

making family policy measures into an overlapping and incomplete system difficult to interpret.

Generally, family policy measures and income transfers in particular, can be considered relatively small and insufficient so that the psychological significance of these income transfers has often probably been larger than their economic significance. However, the general rise in the standard of living and the rapid improvement in other social policy fields have compensated to some extent for the slow development of family policy income transfers and in some cases made it less necessary to improve family policy payments. Thus e.g. enacting a public health insurance system almost always means more money for the care and upbringing of children than before.

Increasingly with the rising standard of living the quality of life has come within the sphere of family policy. One significant question is how men and women could have equal opportunities to participate in work and social life on one hand and family life on the other.

Family policy could be said to have actively contributed to leveling out differences between the sexes. This holds true especially with regard to children's day care and tax reform, but also to increasingly more effective birth control with access to effective contraceptives and practically free abortion. The participation in the labor force of married women, in particular, has been facilitated. The participation rate of all women capable of working, aged 15—75, is 71 percent (or 58 percent of the whole female population). Women, however, do not participate in social life to the same extent as men. In families where both parents are gainfully employed the wife usually does more work at home than the husband. Wives still live in a more or less traditional world.

Gradually the debate has focused increasingly on questions of how the care and upbringing of children and their socialization could be organized in the best possible way. During the 1970s the Finnish society has been apt to enact far-reaching social policy reforms whose realization, however, at least in its entirety, must be postponed into the future because they compete for society's scarce economic and human resources.

## Social and Health Policy: Focus and Development

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The general goal of the Ministry of Social Affairs and Health is a reduction in social insecurity. I trying to raise the level of social welfare and lessen

regional inequality, the Ministry must pay attention to those circumstances that reveal a lack, disturbance or endangerment of a citizen's wellbeing — in other words social insecurity.

The population of Finland now includes significantly more elderly people than before. At the beginning of the 1960's, there were in excess of 300 000 people over 65 in Finland. During the past fifteen years this amount has grown by 50 % and is now over 500 000, in other words slightly over 10 % of the total population. The increase will continue at almost the same rate up to the mid 1980's, after which it will continue at a slower pace. It is estimated that at the end of the 1980's there will be over 600 000 who have reached 65, and at the turn of the century there will be slightly more. Thus we can justifiably speak of a change in the age distribution, and we are now in the midst of this change.

### **Morbidity and health care**

In social and health policy, the interrelation between the age distribution of the population and morbidity is of primary importance. Morbidity increases with age not only because of the physiological and mental aging process but also because of the simple fact that elderly people have been susceptible to illnesses for a longer time than have younger people. The incidence of long-term illness and the need for care increases with age, and this increase is multiple also for the reason that the amount of long-term illnesses and multiple disablement is especially large among the elderly.

Thus, there will be an increased need for medical services, and this need will be most felt among the elderly. The same phenomenon can be expected in connection with acute morbidity: the periods of illness caused by it will increase with the increase in the number of the elderly. In addition, the average length of an elderly person's period of acute illness exceeds that of young people. Due to the combination of these factors, the number of days of illness per person among the elderly is 4—5 times that of those belonging to the active population.

We have reached the stage in the providing of health services, especially of medical services, where merely developing and extending reparative services will not have a significant effect on the general health of the population. Regardless of the increase in medical services morbidity has not decreased nor will it decrease in the near future. Due to this reason as well as the cost factor Finland's health policy will in the future give greater emphasis to preventive health policy, the maintenance of basic health, and the dissemination of information on health. The National Health Act is clearly working in this direction.

Up to now, the focus of preventive health services has primarily been on the individual: medical examinations and mass population examinations result in the individual turning to expensive hospital care at an earlier stage than before. Less attention has been paid to the factors that determine morbidity: the natural

environment, living conditions, food and exercise habits as well as the use of stimulants.

Today, there are primarily two types of health risks in a citizen's immediate surroundings. Physical risks are to be found above all in the employment environment, especially in the construction trades and in heavy industry. On the other hand, all citizens are subject to risks in traffic. These two risks can be lessened through work safety and traffic policy, and clear progress can be expected in both sectors.

For example, in 1975 seat belts became mandatory in private cars in Finland, and in the same year nation-wide speed limits were adopted. These led to a significant drop in the number of traffic fatalities and serious injuries. The nation-wide speed limits are here to stay. Safety in traffic is not only being insured by speed-limits and supervision: traffic safety is a factor in regional planning and in the development of mass transportation.

The stimulants that in the near future will remain the most damaging to national health are tobacco and alcohol. New legislation has been passed to provide for a long-term tobacco policy that is health-oriented. The goal of the Act on Measures to Decrease Smoking, passed on August 13, 1976 is, together with a repricing of tobacco products, to create a system where the danger and damage that smoking causes to one's health can purposefully be reduced.

In the national health program approved by the Council of State, special attention has been paid in health guidance to supporting the giving up of smoking. In addition to this individual-oriented health guidance, this Act requires that the communal health and temperance boards arrange the dissemination of information directed against smoking.

We can expect that the program drawn up on the basis of the Tobacco Act will lead to a quantitative change in the development of cardiovascular diseases, chronic lung diseases and lung cancer by the beginning of the next decade. The policy on smoking is on the right track, and the public attitude towards smoking is becoming more negative. However, alcohol is becoming an all the more critical problem both to national health and to life on the job and at home. The alcohol question is one of the most difficult ones in Finland's social policy, and no simple solutions are to be found.

