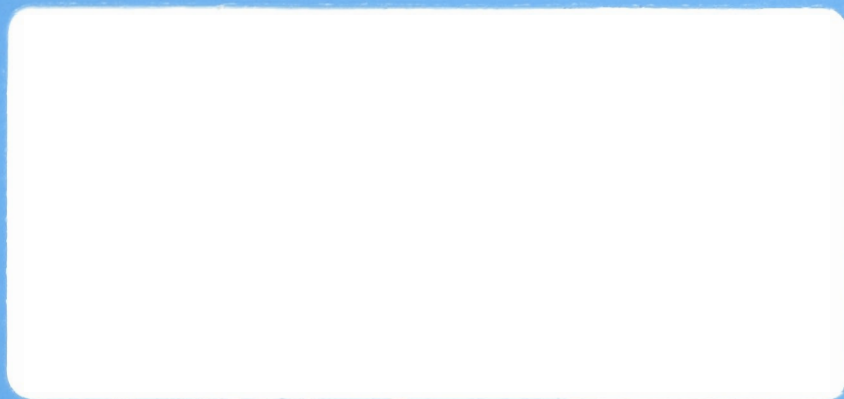




**unicef**

INTERNATIONAL CHILD DEVELOPMENT CENTRE



Innocenti Occasional Papers

**INNOCENTI OCCASIONAL PAPERS**  
**ECONOMIC POLICY SERIES, NUMBER 56**

**SPECIAL SUBSERIES**  
**ECONOMIES IN TRANSITION**

**CHILDREN AT RISK IN ROMANIA:**  
**PROBLEMS OLD AND NEW**

Elena Zamfir and Cătălin Zamfir\*

EPS 56

September 1996

---

This paper forms part of the background documentation resulting from the ongoing research project "Public Policies and Social Conditions: Monitoring the Transition to the Market Economy in Central and Eastern Europe" (MONEE), coordinated by Gáspár Fajth.

\* Elena Zamfir is with the Department of Social Work, Faculty of Sociology, Bucharest University, and the Socrates National Agency, Ministry of Education, Bucharest. Cătălin Zamfir is with the Faculty of Sociology, Bucharest University, as well as the Institute for Quality of Life, Bucharest.

The views expressed in this paper are those of the authors. They do not necessarily represent the views of the UNICEF International Child Development Centre.

The authors wish to thank Gáspár Fajth, Albert Motivans and Robert Zimmermann, all of the UNICEF International Child Development Centre.



## CONTENTS

EXECUTIVE SUMMARY .....	v
I. CHILDREN AT RISK IN THEIR NATURAL FAMILIES .....	1
Employment and Welfare Policy under Socialism .....	1
Welfare Dynamics: The Socialist Inheritance .....	3
Welfare Dynamics: The First Years of Transition .....	5
The Social Policy Reaction to the Transition .....	9
Welfare Dynamics: Social Policy and Children .....	14
A Specific Intervening Factor: Demography .....	15
Prospects .....	25
II. CHILDREN IN EXTREME SITUATIONS OF RISK OUTSIDE THE FAMILY .....	26
The Institutionalization of Children under Socialism .....	28
The Deterioration in Living Conditions in Socialist Institutions .....	29
The Medical Focus .....	31
The Situation after 1989 .....	33
Gypsy Children Are at the Greatest Risk .....	35
Changing the Living Conditions in Institutions .....	37
The Prevention of Abandonment and of Institutionalization .....	38
Street Children .....	43
III. SOCIAL POLICY PERSPECTIVES .....	43
The Strengths .....	43
The Weaknesses .....	46
The Problems .....	47

