obstoječega Zakona o registraciji istospolnih partnerskih skupnosti; Družinski zakonik pa naj še naprej ureja samo področje konvencionalne družine. Zakonodaja nima samo namena, da ugotavlja in urejuje trenutno socialno stanje. Zakoni imajo, s svojo vsebino, tudi usmerjevalno vlogo in določujejo kaj so temeljne družbene prioritete ter vrednote. Zato je podarjanje konvencionalne družinske politike prioriteta vsakega zakonodajalca, ki se želi ustrezno odzvati na sedanjo demografsko sliko.

## 6. Zaključek:

Omenjena razprava želi predstaviti katoliški teološki pogled na demografsko stanje v Sloveniji. Poleg številnih problemov, ki so bili predstavljeni, velja omeniti še tistega, ki govori o povezavi med religijo, duhovnostjo in rodnostjo (Patrick F. Fagan, 2009). Sociologi opažajo, da osebna vernost pogostokrat sovпада z večjo naklonjenostjo do zakonskega, družinskega in starševskega življenja. Zato je ustrežna družbena percepcija pozitivne vloge različnih religij ključnega pomena. Eden od načinov kako je to mogoče doseči, je lahko uvedba splošnega pouka o verstvih (ne konfesionalnega verouka) s katerim bi prihodnjim generacijam ponovno odprli pogled v svet duhovnega. Odločitev za rojevanje otrok in oblikovanje družine ni samo stvar financ, kapitala in socialnega položaja. Omenjena odločitev pogostokrat temelji na duhovnih vrednotah, kot so npr. veselje nad življenjem, žrtvovanje, solidarnost in pogum, da človek tvega. Večje ko bo število ljudi (nevernih, vernih in drugače vernih), ki bodo živeli te duhovne vrednote, lažje bo oblikovati tisto generacijo, ki bo preseгла sedanjo demografsko in socialno krizo.

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# GENDER FEATURES OF REPRODUCTIVE ATTITUDES IN CONTEMPORARY UKRAINE: SOCIO-CULTURAL AND SOCIO-ECONOMIC BACKGROUNDS

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## ABSTRACT

The article deals with the problem of some gender features of reproductive attitudes in contemporary Ukraine, particularly of the notions about ideal and desired number of children in a family, which are different in attitudes of Ukrainian women and men. Possible explanations of such differences are generalized; among them are socio-cultural factors, an instability of marriage relationships and wide spreading of mono-maternal families, gender inequality on Ukrainian labor market, high level of poverty of Ukrainian families with children.

## 1 INTRODUCTION

Since 1990 in Ukraine deep social demographic crises has been observed, one of the most obvious features of which are a lower of birth rate and the depopulation tendency. The birth rate in Ukraine was declining during the XX century, but just the last ten-year period of it brought out a rapid decline of birth rate to the critical level. That was connected with collapse of the USSR and deep social economic crises in its past states.

Since 2002 a positive tendency of step-by-step birth rate rising has been observed, it leads to deceleration of speed of decline of child-family ratio [1, p. 19]. This tendency is explained by Ukrainian demographers as post-crisis compensation of child-birth [1, p. 25]. This process was stimulated by demographic politics and by the imposition of the sufficient one-time assistance at birth since 2005.

The important achievement of demographers and sociologists is the understanding that social economical factors influence a birth rate not directly but through reproductive behavior, changes in structure of life necessities, personal values and social norms.

Birth rate tendencies are defined by the complex of factors, such as social, economic, medical etc. Social and

economic-labor factors – employment, social status, educational level, welfare, ethnicity and religion are general factors that influence reproductive activity through the system of social norms, life values and behavior patterns, so the influence of economic and social determinants is realized through the prism of world-view and axiological factors [2, p. 20].

## 2 BACKGROUND

The process of formation of reproductive attitudes in Ukraine is been realized on the basis of radical transformation of family and parenthood institutions, the main features of which are [3, 4]:

- *The changes of social cultural model of family planning* from normative to more rational, that are inevitably connected with decline of number of children in a family. The standard of having babies as a must, conditioned by traditions of Agrarian society and sufficiently stimulated by ideology and social politics of Soviet period, gradually is vanishing from our culture. According to the results of research in Russia more than 50% of respondents from the youngest age group think that the best time for a married couple for having a baby is “when a family is already on their legs”, at the same time members of older age group choose the answer “at first year after marriage” and “as God gives” [3, p. 93].
- *The expansion of first-child birth-giving women’s age.* On the one-hand, the decrease of the age of first-baby birth is conditioned by decrease of the age of sexual life starting. On the other hand, women’s needs in professional growing and economic independence lead to deliberate child-birth in later age after achievement of a certain success in career and material wealth.
- *The spreading of the life style of women as well as men which is not connected with marriage and child-birth:*

some business women don't want to break up a career for having a baby. Demographers and sociologists fixed the phenomenon of "conscious childlessness", although its display is more frequent among men than women [4, p.59]. According to the results of social-demographic survey "Family and children", which was done by Ukrainian Institute of demography and social research" in 2008, 1,2% of respondents suppose the childless family is the best model of a family. "Desire to concentrate on own interests" and "desire to have more free time" was expressed by 35% respondents who suppose that childless family is the best [2, c. 43]. Another fact that is bother of demographers is that each fifth respondent gives the positive answer to the question "if he/she supposes the conscious childlessness of reproductive healthy couples to be justified". Besides that in the youngest group (15-19 years) the part of those who accept the conscious childlessness is higher than in other age groups [2, c. 44-45].

