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Slovenia: Generous family policy without evidence of any fertility impact

Nada Stropnik

Milivoja Šircelj

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Slovenia: Generous family policy without evidence of any fertility impact

Nada Stropnik[1]
Milivoja Šircelj [2]

Abstract

Slovenia was not a typical socialist country; the transformation that had started at the end of the 1980s did not cause such great turbulences as in other countries in transition. However, unfavorable consequences did accompany the transition, particularly for some segments of the population. Fertility trends in Slovenia, as seen in the total fertility rate, have not surpassed the replacement level since the end of the 1970s. The lowest level of 1.21 was reached during the 1999-2003 period. Since then, the total fertility rate has been increasing slightly. Postponement in childbearing began with cohorts born after 1960. In today's Slovenian society, on average young women achieve higher education than men, and they perceive (potential) motherhood as a drawback in the labor market. Almost all parents in Slovenia are employed full-time, even those with small children. Nevertheless, the traditional gender-division of roles persists in the family. Extended education, relatively high unemployment among the young, and a shortage of adequate housing prolong the stay in the parental home. Together with insecure employment, a responsible parenthood norm, and the perceived high costs of children, this results in childbearing postponement and a lower final number of children. Slovenia has a relatively well-developed family policy, particularly on parental leave and pre-school childcare. Notwithstanding, almost no impact of family policy on fertility has ever been observed.

[1] Institute for Economic Research, Slovenia. E-mail: stropnikn@ier.si
[2] Statistical Office of the Republic of Slovenia. E-mail: vojka.sircelj@gmail.com

1. Introduction

Slovenia became an independent state in 1991. Ex-Yugoslavia, a constitutive part of which it had been until then, was a socialist country; however quite different from other former socialist countries in Europe. Westerners considered it a country of the East, while people from the East considered it West. This may explain why Slovenian family policy had much more in common with the equivalent policy of other socialist countries of Europe, while the features of fertility in Slovenia more resembled those of the capitalist countries, following them with a certain delay.

Slovenia was not a typical socialist country as far as concerns the political regime, economy regulation, economic development and cooperation, the standard of living, etc.. Consequently, the political, economic, and social transformation that had started at the end of the 1980s did not cause such great turbulences as in other countries in transition. This does not mean that the transition was smooth and without unfavorable consequences, particularly for some segments of the population. Individuals who lost their jobs and those employed but on low wages experienced a decrease in their living standard and even poverty. This is because, compared to 1989, real wages fell dramatically in 1990 and 1991. One-person households (particularly of elderly persons), households with unemployed members, families with three or more children, and single-parent families were identified as being at the highest risk of poverty in the 1990s (Stropnik and Stanovnik 2002). The situation of the unemployed, in particular, worsened during the 1990s. This was closely related to the low educational attainment and the resulting low employability of about half of the unemployed.

The economic recession and decline had already begun in the second half of the 1980s and continued until 1992. The former internal Yugoslav market (about 20 million people) – where Slovenian products were in high demand – was lost overnight due to the disintegration of the country in 1991 and a war in the region that started the same year. The economy had to be restructured and privatization began. Slovenia also experienced hyperinflation at the beginning of the transition: Annual inflation rates were 550% in 1990, 118% in 1991, and 201% in 1992. The situation greatly improved, achieving a drop in the inflation rate to 32.3% in 1993. Since 1996, inflation has been one-digit (2.5% in 2005).

Disturbances in the country's economy resulted in decreasing employment rates for both men and women due to dismissals or (mainly involuntary) early retirement. Unemployment, which had been almost unknown before, struck large masses of people regardless of their educational level or work experience. The unemployment rate (according to the Labour Force Survey) stood at 9.1% in 1993, 7-8% in the second half of the 1990s, and around 6% in the 2000s (SORS). The employment rate started to increase in the second half of the 1990s.

Since 1993, Slovenia has resumed the economic growth it previously enjoyed. However, it was only in 1998 that the gross domestic product (GDP) first reached its pre-transitional level. Since 1995, the GDP has been increasing, both total and per capita. In the 1995-2004 period, the annual increase in GDP (in constant prices) was between 3.5% and 5.4%. The GDP per capita amounted to 7.9 thousand Euro in 1995, 10.5 thousand in 2000, and 13.1 thousand in 2004 (SORS).

The poverty rate[3] for the total population of Slovenia stood at 14% in the late 1990s and has been decreasing since. In 2003, it declined to 11.7%, which was one of the lowest poverty rates in the EU (SORS 2005d). Inequality of income distribution, measured by the Gini coefficient, has been decreasing as well (from 24.8% in 1997 to 24.0% in 2003), and is also among the lowest in the EU.

Since the 1990s, Slovenia has been experiencing fairly stable political development, with governments forming coalitions of principal political parties. Slovenia has been a Member State of the European Union (EU) since May 2005, and it is the only new Member State that has fulfilled the convergence criteria for joining the Euro Zone in January 2007.

2. The general demographic picture

The population of Slovenia increased until 1991, with short oscillations in size caused by the two World Wars. A slight decrease started in 1992, followed by a trend reversal in 2000. Five years later, the population exceeded two million for the first time. Until the 1960s, the population rise was the consequence of a relatively high natural increase. Later, the impact of positive net migration became ever more important. The rate of natural increase was negative from 1997 to 2005 and the population was increasing solely owing to positive net migration. In 2006 Slovenia experienced positive natural increase.

In 1993, and for the first time, the number of deaths exceeded the number of live born children. Since 1997, this has been a constant characteristic of the Slovenian population, primarily due to a decrease in births. In the period 1980-2004, the number of births fell by 42%, while the number of deaths stagnated. In 2005, the birth rate and the death rate stood at 9.1‰ and 9.4‰ respectively.

[3] At risk of poverty threshold is defined as 60% of the median equivalized net cash income of all households. In order to standardize income of households of different size and with different members, each household member is assigned a weight (the first adult in a household is assigned weight 1, every other adult 0.5, and every child younger than 14 years, 0.3). The sum of weights for household members is the number of equivalent adults. The household income divided by the number of equivalent adults is the equivalized household income.

In the 1970's, Slovenia became an immigration country. Net migration was negative only in 1992 and 1993 due to the disintegration of ex-Yugoslavia. In 1995-2003, net migration rate stood between 1.0‰ and 1.7‰, and increased to 3.2‰ in 2005. Before Slovenia became an independent state, immigrants came almost exclusively from other parts of ex-Yugoslavia. These migration flows resumed several years after achieving independence, but at a considerably lower level. Nevertheless, immigrants from the territory of ex-Yugoslavia still account for about three-quarters of all foreign immigrants. The proportion of foreign immigrants from EU countries has been small; in 2005 it exceeded 12% for the first time. Today, the proportion of the foreign population is about 2.5%.

The long-term decrease in fertility along with an increase in life expectancy resulted in an aging population. This process accelerated at the end of the 1970s when the total fertility rate reached below-replacement level and life expectancy at birth exceeded 70 years. In 2005, the mean age of the population was 40 years, while the total dependency ratio stood at 42.3%. Since 2003, the proportion of the old (aged 65 years and over) has been higher than the proportion of the young (aged 0–14 years).

Note that the beginning of the transition process and its hardest years are not reflected as breaking points in the fertility-related indicators. At the end of the 1980s and in the 1990s, the former trends just continued. The mortality trend, however, has changed; the transition process resulted in a temporary stagnation of life expectancy. The increase in life expectancy at birth resumed in 1996; now it is 81.1 years for women and 73.5 years for men.

In matters of ethnicity and religion, Slovenia is still a relatively homogeneous country. According to the 2002 census, Slovenians accounted for 83% of the total population, followed by Serbs and Croatians with about 2% each. However, Slovenians accounted for 92% of those who declared their ethnic affiliation.[4] Catholics accounted for 58% of the total population and atheists for 10%. Out of those who declared their religious affiliation, more than 90% declared themselves as Catholics. Orthodox Christians and Muslims accounted for less than 4% each (SORS 2003).

[4] It is necessary to quote data on non-response (Šircelj 2003) since answering the questions on ethnic affiliation and religion are not compulsory in the population census and since these answers are partly influenced by the current political situation. In the 2002 census, religion remained unknown for 23% of the total population, and national affiliation for 10% (due to not wanting to give an answer, missing answers, etc.). In the 1991 census, these proportions were lower.

3. Fertility trends

Cohort fertility has been decreasing continuously, starting with cohorts born in the second half of the 19th century. Periodic oscillations in the total fertility rate were mostly due to changes in the timing of childbearing, which kept period fertility (TFR) above 2.1 children per woman in the 1960s and 1970s. Although it was evident that the constant decrease in cohort fertility would sooner or later cause the TFR to decline below the replacement level, the fertility issue was raised in public only when the number of new-born children had begun to decrease rapidly in 1980. Thus, the first fertility survey was conducted in 1989.

3.1 Cohort fertility

The decline in cohort fertility was particularly pronounced during its first phase. On average, women born in 1873-1877 had 4.7 children, while those born in 1930 gave birth to only 2.1 children. Later on, the decline slowed, but it seems that it has accelerated again with the youngest cohorts (those born after 1960) (Table 1). Completed fertility of the 1960 female birth cohort is 1.87, while it is 1.65 for the 1970 birth cohort (Council of Europe 2006). Since the completed fertility of the youngest cohorts is estimated rather than observed, the final values might be higher than indicated in the table. Namely, at the age of 29 (the highest age observed) the fertility rate of the 1975 birth cohort was higher than among the older birth cohorts (Figure 1). This illustrates that women of the 1975 cohort were recuperating births that had been postponed when these women were younger. The shape of the curve of age-specific fertility rates thus far indicates that further birth recuperation is likely. At the same time, the cumulated fertility of the 1975 cohort, up to age 29, was below that of previous cohorts, implying a potential quantum decline (Figure 2).

