

POLICY DIRECTIONS IN THE AREA OF POPULATION

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Problems concerning the population

1. Romania is increasingly aware of the challenging demographic problems:
 - a) The birth rate crashed after 1989, remaining at a low level, not lower, however, than the level in many European countries.
 - b) High child mortality, particularly infant mortality.
 - c) Strong migration after 1989, mainly involving the youth. Many of the migrants are likely to return.

2. Each of these dimensions had significant contributions, which is why they have to be considered in the attempt to explore the possibility of developing correcting policies. The most important and complex problem is the birth rate, although strong measures also have to be adopted to alleviate mortality and migration, particularly the permanent one.

3. There are three factors accounting for the crash of the birth rate:
 - a) Keeping an artificially increased birth rate until 1989, due to the violent pronatalist policy of Ceausescu's regime.
 - b) The economic and social shock of transition – still affecting adversely the birth rate.
 - c) The deficit of social support for the child and for the family with children. If compared to the other European countries, particularly to the transition countries, the public effort in terms of resources (share of the national GDP) is lower in Romania. Bulgaria, for instance, having a similar level of economic development puts more effort than Romania in supporting the child and family. This deficit is not due only to the limited public resources, but also to the priority use of these resources in directions other than the social policy. It is not the case here to analyse whether such preferences were unavoidable or not, but the situation has to be stated as such.

4. The Romanian community displays an increasing concern and will of action to stop birth rate decrease and even to alleviate it. The other European countries also display such concern.

5. Although there is a collective will to balance the demographic system, it is extremely difficult to develop an actual demographic policy due to two distinct reasons:

- a) The direct pronatalist intervention may trigger adverse side effects
- b) Birth rate is determined by a complex of factors and is thus difficult to predict the effect of single actions.

6. It is preferable to develop a **policy of support for the family and children** with direct results on decreasing the risks for children and increasing their quality and also on increasing the birth rate, the level of which is more difficult to predict.

7. There is a paradox the attitude towards the low birth rate.

Although the birth rate is low, there are significant losses in the evolution of the children:

- a) High rates of mortality and morbidity
- b) Important deficits of the normal development of children: the health state, low school enrolment, even no school education at all, flaws in education due to the adverse social experience – consumption of drugs, involvement in crime activities as authors or victims, etc. Such deficits of the normal child development may result in severe situations of marginalization and social exclusion.

8. Due to this paradox the increase of natality by simplistic means, particularly by direct financing, may yield disproportionate increases in the category of children running high risks of deficient personal development.

9. Bottom line: currently it is not recommendable to promote a pure policy of support to natality; it is rather better to implement a mixed policy based on three directions:

- a) Minimize the losses in the community segment of children and youth
- b) Increase the quality of children by providing the conditions supporting their normal development
- c) Stimulate quality natality

The objective of the current policy must focus with priority on increasing the quality of the population, rather than on its quantity. A policy promoting a rebalanced birth rate must be accompanied by the support for an adequate child development.

Directions of action for rebalancing the quality of the population

1. The right of the child, also supported by the interest of the community, to be born because he/she is wanted, in a family that assumes the responsibility to provide him/her positive conditions of life and development.

a) Family planning services. These services have two components:

- Avoiding unwanted births: actual birth planning and contraception
- Supporting the births based on responsible decisions: commitment of the parents to provide the children with the conditions of life required by an adequate personal development

b) Decrease the proportion of births too early in life (under the age of 20) in order to have mature parents

c) Dramatic decrease of the abortion number.

2. Avoid the risks confronting the child during his/her life:

a) The mortality, particularly the infant and maternal mortality

b) To be the victim of violence in the family and society

c) Protection against being engaged in crime activities as victim or author

d) Avoid drug consumption

3. Provide a supportive family environment for all children by eliminating some major risks in the relations with their family:

a) Child abandonment

b) Severe child neglect that may end in abandoning the children on the street: street children

4. Provide all the children with equal opportunities for development at the level of the requirements of a modern society.

a) Health care

b) A high educational level

c) Finish education by acquiring professional skills that provide the children access opportunities on the labour market.

5. Support for the families with children, complementary to a policy of stimulating the motivation for natality

a) A better balance of the financial social support for the families with children focusing on eradicating the extreme child poverty and on alleviating over time their relative poverty.

Note: Modalities of supporting higher birth rates, which to provide at the same time for parents' contribution to bringing up the children, complementary to the contribution of the community. Avoiding the situation when the support for children becomes a support for the parents. The support for children must be used for the children, it must not be directed to other needs of the adult people.

b) A better balancing of the financial and services support, stressing on the latter>

- Free and quality health care services for the mother and child: the mother with 2 or more children has health care insurance.
- Free services for the poor families, for children caring, nurseries, kindergartens.
- Support for school enrolment, particularly for the disfavoured segments – poor, Roma, isolated rural localities.
- Examine the feasibility of expanding the current action of providing the mothers with support allocations until the child turns 2. It should be probably offered in kind to a certain extent – goods for the children.

c) Connecting the support for natality to the support for house construction. Social dwellings, lower instalments for house construction in the case of families with children.