- *The separation the parenthood and marriage.* It is displayed in rising of a number of couples that consciously refuse to have children, mono-parental families (usually mono-maternal) become widespread.

In addition to that we can say about some gender features of reproductive attitudes and parent-preference of Ukrainian women and men.

### 3 RESULTS

The results of Ukrainian demographic research demonstrate that index of ideal, desired and planned number of children is higher among men than women. Particularly, the lowest average ideal number of children was in a group of youngest women (1, 87 babies) that is unfavorable for future demographic development of the country if taking into account the popularity of the ideal of childless family among young people [1, c. 122].

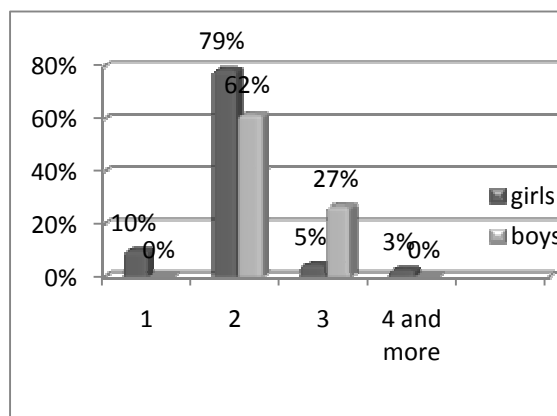
To be guided by such concern of demographers, we have decided to detail the issue about Ukrainian youth's child-birth preferences. There were 123 respondents who took part in research of April of 2009 (49% - boys, 51%-girls). The average age is 19,6 years old. By the method of poll we questioned the students of three Poltava Universities and one college. The research had *searching character* and its aim was to determine some tendencies of gender features of reproductive attitudes.

"Every woman must become a mother" –76% of respondents absolutely agree with this statement, sufficient gender differences were not revealed. At the same time girls considerably higher evaluate the necessity of parenting for men than boys: 81% of girls and 65% of boys absolutely agreed with a statement "Every man must become a father and bring up children", the boys' judgments were displaced to more restrained position "rather agree".

One of the key reproductive attitudes is a child-birth preference, which is concretized in ideas of ideal and

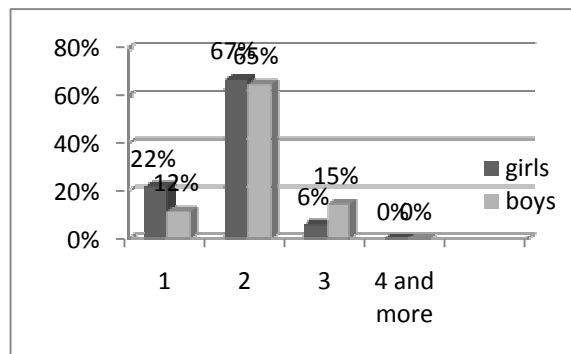
desired number of children. Sufficient gender differences were discovered in youth's judgments about ideal number of children in a family. Particularly, none of boys called the one-child family an ideal, but among the girls such there were 10%. At the same time, among boys there are three times as many who consider a three-child family an ideal (See Diagram 1).

Diagram 1. Gender differences in distribution of answers to the question "If not to take into account the certain circumstances of family life, what number of children is ideal?", %<sup>1</sup>



Gender differences were confirmed in girls' and boys' judgments about number of children which they want to have. Particularly, among boys would like to have three babies almost three times more than among girls. Girls' reproductive preferences are displaced to having one-two children (See Diagram 2).

Diagram 2. Differences in distribution of answers to the question "How many children would you like to have ?", %



These results confirm the demographers' opinion about that in spite of measures of demographic policy which are aimed to rising assistance at birth, the backgrounds to expect sufficient birth-rate upgrade are absent [5, p. 8].

What are the main causes of discordance of reproductive attitudes of Ukrainian girls and boys, women and men? Let us generalize possible explanations.

<sup>1</sup> In the Diagrams is not represented the answer "it is hard to say"

Social and cultural transformations and market economy stimulate an active involvement of women to out-family activity that leads to overloading of women with social roles and inevitably cause their conflict. To save own viability in a market environment and be equal in professional competition with men, the most rational way for woman is emancipation from the role of mother of many children, so limiting the number of children.

