

# Achievements and Problems of the Hungarian Population Policy

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In Hungary, in the second half of the seventies a new feature in the pattern of population development has emerged. After a temporary increase from 151,000 to 194,000 in the period 1971—75, the number of births began to decrease and in 1980 45,000 fewer children were born than in 1975. The birth rate fell from 18.4 per thousand to 13.9 per thousand. The increase in mortality, which started about the middle of the sixties, reached its highest level during the period following World War II in 1980 with the rate of 13.6 per thousand. The total number of the population grew only by 3,400 during 1980 and the process leading to the decrease of the population — forecast by the most optimistic prognoses — has begun. The number of deaths may be expected to steadily outnumber the number of births, which will probably continue to decline. By the turn of the millenium the total population almost certainly will be less than today, and the decline may range between several tens of thousands and 300—400,000 persons.

Problems relating to the general population situation and population policy became again the questions of the day. Consultations and debates are held at nation-wide forums of various social organizations, institutions, as well as in scientific circles concerning the tasks to be done. Perhaps this is the first time in our scientific practice that a demographic topic has been discussed jointly by state organs and scientific institutions in the Academy of Sciences. Demographers, physicians, sociologists, jurists and other professionals, as well as experts and representatives of state organs presented their views on our population policy, on the targets and means of Hungarian family policy and on their effectiveness. These discussions have enabled me to review in my study the various views on the way to influence population processes, opinions on the necessity of reconsidering the targets of population policy in harmony with the new population situation, as well as the proposals concerning the measures applicable for realizing the modified aims.

## Toward a forced increase of the number of births

Barely two decades ago, the Hungarian society already faced a situation of a similar nature, caused by a similar pattern of fertility. As a reaction to the forced increase in the number of births — constrained earlier by administrative measures, i.e. the heavy punishment of induced abortions — following a more liberal phase, fertility sunk to a nadir, insufficient to ensure the reproduction of the population. Its stagnation lasted for several years and gave rise to wide debates that concerned nearly all strata of society and also conjured up in the minds of many people the spectre of the »extinction of the nation«. In spite of the fact that the birth rate declined to a level lower than the present one, due to the more favorable mortality, the natural increase of the population still amounted to about 20,000—30,000 per year in that period, as against the present 3,000 and the future decrease that is expected. Nevertheless, the assessment of the situation — both in social and professional circles — is today much more reasonable, farsseeing, realistic and more scientific than it was during the first half of the sixties. However, a deeper understanding of the population processes at work, the drawing of some lessons and conclusions and the clearing up of some more or less scientific misbeliefs were needed before that was achieved.

I think public opinion and the atmosphere concerning the population situation are greatly influenced — as it happened surely with us in the early sixties — by a comparison of our position in the international rank-order, too. In this relation, considering only the development of the birth rate, there is a significant difference between the situation in 1962—1965 and the present one. The Hungarian birth rate was the lowest of the world at that time.

Since then, the situation has remarkably changed. Today, Hungary would surpass even with her lowest rate of 13 per thousand the crude birth rate of most Western and Northern European countries, and according to the present rate, she belongs to the group of European countries with a medium fertility level.

The last two to three decades seem to confirm the statement that the secular trend in fertility and its approach towards the stable state of zero population growth are regular processes of development, of course only in the developed countries. It may be disturbed but not reversed by any forcing or stimulating measures, and especially not turned back in the long run, because the decrease in the number of births is an inevitable consequence of basic social and economic processes. The trend of fertility is determined by factors acting in various periods and with various intensities, like industrialization, urbanization, increase of cultural and educational levels, female employment, and modernization in general. Mr. Bourgeois-Pichat, in one of his recently published articles (Bourgeois-Pichat 1981), indicates the reasonable presumption that fertility in developed countries may now oscillate around an average level leading in the long term to zero population growth. I think the

development of world policy and the perspectives of economic stability will play a significant role in the size and deviations of the oscillations. The investigation of the effects of these two factors do not receive adequate attention in research work.