## TABLES

1.	The Dynamics of Wages and Selected Benefits . . . . .	6
2.	Cash Social Transfers to Families with Children . . . . .	6
3.	The Risk of Poverty among Various Population Groups . . . . .	7
4.	The Degree of Poverty by Age Group . . . . .	7
5.	The Proportion of Adults and Children Living in Poverty . . . . .	8
6.	Degree of Poverty among Families According to the Number of Children . . . . .	8
7.	The Contribution of Various Factors to the Poverty of Individuals . . . . .	9
8.	Babies Born below Normal Birthweight . . . . .	9
9.	Public Social Expenditures Relative to GDP . . . . .	10
10.	The Dynamics of GDP and Budgetary Expenditures . . . . .	10
11.	The Dynamics of Selected Budgetary Expenditures . . . . .	11
12.	Expenditures on Major Social Programmes . . . . .	12
13.	Wages and Salaries in Selected Economic Sectors . . . . .	13
14.	The Fertility Rate, 1956-66 . . . . .	16
15.	Housing Starts by Source of Funding . . . . .	19
16.	The Number of University Students . . . . .	19
17.	The Fertility Rate, 1966-94 . . . . .	21
18.	The Still Birth Rate and the Infant Mortality Rate . . . . .	21
19.	Women Who Keep an Infant Resulting from an Unintended Pregnancy . . . . .	25
20.	Cases of Maternal Mortality Linked to Pregnancy and Childbirth . . . . .	27
21.	The Distribution of Children with AIDS by Cause . . . . .	30
22.	People with AIDS . . . . .	31
23.	The Incidence of the HIV Virus among Newborn Infants . . . . .	31
24.	The Relative Proportions of Abandoned Children and Newborn Infants . . . . .	34
25.	The Share of Total Births Accounted for by Births to Women under 20 . . . . .	35
26.	Female Fertility by Age Group and Urban or Rural Residency . . . . .	35
27.	Children per Female among Gypsies by Age of the Female . . . . .	36
28.	The Number of Deaths in 20 Hospital-care Centres . . . . .	38
29.	National and International Adoptions . . . . .	39
30.	Children in Institutions, Family Placement, or Foster Care . . . . .	40
31.	0-to-3-year-olds in Institutions, Family Placement, or Foster Care . . . . .	41
32.	Per-child Expenditures in Institutions . . . . .	41
33.	The Family Placement Allowance . . . . .	42
34.	The Child Allowance . . . . .	42
35.	A Profile of the Street Children of Bucharest . . . . .	44
36.	Primary School Enrolment Rates . . . . .	45
37.	Participation Rates in Kindergartens . . . . .	45

## FIGURES

1.	Selected Budgetary Expenditures, 1990-4 . . . . .	12
2.	Generational Changes in the Shares of Families by Number of Children . . . . .	17
3.	Gypsy and Romanian Ethnic Families with Six or More Children . . . . .	22
4.	Selected Religious Sects: Families with Six or More Children . . . . .	23
5.	Changes in the Proportion of Newborn Infants According to Birth Rank . . . . .	24

BIBLIOGRAPHY . . . . .	50
------------------------	----



## EXECUTIVE SUMMARY

The socialist welfare state in Romania had a particular profile: significant universal components, including jobs for all, pensions for the vast majority, free education and health care services, cheap and relatively abundant housing, and highly subsidized basic goods and services, but also notable targeted benefits, including child allowances. However, as the economy declined, the generous social protection programmes were steadily trimmed.

Despite a substantial gain in the standard of living immediately after the 1989 Revolution, a rapid process of impoverishment had set in among the population by the end of 1990. Public social expenditures were unable to halt the dramatic erosion in incomes. The poorest of the poor received by far the least social support. Children represented the segment of the population which probably suffered the most because of the transition. The value of means-tested cash benefits, which were available mainly for families in exceptional crises, shrank steadily and significantly, and child allowances were cut drastically. By 1994 overall allocations for children had been reduced in real terms to one-fifth of their 1989 value. Between 1989 and 1994 the assistance for mothers with many children dropped to almost nothing, and in 1995 this form of support was cancelled. The tax deduction for families with children was eliminated in 1993.

As incomes fell and social protection collapsed, the high costs of raising a child meant that the number of children in a family became a determining factor in economic well-being. The economic polarization between childless households and families with children, especially those with three or more children, became apparent. Poverty and marginalization were almost inevitably linked with the large family. Nonetheless, perhaps out of desperation and perhaps because they were falling back on more traditional ways of life, population groups historically characterized by high rates of natality, such as gypsies, the inhabitants of isolated villages and the poor themselves, continued to exhibit high natality rates.