The up-to date state of Ukrainian employment market, low effectiveness of state and social mechanisms that would enable to unite women's professional and maternity functions, sustain such self-limits. Particularly, in 2006 the birth-rate rising had lead to the lack of places in kindergartens (the number of which actively had been reducing during 1990), overload of state pediatric departments. According to official data of State Statistics Committee in 2009 in pre-school institutions of Ukraine there were 1,121 thousand places, but the number of children in these institutions was 1,214 thousand, so kindergartens were overfilled with 93 thousand children [6]. Such processes are accompanied with low involvement of Ukrainian fathers into the child's upbringing yet. Ukrainian legislation makes possible for fathers to take a "maternity" leave, but a father in such leave is an exotic phenomenon for Ukraine. It could be explained by both subjective factors (dominating of patriarchal culture) and objective reasons. For example, the higher level of labor payment of Ukrainian men and, as effect, the higher losses for family budget because of men's unemployment during the leave. The rate of child care allowance in Ukraine is too low to compensate such losses.

Child-birth and upbringing in contemporary Ukraine is connected with some risk for a family at all and particularly for women.

*The first risk.* An instability of marriage relationships and expansion of mono-maternal families. The level of divorce in Ukraine in different years of the beginning of 2000 was 1,5-2 marriages per each 1 divorce, although the economical crises of the last years led to changing of this correlation to 1,3 marriages per 1 divorce at the expense of decrease of divorces as well as marriages [7]. According to the data of Ukrainian population census (2001) each fourth Ukrainian family with under-age children is lone-parent (in 92,5% of such families children are growing up without father, in 7,5% — without mother), and in Ukrainian cities it is each third family [1, p. 13].

Such risk is strengthened by gender inequality on Ukrainian labor market that complicates the state of mono-maternal families. According to the data of official statistic in 2006 the level of labor pay of Ukrainian women was 72, 8% of average payment of Ukrainian men [8, p. 395], besides gender gap is increased with growth of profitability and prestige of activity.

*The second risk.* Ukrainian sociologists point out specific Ukrainian phenomenon of "working poor" and note that one of the main factors of poverty is a number of children in a family [9]. Contemporary steps of demographic

politics (imposition of the sufficient one-time assistance at birth) are examined by Ukrainian demographers as ineffective, because they aim not to improve a wellbeing of families with children, but just stimulate a child-birth, that demonstrate a new dynamics of poverty level of families with children under three years [1, p. 34].

#### 4 CONCLUSION

So, refusal of child-birth is viewed as aspiration to decline such risks. If limiting of a number of children is some kind of reaction of woman's self-protection in a system of market economy, decrease individual demand in children could be interpreted not as a loss of this demand in competition with another demands, but as a mechanism of an adoption to the complications of society social economical organization [2, p. 53].

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# TUDI V SLOVENIJI MEDGENERACIJSKI PREPAD IN VEDNO VEČ STAREJŠEGA PREBIVALSTVA

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## ABSTRACT

*The text discusses the ageing of the population in Slovenia and indicates the possible continuation of this process in the future. The evolution is shown through the results of population censuses and regular statistical surveys on population, with future calculations, based on population projections EUROPOP2008 for Slovenia, also being suggested. All the statistical findings and results point to an excessive rate of ageing of the population in Slovenia, which effectively absorbs the necessity for such population policy that will soon have more power directed primarily at building a new, good-quality solidarity between generations.*

**1. Kdo so »starejši« oz. stari prebivalci in kaj je staranje**  
Meja med srednjimi leti in obdobjem starosti ne more biti natančno opredeljena, saj v vseh družbah nima enakega pomena. Ljudi lahko začnemo opredeljevati kot »starejše« oziroma »stare« ali jih uvrščati med take, ko se v njihovi dejavnosti zgodijo nekatere spremembe ali ko se spremeni njihova družbena vloga (ko na primer postanejo stari starši ali ko se upokojijo), lahko pa potem, ko izpolnijo določeno število let oz. ko prestopijo določeno starostno mejo. O tem, kdo so starejši oz. stari, ni popolnega soglasja (niti v posamezni državi, kaj šele v Evropi oz. svetu), in se zato za različne potrebe uporabljajo različne starostne meje. Vedno bolj se pri opredeljevanju ljudi po starosti uveljavlja delitev, po kateri se starost začne z upokojitvijo. V Sloveniji običajno, tako kot v Evropi (Eurostat), uporabimo za razvrščanje prebivalstva v velike starostne skupine naslednjo delitev: osebe, stare 0–14 let: »mladi«; osebe, stare 15–64 let: »delovno sposobni«; osebe, stare 65 let in več: »stari«.  
»Definicija« starosti se spreminja tako v teorijah družboslovcev kot tudi v besednjaku politikov in različnih organizacij. V zadnjih letih se pogosto sliši besedna zveza »aktivno staranje«, s katero se želi poudariti, da starost še daleč ni le odvisno, nedejavno (pasivno) obdobje življenja, saj naj bi po upokojitvi ljudje zaživel v novih oblikah dejavnosti, koristnih za družbo.