In Hungary, throughout the last three decades, three attempts have been made to stimulate the society to produce more births. Somewhat simplifying the content of the measures, the first attempt in 1953 was a ban on and strict punishment of induced abortions, the second was the introduction of the child care allowance in 1967, and the third was the decree of 1973, which included a complex series of population-policy measures. Regarding their main purpose, neither of the interferences in the regular and basic process of fertility decline was too successful: the effects proved only temporary.

The child care allowance — unique internationally, and never applied earlier anywhere — has not been accompanied by a substantial increase in the number of births. However, the maintenance of the birth rate at about the 15 per thousand now achieved would be more-or-less sufficient for realizing the population-policy targets that might be actually set today.

The birth rate peak forced by the administrative measures of the years 1953—1955 followed by the births of the same generations some 20 years later, also stimulated by the measures taken in 1973, jointly caused the new wave-crest of the years 1974—1976, and in the near future the wave-trough of the first half of the sixties is going to be reproduced. Both forcing and stimulating induced an accumulation of births in a relatively short period, with the consequence that births which then occurred earlier were later missing. Thus the fluctuations have disadvantageous effects on the socio-economic development for a longer period.

By way of illustrating the problems, may I mention that the difference between the birth rates of 23 per thousand in 1954 and that of 12.9 in 1962 represent nearly 100,000 children. The size of the birth cohort of 1962 — the smallest ever recorded — was 42 per cent less than that of 1954, while the generation born in 1975 was one and a half of that born in 1962. The number of births declined again by 23 per cent in the 5 years up to 1980 and the projected number of births for the year 1990 would be only 60 per cent of that of 1975. Some selected demographic indicators in the years of the highest and lowest birth rates are presented in table 1.

The phenomenon of such a demographic »tide« fluctuating over relatively short time periods cause difficulties for children's institutions, the health and educational system, as well as for the labor force economy. Given such fluctuations it is difficult to plan the infrastructure suitably to ensure an even supply of services. The generations of the wavecrests will be accompanied by these relative disadvantages throughout their total lifecycle.

Hungarian population policy made significant efforts to stop the decline and to moderate the fluctuations, and the long-term population political targets de-

Table 1. Selected demographic indicators in the years of the highest and lowest birth rates in the last three decades.

Year	Number of live births 1000	Live births per 1000	Deaths 1000 inhabitants	Natural increase	General fertility rate <sup>1</sup>	Infant mortality rate <sup>2</sup>	Net reproduction rate
1948	191,9	21,0	11,6	9,4	75,7 <sup>a</sup>	94,1	1,079
1952	185,8	19,6	11,3	8,3	73,5	69,9	1,085
1954	223,3	23,0	11,0	12,0	88,3	60,7	1,312
1962	130,1	12,9	10,8	2,1	52,5	47,9	0,817
1968	154,4	15,1	11,2	3,9	58,7	35,8	0,952
1971	150,6	14,5	11,9	2,6	55,9	35,1	0,891
1975	194,2	18,4	12,4	6,0	72,8	32,8	1,111
1980	148,8	13,9	13,6	0,3	57,2	23,1	0,956 <sup>b</sup>

<sup>1</sup> Live births per thousand females belonging to the age group of 15—49.

<sup>2</sup> Deaths under one year per thousand live births.

<sup>a</sup> 1948—1949.

<sup>b</sup> 1979.

fined in the early seventies were focused on this. These targets may be summarized as follows:

- The number of births should be increased at least to the extent that ensures the reproduction of the population.
- The formation of new generations of balanced size should be promoted in order to smooth the irregularities and unevenness in the age structure of the population.
- The preconditions for healthy reproduction and the improvement of the health care of mothers and children to be born should be provided, in order to promote more healthy generations both physically and mentally, as well as to create harmonious family life circumstances.

For the sake of the simultaneous and synchronized achievement of the first two aims, the fertility of families should have increased steadily, moreover, in such a way that it was relatively higher when birth cohorts of small size entered child-bearing age. If these generations were to have given birth to more children, then the chances of smoothing the age structure would also have been more favorable during the reproductive years of their offspring. The stabilization of the number of births on a higher level would have required an extension of the two- and three-children family type instead of the prevailing one- and two-children family type. The live birth rate should have stabilized at a level of around 17 per thousand.