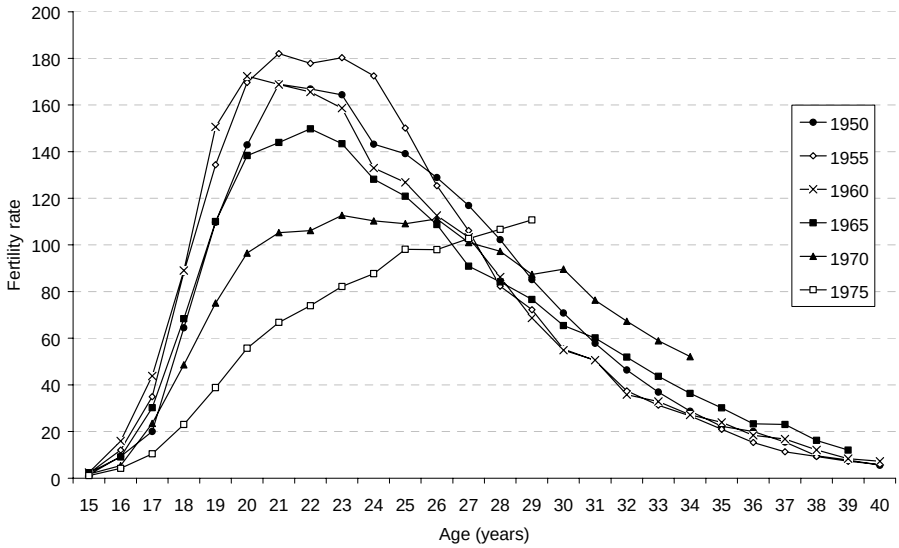
Table 1: Completed fertility of selected female birth cohorts, Slovenia

Female birth cohort	1930	1935	1940	1945	1950	1955	1960	1965*	1970*
Completed fertility	2.10	2.07	2.01	1.83	1.90	1.96	1.87	1.77	1.65

Source: Council of Europe 2006, T3.6a.

* Completed fertility of incomplete cohorts is estimated. Missing rates for older women are replaced by the rates observed for the same age in the last year for which the rates are available.

Figure 1: Age-specific fertility rates for selected birth cohorts, Slovenia

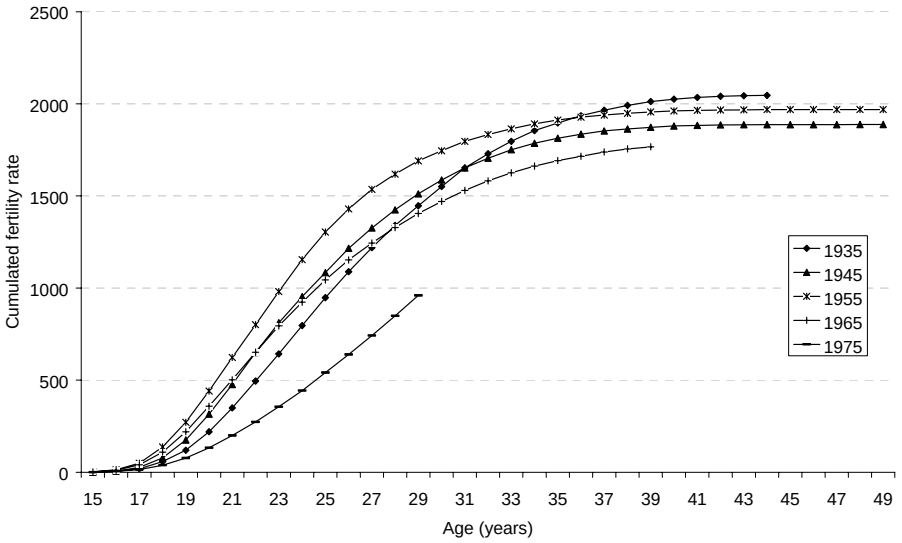


Source: Šircelj 2006, Table 96.

The decrease in fertility began with limiting children of higher orders and was accompanied by a decreasing proportion of childless women. Both processes, together with a decline in mean age at marriage, resulted in the gradual decrease in the mean age of women at birth of any child. This process stopped with cohorts born in the 1960s. Women began to postpone childbirth to a more advanced age. The lowest mean age at birth of any child was registered for the 1957 birth cohort: 24.5 years. For the 1970 birth cohort it was already 26.6 years – the same as for the 1940 birth cohort. The changes in the mean age at birth of the first child were similar. The lowest value was registered for the 1957 birth cohort: 22.7 years. The changes in the age-specific cohort fertility rates are shown in Figure 1. Cumulated fertility for selected birth cohorts (from 1935 to 1975) is depicted in Figure 2.

The postponement of parenthood is further evident from increasing intervals between first and second children, and between second and third children (Obersnel Kveder et al. 2001). According to the Fertility and Family Survey (FFS), about a third of women born in the 1950s had their second child before the first child was three years old, which is true for 28% of women born in the first half of the 1960s.

Figure 2: Cumulated cohort fertility for selected birth cohorts, Slovenia



Source: Šircelj 2006, Table 96.

3.2 Birth order

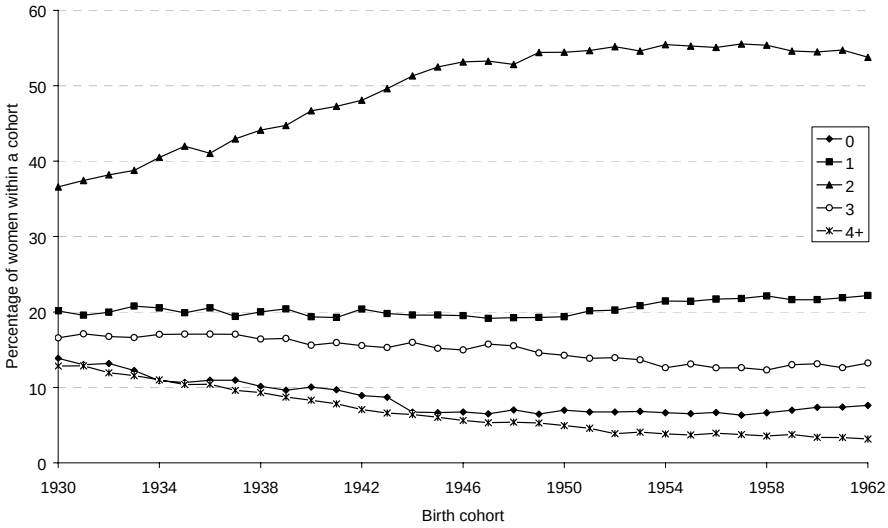
In the past, Slovenia was characterized by a high proportion of childless women; it exceeded 20% for the birth cohorts born before 1915. Since then, this proportion has been decreasing, settling at 6.7% for the 1952-1957 birth cohorts. Compared to these population census figures, the information from the European Commission's 2002 Eurobarometer survey that 14% of Slovenian women aged 40-64 years have no children (Fahey and Spéder 2004, Figure 5) seems to be an overestimation. According to the 2002 census, the proportions of women aged 40-64 years who never gave birth to a child are in the range from 6.7% to 9.7%.

About 77% of women who had a first child decide to have a second one. This proportion is rather stable for all birth cohorts born after 1920. The probability of having a third child is much lower and is continuously decreasing. However, according to 2002 census data, a stagnation of parity progression ratios to the third and fourth child can be observed for the very young birth cohorts (Šircelj 2006).

A consequence of changes in the parity progression ratios is the increasing proportion of women with two children among birth cohorts born after 1920. Among

the 1957-1961 birth cohorts, women who gave birth to two children account for 55%, those who gave birth to one child account for 20%, and those with three children for only 13% (Figure 3).

Figure 3: Cohort parity distribution, birth cohorts 1930-1962, Slovenia

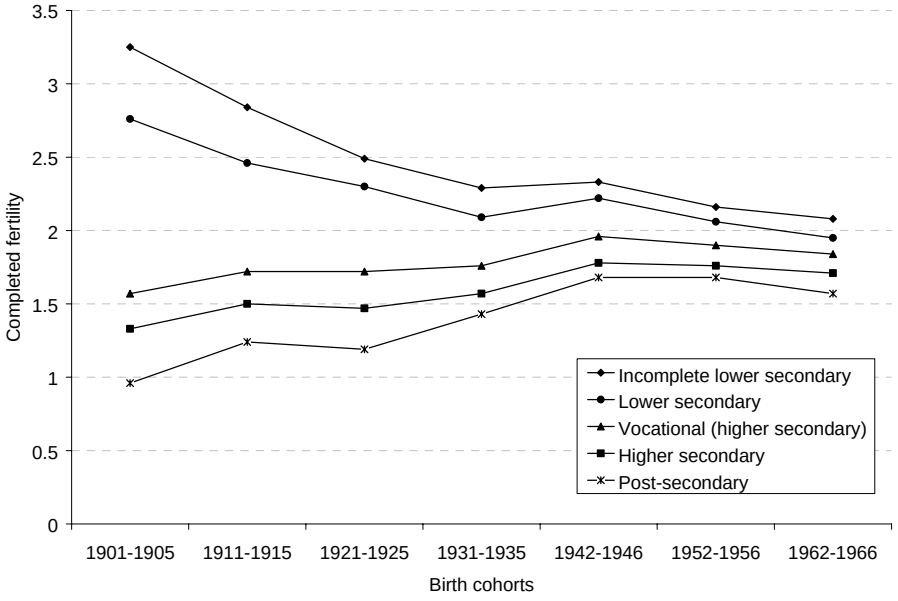


Source: Statistical Office of the Republic of Slovenia, Ministry of the Interior – Central Population Register.
Note: 1991 Population Census for cohorts born in 1930–1943, and 2002 Population Census for cohorts born in 1944-1962.