**2. Resnično bogastvo vsakega naroda so njegovi ljudje**  
Današnji čas je obdobje velikih družbenih sprememb; te so v veliki meri posledica razvoja političnih, gospodarskih in prebivalstvenih dejavnikov. Zaradi leta trajajočega zniževanja rodnosti, zmanjševanja smrtnosti oz. daljšega trajanja

življenja se posebej v razvitem svetu – in to evropske družbe so – srečujemo s pospešenim procesom staranja prebivalstva ter s spremembami in težavami, ki so s tem povezane. O staranju prebivalstva govorimo takrat, ko se delež prebivalstva nad izbrano starostno mejo (pogosto je to doseženih 65 let) povišuje glede na celotno prebivalstvo. Čeprav so ustrezni kazalniki že vrsto let opozarjali na ta pojav, se moramo zavedati, da je »staranje prebivalstva tih proces, da se razvija dalj časa in povzroča posledice, ki jih je težko predvideti« (Antonio Galini<sup>1</sup>). Zato je tudi zdajšnje stanje staranja svetovnega prebivalstva kljub vsemu nekaj novega, je edinstveno, nepredvidljivo in ga je treba obravnavati drugače. »Današnji stari ljudje namreč niso takšni kot stari ljudje včerajšnjega dne in so drugačni od starih ljudi jutrišnjega dne« (Elizabeth Mullen<sup>2</sup>).

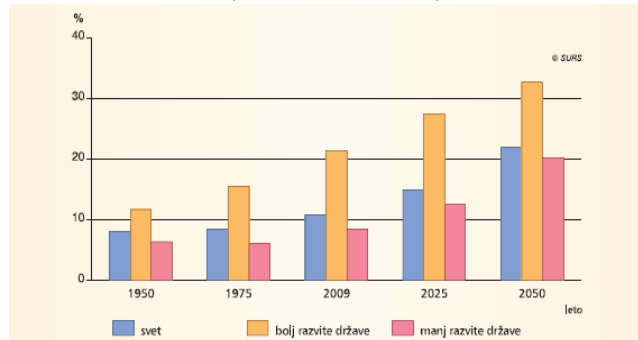
Ker so »resnično bogastvo vsakega naroda njegovi ljudje, je pravi smisel razvoja ustvariti okolje, ki omogoča ljudem dolgo, zdravo in ustvarjalno življenje v vseh obdobjih tega, čeprav na to preprosto, a mogočno resnico ljudje današnjega časa v gonji za materialnim in finančnim bogastvom zelo pogosto pozabljamo« (Schweiger R. 2000).  
'Družba za vse starosti' - geslo Mednarodnega leta starejših ljudi, kot je leto 1999 poimenovala Generalna skupščina ZN, ki je, s posvetitvijo tega leta starejšim, hotela tudi pritegniti pozornost vsaj odgovornih v posameznih državah na obseg in posledice 'revolucije življenjske dobe'. 'Poplava babic in dedkov' - še posebej poplava babic, ker ženske živijo v povprečju dlje od moških, postaja dobesedno svetovni pojav. Generalna skupščina ZN je leta 1991 (9 let po prvi svetovni skupščini o staranju prebivalstva, leta 1982 na Dunaju) sprejela načela Združenih narodov za starejše, leta 2002 (na drugi svetovni skupščini o staranju prebivalstva v Madridu) pa Mednarodni akcijski načrt o staranju. Z njim je želela spodbuditi razvoj družbe za vse starosti oziroma spodbujati novo kulturo staranja ter s tem prispevati k bolj humani in vedrejši podobi starosti v 21. stoletju. Oktobra 1998, na »predvečer« mednarodnega leta starejših, 1999, je tedanji generalni sekretar Združenih narodov Kofi Annan dejal, da »smo sredi tihe revolucije, in sicer take, ki bo v prihodnosti z velikimi gospodarskimi, socialnimi, kulturnimi in psihološkimi ter duhovnimi posledicami krepko preseгла

<sup>1</sup> Institute of Medical Biochemistry, Federal University of Rio de Janeiro

<sup>2</sup> American Association for Retired Persons

meje demografije». Mislil je na staranje prebivalstva, torej na povečanje deleža starejših oseb, ki je zlasti posledica znatnega napredka na gospodarskem, socialnem in zdravstvenem področju, hkrati pa tudi eden najpomembnejših izzivov, s katerimi se bo svet – najprej njegov razviti del (tudi EU) – moral resno spopasti v naslednjih letih. Danes to vedno bolj v polnosti doživljamo.