The third group of targets refers to the comprehensive program for improving the »quality of life», first of all to a co-ordinated development of the necessary health preconditions for maternity, infant and child health care.

## Measures to achieve the targets

What measures did the Government use to try to achieve the population policy targets outlined? It had already been shown earlier that population changes involve so many components that individual measures and separate legal statutes not brought into harmony with each other adequately have little influence, and modification of the attitude concerning child-bearing may be attempted only by the simultaneous application of various measures. Taking all this into consideration, the 1973 decision of the Council of Ministers covered all the economic, social, health and welfare aspects as well as consciousness and moral factors that might contribute to the achievement of the targets. Hungary was perhaps the only European country summarizing the guiding principles of population policy in a complex way in a decision which delineated the tasks to be solved in order to improve the population situation. At the same time the decision also included certain measures, for instance to raise the financial assistance and allowances in kind to families with children, to protect more effectively the health of women, mothers and unborn children, and to introduce organized teaching of information on health and family planning. Beside the new measures, the decision also developed earlier ones, raised the financial provisions within the scope of social insurance services, and extended the scope of facilities and preferences.

The Hungarian population policy is partly a social policy and partly a family policy furthering population policy objectives. Thus, population policy and family policy may hardly be separated from each other. The strengthening of families and the promotion of the healthy development of family life are the fundamental principles of our population policy. The overwhelming majority of population policy measures function within the sphere of the family and stimulate families to have children.

Among the population policy measures, financial assistance towards the costs of bringing up a child plays a significant role. Such are the family allowance, child care allowance, maternity benefit, pregnancy-confinement benefit and sick-pay for child care. An important feature of the family allowance is that — in accordance with population policy targets — the amount paid for the third child is nearly double that paid for the second one. The total family allowance for three-child families amounts to about half the average monthly wage and salary (Ft. 4000 in 1980).

The time dispensations that working mothers get at confinement, for child care and for taking care of the child when he is ill are important. The duration of maternity leave extends to 20 weeks. Child care leave may last until the child reaches 3 years of age. Sick-leave for child care — with sick-pay — may be taken without any limitation until the child is one year old, for 60 days between the first and third years, and for 30 days between the ages of 3 and 6.

Prenatal care and hospital and medical treatment in connection with confinement are free.

Institutions for the day care of infants and children, nurseries, kindergartens and day-time homes for pupils at general schools assist working mothers with more children, for a moderate fee.

Preference has to be given to larger families in satisfying housing allocations. Young married couples get assistance in the form of long-term state loans for homebuilding, welfare help and flat assignment.

A more detailed review of benefits, leaves, worktime reductions, benefits in employment and work, health services and other benefits connected with population policy and family policy are given in the annex. Here I would dwell a little longer on the system of the child care allowance, the regulation of induced abortion and consultation for the protection of women and the family.

The main problem of working women is the conflict between working in a gainful occupation and performing the family role. In order to facilitate working women to have children a significant step undertaken by the Hungarian Government was the introduction of the child care allowance. This measure ensures a monthly allowance amounting to about 25—30 per cent of the average monthly wage for each working mother, with a minimum of one year of prior employment, from the end of maternity leave until the child reaches 3 years of age if the mother wants to take advantage of it. At the end of the three-year period, the former working place has to employ the mother again in a job corresponding to her earlier work. Child care leave may be interrupted at any time. This regulation enables mothers to live solely for family tasks during this period when children need the greatest care.

Also at present, child care allowance is the population policy measure most frequently availed of. 80—90 per cent of working mothers remain at home until the child is at least one to one and a half years of age. The proportion of users and the length of use varies by occupation, position and scope of activity. Women in white-collar occupations take less advantage of the child care allowance and for a shorter time than manual workers.

Both personal and social interests suggest that birth prevention should be the method used to time pregnancy, and that induced abortion, which harms the health of mothers and their descendants, should be applied only as an exception. Wide availability of modern contraceptives and certain restrictions concerning permission for induced interruption of pregnancy are considered appropriate means for complying with the requirements.