The health status of gypsy children is particularly precarious; the general level of education (and therefore the life chances) of gypsy children is very low, and gypsy children are very often exposed to crime. In many ways, gypsy children are more at risk of poverty and marginalization than any other single group in the population.

Meanwhile, although infrastructure in education and health care was improved, mainly at the insistence of the large and powerful middle class, wages and salaries in these social service areas were allowed to decline, and this had a negative impact on effective service delivery. In any case, school attendance among children from poor families dropped off, and the use of free health care services was relatively low among very poor families.

Communities have not been well prepared to cope with the worsening situation of children. There has been a rise in the number of unwanted children, children born incidentally outside a family setting and abandoned children. The Government's response has been somewhat feeble and halfhearted. Although the funds available for social assistance institutions for children have climbed appreciably, mainly because of the outcry when, following the Revolution, the news of the dreadful conditions in these institutions spread among the public, the same cannot be said for efforts to develop alternatives to institutionalization or for the provision of resources and services to help poor or unstable families keep their children.

The problems of children in poor families will probably continue to be quite serious if nothing is done. Urgent Government support measures for children in poor families and especially for families with many children must therefore be undertaken. Thus far, the system of social protection has appeared unable to emerge from paralysis so as to react to the new challenges.



This paper has three parts. The first part examines the problems of children at risk in their natural families; the second analyses the conditions of abandoned children, children in institutions and other children in special circumstances of risk, and the third offers a summary of the present policy environment and some general remarks and conclusions. Because many of the features of the situation of children today and of current child protection policies are the product of an historical process, the paper also discusses at length at appropriate points the evolution under the former socialist Government administrations of the approach toward children and toward social protection.

## **I. CHILDREN AT RISK IN THEIR NATURAL FAMILIES**

### **Employment and Welfare Policy under Socialism**

Conditions among children under the socialist Government were a direct consequence of Government social policy. The following were some of the major characteristics of that policy.

Socialism fostered a mixture of a "workfare" state and a welfare state. This meant that, while work was considered both a right and a duty, social welfare measures were either universal, or work related. Two major principles were exercised.

All able-bodied citizens of productive age were guaranteed a job. This obviously applied to men, but also, to a somewhat lesser, but still significant extent, to women. Workforce participation rates among men approached 100 percent, while the corresponding rates among women were unusually high relative to Western standards.

- Social insurance schemes were sweeping. Thus, because of full employment, pension protection was very comprehensive. The vast majority of the elderly received pensions directly or indirectly (for example, as widows of pensioners), and, in general, social benefits were available to cover numerous risk situations, including accidents, sickness, parental death and child birth. However, unemployment benefits were not supplied, since full employment was considered assured. The socialist state preferred to provide jobs rather than unemployment benefits.

The welfare of the population was "controlled". For one thing, this meant that wages and salaries, by far the most important sources of income, were strictly regulated. The theoretical goal was to achieve a somewhat flat income distribution. Emphasis was placed on securing for all people at least a minimum standard of living, although in order to foster



productive efficiency (and probably also to allow some of the social stratification embedded within traditional community cultures) slight wage differentiations were permitted.

As a result of this strategy, incomes and benefits were rather evenly distributed, while the level of welfare among the population was quite modest. The level of welfare was only modest largely because of the low general degree of economic development. Indeed, the socialist Government chose to undertake substantial efforts in favour of industrial growth and modernization, and in a certain measure welfare was sacrificed to these efforts.

Because of the low wages, families with children were very vulnerable. To help these families meet their basic needs, the importance of which were mainly a function of the number of children in the family, low wages were supplemented by generous child allowances and other child-related benefits. In 1989 the monthly allowance for one child was around 8 to 10 percent of the average monthly wage.