Slika 1: Prebivalstvo, staro 60 let in več, svet 1950-2050

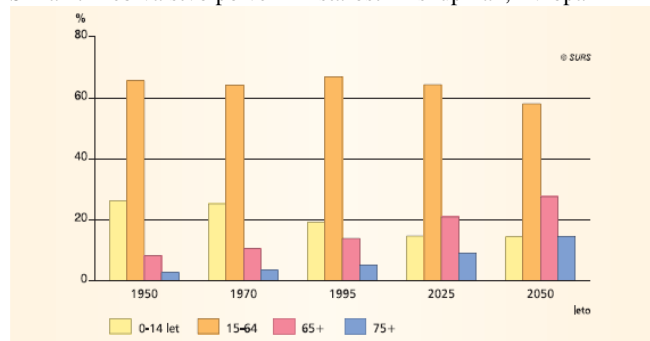


Vir: UN, Population ageing and development, 2009.

### 3. Prebivalstvo sveta, predvsem njegovega razvitega dela, se intenzivno stara

V bolj razvitih regijah sveta je že danes 22 % prebivalcev starih 60 let ali več, do leta 2050 pa naj bi se ta delež povečal na 33 %. V razvitih državah sveta kot celoti je število starejših oseb že danes presežlo število otrok, mlajših od 15 let, in po predvidevanjih naj bi bilo do leta 2050 v teh državah število starejših oseb več kot dvakrat večje od števila otrok. Ker staranje prebivalstva danes v številnih državah že ogroža vzdržnost njihovih javnih financ, namenjajo v vseh temu problemu veliko pozornost in iščejo mogoče rešitve ter starost ocenjujejo s treh mogočih scenarijev: »živeti dlje«, »živeti dobrega zdravja«, »živeti dolgo in ostati dobrega zdravja«.

Slika 2: Prebivalstvo po velikih starostnih skupinah, Evropa



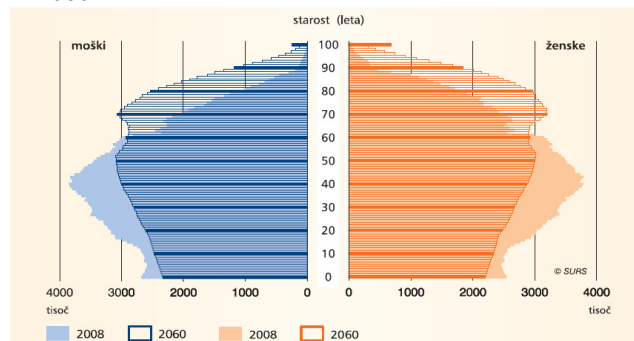
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### 4. Staranje prebivalstva je tudi resen evropski problem

Osnovna značilnost zdajšnjega razvoja in demografske prihodnosti evropske družbe je pojav staranja prebivalstva, ki je deloma posledica upadanja rodnosti, predvsem pa zelo opaznega podaljšanja pričakovane življenjske dobe, kar v večini razvitih držav močno spreminja starostno sestavo prebivalstva. Zato je skrb – zlasti v evropskih državah – osredotočena manj na to, kakšna bo v prihodnje številčna rast prebivalstva v državah, ampak bolj na to, kako se bodo

spreminjala “razmerja” med posameznimi, predvsem »velikimi« starostnimi skupinami: kakšni bodo relativni deleži tistih, ki so vključeni v delo in prispevajo k bruto domačem proizvodu ter davčnim prihodkom države, in tistih, ki so odvisni od sredstev za porabo (to so poleg otrok in mladih tudi starejši). OECD ocenjuje, da je v državah članicah EU med prebivalci, starimi 55–64 let, delovno aktivnih samo še 50 %, med prebivalci v starosti 25–54 let pa jih je delovno aktivnih 75 %.

Slika 3: Starostna sestava prebivalstva po spolu, projekcija prebivalstva EUROPOP2008, srednja varianta, EU-27, 2008 in 2060



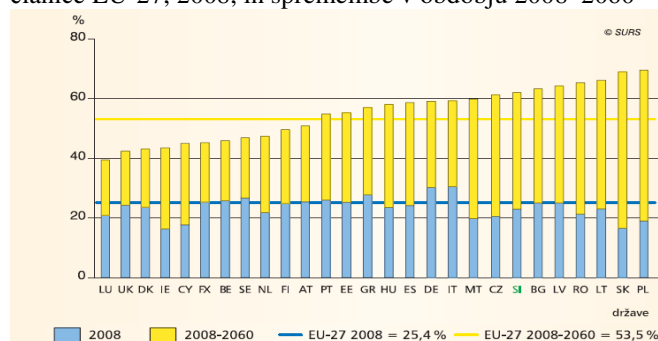
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Staranje prebivalstva v EU je posledica štirih demografskih trendov, ki vplivajo drug na drugega, čeprav se njihova obseg in ritem med državami lahko zelo razlikujeta. Ti so:

1. nizko povprečno število otrok na žensko v rodni dobi,
2. zmanjšanje rodnosti v zadnjih desetletjih, ki je sledilo povojnemu obdobju »baby-boom« generacij,
3. bistveno daljša pričakovana življenjska doba ob rojstvu (od leta 1960 za več kot 8 let) in zmanjšanje umrljivosti,
4. sprejem velikega števila priseljencev iz tretjih držav (to se bo še nadaljevalo).

