

**STATEMENT OF THE REPUBLIC OF SLOVENIA TO THE  
HAGUE FORUM**

**(Ministry of Labour, Family and Social Affairs of the Republic of Slovenia)**

Mr/Madam President, distinguished participants: I am very pleased to have the opportunity to provide an overview of the implementation of the ICPD Programme of Action in Slovenia.

In the demographic field in Slovenia, as in other European countries, we are recording a reduction in the birth and mortality rates among the population, together with increased life expectancy and ageing of the population. At the beginning of the eighties, the birthrate for Slovenia was 2.1 and in recent years has fallen below that level. The number of births is falling each year by an average of 2.8%. The mean age at which young people get married has also been increasing. Women get married on average at 28, and men at 30. Life expectancy has risen above 70 years. Life expectancy has been rising since 1995, and in 1996/1997 reached 71 years for men and 78.6 for women. In 1997, the mean age was 38 years, 19% of the population was below 15 and 12% was over 64. According to official projections, the elderly population will continue to grow, reaching more than 20% in 2020; one quarter of which will be over 80 years.

In view of the cited demographic changes, Slovenia, which has a partial and indirect population policy, with a variety of measures and activities in the fields of family, health, employment, social welfare and other policies, wishes to take measures to halt the fall in the birthrate and ensure simple reproduction of the population.

Ladies and gentlemen,

I would like to highlight the family and reproductive health policies with which the Government wishes to halt the falling birthrate in the Republic of Slovenia.

In Slovenia, as in other European countries, the family structure is changing and both the proportion of couples without children and single parent families are on the rise. The two parent family with two children is still the dominant family type, followed by couples with one child and single parent families. The 1991 census reported that single-parent families represented 22.2 % of all families. Statistical information about cohabitation is very poor, although

consensual unions were legally equated with marriage twenty years ago. In the 1991 census, about 5% of women aged 20-34 years declared themselves to be living in consensual unions.

In view of the various forms of family, programmes and measures of family policy are intended for all types of families, with a special stress on disadvantaged families (child benefit, social welfare benefit, etc.), and families with several children (income tax relief). In addition to child care benefits, children with special needs receive a special disability grant, which does not depend on the material status of the family but on the special needs of the disabled child.

The new Parenthood and Family Allowances Act, which was submitted to parliamentary procedure in 1998, brings numerous changes, especially connected with the population element. Child benefits are to be selective and are to improve the economic position of low income families. The amount therefore decreases with an increase in the income of each family member. A demographic element, which has until now been included in the tax system, is now included in child benefits. The amount of child benefit thus increases with the number of children in a family, while the new income tax relief is to be uniform for all children, irrespective of income or number of children. The draft law also introduces a 10% increase in child benefits for single parent families and an increase in the level of family income for such families. The draft law introduces a new allowance for large families, which will be provided once a year to families with several children, irrespective of material circumstances.

In the field of employment (and from the gender perspective), the Parenthood and Family Allowances Act brings numerous innovations, such as paternity leave, extended child care leave and adoption leave, and the possibility of using parental leave until the child is 8 years of age. Paternity leave is the right of a father to care for his child for 45 days. Adoption leave is the right of parents/adoptive parents to care for the child, even in the case of the adoption of an older child. Under the new law, the right to child care leave is being gradually extended from the current 260 days (during the entire maternity and child care leave, the financial benefit amounts to 100% of the average monthly pay of the claimant in the last twelve months before the start of maternity leave), to 305 days by 2001. It will be possible to make use of child care leave in the form of full or partial absence from work. The new

draft law also enables parents, in the event of them being employed prior to the expiry of the maternity leave (to a maximum 75 days prior to the expiry of maternity leave) to use a voucher for the payment of nursery care, the purchase of accommodation or monthly payment of contributions for the social security of a claimant who is not insured under any other heading. One of the parents, who looks after a child with special needs or a seriously ill child, may under the new draft law also exercise the right to shortened working time. In this case, s/he has the right to pay according to actual employment obligations and the right to social security insurance as for full working time.

The draft Pension and Disability Insurance Act, which has been submitted to parliamentary procedure, also introduces several changes in the field of family policy. It extends the group of insured persons to parents of children to the age of one year if they are not insured elsewhere and provides the possibility of lowering the prescribed retirement age for each child born or adopted, at least to the age of three.

Ladies and Gentlemen,

The reproductive health of women is an important aspect of family planning. Family planning was already established in Slovenia in the fifties, by means of modern and reliable contraceptive devices and the formation of a network of health clinics with family planning divisions. Under the 1992 Health Service Act, preventive health care for women is a mandatory part of the primary health care service to be provided by every health centre. The network corresponds to that for other basic health services (60 health centres). It is estimated that the availability of reproductive health services is satisfactory. Modern contraceptive devices are available on prescription without charge, while condoms are openly available but must be purchased. The rate of induced abortions is decreasing steadily in all age groups. In 1995, the induced abortion rate for Slovenia was 20.8 per 1,000, or 0.55 abortions per one live birth, and in 1997, the induced abortion rate was 18.7 per 1,000 or 0.54 abortions per live birth.

A law on artificial insemination and management of human embryos has been submitted to parliamentary procedure this year. The law regulates the field of artificial insemination and management of human embryos in the health care sector, imposing

rules in procedures of artificial insemination, in order to retain right of choice in carrying out such procedures.

Ladies and gentlemen,

I have stressed in my report only the essential measures in the field of family policies and reproductive health care, which the Slovene Government is implementing and proposing in the field of population policies, although many others exist. In view of demographic trends we are recording in Slovenia, as in other European countries, the realisation of the ICPD Programme of Action is certainly an important milestone, the planning and implementing of the measures established. I hope that we will succeed with the mentioned measures in stemming the fall in the birthrate, and effect the planning of such social and family policies as are conditioned by the current demographic, economic and social changes.

Thank you.