3.3 Differential fertility

Deliberate and planned birth control began at the end of the 19th century among the higher social classes, particularly among educated and employed women. It spread to other social classes and groups progressively. Nevertheless, it still holds that the higher the social class, the smaller the number of children. This might change in the very young cohorts. Cumulative fertility of young educated women – those aged 35-39 years in the 2002 census and with completed post secondary education – is somewhat lower than the completed fertility of cohorts ten years older. The difference is by 0.1 children. As their mean age at birth of first child is 3-4 years higher than that of other cohorts of women (FFS, 1995), their completed fertility might be expected to exceed the completed fertility of previous cohorts of educated women (Figure 4).

Figure 4: Completed fertility by educational attainment of women, birth cohorts 1901-1966, Slovenia

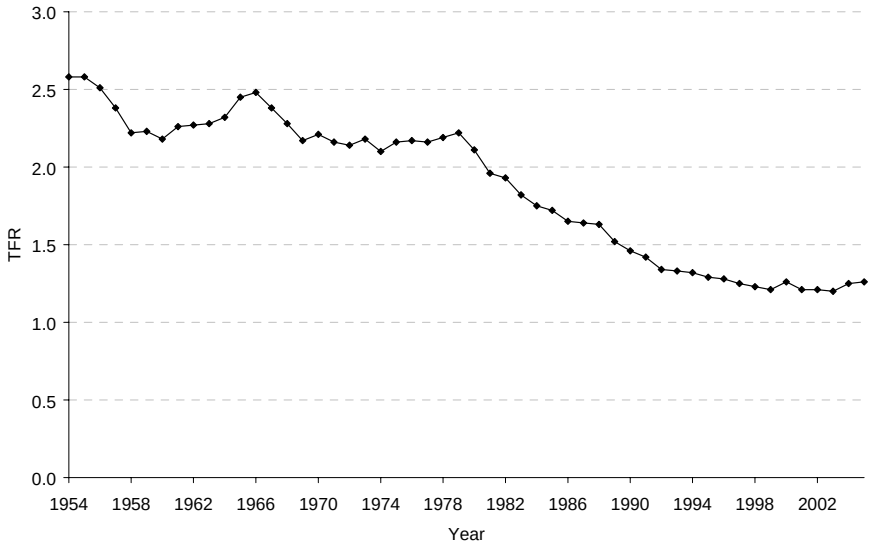


Source: Šircelj 2006, Table 86.

3.4 Period fertility

Changes in the age pattern of cohort fertility reflect oscillations in the total fertility rate (Figure 5). As long as the mean age of the mother at birth of any child was decreasing, the period fertility rate remained above the value of 2.1. As the postponement of childbearing started at the beginning of the 1980s, the total fertility rate dropped to a very low level of 1.2 within only 20 years. Had there not been a postponement of childbearing, the total fertility rates would still be declining, but at a lower pace. It probably would be similar to the estimated completed fertility of the 1970 birth cohort, which is 1.66 children per woman (Council of Europe 2006, p. 89).

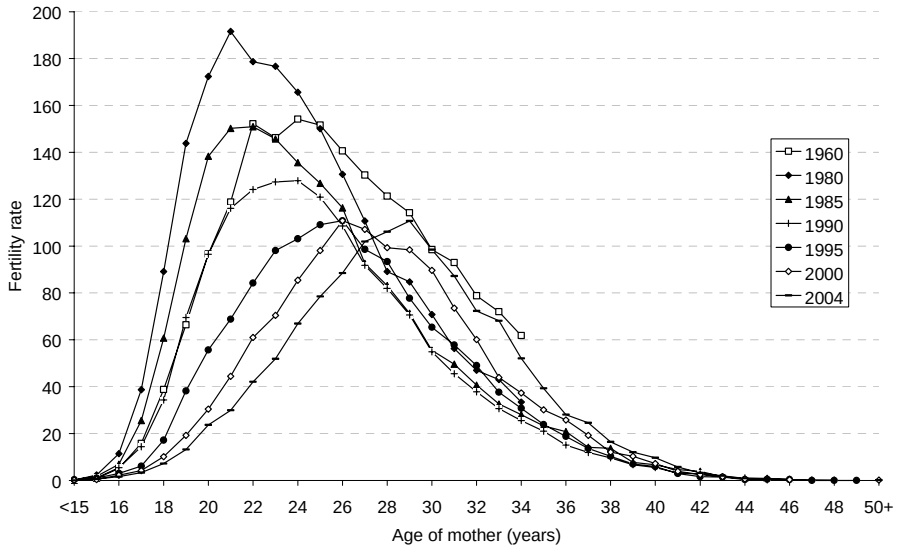
Figure 5: Total fertility rate, Slovenia, 1954–2005



Source: Statistical Office of the Republic of Slovenia, Ministry of the Interior - Central Population Register.

The postponement of childbearing is reflected in age-specific fertility rates. From 1980 to 1991, fertility rates decreased in all ages, but did so mostly for teenagers. Fertility rates at ages 15-24 have been decreasing since 1992, while those for women in their 30s have been rising. However, they are far from being high enough to counteract the declines in the younger ages (Figure 6). Postponement of childbirth to a more advanced age may have some undesired consequences, such as infertility. It is estimated that 13% of couples in Slovenia are infertile (Bevc, Florjančič, and Ovsenik 2002, p. 251). About a thousand new couples apply for treatment against involuntary infertility (ART) every year (Meden-Vrtovec 2002, p. 8), and about 3000 treatments are performed annually in Slovenia. Presently, some 3.5% of live born children are conceived in-vitro (Društvo za neplodnost Živa 2005), meaning that without ART the negative natural increase would have been more pronounced.

Figure 6: Age-specific fertility rates in selected years, Slovenia



Source: Statistical Office of the Republic of Slovenia, Ministry of the Interior - Central Population Register.

Since 2000, the total fertility rate has no longer been decreasing. A slight increase observed in recent years will probably continue due to the reduced postponement of childbearing. Besides, women in Slovenia still do have at least one child, and the aspiration to have two children still persists. The respondents in the 2000 PPA2 survey[5] ultimately intended to have 1.89 children (parents 2.04) (NIDI 2005, Table 3.7). This is 0.12 children higher than the estimated completed fertility rate for the 1965 birth cohort (CofE). However, the number of births is likely to start declining in about ten years again due to the decreasing number of women in reproductive age.

The Eurostat baseline projection foresees a slight increase in fertility by 2027 to the level of 1.5 children, and no further change until 2050 (Eurostat 2006). The baseline projections by the governmental Institute for Macroeconomic Analyses and Development (see Table 2) are based on a gradual increase in the fertility level: 1.3 in 2010, 1.4 in 2014 (due to a higher fertility of women aged 27 years and over), 1.5 in 2020 (due to rising fertility of women aged 30 and over), 1.4 in 2030 (Kraigher 2005).

[5] See Acknowledgements and http://www.bib-demographie.de/ppa/IndexDialogStart.htm.

The highest age-specific fertility rates are expected to shift to a woman's age of 30 or 31. The fertility of women aged 30-33 years will most probably increase as well.

Table 2: Baseline projection of the population of Slovenia (2003, 2030 and 2050)

Age group	Population (000)			Population (%)		
	2003	2030	2050	2003	2030	2050
0–14 years	294.8	268.9	247.6	14.8	13.5	13.3
15–64 years	1,404.8	1,234.1	1,048.4	70.4	61.9	56.3
15–49 years	1,040.7	797.3	700.6	52.1	40.0	37.6
female	507.7	389.8	341.4	25.4	19.5	18.3
65–79 years	242.1	365.3	375.5	12.1	18.3	20.2
80 years and over	55.0	126.3	190.6	2.8	6.3	10.2
Total	1,996.8	1,994.6	1,862.1	100.0	100.0	100.0

Source: Kraigher 2005, Table 21 (and unpublished results).

4. Proximate determinants of fertility

4.1 Marriage and divorce

For a long time, nuptiality was the most important determinant of fertility in Slovenia. In the cohorts born in the second half of the 19th century, the proportion of never-married aged 45-49 was high, between 15% and 20%. It decreased in younger cohorts, reaching 7.3% for cohorts born during World War II. The proportion is rising again (standing at 27% for the 1965 birth cohort), but its importance for the fertility level is much smaller. Almost half of the newborn children are born out of wedlock.

The total first marriage rate is decreasing, and for about the past 15 years, it was among the lowest in Europe (0.37 in 2005). The decline was accompanied by first marriage postponement. In 1991-2002, the mean age at marriage rose by five years for both men and women (Šircelj 2006). In 2005, the mean age of women at first marriage was 28.2 years, while the mean age at birth of the first child was 27.8 years. The latter age has been lower than the mean age of brides at first marriage for more than a decade (since 1994). If a first child is not born out of wedlock, then it is born in the first or at least the second year of marriage.