### 5. Prebivalstvo držav članic EU-27 se bo v prihodnosti po predvidevanjih močno postaralo

Slika 4: Koefficient starostne odvisnosti starih, projekcija prebivalstva EUROPOP2008, srednja varianta, države članice EU-27, 2008, in spremembe v obdobju 2008–2060



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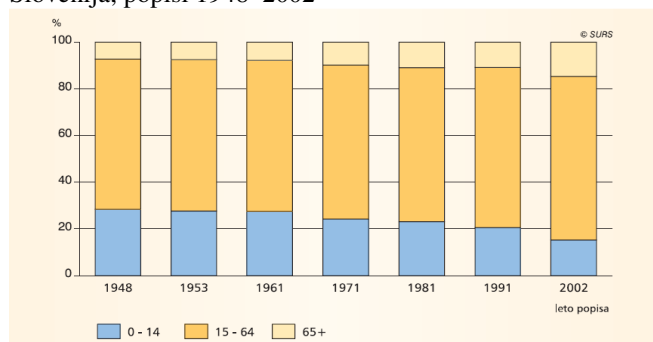
1. Mediana starosti prebivalstva EU-27 se bo od leta 2008 do leta 2060 po napovedih dvignila s 40,4 leta na 47,9 leta.
2. Delež oseb v starosti 65 let in več med skupnim prebivalstvom EU-27 naj bi se tako povečal s 17,1 % na

30,0 % (to pomeni, da naj bi se število toliko starih prebivalcev od leta 2008 do leta 2060 predvidoma povečalo s 84,6 milijona na 151,5 milijona).

- Podobno naj bi se v EU-27 št. ljudi, starih 80 let ali več, v obdobju od 2008 do 2060 po napovedih skoraj potrojilo, in sicer naj bi z 21,8 milijona naraslo na 61,4 milijona.
- Vrednost »koeficienta starostne odvisnosti mladih« se bo po napovedih za EU-27 do leta 2060 zmeroma povečala, s 23,3 % na 25,0 %, medtem ko se bo »koeficient starostne odvisnosti starih« po pričakovanih bistveno povečal, s 25,4 % na 53,5 % v letu 2060.

## 6. Staranje prebivalstva je tudi v Sloveniji proces, ki se mu ni in ne bo mogoče izogniti

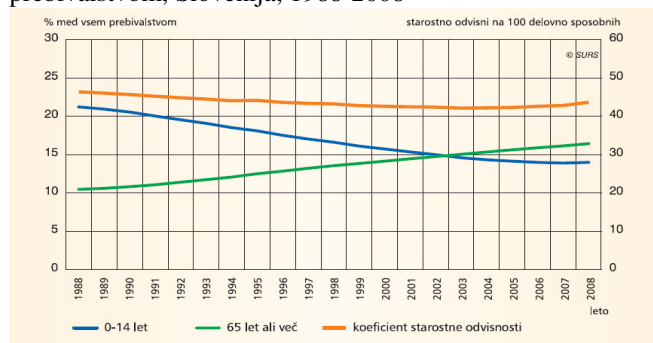
Slika 5: Deleži prebivalcev po velikih starostnih skupinah, Slovenija, popisi 1948–2002



Vir: SURS.

Z upadanjem števila oz. s preskromnim številom rojstev, s podaljševanjem življenjske dobe in z upočasnjevanjem umrljivosti se spreminja starostna sestava prebivalstva tudi v Sloveniji.

Slika 6: Število starostno odvisnih na 100 delovno sposobnih prebivalcev in delež mlajših in starejših med prebivalstvom, Slovenija, 1988-2008



Vir: SURS

Kot je razvidno iz slike 6, se je v obdobju 1988-2008 zmanjševal delež otrok (0–14 let), povečevala pa sta se delež delovno sposobnega prebivalstva (15–64 let) in delež starejših (tj. oseb, starih 65 let in več).

Delež otrok se je od leta 1981 do leta 2004 zmanjšal s 23 % na 14 %; delež delovno sposobnega prebivalstva (15–64 let) pa se je v istem obdobju povečal s 66 % na 69,5 %. Delež starih 65 let in več – ki je bil v začetku osemdesetih let 20. stoletja na ravni 10 % – se od leta 1987 stalno povečuje in je leta 2004 že presegel 15%. Sredi leta 2009 je bil njihov

delež v Sloveniji že 16,5 % (13,1 % je bilo toliko starih moških in 19,8 % toliko starih žensk).