Other forms of support were also provided for families with children. Thus, a special allowance was offered for mothers with at least three children. Scholarships, particularly for institutions of higher learning, were granted for young people from poor families. Holiday camps, textbooks, products for children, education, health care services, and cultural and sports facilities were furnished free or for fees rendered small by significant subsidies.

There was a clear preference for the supply of social services, especially education and health care, and subsidies for goods and services. Cash transfers to families with children did not have the same status. In fact, family cash transfers were targeted at poor families.

Some family support benefits, such as free education, free health care services for mothers and children and highly subsidized goods and services, were universal; others were work related or means tested. For example, free health care for adult men and for adult women who were not mothers was work related. Likewise, only a working parent was entitled to receive child allowances for his or her children. Moreover, the child allowance, the main financial social benefit until 1989, was offered only for the children of families with relatively low incomes; it was means tested on the basis of the earned income of the head of the family, but even then there were some additional income criteria. Scholarships were furnished only to students from low-income families.

Because of a very comprehensive pension plan, the existence of some targeted social benefits, a minimum wage which was not too distant from the average wage and the lack of unemployment, there was no special social benefit aimed at the poor. Until 1989 only a handful of exceptional benefits was offered for people in difficult circumstances.

The socialist state also chose to implement a distinct policy toward gypsies, who were typically marginalized and experienced a low standard of living. It encouraged them—very often even forced them—to obtain jobs in state-owned enterprises, send their children to school and give up their traditional ways. The old gypsy professions were slighted, and the gypsies were offered work in the modern sector of the economy. This produced a rapid process—very often even a forced one—of change in the lives of gypsies. In the first decades of the socialist Government, the process of modernization among the gypsy population and their integration in the larger community were very successful, even though they very often involved constraints.

The socialist welfare state in Romania had a particular profile: significant universal components, including jobs for all, pensions for the vast majority, free education and health care services, cheap and relatively abundant housing, and highly subsidized basic goods and services, but also notable targeted benefits, including child allowances and scholarships. An especially prominent role was assigned to universal education and health care.

### **Welfare Dynamics: The Socialist Inheritance**

The socialist approach to the welfare of the community was moderately successful for a while, but then, due mainly to economic difficulties and poor policy responses, stagnation began to set in during the 1970s.

The socialist Government made huge efforts to develop industry. The investments were always substantial, and the rate of economic growth of the country was for many years one of the highest in Central and Eastern Europe. Using the powerful control of the state over wages and salaries, the Government chose to keep the standard of living of the people at a rather low level in order to feed investments and public social expenditures. The hope was that welfare restraint now would bring greater welfare benefits later.

After a period of rapid industrial development between the 1950s and 70s that was supposed to provide the promised welfare, the efficiency of the economy began to suffer because of centralized, overly ambitious economic planning, the lack of economic logic and of individual and collective incentives, the dogmatism of the state in economic matters, and the fear of any real economic reform.

The oil crisis of the early 1970s inaugurated a period of persistent economic troubles. The economy was kept running only at the expense of a dramatic drop in the standard of

living. Although GDP continued to rise until 1985, when all internal reserves were apparently exhausted, the health of the economy started to fail.

The standard of living had peaked at the beginning of the 1970s. It had been supported by the high rate of economic growth after World War II and by significant loans from the West for industrial development. Starting in 1980, the standard of living entered on a long decline. The goal of paying off (at a forced pace) all foreign debt—an objective which was actually reached in 1989—was only feasible through the exhaustion of economic resources and the curb on the standard of living.

The socialist state relied on several mechanisms to reduce the standard of living.

While prices were constantly rising, a lid was kept on wages and salaries. To make the resulting steady erosion in real individual incomes and the prolonged economic difficulties acceptable, policymakers preferred to appeal to egalitarianism in times of misery. There was an attempt to distribute the limited available resources in a rather balanced manner to the population. Differences in wages and salaries were quite small. It was thus stipulated by law that the highest wage could not exceed the lowest wage by more than a factor of 5.6. For example, the wage of a general manager of a large enterprise was only three or four times higher than the lowest wage. Starting at the beginning of the 1980s, one of the reactions to the economic crisis was an even closer supervision over wage and salary gaps. If in the 1960s there were still large wage differences based on productive performance, in the 1980s these differences were greatly reduced.