As a result of the considerable decrease in the number of marriages, the number of divorces has decreased, too. The total divorce rate remained rather stable for a long period of time (below 0.2 during the 1985-1999 period), but in recent years it has been increasing, reaching 0.27 in 2005; yet it is still among the lowest in Europe. Slovenia also has the highest median duration of marriage (14 years in 2003). The rates of partnership breakdown in cohabiting partnerships are not known.

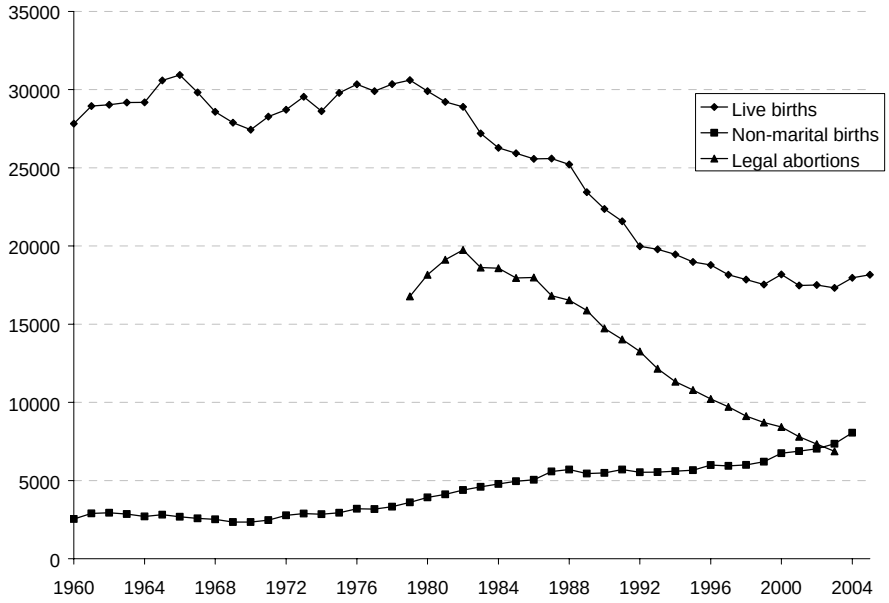
4.2 Cohabitation and non-marital births

The number of cohabiting couples has been growing intensively. Cohabitation is not a legal status but rather a fact in Slovenia, as couples do not register their union. However, since 1976, cohabitations that last for a longer time (non-specified but interpreted as 2-3 years) have practically the same legal consequences for the couple and their children as marriage. In 1991, the proportion of cohabitation among all unions was 3.1%, and grew to 7.6% in 2002 (9.3% in urban settlements and 7.0% in non-urban settlements (SORS)). These proportions are found to be higher among young people. However, the census data most probably underestimates cohabiting. According to the 2000 PPA2 survey, among all partnerships 79% were marriages and 21% were consensual unions (Černič Istenič 2001a).

The growth in the number and proportion of non-marital births began at the same time as the drop in the number of marriages: in the 1970s. Non-marital births have accounted for an increasing proportion of all births: 8.5% in 1970 and almost 47% in 2005 (Figure 7). These proportions are much higher for first births (48.8% in 2000 and 57.3% in 2004) than they are for second and third births. In recent years, the increase in the proportion of non-marital births was larger among second births than among first births.

The proportion of non-marital births started to increase faster in the mid-1970s following the introduction of the new Marriage and Family Relations Act in 1976. According to this law, marital and non-marital children have the same rights and obligations. It is, however, not clear, whether this has contributed to an increase in non-marital births at all. It may be that the legislation was passed just at the time when cohabitation was becoming more popular among the young.

Figure 7: Number of live births (total and non-marital) and legal abortions, Slovenia



Source: Council of Europe 2006, Table SLO-2; Statistical Office of the Republic of Slovenia, Ministry of the Interior – Central Population Register.

The proportion of non-marital births has been rising in all age groups of mothers. Teenagers are rarely involved (in just 3.2% cases in 2004) but have the highest proportion of non-marital births (78% in 2004). Almost all non-marital births are registered by both parents (95% since the 1990s), suggesting that these births mostly occur within stable relationships (Šircelj 1998; SORS 2004), with many couples marrying after the birth of the first child.

The age pattern of non-marital births suggests that non-married women are postponing childbirth, too. In 2004, the mean age of married women at first childbirth was 28 years, while it was 27 years for unmarried women (Šircelj 2006).

In the past, non-marital fertility rates were highest among lower social classes. Since the increase in non-martial births had started, the education-specific rates of non-marital fertility have been the highest among women with at least higher secondary education (Šircelj 2006).

4.3 Contraception

Contraceptive policies are liberal in Slovenia. However, modern family planning[6] has been only slowly gaining ground. It is encouraging to note that modern methods have become popular among the young. In the 1995 FFS, about 10% of couples reported that they do not use any method of contraception (Obersnel Kveder et al. 2001). In 2004, the most popular methods were the pill (used by every third women aged 20-24 years) and intrauterine devices (reliance on the former has been increasing, while ever less intrauterine devices have been implanted since the end of the 1980s – IVZ 2006a); condom use is much less common. For both sexes, the percentage of those relying on contraception at first intercourse has been increasing steadily; it was used by about three-quarters of female teenagers in the mid 1990s (Obersnel Kveder 1998, p. 91).

4.4 Abortions

From 1952, induced abortion was allowed for medical and socio-medical reasons, with the social component being widely interpreted by medical expert commissions. Following the definition of induced abortion as a woman's right in the 1974 Constitution, it was regulated by a 1977 act. Induced abortion is performed upon a woman's request, provided she has not been pregnant for more than 10 weeks (this was the case of 93% of induced abortions in 2003 – IVZ 2004). A more advanced pregnancy may be terminated upon the consent of a medical expert commission.

The slow shift towards adoption of responsible contraceptive behavior in Slovenia is manifest in a relatively high incidence of induced abortion until 1982, when it reached its peak (see Figure 7). In that year, the total induced abortion rate was 1.6, and by 2004 it declined to 0.4. The abortion rates have been decreasing in all age groups, particularly where they are the highest, i.e., at 25-34 years of age (Šircelj 2006). In this age group, the abortion rate in 2004 was 20 per 1,000 women in fertile age, compared to 8.2 among teenagers (IVZ 2006b).

Legalization of abortion has been repeatedly mentioned as an important cause for the increase in the number of induced abortions in the 1980s and the decline in the number of live births. However, it does not appear from the data presented in Figure 7 that the liberalization brought in by the 1976 law had a large impact on either the number of abortions or the number of births. The number of abortions had already been high before that law was adopted, and it decreased within several years following the law. The number of induced abortions decreased even faster than the number of live

[6] Its wide promotion started in the early 1960s by gynecologists and nurses at women welfare centers that were available in each health care institution (Obersnel Kveder 1998).

births. The high number and rates of induced abortions at the end of the 1970s and at the beginning of the 1980s were related to intensive immigration from other regions of ex-Yugoslavia, where induced abortion was a much more common method of birth control.

5. Important societal conditions impacting fertility and the family

5.1 The labor market position of women

For more than 50 years, Slovenia has been a country with a high female employment rate. This is not only due to the professional aspirations of Slovenian women, but has also to do with the need arising from the relation between income and the cost of living. Two incomes are still needed for a decent standard of living of a three- or a four-member family, so women are stimulated to enter the labor market and not to leave it after childbirth.

The female share in the total number of persons in employment was about 47% in the 1990s and about 46% in the first half of the 2000s, which means that virtually every adult woman in Slovenia is employed (SORS, Statistical Yearbooks). At the end of 2005, the female activity rate stood at 53.5% compared to 90.2% for women aged 25-49 years (SORS 2006c). This indicates that also in families with small children, usually both parents work. Another important feature of female employment in Slovenia is that the majority of women are employed full-time. Typically, after parental leave, women continue to work full-time, which surely is related to the length of leave (one year). As much as 85% of women with children below 12 years of age are employed for more than 30 hours a week (SORS 2006a). In 2000, according to the PPA2 survey, approximately half of the women aged 20-49 years perceived motherhood combined with full-time employment as an ideal option for them; about a third preferred part-time employment (Stropnik 2005).

Part-time employment was unusual in Slovenia until the 1990s; it was an exceptional employment arrangement. It has rarely been a preference and is not widespread even today. The proportion of persons employed part-time has been slowly increasing, and was at 9% in 2005 (SORS 2006c). Women are generally more likely to work part-time than men (11.1% of women work part-time), but the gender difference is narrow. Only 9% of those employed full-time wish to work part time, while 59% of those who work part-time would rather work full-time. If employed persons had the possibility to choose between shorter working time with the same salary and the same working time with an increase in pay, 69% would opt for the latter (SORS 2005a).

According to the 2005 Labor Force Survey, 51.3% of persons (aged 15-64 years) in employment usually have the possibility to vary the start and end of their working day, for family reasons, by at least one hour (SORS 2006b); 29.6% have that possibility rarely and 19.1% never. There are almost no differences as to gender.