According to the regulation of 1973, mentioned already several times, the induced interruption of pregnancy may be authorized only on the written request of the pregnant woman, and performed, like earlier, only in in-patient health institutions, in cases indicated by the law. The requests are judged by a committee of three members established for this task, after a thorough consideration of the motives. In case of refusal the decision of the committee may be appealed against. A committee may grant permission for the induced interruption of the pregnancy only within the first twelve weeks of pregnancy

if the pregnant woman is not married, she or her husband has no independent dwelling, she has three or more children or has had three or more confinements or pregnancies, she is over the age of 40 years, her husband is in regular military service or is imprisoned for at least six more months or on the basis of any well-founded social reason. The pregnancy may be interrupted for health reasons after the first 12 weeks.

It is within the sphere of the rights of women and of couples that each family may freely decide on the number and spacing of the children desired and expected. In order to exercise this right appropriate knowledge on family planning and an awareness of the fact that conscious family planning is not equal to birth control in its narrow sense is needed. The population policy decision prescribes a compulsory consultation, before contracting marriage, for the protection of family and women. Each Hungarian citizen before marriage is obliged to participate in the consultation if he/she is under 35 years of age, unless he or she has taken part in such a consultation earlier.

The consultation covers social, health, biological, sexual and moral aspects of family life, and advice on how to avoid undesired pregnancy as safely as possible, furthering the knowledge on the psychically and mentally harmful effects of abortion and giving information on modern contraceptive methods.

### **Several positive effects of the population policy undertaken**

In our opinion the population policy decision of 1973 — even if the expectations concerning its quantitative targets have not been attained — should be highly appreciated. One positive effect that should be mentioned is that the preconditions of undertaking to have children and of bringing them up have greatly improved. Favorable changes may be observed in public opinion on the value of children and the family, and in the appreciation of motherhood. The state undertakes a greater share of the cost of the childrens' upbringing. The system of child care allowance is the main form of social care for children until kindergarten age and is the most significant achievement of our population policy. Working mothers have been helped by the extension of the entitlement to sick-pay for child care until the sixth year of age of the child. Housing conditions for large families have improved, and also the possibilities of young couples to obtain a dwelling have become somewhat better.

Continuous development may be observed in realizing the qualitative health care targets. Behaviour concerning the prevention and interruption of pregnancy has altered fundamentally. The fact that the number of induced abortions has declined by more than half since 1973 in consequence to the widespread use of modern contraceptives may be declared a significant achievement. Since 1975, more or less steadily, 50 abortions have occurred for every 100 live births. The number of women using oral hormonal contraceptives has

increased by two and a half times since 1975. In 1980, 280 out of every thousand women aged 17—49 years used contraceptive pills.

The 16 per cent decrease in the frequency of premature births and the increase in the chances of survival with small birth-weight were the main factors accounting for the significant improvement in infant mortality after stagnation for many years. It should be added, however, that the present rate of about 20 per thousand is still among the highest in Europe.

Naturally, the achievements do not overshadow the fact that expected and desired changes in fertility behavior have not happened. The ideal of the three-child family has not become more prevalent. The impact of the concentrated measures resulted mainly from an upswing in the birth of second children. As mentioned earlier, the great rise in the birth of second children was essentially accounted for by the timing of the births, by their actually being born earlier. Changes in the completed fertility of women may be influenced in this way only to a very limited extent. The average birth order, even in 1975 when the number of births was the highest, barely reached 1.9. A new demographic wave has arisen accompanied by the troublesome consequences and difficulties mentioned earlier.

The results of great social efforts made in order to change the fertility trend fell short of expectations. The experiences collected in this connection, the new feature in the population situation pattern, the achievements of recent scientific research work provide a basis on which to continue our population policy, which should be more comprehensive than earlier, better coordinated with social policy and should cover more components of population development.

### **Changes in the demographic situation**

Due to the determining role of demographic structure, endeavors to reverse long-term trends may result in only small changes. The unfavorable demographic phenomena originate mainly from the structure of the population, they are not of a temporary nature, and inevitably operate during a longer period. One of these »hard» realities is the age-structure. The size of cohorts more or less rigidly determines the pattern and development of the vital rates.

The number of women aged 20—29 years, who accounted for nearly 70 per cent of live births in the seventies, fluctuates to such an extent that even disregarding the population policy measures, it contributed to the development of both the birth peak of the years 1974—1976 and the subsequent decline. The number of marriages is also decreasing because the size of the age-group where nuptiality is the highest is ever smaller. The role played by the ageing of the population in the unfavorable tendency displayed by mortality is also well-known.