Tabela 1: Prebivalci, stari 65 let in več, po spolu, statistične regije, Slovenija, 30. junij 2009

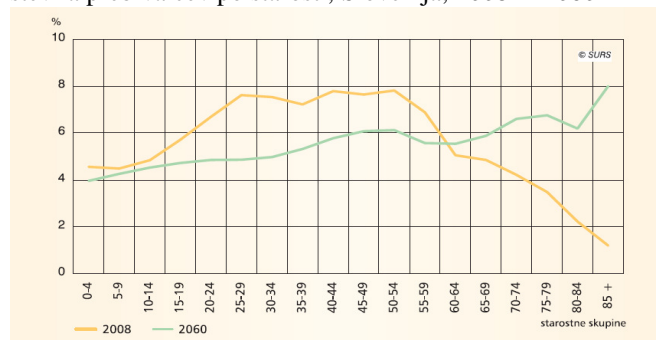
Statistična regija	Spol		
	Skupaj	Moški	Ženske
<b>SLOVENIJA</b>	<b>16,5</b>	<b>13,1</b>	<b>19,8</b>
Pomurska	17,2	12,9	21,3
Podravska	17,2	13,5	20,7
Koroška	15,9	12,9	19,0
Savinjska	15,8	12,4	19,1
Zasavska	17,7	13,9	21,4
Spodnjeposavska	17,1	13,1	21,0
Jugovzhodna Slovenija	15,6	12,2	19,2
Osrednjeslovenska	15,8	12,8	18,7
Gorenjska	16,6	13,5	19,6
Notranjsko-kraška	17,2	13,6	20,9
Goriška	18,1	14,1	22,1
Obalno-kraška	17,2	13,7	20,7

Vir: SURS.

Sredi leta 2009 je imela med vsemi statističnimi regijami najnižji delež starih 65 let in več Jugovzhodna Slovenija (15,6 %), najvišjega pa Goriška statistična regija (18,1 %); najnižji delež starejših žensk je imela sredi leta 2009 Osrednjeslovenska statistična regija (18,7 %), najvišjega pa Goriška statistična regija (22,1 %); tam je živelo tudi največ starejših moških (14,1 %). Najmanjši delež starejših moških pa je imela statistična regija Jugovzhodna Slovenija (12,2 %).

Po izračunih Evropskega statističnega urada, Eurostata, naj bi v Sloveniji število ljudi, starih 65 let in več tudi v prihodnje naraščalo, število mlajših od 15 let pa upadalo.

Slika 7: Deleži števila prebivalcev in projekcije deležev števila prebivalcev po starosti, Slovenija, 2008 in 2060

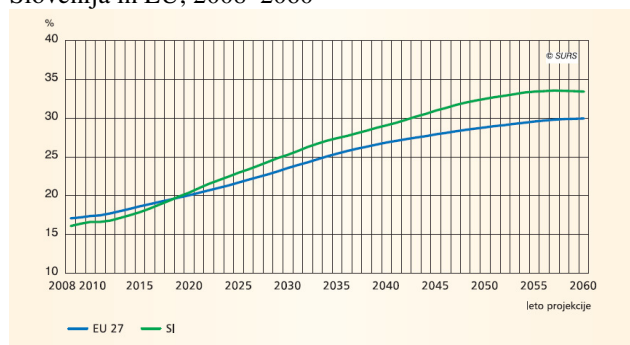


Vir: SURS

Leta 2060 naj bi po podatkih srednje variante demografskih projekcij EUROPOP2008 v Sloveniji živelo 33,4 % starejših (65 +) oziroma naj bi se v Sloveniji delež najmanj 65 let starih ljudi med skupnim prebivalstvom do leta 2060 povečal za več kot 16 odstotnih točk (na 33,4 %) oziroma naj bi se število toliko starih prebivalcev predvidoma povečalo od leta 2008 do leta 2060 s 325.300 na 589.900.

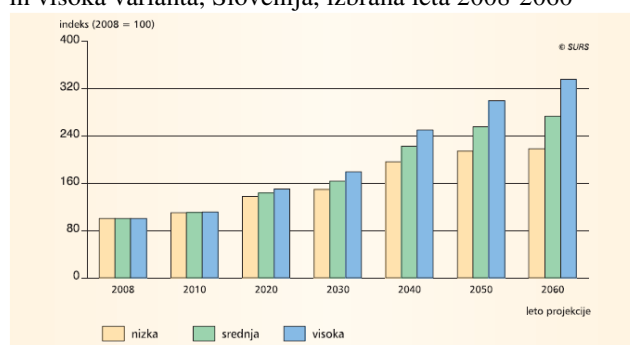
Delež najmanj 80 let starih ljudi (80+) med skupnim prebivalstvom pa naj bi se po omenjeni projekciji do leta 2060 povečal s 3,5 % na 14,1 % oziroma z 71.200 na 249.500 prebivalcev.