The Slovenian legislation in the field of labor relations, parenthood protection, and equal opportunities of the sexes represents an appropriate legal framework for promoting equality of young women/mothers and fathers in the labor market. However, there is a gender pay gap in favor of men despite an equal pay policy for both sexes. On average, females have lower wages than males with the same education level, due to the sectors where they are mostly employed,[7] and horizontal gender segregation.[8] In spite of their meeting formal requirements for upward professional mobility, the number of women in management and leading positions in firms remains substantially lower than that of men. This may be explained by cultural patterns and prevailing values in Slovenian society, the difference in men's and women's expectations, and the different social frameworks of female and male lives. Also, a potential threat (and incidence) of informal discrimination has been detected in practice. This discrimination occurs behind doors and without any proof or evidence. Although it is explicitly forbidden by the Employment Relationships Act, cases have been reported where employers insisted that certain employees sign an undated resignation before the employment contract became effective, just to use it as the basis for the termination of the employment contract in case the employed woman gets pregnant.

5.2 Unemployment

In the 1990s, unemployment became a massive phenomenon in Slovenia, affecting young people (aged 15-24 years) much harder than other age groups. The steepest increase in unemployment was registered in 1991 and 1992 and it resulted in a 9.1% unemployment rate in 1993. The rate was around 6% in the first half of the 2000s, which is not exceptionally high within the European context (SORS; Statistical Yearbooks). The numbers of unemployed men and women are practically the same (SORS 2006c). The major long-term problem is structural unemployment, i.e., a discrepancy between jobs on offer and the skills of those unemployed.

The share of the young unemployed has been decreasing, partly due to increasing enrolment in higher education and partly due to active employment policy measures, but the unemployment rate among persons below the age of 25, exceeding 14% in 2004, is still high (SORS; Statistical Yearbook 2005). Widespread unemployment has

[7] Women tend to be employed in sectors where lower wages and salaries are paid.
[8] Horizontal gender segregation is the unequal allocation of men and women in different occupations.

inevitably had an impact on the readiness of young people to start families, since they have been deprived of the possibility to earn a living.

5.3 Female education

The educational attainment of the Slovenian population, particularly for women, has improved considerably between the last two censuses (Table 3). In 2004, 16.2% of men and 23.9% of women aged 25-54 years had an education above the higher secondary level (SORS). Since almost the entire generations of females at relevant age are today included in higher secondary education, and half the relevant generations continue schooling at the post-secondary level, any measure tending to increase fertility by creating obstacles for women to access employment is out of question (see Table 4 for an increase in student enrolment in undergraduate higher education studies).

Table 3: Population aged 15 years or over by educational attainment and sex, Slovenia, Censuses 1991 and 2002

Population	Sex	Age	Educational attainment				
			Below higher secondary	Higher secondary	Post-secondary	Unknown	Total
1991	Men	15–49	35.7	53.7	9.3	1.3	100,0
	Women	15–49	41.7	46.2	10.9	1.2	100.0
	Total	15–49	38.6	50.0	10.1	1.3	100.0
2002	Men	15–49	25.3	63.6	11.1	-	100.0
		15–24	45.4	53.6	1.0	-	100.0
		25–34	15.4	69.7	14.9	-	100.0
		35–44	17.2	67.5	15.3	-	100.0
	Women	15–49	26.9	56.5	16.6	-	100.0
		15–24	42.9	55.3	1.8	-	100.0
		25–34	13.5	60.4	26.1	-	100.0
		35–44	21.6	57.4	21.0	-	100.0
	Total	15–49	26.1	60.1	13.8	-	100.0
		15–24	44.2	54.4	1.4	-	100.0
		25–34	14.5	65.1	20.4	-	100.0
		35–44	19.4	62.5	18.1	-	100.0

Source: SORS, Population censuses 1991 and 2002.

Table 4: Student enrolment in undergraduate higher education studies, Slovenia

School year	Number of students		Index (1990/91=100)	
	Total	Women	Total	Women
1990/91	33,565	18,668	100	100
1995/96	45,951	26,126	137	140
2000/01	82,812	47,460	247	254
2004/05	91,229	54,163	272	290

Source: SORS; Statistical Yearbook 2005, Table 6.16.

The data on graduates of higher professional and university education show a very long duration of study (seven years and over for 40.6% of the graduates in 2005) – it is even higher for full-time students (41.9%) (SORS). To a large degree, this is due to circumstances that unintentionally prolong the period of study. These are: the shortage of scholarships, bonuses enjoyed by students (health insurance, child allowances for those fulfilling the income criteria, and subsidized lunches, accommodation and public transportation), as well as the availability of income tax-exempt work through student employment brokerage services (also favorable for employers due to low labor cost). Therefore, many students are stimulated to keep their status as long as possible, and they spend an unreasonable period of a semester working rather than studying.

The extended education of young people, particularly of women, significantly influences their attitude towards childbearing. As a rule, extended education prolongs their dependence on parents and their stay in the parental home. The FFS results show that women with post-secondary education had their first child several years later than less educated women and were the only ones who postponed the first childbirth when cohorts born in the first half of the 1960s are compared with those born in the 1950s (Obersnel et al. 2001). This may partly explain the greatest discrepancy between the wished and actual number of children among women with an education above the higher secondary level (Stropnik 2005).

5.4 Perceived necessary preconditions to have a child

The decision to have a child is usually not a spontaneous one but rather a carefully planned step dependent on both subjective and objective conditions (Ule 2004). Psychologists speak of the responsible parenthood norm (Ule and Kuhar 2004), where

increasing demands concerning employment, financial security, housing, time, emotional maturity, the ability to rear a child, good partnership relations, etc., act as obstacles to have children. The surveys and public discussions in Slovenia repeatedly prove that young people would have children earlier if the two basic preconditions, i.e., a stable job and appropriate housing, were fulfilled (see e.g., Ule 2005). Creating these conditions after having finished their studies takes young people several years – the very years during which they are most capable of reproduction. During this period, many realize that it would be hard to reconcile a professional career with parenthood, or they even face the direct threat of losing a job if they got pregnant.

5.5 Leaving the parental home

It is not common for young people in Slovenia to live on their own (in a single-person household) during the time interval between living with parents and living with a partner. The possibility to move into one's own housing is an important determinant of leaving the parental home. The 1991 housing reform abolished rented housing provided by the employer, meaning that a significant option for an early passage into autonomous housing was no longer available. The housing stock was privatized, and rented social housing was sold to their tenants (Mandič and Gnidovec 2000). In the 1990s, housing policy in Slovenia was rather unsuccessful, and still today there is low availability and unaffordability of housing for young adults. The housing market is characterized by high prices of housing, long waiting lists for non-profit housing, insufficient availability of favorable housing loans, poor development of the private rental sector, insufficient availability of student housing, and an absence of the third or co-operative sector. According to the 2005 Housing Survey, the share of rented housing is 9%, while the share of non-profit/social housing is a mere 5% (Mandič 2006). Renting of housing in the private sector is expensive, while non-profit housing is of rather low quality (Cirman 2006). Housing purchase is usually possible only through intra-family transfers.

Apart from the problems related to housing, the observed prolonged stay of young people in the parental home is also a consequence of the extension (and unjustified prolongation) of schooling and unemployment among the young, both of which prevent young people from becoming economically independent. New forms of partnership have an impact as well.

The cohorts born in the 1950s and early 1960s left their parental homes at a relatively young age. Over half did so by the age of 20, and over 90% by age 30. Females tended to leave their parental home a little sooner than men, but the difference was not significant (Obersnel et al. 2001). The next cohorts remained in their parental

home ever longer. The 2002 census data show that 30% of men and women aged 30 still lived with their parents (SORS).

5.6 Religiosity

The position of the Church and the clergy on the confidence scale is low, alongside political parties: 29% of people had confidence in them in 1991, 16% in 1999 and 24% in 2003 (Toš 1990a, 1990b, and 2004). In the beginning of the 2000s, about 17% of people declared regular church attendance (at least once a week) (Toš 2004). Most people choose norms and values (religious and secular) *à la carte* (Jogan 2001, p. 137), so it is not uncommon for religious people to get divorced or have an abortion.

Josipovič (2004) hypothesises that religion influences the desired number of children through the value system it helps create. Ule (2004, p. 96) confirms this, and argues that the high level of support for family life demonstrated in public opinion surveys is partially the result of the idealization of the family in Slovenia, which comes primarily from the Roman Catholic Church. The census data show higher, however decreasing, completed fertility for those who declared themselves as religious (particularly Muslims and Catholics) as compared to those who declared themselves as atheists in the 1927-1966 cohorts of women. In the 1962-1966 cohorts, the completed fertility of the declared Catholics is 23% higher than that of atheists, but starting with the cohorts born in the early 1950s it has also been below replacement level (Šircelj 2006, pp. 223-226).

5.7 The gender division of roles

In Slovenia, the traditional gender division of roles in the family persists, leading to a double burden for employed women. Having less children may thus constitute a coping strategy for young women. On the one hand, on average women are more educated than men, so many of them wish to have their professional career, and they mostly have to contribute to the family budget in order for their families to have a decent standard of living. On the other hand, according to the 2000 PPA2 survey, most of the household and child-related work (75-80%, depending on the activity) is performed exclusively by women (Černič Istenič 2001b). About a quarter of all respondents (aged 20-64 years) agreed with the statement that fathers do not take enough care of their children.

It seems that the actual behavior differs considerably from the beliefs that people express in surveys. The overall index, measuring the prevalence of the belief that both mother and father are expected to carry out childrearing, was about 89 in the 2002

Eurobarometer survey [9] (Fahey and Spéder 2004, Figure 23). The same kind of index was estimated for sharing the responsibility of changing nappies – and there were no gender differences (Fahey and Spéder 2004, Figure 24). In both of these cases, Slovenia ranked fifth in the EU, just after Sweden, Denmark, Estonia and Finland.