Besides the age-structure determining the basic trend of vital events, many other unexpected factors have also contributed to the shaping of the present demographic situation.

The postponement of many marriages, the increase in the proportion of divorced persons, also among women of childbearing age, the reduced willingness to remarry and the decreasing chance of remarriage among divorced women who in any case have lower fertility, have all had a share in the decline of marriage. There are some signs of the spread of cohabitation out of wedlock, too.

That mortality keeps rising because of the increasing proportion of the elderly may be regarded also as a natural process, although mortality is not influenced solely by the ageing of the population. Mortality rates are high in most age-groups, and a worsening of the mortality of males over the age of 30 during the last one and a half decades may be observed. It is a new phenomenon that the mortality of females aged 40—59 years is also increasing — even if to a smaller extent. Finally the unexpected worsening of mortality accounts for the fact that the Hungarian population has arrived at the threshold of decline. Essentially mortality has become a matter of population policy, almost equal in rank with that of fertility.

I don't intend here to deal with the analysis of the causes of mortality increase. There are many unanswered questions in this field and the investigation of the mortality of the middle-aged has high priority in the demographic research program. It is now clear that in order to reach the population policy targets announced, preference to rising fertility is no longer sufficient. Population policy also has to cover the other components of population movements.

The divergence of population processes from those aimed at was surely induced by the intermittent character of the propaganda of population policy as well as its lack of continuity. The long-term aims, having served as the basis of the measures taken in 1973, included plans for a moving, flexible system of appropriate measures that should have been implemented following the demographic changes outlined above, concentrating their impact at the time of the arrival of the birth wave-trough. However, the unfavorable changes of the economic situation could not have been foreseen, and the financial resources for these purposes were consequently quite limited.

Nor must effects of changes happening in the world be left out of consideration. The economic difficulties of recent years, the uncertain social and political circumstances in the surrounding world greatly influence the social atmosphere within which decisions of families about bearing children have to be made.

Allow me to refer to Mr. Sipponen who already drew our attention to this in 1972, at the Jadvisin Conference on Population Policy, when citing Jarl Lindgren he said that: »Young people take more interest in international problems than earlier generations, and they are hesitant about giving birth to children

in a world which is — in their view — uncertain.» (Sipponen 1972). Another statement of his bears out the fact that the problem of decreasing fertility is not so much of an economic nature, but rather one of attitudes.

Also in Hungary, the slowing down of the earlier dynamic improvement of living standards effects mainly the youth embarking on a career and founding their families, as well as families with several children, and contributes to their decision — to a greater extent than on the average — to modify downwards their family plans, to postpone childbirth, or perhaps entirely to give up the idea of having children.

### **Higher living conditions — less children**

Surveys on family planning provide evidence that family plans were also modified downwards earlier when the factors influencing the social atmosphere gave reason to expect a more optimistic motivation. The practice of family-building may be characterized by the experience that couples having planned three children mostly give birth only to two and not infrequently only to one child, while many of those who desired two children stop at the first. This observation disproves the expectation that it would not be difficult to stimulate young couples to have three children with adequate population policy measures. That concept was based on the results of surveys on family planning according to which the average number of children regarded as ideal was equal to that which would ensure the reproduction of the population i.e. 2.4 children per family, while the average number of children desired was also very close to this figure.

Inferences deemed to be regularities have not been verified. Material welfare, good housing conditions and higher financial support have not been accompanied with the bearing of more children. Not only the examples of developed western countries verify that after reaching a higher standard of living, a dwelling, car and summer residence, the preference for fewer children or even childlessness comes into prominence. It has also been proved in Hungary that no automatic positive correlation exists between an improvement in living conditions and an increase of fertility. The demographic situation of the sixties deemed as critical developed just at the time when living conditions improved markedly in all respects.