Slika 8: Projekcije deležev prebivalcev v starosti 65+, Slovenija in EU, 2008–2060



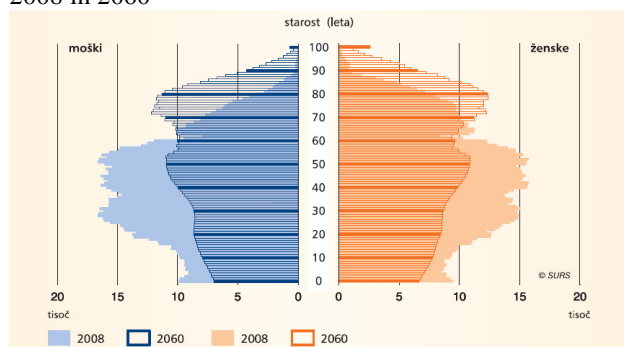
Vir: SURS

Slika 9: Indeks ravni števila prebivalcev po spolu, ženske, 80+, projekcija prebivalstva EUROPOP2008, nizka, srednja in visoka varianta, Slovenija, izbrana leta 2008-2060



Vir: SURS

Slika 10: Starostna sestava prebivalstva po spolu, projekcija prebivalstva EUROPOP2008, srednja varianta, Slovenija, 2008 in 2060

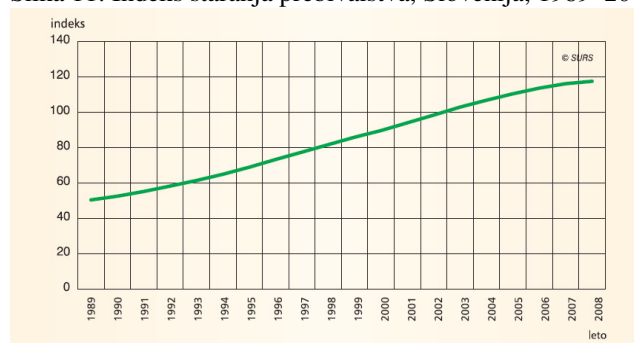


Vir: SURS

Zaradi naraščanja števila starejših in upadanja števila mlajših narašča indeks staranja (ki je definiran kot razmerje med tema dvema starostnima skupinama prebivalcev, torej 65 let in več in 0-14 let, pomnoženo s 100). Konec leta 2009 je bila za Slovenijo njegova vrednost 117,7, kar pomeni, da je konec leta 2009 v Sloveniji na 100 prebivalcev, starih manj kot 15 let, živelo skoraj 118 oseb, starih 65 let in več.

Vrednost indeksa staranja prebivalstva Slovenije naj bi po srednji varianti projekcij Eurostata EUROPOP2008 v letu 2060 dosegla vrednost 261,3; torej naj bi takrat v Sloveniji na 100 prebivalcev, starih manj kot 15 let, živelo skoraj 262 ljudi, starih 65 let in več.

Slika 11: Indeks staranja prebivalstva, Slovenija, 1989–2008



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## Zaključek

Kljub številnim neznankam o prihodnosti, v katere zre današnji, tudi slovenski, človek, je jasno: jutrišnja družba bo drugačna od današnje – tudi in predvsem zaradi demografskih sprememb.

V Sloveniji se staranje prebivalstva stopnjuje in se bo nadaljevalo tudi v prihodnje. Zato je zelo pomembno to sprejeti kot dejstvo in poiskati čim več čim ustrežnejših načinov in poti za čim boljše uporabo potencialov vedno številnejše tretje generacije.

»Če na problem staranja prebivalstva gledamo kot na celoto, to sploh ni več problem, temveč le pesimistični pogled na veliko zmagoslavje civilizacije«, je pred desetletji ugotovil demograf in 'avtor' teorije demografskega prehoda, Frank Notestein.

Staranje namreč »ni spodrsrljaj razvoja, ni napaka razvoja, ampak je velik dosežek družbe«, pa je na zadnjem panelu 9. festivala za tretje življenjsko obdobje z naslovom Sožitje generacij v svojem predavanju znova opozorila tudi dr. Ana Krajnc s slovenske Univerze za tretje življenjsko obdobje.

Prav je, da se tega čim prej v polnosti zavemo in to s hvaležnostjo sprejmemo ter da vsi omogočimo, vzpodbujamo, podpiramo in tvorno sodelujemo pri krepitvi obsežnejšega medgeneracijskega povezovanja in učenja drug od drugega.

Pri takojšnji pripravi in izvrševanju čim bolj ustreznih strategij za uravnoteženost in izboljšanje kakovosti življenja vseh generacij na področjih ne le zdravstva in socialne varnosti ljudi, ampak tudi dela, zaposlovanja, izobraževanja ipd., pri nas, bo to še kako potrebno.

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