5.8 Reasons for limiting the number of children

The PPA2 survey conducted in 2000 identified that people primarily perceived economic reasons as those causing women to have fewer children than previous generations. These are:

- economic crisis and unemployment (i.e., insufficient and insecure income),
- unfavorable housing conditions (and poor prospects of solving the housing problem), and
- high costs of raising children (Stropnik 2001a).

As many as 88-91% of the respondents found these reasons important or very important. These findings are very much in line with those obtained by the 1995 FFS, namely, that the economic crisis and unemployment, the financial burden of children and poor housing conditions are the main reasons that women have fewer children today. For example, more than half of the respondents of the FFS did not want to have (more) children due to the high costs associated with them (Černič Istenič 1997).

It is, however, obvious that also people without economic or housing problems usually refrain from having more than two children (or even more than one child). Josipovič (2004) concluded that fertility in Slovenia depends rather on values, norms, example patterns and perspectives than on people's material position. Today, one should not neglect the importance of equal opportunities and the unwillingness of highly educated women to give up their professional careers because of motherhood.

6. Consequences of low fertility

The consequences of the past and expected demographic development of Slovenia have been raising an ever greater concern. The most populous cohort – twice as numerous as the cohorts born in recent years – is ending its fertile period. Even in the case of higher fertility of the cohorts now entering fertility age, the population of Slovenia will most

[9] Zero means that the task should not be shared between parents, while 100 means the opposite.

probably start decreasing in about 10 years time since it is not likely that net migration will compensate for the effect of foregone births in the last quarter of the century.

Low fertility is the major factor causing a negative natural increase and an aging population in Slovenia. The cumulative proportion of the youngest age groups (up to 15 years of age) in the total population has been decreasing. With 14.2% of the total population in 2005, it is lower than the proportion of the population aged 65 years and over, which is 15.5% (SORS). In 2030, about a quarter of the population will be aged 65 years and over (Malačič 2005, Eurostat 2006, Kraigher 2005; see also De Beer and Van Wissen 1999). According to the baseline projections, they will account for almost a third of the total population of Slovenia in 2050, while the proportion of the very old (80 years and over) will increase to some 10% (see Table 2).

A shortage and aging of the labor force will be further consequences of low fertility. In 2003, there were less than 21 persons below the age of 15 per 100 persons aged 15-64 years. A decrease in the active population will start around 2020 at the latest and may amount to 12% of the population by 2030, as compared to the population in 2003 (see Table 2). The problem will be serious also due to the fact that practically all women in Slovenia are currently economically active, making them negligible as an additional source of the labor force.

Majcen et al. (2005) have estimated an additional pension fund deficit of 7-9% of GDP (depending on the scenario) in 2030 if no further reforms of the pension system are implemented. An increasing demand for financial and human resources in health care and long-term care of the elderly is expected as well, also due to the fact that it is the oldest-old (aged 80 years and above) who will have the most dynamic population growth. Based on the baseline population projection, Sambt (2005, Table 4) estimated an increase in health care expenditure from 8.2% of GDP in 2004 to 9.07% of GDP in 2030. The expenditure on long-term care is expected to increase from 0.84% of GDP in 2004 to 1.39% in 2030 (Sambt 2005, Table 5).

7. Policies with possible impact on fertility and family behavior

The Slovenian government became aware of the fertility rate being too low to assure replacement of generations rather late in the day. Until the 1990s, the future population decline was not clearly evident to non-demographers due to more than 30 years of immigration from other republics of ex-Yugoslavia (between 1975 and 1982, immigrants made a 40% contribution to the population increase – SORS, 2004), a favorable population age structure, and a relatively low age of women at childbearing. On the one hand, the immigrants – relatively young – have directly rejuvenated the Slovenian population. On the other, being of fertile age and having a lower mean age at

childbearing (Šircelj 2000, p. 340), they quickly contributed to the increase in the number of births – although their fertility only slightly differed from the Slovenian average.

The very low fertility rate, de-population, and population aging are indeed demographic concerns for Slovenia today. However, there still is no comprehensive population policy. The National Committee on Demographic Policy was established in 1994 with the task to draft the Slovenian National Report for the 1994 Cairo International Conference on Population and Development and to take part in drafting the Action Program on Population and Development of the Republic of Slovenia. However, this job has never been completed; hence, it has neither been presented to the government nor to the parliament. Considering the fertility level in Slovenia, it seems that only substantial positive migration could slow down the decrease in the total population, but the Resolution on Immigration Policy, adopted in 1999, misses any direct link to the issue of population size. Public opinion surveys indicate that the inhabitants of Slovenia do not seem to be ready to welcome immigrants. In the PPA2 survey, as much as 62% of the respondents aged 20-49 (and even more of the older ones) felt that there were already too many of them.

Interestingly, though, Slovenia has a relatively well-developed family policy aimed at enabling the reconciliation of professional and family obligations, providing equal opportunities to both sexes and a horizontal redistribution of income in favor of families with children. No demographic objectives are explicitly set. Unlike in most transition countries, Slovenia of the 1990s managed to preserve the family policy measures of the socialist period. Moreover, some measures were improved and some were introduced anew. The major negative consequence of transitional turbulences was a decrease in the real value of some family benefits, but it was neither long lasting nor large in extent. In 1991, an independent ministerial department for family affairs was established. In 1993, the Parliament adopted the Resolution on Foundations of Family Policy, and in 1994 the National Council for Family, comprising experts and civil society representatives, acting as an advisory body to the government, was established.

7.1 Measures enabling the reconciliation of professional and family obligations and providing equal opportunities to both sexes

7.1.1 Parental leave

There was only maternity leave lasting 105 days until 1975, when 141 days of childcare leave were added. Parental leave thus totaled 246 days, or 387 days if 141 days were taken as half-time leave. This arrangement lasted until February 1986, when the leave

was further extended to 365 days. According to the Parenthood Protection and Family Benefits Act, put into effect at the end of 2001 and revised in May 2006, the total leave associated with childbirth in Slovenia (parental leave) consists of 105 days of maternity leave, 260 days of childcare leave (or 520 days if taken as half-time leave) and 90 days of paternity leave. There is also an adoption leave lasting 150 days for a child aged 1-4 and 120 days for a child aged 4-10.

Each parent is entitled to half of the childcare leave and it may be transferred between parents upon agreement. If the mother is a student below the age of 18, one of the child's grandparents is allowed to take the leave. The childcare leave is extended by 30 days if – at the birth of a child – the parents involved are already bringing up at least two children below the age of eight; by 60 days if they are bringing up three children; and by 90 days if they are bringing up four or more children. Up to 75 days of the childcare leave may be taken, while the child is below eight years of age. Fathers are obliged to use at least 15 days in the child's first six months, while the remaining 75 days can be used until the child is three years old.

To be entitled to parental leave income compensation, the person must be insured just prior to the first day of the leave, or for at least 12 months in the last three years before the start of the individual part of the leave. During maternity leave, childcare leave, and the first 15 days of paternity leave,[10] income compensation amounts to 100% of the average monthly gross wage of the entitled person during the 12 months prior to the leave, or the average basis from which the parental leave contributions were paid.[11] The minimum wage compensation is set at 55% of the minimum wage and the maximum at 2.5 times the average wage in Slovenia (the upper limit is not applied to the compensation during maternity leave).

All mothers take parental leave, most frequently full-time. The share of fathers, who took some of the childcare leave stood at about 1% and has increased to 2% in the 2000s. Considering full income compensation during the leave, the reasons for a participation of fathers as low as this may be found in the traditional division of tasks within the family, attitudes in the society (not the declared ones but rather those that rule people's behavior), the absence of a positive image attributed to the father who assumes more family responsibilities, and employers' expectations and demands as concerns their male employees. In 2004, 72% of fathers took up to 15 days of paternity leave, and only 9% used up a larger portion (MoLFSA). Research suggests that the latter was partly due to the limited duration of full wage compensation. There were also

[10] For the remaining 75 days, the father is only paid the social security contributions based on the minimum wage.

[11] If the contributions were paid during a period shorter than 12 months, the minimum wage is taken into account for the missing period. For persons not insured at the time the leave starts, but having been insured for at least 12 months in the last three years before the start of the maternity leave, income compensation amounts to 55%-105% of the minimum wage, depending on the insurance period in the last three years.

obstacles on the employers' side (Rener, Švab, Žakelj, and Humer 2005; Stropnik 2005).

After having taken up parental leave, return to the former job is guaranteed. The parent of a child below the age of three may choose to work part-time and have social security contributions (based on the minimum wage) paid by the state budget to make up the difference to the full-time working hours. In January 2007, this right was extended until the youngest child reaches six years of age if the parent is taking care of two children. A parent leaving the labor market in order to look after four or more children is entitled to have social security contributions paid by the state budget until the youngest child reaches the age of 10.

7.1.2 Pre-school childcare

The development of publicly organized educational and care services for pre-school children was particularly intensive between 1971 and 1985. During this period, almost 70% of the existing facilities were constructed (Vojnovič 1996), while the number of children in pre-school childcare tripled. In 1961, only 7.7% of the pre-school population was included, 15% in 1971, 41% in 1981 and 50.9% in 1991.