Although an adequate independent dwelling is ranked by public opinion as the first precondition for having children, according to experience the settling of housing problems is not necessarily followed by this. Disregarding the strange relationship that the worse the housing conditions, the larger the families, the longitudinal investigation of various marriage cohorts did not show unambiguously that the improvement of housing conditions would increase the fertility of the families observed over a longer term. Let me mention also that young married couples are entitled to a welfare grant when building or buying a

dwelling, that amounts to about 7—8 months average wages in the case of undertaking to have one child, and to about 15 months in the case of two children, under the condition that if the child (children) they have decided to have are not born within 3 and 6 years respectively, the amount should be paid back. One-third of those taking advantage of this are more willing to pay the amount back than to give birth to the one or two children they had earlier decided to have. Acquiring a flat takes much time, requires great effort, sacrifice and savings for most young married couples. According to estimates, in addition to the significant and favorable state loans, the savings of a period of 7—8 years are needed. The small flats create further tense situations for the balanced coexistence of a 2—3 child family. At the same time, the long period needed for attaining a flat means living together with parents in overcrowded dwellings or subtenancy and getting tired from these endeavors, which in most cases means that the couple gives up their original family plans.

Although the support of the state increased significantly from the beginning of the seventies, the financial provisions of the population policy have not proved to be too effective either. The size and extent of benefits were limited by the economic realities of the second half of the last decade. Disregarding this fact, it is very difficult to judge the extent of any increase necessary for a positive effect. Also experience has shown that the higher the amount is, the more it is selective, stimulating mostly that strata that is underdeveloped both culturally and morally, and which is least equipped to bring up children, thereby reproducing the disadvantageous social and welfare situation.

The relevant international literature confirms also the view that realistic welfare-social money grants for families exert very little influence — if any — on long-range trends in fertility. At least, there is no evidence of the opposite. Anyway, it should be added that the exploration of interrelations and the methods of measuring the efficiency of population policy means still have many shortcomings and limitations at present. The study of professor Salo published in the 1980 volume of the »Yearbook of Population Research in Finland» (Salo 1980), gives an excellent review of this problem.

### **Can the vital processes be influenced**

We have to see clearly that the possibilities of influencing vital processes are limited and consequently the means to influence are also limited. The well-known causes bringing about the fundamentally decreasing tendency of fertility act invariably and in an increasing degree. The rapid changes that are occurring in the world political situation, in the external and internal socio-economic environment, in moral principles and the way of living all contribute to this. We have to recognize that the motives of a populations' demographic behavior are deeper and more complex than was once believed.

It must be realized that financial means, appropriate housing conditions, a satisfactory network of child-institutions, modern family planning, an effective consultation system for the care of families and women, and high standards of maternal and infant care are all necessary but not sufficient preconditions for improving fertility. The statement heard at our academic debate, mentioned in the introduction, that: «... population policy itself — as meant hitherto — is really not able to exceed, let alone maintain the level» is well taken.

In spite of the unfavorable fertility trend in Hungary the opinion generally held is that the conclusion should not yet be drawn that vital processes cannot be influenced in any way. Knowing the experiences and the new population situation now the question is, how the targets of population policy should be altered and modified, in what way its content might be extended, and what might be the means of supplementing and improving the system of measures.

Some fundamental principles have already been defined. Being aware of the fact that the unfavorable features originating from the structure of the population will be intensified, a long-term complex population policy concept should be elaborated for at least two decades. The intermittancy should be avoided and continuity should be ensured — even in small steps. The system of measures should be differentiated, perhaps according to the special needs of the different strata of society and of families of different size and at various phases of family building. The principle of our population policy has not changed, and the right to free family planning and ensuring this right in the future remain fundamental. Also the Minister of Health emphasized in his introductory speech to the population policy debate held at the Academy already mentioned, that any kind of forced, crude intervention would be a serious mistake.

### **Reconsidering the population policy**

In the course of reconsidering our population policy we have to set more realizable targets. No possibility exists for eliminating entirely all the repercussions of processes that have passed, but we must do our best to diminish the depth of the wave-trough. Overcoming all psychological prejudices concerning the decline of the birth rate, we have to be satisfied with the setting of more moderate aims of helping families to realize their own family plans. This means that population policy measures should encourage couples who have already planned to have three children not to stop at the second or even at the first child. Moreover couples that desire two children should be encouraged to give birth to this second planned child. According to the findings of surveys on family planning hardly any young married couples in Hungary wish to have only one child, but in consequence to the negative experiences connected with the birth of the first child, each fifth to sixth family gives up their intention

of having the second. In order to diminish the effects of these negative experiences families have had, the support of one-child families would also be expedient, as at present couples do not receive family allowance for the first child. Among the proposals there is one to give a family allowance for the first child also with the reservation that in cases when the second child is not born before the first reaches the age of 5 to 6 years, the allowance be terminated.