All goods, even basic food items, were allowed to become progressively more scarce. Food production was firmly oriented toward exports, through which hard currency could be obtained. All food which could be exported was taken from internal markets. Imports were drastically reduced.

Starting in 1980, jobs also began to become more rare. Hidden unemployment emerged and grew. By 1989, unemployment stood at an estimated 4 to 5 percent.

The generous programmes of social protection developed in the 1950s and 60s were steadily trimmed. The resources available for education and health care dwindled, and during the 1980s the services in these areas rapidly deteriorated. Capital investment was practically suspended. Wages shrank; demand jumped, and shortages mounted. Even food supplies were cut to hospitals, daycare nurseries and institutions for the protection of children, the handicapped and the elderly. Personnel were pared everywhere.

The trend was more and more marked toward the transformation of social benefits from universal to targeted ones. The clearest example was the child allowance. Initially universal, it was eventually tied to the income of the parents.

Children were especially affected by the crisis because of the weakening social benefits aimed at children that had previously offset to some extent the low wages, the deterioration in education and health care services and the surge in hidden unemployment, which occurred mainly among families with many children. Because of the very low level of incomes during the last years of the socialist Government, any person in a household who was not working (such as children) had a negative effect on the family budget (see later).

### **Welfare Dynamics: The First Years of Transition**

Despite a substantial gain in the standard of living immediately after the 1989 Revolution, a rapid process of impoverishment had set in among the population by the end of 1990. The economy worsened not only because of the inherited structural problems, but also because of the disorganization produced by the transition. The incomes inherited from the socialist regime had already been relatively low; after 1990, except for profits in newly developed private enterprises, they fell further in real terms. After an important increase in 1990, all types of social transfers began to drop in 1991 at a pace even greater than that of the decline in direct incomes. Moreover, wages were completely replaced for many families by unemployment benefits (during the first nine months of unemployment) or by the unemployment support allocation (available to those who had been unemployed between nine and 27 months) that were much lower than the incomes they offset. The real value of pensions decreased a little bit more than did that of the average wage, but less than that of the minimum wage and much less than that of unemployment compensations (Table 1). The economic downturn came to a halt in 1993, but incomes were still eroding slowly in 1994. The first signs of recovery, including a recovery among incomes, appeared in 1995.

Cash transfers to families with children fell catastrophically (Table 2). Clearly, the situation of families with children worsened more rapidly than did the situation of other categories of households. The data on incomes and direct benefits do not show the negative effect on families with children of the removal of almost all subsidies. Goods for children had been subsidized by the state more than had other goods.

Obviously, the economic gaps among the population widened appreciably in only a

Table 1: THE DYNAMICS OF WAGES AND SELECTED BENEFITS  
(At 1989 Prices, 1989=100, 1994-5)

	1994	1995
Average real wage	61.7	71.6
Minimum real wage	33.4	33.8
State pension	58.7	63.1
Child allowance	25.0	28.6
Indemnity for mothers with many children	1.2	0.0
Unemployment benefit		
% of the average wage in 1989	22.3	21.2
% of the minimum wage in 1989	34.2	32.5
Support allocation (benefit for those unemployed 9-27 months)		
% of the average wage in 1989	8.9	13.1
% of the minimum wage in 1989	13.7	20.0

Source: Database of the Institute for Quality of Life.\*

\* The database relies on data supplied by the National Commission for Statistics and the Ministries of Finance, Education, Health, and Labour and Social Protection.

few years. The minimum wage (which was received by people with the lowest wages) became more and more remote from the average wage and the highest wages. Unemployment deepened further the economic differences among the active population.