Even during the most difficult transition years, Slovenia managed to retain most of its advantages and achievements in pre-school childcare attained in the socialist period, while it also rather successfully reformed services according to the principles of the market economy and improved their quality. The present supply of pre-school childcare almost completely meets the demand. In the school year 2005/2006, 63.6% of pre-school children were included in childcare programs in day-care centers, compared to less than half of the pre-school children in 1991/1992. As many as 94.3% were in programs lasting 6-9 hours per day and offering four meals. The proportions of the included children of the whole population of the same age were the following: 27.5% of the one year old children, 49.4% of the two-year-olds, 69.5% of the three-year-olds, 79.3% of the four-year-olds, 83.7% of the five-year-olds, and 7.3% of the six-year-olds (SORS 2006d).

Childcare services are also affordable due to high subsidies from public sources. All approved programs of public and private childcare centers/providers are entitled to a subsidy. On average, this amounted to 75% of the costs per child in 1990, and to 71% in 2005. The parent fee amounting to 80% of the costs is the maximum paid by parents (of about 4% of children). Families on social assistance are exempt from paying fees altogether. If more than one child from a family attends a subsidized childcare program, the fee for the older children decreases by one income group.

Pre-school childcare subsidies are by far the highest single transfer to families in Slovenia. They make it easier for single and other mothers of pre-school children to take a decision on returning to work or looking for a job. It may sound paradoxical that families with non-employed parents can also receive the subsidy; however, another aspect of pre-school childcare needs to be considered as well, and this is the development and education of pre-school children. This certainly justifies subsidy for them. The importance of quality meals provided in childcare centers should not be neglected either, particularly for children from families on a lower income (Stropnik 2006).

7.2 The horizontal redistribution of income in favor of families with children

7.2.1 Child allowance

In the entire post World War II period, child allowance has been a selective benefit targeted on low income families[12] and, since 1994, on middle income families as well. In 1996 the income threshold was raised from 50% to 110% of the national average gross wage per family member. Consequently, some 90% of children (those up to the age of 15 years and those up to the age of 26 years who were still in full-time education) were eligible. In 1999, the income threshold was lowered to 99% of the national average gross wage per family member. Dependence of the child benefit level on the birth order of the child (1st, 2nd, 3rd and subsequent) was introduced, and the benefit levels were increased considerably (by 38% on average), particularly for children in families with the lowest income and children of higher birth orders. From 2003, child benefits for pre-school children who are not included in subsidized childcare programs are 20% higher,[13] and from 2004, they are 10% higher for children in single-parent families, as compared to those for other children. Currently, child benefits are received by some 70% of children in the relevant age group (those up to the age of 18 years and those up to the age of 26 years who are still in full-time education).

[12] For instance, in 1993, only 28% of children up to the age of 15 and those up to the age of 26 still in full-time education received child allowance.

[13] This is intended for compensating for a part of the costs of informal childcare arrangements or a part of the opportunity costs for a parent taking care of a child at home.

7.2.2 Other benefits

Since 1994, the lump-sum parental allowance is being granted to persons who are not eligible for the insurance-based wage compensation during the parental leave (about 14% of parents on the parental leave) for the period of one year. Until the end of 1993, it was limited to female higher secondary school and university students and the registered unemployed, and was received for 84 days.

A large family allowance was implemented in 2002. It is a lump-sum transfer to all families with three or more children below the age of 18, or older, if fulfilling the age and status conditions for the entitlement to the child benefit.

There are also some other direct and indirect family benefits like the birth grant, textbook funds, scholarships, subsidized transport for pupils and students and subsidized school meals, some of them being universal rights and some means-tested.

Child tax allowances are progressive according to the number of dependent children. Due to progressive tax rates, the actual tax savings increase in relation to income brackets and are in the range from 16% to 50% of the tax allowance (Personal Income Tax Act 2004).

The priority in renting social and non-profit apartments, as well as in obtaining favorable housing loans, is given to low income applicants, which are quite often young families and families with more children. At the local level, the provision of social housing remains one of the major challenges. The demand has always exceeded the supply, resulting in families having to live in unsuitable housing for many years, and having to pay rents that take unreasonable proportions of their income.

The 1999 Pension and Disability Insurance Act decreased the age criterion for retirement based on the number of children; for one child the deduction is 8 months, for two it is 20 months, for three 36 months and for each additional child it is 20 months.[14] In these cases, the minimum pensionable age is lowered to 56 years for women and 58 years for men. The first year of childrearing is also credited, though this is relevant only for persons who were not insured at that time, had their permanent residence in Slovenia, and if the child was born no later than the end of 1998. Persons, who were out of the labor market taking care of their child and were thus not covered by parental leave insurance, can purchase up to three years of insurance (i.e., first three years of childrearing).

[14] This option is being introduced gradually in the period 2000-2015.

7.3 Impact of family policy measures

Almost no impact of individual family policy measures on people's fertility behavior has ever been observed in Slovenia, except for the short-term one related to a considerable prolongation of parental leave. In 1975, when roughly five months parental leave were added to the three months of maternity leave, the total fertility rate was 2.16. In the following years, it stabilized and even increased to 2.22 in 1979. There followed 20 years of continuous decrease. When the parental leave was extended to 12 months at the end of 1985, the total fertility rate was already as low as 1.72. It showed no signs of recovery, but a stabilization in 1987 and 1988. One may want to argue that the revisions adopted at the end of 2001 have had a positive impact if the data did not clearly show that the higher number of births was due to the consequences of previously delayed births. Similarly ineffective were the extension of parental allowance to cover all non-insured mothers/parents in 1994, and the increase in the income threshold for entitlement to child allowance (in 1994 and 1996) and in the benefit level (in 1999). It is, however, true that nobody can say what the fertility rate would have been in the absence of both individual measures and the whole family policy (Stropnik 2001b).

8. An evaluation of existing public policies affecting childbearing

The current family policy measures are mostly of a financial nature (allowances, subsidies, income compensation), i.e., aimed at alleviating the considerable decrease in the family standard of living following the birth of the child. At the same time, they provide some necessary preconditions for reconciling work with family obligations and for the implementation of equal opportunities for both sexes. Although the proven positive impact of family policy measures on fertility has never been but of short-term duration, we believe they have prevented an even greater decline in the number of births in Slovenia. They have also undoubtedly alleviated an unfavorable economic position or even poverty in many families with children. Note in particular that the high awareness of the importance of the welfare state prevented a deterioration of these measures even in the most difficult transition years. Consequently, Slovenia can be proud of its family policy though, of course, there are many ways to improve upon it further.

At the beginning of the 2000s, many people in Slovenia were not satisfied with the duration of parental leave. The results of the 2000 PPA2 survey reflect a decade-long polarization between the advocates of longer parental leave and those who have warned about the traps connected with it. Just more than half of the respondents aged 20-49 (56%) considered the parental leave lasting one year long enough, while 43%

considered it too short. More than a quarter of the respondents aged 20-49 (26%) selected an improvement in the parental leave arrangements as their first priority measure to be implemented by the government. Of the respondents who declared that they would probably decide to have a(nother) child if their three most desired measures were implemented by the government, 42% selected an improved parental leave as one of these measures (Stropnik and Sambt 2007, Table 6). The most favored mode of taking parental leave was one year of full-time leave followed by two years of part-time leave combined with part-time employment, which was implemented as an option in 2003. Such an arrangement enables persons on leave to keep contact with their company, job, and profession. Thus, unlike a longer full-time leave, it does not threaten their employment.

One of the drawbacks of the parental leave arrangement, prior to 2002 in particular, was its primary purpose to enable women – and not parents – to reconcile employment and childbearing/childrearing. Consequently, the women's position in the labor market was unequal to that of men. Women's fertility behavior has inevitably been influenced by their growing empowerment and the awareness of the fact that motherhood (even the potential one) represents an obstacle to their professional careers, as well as with men's unwillingness to change their traditional behavior in spite of the fact that they have not been the sole earners in the family for a long time. Searching for a new balance in their lives, and unable to significantly influence men's behavior as partners, fathers and employers, women have (spontaneously or intentionally) reacted by limiting the number of children they are having. It is true that the revised parental leave arrangements introduced at the end of 2001 treat both parents equally. However, it will take time for men's behavior to gradually change.

Although childcare is widely available and affordable (particularly for those with a below-average income), parents are under continuous stress if there is no other person to collect the child in the afternoon. Namely, childcare centers have not adapted their working hours to those of parents who today start working at 8-9 a.m., rather than at 6-7 a.m. as decades ago. The fact that childcare centers still close at 4-5 p.m. has become a major problem for parents who work far away from the childcare center their child is attending. Just a small proportion of childcare centers are open on Saturdays, and they are all closed on Sundays when many parents who are employed in the service sector have to work. This is a large problem particularly for single mothers who do not have any relative or kin to rely on. It is true that the Employment Relationships Act forbids overtime (or night) work for one of the parents of a child younger than seven years, unless the employee agrees, but non-acceptance of such work inevitably limits employment opportunities.

Pre-school childcare costs have increased dramatically for families on a decent (but not necessarily high) income after the implementation of new quality standards in

the beginning of the 2000s (the staff/child ratio, the number of children per class, the educational level of the pedagogical staff). This is particularly the case when they have more than one pre-school child attending day-care programs. Moreover, children from these families are not entitled to child allowance and other income-tested benefits. These are mostly families where parents have post-secondary education and demanding jobs. Due to high parental fees, their disposable income does not differ – and even may be lower – from that of families earning a much lower income.