Proposals of making the system of child care allowance and child care leave more flexible and the extension of choice have arisen. Thus, for instance, mothers should have the right to undertake a part-time job, or when feasible to work at home during the period of child care leave without prejudicing the allowance, but only after the child is over one and a half years of age. Since the introduction of the child care allowance the opinion has been expressed that the present system involves some unfavorable effects on the professional career and working place relations of women staying at home on child care leave. In this connection the view is rather generally adopted that the family should have the right to decide whether — after a given time — the father or the mother should claim the allowance.

Considering the health and biological state of the population and in accordance with the aims established for protecting the quality of life, the scope of persons participating in genetic consultations and special screening examinations should be extended. Specific attention should be given to endangered pregnancies, and to decreasing the proportion of premature births.

Besides financial, economic and health factors, public opinion, moral behavior and the consciousness of responsibility play important roles in the development of the population situation. The formation of social consciousness toward motherhood, the moral protection and strengthening of the institution of the family, an awareness of the pleasure of having children, and the spreading of the desirability of having children are integral parts of population policy. We have to agree with Mr. Hulkko who emphasized in his study on Finnish population development and policy that: »Children are a source of joy to the family, they bring a purpose and meaning to life to their parents and through them their parents can grow a full and responsible life» (Hulkko 1979).

There are new fields that have to be involved in population policy. Greater endeavors than earlier must be made for ensuring the stability of families and consolidating the institution of marriage, and in a more organized way. Investigations should be carried out on the ways how social and legal means can be made more effective for the purpose of strengthening family relations. A coordinated and integrated family policy program should be formulated covering the ways in which the establishment of families and their untroubled functioning can be aided together with the social protection of their existence, a system of measures and means facilitating their everyday life, including organizational, institutional and financial assistance.

The alarming peculiarities of the mortality pattern mentioned earlier are urging the exploration of causes in a more exact way, and the elaboration of more effective health care and social measures. Protection and care must accompany men and women throughout their lives from the time of conception. Systematic endeavors are needed for restricting the unfavorable effects of the way of life, and the circumstances of the living, working and environmental conditions.

Increased efforts are necessary for learning more about and easing the social and economic problems relating to the older generations because of the increasing number and proportion of the elderly. The consciousness of the responsibility of families and their role in caring for the old should be increased. The foundation of the institutional structures for the care of the elderly should also be more properly established within the framework of family policy and population policy.

Finally, may I mention very briefly the tasks of scientific research into demographic problems in connection with the population policy. The research of the past has greatly contributed to the exploration of the characteristics of our population situation and to the elaboration of the scientific bases of population policy. The expansion of the field of population policy, and the widening of the system of means requires more intensive interdisciplinary co-operation among the related scientific fields. More attention should be paid, among others, to the investigation of socio-economic change and its effect on population; to studies on the problems of stagnating or declining populations; to analyses of the new pattern of mortality and in this connection the causes of death; to surveys concerning the life-cycle of families; to medical-biological-genetical research into the quality of the population, and — last but not least — to the methodology of measuring the effectiveness of population policy measures.

The improvement of the country's demographic situation is one of the most complex and comprehensive tasks of the state, society and science. As shown by experience, its solution requires extraordinary efforts, although no spectacular or rapid improvements can necessarily be expected. The awakening consciousness to this reality and its full consideration are basic requirements for the well-balanced development of our population policy founded on science, supported by society and built into the long-range state planning system.