### **Working conditions and work safety**

From the point of view of social and health policy the two most important sectors in a person's life are work and the family. The family as an institution has been the focus of much attention not only in social and health policy but also in the rest of society policy. On the other hand, little attention has so far been paid to working conditions, even though factors endangering health as well as social risks often come about very rapidly on the job, and often have a broader effect than in other life sectors. The importance of work safety and of

working conditions is emphasized in addition by the central significance of work in the worker's physical, mental and social development.

Even though the primary goal of work safety is to insure the well-being of workers, the target of work safety measures is the working conditions, and not the workers themselves. Work safety is intended to bring about safe working conditions that not only do not endanger the worker's health, but make it possible to maintain and even improve his health. In so doing the goal of work safety is also to have an effect on those organizations in society and those society policy sectors that are critically interrelated with working conditions and their development.

The National Board on Work Safety and the state work safety authorities have been assigned the task of furthering work safety by developing on-the-job safety and health and by supervising the observation of work safety provisions and instructions. It has not proven possible to reform the material legislation on the safety and health of workers as rapidly as the changes in work and working conditions would have required. At the moment Finland's work safety authorities are called upon to supervise the observance of 16 different statutes and the other provisions and instructions given on their basis.

The increase in disablement pensions and the increasing human, social and economic problems have made it imperative that efforts be made to render rehabilitation more effective.

For this reason working groups and commissions were set up in 1977 to develop the system so that it could provide such services as rehabilitation examinations and work capacity evaluations to a greater extent than before and in close cooperation especially with the education and employment administrations as well as the social security system.

### **Pension policy**

Finland's pension system has two basic goals: the minimum income goal, according to which the pension must be large enough to guarantee every pensioner the minimum consumption level that has been defined as the target; and the earned pension goal, according to which the pension must be large enough so that retirement does not result in an unreasonable decrease in the level of consumption.

The first basic goal is based on financial security, the second on an earned right. The minimum income goal emphasizes the concern of society in seeing that no citizen is lacking in the minimum consumption goods. The earned pension goal on the other hand is intended to prevent unreasonable financial loss when going on retirement. At the same time the principle that the individual should be paid the pension he has earned with his work is followed.

According to an estimate drawn up by the National Pensions Institute, the

number of individuals receiving a national pension will increase from 1975 to 1990 by slightly under 200 000. Thus the increase over the 1975 level will be about 21 %. In absolute numbers the increase is only slightly larger than the increase from 1970 to 1975; the relative increase is slightly smaller.

The growth in the number of those receiving a retirement pension will slow down at the end of the 1970's and the beginning of the 1980's, due to the decrease in the size of the age groups reaching retirement age. At the end of the next decade the age groups will again become slightly larger, but the average annual increase from 1975 to 1990 will only be one third what it was during the first half of this decade.

The number of those receiving a disability pension is expected to continue to increase rapidly, even though a relative slowing down of the rate of growth is expected. The growth trend differs from that of those receiving a retirement pension in that it is constantly decreasing.

### **Migration and social services**

Internal migration and emigration are changes in life style that demand adaptability from both those who move and those who stay behind, as the economic, social and psychological nature of the surroundings left behind also change.

The effect of migration on the regional population distribution has led to a sort of centrifugal process which attempts to increase the need for social and health services in two directions at the same time: in those areas from where emigration occurs, and also in those areas to which immigration occurs. In the emigrant areas there is a heightened need for social and health services especially for the elderly, the disabled and other people with long-term illnesses, as well as a need for other social security. According to a social service study regarding the elderly, 16 % in this category need assistance in their personal activities. Of the some 440 000 people over 65 in Finland who live at home, about 13 % (57 000) are estimated to need constant domestic help.

On the other hand, the immigrant areas are generally not able to undertake quickly enough step that would insure that the population can get on by their own in their new social surroundings. In this way a need for social and health services arises, due for example to the lack of housing and the adaptation difficulties caused by the change in the surroundings. These in turn are clearly linked with mental health problems and problems related to intoxicants, as well as other forms of problem and harmful behavior.

### **In conclusion**

If we neglect to take steps so that people will not experience social insecurity, this will have a detrimental effect on society for decades. The fundamental



problem is in trying to prevent and correct forms of social insecurity that are felt to be increasing so that at the same time we can use our varying resources to support population growth, conserve society's labor resources, and further the sensible use of resources from the point of view of society.

## Housing Policy and Population Development

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A low birthrate and emigration to Sweden are two of the current national problems in Finland. Inadequate housing facilities can be found among the causes of both problems.

Thus, for example, it is noted in the national housing program for the 10-year period of 1976—85 that the housing problems of young families, especially the high cost of housing, can be seen as one of the reasons why Finland's birthrate is one of the lowest in Europe. On the other hand, in questionnaires connected with emigration there are always some respondents, very few though actually, who name poor housing facilities as their primary reason for moving to Sweden. Most respondents, of course, point to unemployment at home and better opportunities for making a living in Sweden.

It is not easy to prove through research how big a part inadequate housing facilities have played in the negative aspects of population development. On the contrary, one wonders how things might have developed without the rather considerable improvement in housing facilities, which has been a notable factor in the social development of the »building decades» after World War II in Finland also.

By comparing statistics it has been shown that Finnish housing investments compared to national income have reached international peaks for quite some time. The northern location of the country and the additional demands this places on construction are obvious contributing factors here. On the other hand it was necessary for Finland after the war to supply housing for her Karelian evacuees, almost half a million strong. Later on the country has gone through a social structure change which has signified active regional mobility of the population. One of the main results has been that industries other than agriculture and forestry have risen from 50 percent of the whole population to almost 90 percent at the moment.

As the result of a vigorous building program, and despite the rather large amount of existing housing eliminated from use, the overall housing supply of