Due to budgetary constraints, child allowance has never been a universal entitlement of children in Slovenia. It has always contained an element of social assistance measure: an income test or a means test. In fact, child allowances for children from families on a low income are very high, both in absolute terms and compared to incomes and other social benefits. In mid-2006, the highest child allowance for a child in a two-parent family (for the third and subsequent child) amounted to 14.5% of the net average income, while the lowest child allowance (for the first child in the highest income bracket) amounted to 2.1% of that wage. On an annual level, the former amount equals 1.7 monthly net average wages.

A major problem related to the treatment of involuntary infertility is the financing of ART. The National Health Insurance Institute pays for 2 000 treatments per year. The demand, however, is much higher, resulting in long waiting periods (up to one year) and private payment. The problem for infertile couples is that the success of ART drastically decreases with age; and they are entitled to free treatments only until age 43. Associations of infertile couples are trying to arrange for paid treatments abroad because the number of medical doctors performing in-vitro fertilization in Slovenia is not sufficient. Unacceptably long waiting times may also be shortened by organizing one-day clinics or one-stop clinics (Vlaisavljević 2006). Another serious issue for both patients and providers is the constant shortage of donors, particularly female ones (due to the kind of medical procedure they have to undergo).

9. What could be done?

Slovenia has never had an explicit population policy, while the opposite is true for family policy. The latter has obviously not provided an incentive for a sufficient number of births in order to assure the replacement of generations. A population policy to be implemented by Slovenia should place more emphasis on equal opportunities for both parents and the satisfactory reconciliation of professional with family duties. A higher level of equality in parenting (starting with father's taking all of the available paternity leave and half of the childcare leave) would contribute to equal opportunities in the labor market. Referring to the research results, Ule (2005) argues that women

who are not punished in the labor market for being (potential) mothers, and who have partners willing to share household and family duties, tend to give birth to a higher number of children. Today's liberal societies of Europe are evidently far more able to reproduce themselves than the traditional ones. Emancipated fatherhood thus seems to be one of the solutions to increase fertility.

Discrimination of young women – (potential) mothers – in the labor market has to be prevented and severely sanctioned. A family-friendly culture should be developed within enterprises: a) a positive image of the father who assumes more family responsibilities; b) assistance to parents whose presence at home and absence from work is necessary at times (e.g., due to the care of a sick child); c) enabling parents to fulfill other family-related duties (taking children to medical check-ups, accompanying children to their leisure-time activities, attending events at day care centers and schools, etc.). Enterprises with such socially responsible practice should be publicly awarded. The state should support enterprises in overcoming periods when their employees are on parental leave or opt to work part-time while having small children.

Since it is still considered normal for parents to take childcare leave in full (about nine months following maternity leave), families very rarely face the reconciliation problem earlier than at the child's age of one. At that point, one of their major problems is related to the childcare centers' working hours. There is an urgent need to introduce more diversity in these working hours in order to meet the needs of working parents. The draft National Program for Children and Youth in the Republic of Slovenia for the period 2006-2016 addresses this issue as part of its goal to include more children in pre-school childcare, particularly those aged 3-6 years (MoLFSA 2006). In the government's view, this may be achieved by offering diverse programs in terms of duration (half day and shorter) and timing (afternoon and evening), adapted to specific needs of children and parents.

Considering the fact that particularly women with higher education and professional careers wish to have more children than they have managed to have, it is important to create such an environment that would enable them to have the number of children they wish to have in a relatively short period after concluding their schooling, or even during their studies. The government should take young people's claim seriously, that they would have children earlier, and more of them, if they had secure jobs and appropriate housing. The government has the means to influence the latter in particular, by providing young people who are starting families or plan to do so with social and non-profit housing. Today, they mostly have to rely on their parents' support. As far as early access to employment and security of employment are concerned, the government has only limited possibilities to create favorable conditions for young people.

There is one additional area for action whereby policy-makers should give the clear message that they are doing their best to remove objective constraints for childbearing: the treatment of involuntary infertility. If the number of treatments per couple covered by health insurance were to increase from four to six, there would be a greater chance for many couples to have a child. Most of the infertile couples are not able to pay for additional treatments themselves.

10. Conclusion

It would be much easier to explain the considerable decrease in and the very low level of fertility in Slovenia, were it not so obvious that this process – as well as other changes in demographic behavior – had started years or even decades before the political, economic, and social transition that took place in the late 1980s and early 1990s. The steep decline in fertility was observed from the 1980s onwards, not only in the 1990s. Of course, one cannot question a certain negative influence from the economic recession and the accompanying fall in the living standard, as well as the influence of feeling uncertain about the future. However, one cannot speak of a transition shock since Slovenia has not experienced the enormous changes witnessed by the Eastern block countries; the process of transition and its consequences affected the lives of people in Slovenia to a much lesser extent. After several years of a transition that was not very painful for the majority, there were already prospects of political stability and economic prosperity.

Increasing opportunities in the 1990s and the beginning of the 2000s may have acted as a disincentive for young people to form families and have children in their early adulthood, but these opportunities cannot be blamed for the possibly low completed fertility of these cohorts. One should wait until they conclude their fertility period in order to see if they just postponed childbearing or will definitely have fewer children than previous cohorts. An increasing number of births in 2004, 2005 and 2006 gives rise to hopes for a longer reversed trend, a trend that has been expected for a number of years, in order to prove that women in Slovenia have but delayed childbearing and not limited the number of children to less than 1.8 children per woman on average.

The case of Slovenia also represents a large challenge to analysts who try to explain decreasing and/or low fertility by poor family policy, particularly by unfavorable parental leave arrangements, and the non-availability and/or non-affordability of formal childcare. Since 1986, there has been one-year parental leave with full income compensation, which, until recently, was unique in the world. The leave may also be taken part-time. After the parental leave and until the child reaches

three years of age, one of the parents may work part-time and have social security contributions based on the minimum wage paid by the state budget. There are also places in childcare centers available for almost all pre-school children. Parental fees are highly subsidized; childcare is even free for families on social assistance. Since World War II, Slovenia has been developing a number of other family policy measures and has only improved them during the transition period.

The main problem in Slovenia is not that women are not having any children or that they do not want to have them. The norm of two children has been characteristic for the Slovenian population for decades. However, since the first child is born relatively late – and with the mother's mean age at first childbearing continuously increasing and approaching the age of 30 years – ever less time remains for having more children, which in turn increases the probability for fertility intentions to remain unrealized. Obviously, the low quantum of fertility is linked to the tempo of fertility. There are many who believe that this is a problem that needs to be highlighted in order to have the mother's mean age at first childbearing shifted back to that of older more fertile cohorts. Achieving this target, the benefits would be manifold and would include: the realization of a wished number of children at the individual level, a higher fertility at the national level, lower infertility-related costs for the health care system, shorter ART waiting periods for couples who are infertile for reasons other than age-related ones, etc.

Some of the available provisions introduced in the 1990s (child allowances and child tax relief dependent on the number of children, benefits for parents taking care of more children) are aimed at stimulating people to have a higher number of children. There are also parental leave provisions that stimulate shorter intervals between births, or at least ease the burden for parents with more small children. Childcare leave is extended by 30 days if at the birth of a child parents already care for at least two children below the age of eight, by 60 days if they care for three children, and by 90 days in case of four or more children below the age of eight. If at the birth of a child there are at least two other children in the family below the age of eight, parents may take full-time childcare leave simultaneously.

Public awareness of the causes of low fertility needs to be strengthened in Slovenia and a serious political debate on the population policy should begin. Current debates on population development mostly focus on the consequences: the sustainability of pension and health care systems, long-term care, and the future of the labor force. These debates are both professional and political; the latter are too often primarily aimed at gaining the electorate's sympathies and not at trying to solve the acute and envisaged demographic problems of Slovenia. It was only recently that policy makers became aware of the need to introduce specific pro-natalist measures. In 2006, the government started formulating a strategy for fertility increase, thus focusing on only this particular

element of population policy. However, due to very negative feed-back from the public – provoked by the aim of the document to limit the right to abortion and introduce private payment for it – the government has given up the idea. This is a pity, because Slovenia would need such a strategy and because the draft document included many positive policy changes.

The research provides no indication so far that financial family policy measures, including paid parental leave, have had any positive impact on fertility. Of course, we cannot know what the situation would have been had these measures not been introduced, particularly since the 1970s. One would presume that all family policy measures have some positive impact on fertility because they create more favorable conditions for families with children. Paid parental leave lowers the opportunity costs of children, particularly for well-paid women, childcare programs enable the reconciliation of work and family, while cash transfers may be more important for those on a lower income. It has become clear that the change in one single measure (and even changes in several measures) cannot affect people's behavior very much in the long run. The decision to have a child (and, even more, to have another child) is too important for responsible people to be taken without considering the entirety of complex material and immaterial circumstances.

Today, one should speak of processes rather than measures that may lead to an increase in fertility in Slovenia. Firstly, the division of household and child-related duties between partners should become more equal, since limiting the number of children has obviously become a coping strategy for double-burdened women. Secondly, family policy should enable young people to have children earlier by removing objective obstacles they may face as responsible persons. Thirdly, sex discrimination in the labor market due to motherhood should be prevented, which cannot be achieved only by appropriate normative regulations. The Slovenian society should aim at changing business, cultural, psychosocial, and other social norms and patterns, which is a long-term process.

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