## Annex. Financial benefits, leaves, worktime reductions and other benefits in population policy.

### 1. Financial assistance contributing to the costs in bringing up children

	Monthly amount, Ft	
	per child	total
<i>Family allowance</i>		
For one child <sup>a</sup>	490.—	—
For 2 children	490.—	980.— <sup>b</sup>
For 3 »	660.—	1 980.—
For 4 »	660.—	2 640.—
For 5 »	630.—	3 150.—
For each further child	610.—	
<i>Child care allowance <sup>c</sup></i>		
For the first child	800.—	
For the second child	900.—	
For the third and each further child	1 000.—	
<i>Maternity benefit</i>		
At the birth of each child	2 500.— <sup>d</sup>	
<i>Pregnancy-confinement benefit</i>		
	Total monthly wages, salaries <sup>e</sup>	
<i>Sick-pay for child care <sup>f</sup></i>		
	65—75 % of the wages or salaries	

<sup>a</sup> Only given if one parent, also the father, rears the child alone.

<sup>b</sup> In case of single parent: 1 320.— Ft.

<sup>c</sup> Given for each child until he reaches the age of 3 (e.g. for the 2nd and 3rd ones 1 900.— Ft's altogether).

<sup>d</sup> Civic right for each childbearing woman.

<sup>e</sup> For the period of maternity leave (20 weeks).

<sup>f</sup> For the time of caring for the sick child at home (if the mother is not on child care leave).

In order to give an idea of the value of financial aids it should be mentioned that the monthly average income of workers and employees working in the state and co-operative sector was 4000 Ft's in 1980.

### 2. Leaves and worktime reductions

*Maternity leave.* The pregnant woman is entitled to receive a pregnancy-confinement leave of 20 weeks — in case of irregular confinement — 24 weeks (with full pay). The entire leave may be taken following confinement.

*Child care leave.* After the termination of the maternity leave, this may last until the child reaches 3 years of age (with the child care allowance).

*Sick-leave for child care* (with sick-pay). In case of the child's sickness working mothers are entitled to take sick-leave; without any limitation until the child is one year old, for 60 days when aged 1—3 years and for 30 days when aged 3—6 years per child and per year. Also the father rearing his child alone is entitled to this benefit.

*Extra free days.* Working mothers and fathers rearing their child alone are entitled to get monthly one free day without pay. In addition to this one free day, in case of one child under 12 years of age two days yearly, in case of two children of this age 5 days, and, in case of 3 and more children of this age 9 days. Extra free days have to be ensured (without pay).

*Worktime reduction for nursing.* Working mothers who breast feed are entitled to two 45-minute periods per day in the first six months, afterwards until the end of the ninth month to one 45-minute period per day.

### 3. Rights in employment and work

- Employment of pregnant women or mothers must not be refused due to pregnancy. Under identical conditions preference has to be given to pregnant women and mothers with children concerning employment.
- The employer must not terminate employment during pregnancy and breast-feeding until the end of the sixth month after childbirth: while the mother, either on sick-pay or on leave without pay, is caring for a sick child; during a period of child care leave or other leave without pay received for caring for a child.
- Employment of working mother living alone may be terminated only for a particularly well founded reason until her child is eighteen years old.
- A pregnant woman must not be employed in a job detrimental to her health from the time her pregnancy is diagnosed.
- From the beginning of the fourth month of the pregnancy until the child is six months old mothers are not allowed to work overtime, and later, until the child is one year old only with the mother's agreement; until the child is one year old the mother must not be put on the night-shift, if possible she should be assigned to the forenoon-shift.

### 4. Health services

*Prenatal care.* All pregnant women receive increased medical care. From the third month of pregnancy she has to participate in a free medical consultation monthly. Throughout the entire period of pregnancy the district nurse follows the progress of pregnancy and provides advice concerning the care of the mother.



*Obstetrical provision.* In the frame of the social insurance system all women in childbed are entitled to free treatment in an obstetrical institution (hospital, clinic, maternity home). The provision covers also complications due to irregular pregnancy, complications in delivery and the treatment of premature infants, free and without time limitation.

#### 5. Other benefits

- The availability of the main products connected with the child care — e.g. clothing — must be ensured in due quality and quantity. The prices of articles for children must be controlled to a greater extent and strictly.
- In developing organized holidays for families at reduced prices, trade unions and enterprises increase the possibilities for a family to spend it together with their children. In assigning accommodations large families must have preference.

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