When a large number of children in a family blends with the unemployment or low wages of at least one family member, the situation can become dramatic. Moreover, because families with many children are at a higher risk of unemployment and low wages, it is clear that they will be by far the most disfavoured. Indeed, families with many children generally became even poorer. From the economic point of view children represented the segment of the population which probably suffered the most because of the transition. Except for adults without income (the unemployed and housewives), children were the social category with the highest proportion in a situation of poverty (Table 3).

Table 2: CASH SOCIAL TRANSFERS TO FAMILIES WITH CHILDREN  
(At 1989 Prices, 1989=100, 1990-4)

1990	1991	1992	1993	1994
97.7	55.2	24.7	17.7	16.3

Source: Database of the Institute for Quality of Life.

Table 3: THE RISK OF POVERTY AMONG VARIOUS POPULATION GROUPS\*  
(In Percentages Of The Relevant Group Except For "ISS" And "GS", Mid-1994)

	Below MM	Between MM & MS	Between MS & MD	Above MD	Total below MD	ISS	GS
Total population	11.8	27.5	38.9	21.8	78.2	-0.04	40.6
Children under school age	19.3	34.3	33.7	13.0	87.1	-0.20	46.8
Unemployed	21.0	39.1	30.5	9.5	90.5	-0.56	50.5
Pensioners	5.8	21.9	40.3	32.1	68.0	+0.40	34.0
Pupils & students	13.4	35.1	36.0	15.5	84.2	-0.09	44.4
Employed	4.1	24.4	45.0	26.4	73.5	0.08	36.3
Peasants	20.9	21.3	39.7	18.1	81.9	-0.20	44.1
Urban-dwellers	6.3	31.0	43.3	19.3	80.6	-0.07	42.0
Villagers	13.1	18.3	35.1	33.6	66.5	-0.04	38.8

Source: Zamfir (1995).

\* The table is based on a wide-ranging study of poverty conducted in mid-1994 on a sample of 2,404 households by the Institute for Quality of Life (IQL). The study relied on three poverty lines. (1) The "MM", which was established by the Ministry of Labour and Social Protection as a criterion for providing means-tested social assistance. Although it was not thought of as a poverty line, it indicates a very severe degree of poverty. (2) The "MS", or subsistence minimum, a line of absolute poverty calculated by IQL. (3) The "MD", or "social minimum for a decent life", also calculated by IQL. In 1994, the MM represented 52.6 percent of the MS, which represented 59.9 percent of the MD. Computed for one person, the MM was 29 percent of the average net wage in 1994; the MS, 47 percent, and the MD, 67 percent. These values have not changed significantly since 1994.

The study also employed two other indicators of the degree of poverty. (4) The "ISS", or "subjective" poverty index, which was calculated by IQL. The ISS is based on three indicators: an individual's estimation of his (or her) own standard of living, his satisfaction with the family income and his description of himself as either "poor", or "not poor". The ISS ranges from -1.7 (most poor) to +2.7 (least poor), with "0" as the subjective poverty line. (5) The "GS", or degree of poverty, which was also calculated by IQL. The GS is an indicator of the "distance" from the poverty line of a family. "100" stands for an absolute level of poverty (no resources), and "0" for an absolute level of wealth (all needed resources). In this, it is similar to the Gini coefficient. The GS is a "geometric" function in that the increase of the GS, especially below the MD, is more accelerated. As an illustration, in 1994 the MM corresponded to 61.8 GS; the MS to 44.6 GS, and the MD to 25.6 GS, while 2MD corresponded to 6.4 GS. In the table the ISS and the GS represent averages for the relevant groups.

Although different methodologies have been used, the data presented here and in the surrounding text generally conform with the estimates in UNICEF (1995).

While the unemployed were generally living under the worst economic conditions, pensioners were faring better than other groups. This last observation is also evident in the analysis of the degree of poverty by age group (Table 4). Once more, children and adolescents are seen to be at a clear disadvantage. This is borne out by the proportion of children versus adults living in poverty (Table 5).

Table 4: THE DEGREE OF POVERTY BY AGE GROUP\*  
(Mid-1994)

	0-16	17-25	26-59	≥60
GS	46.3	42.6	38.9	34.7
ISS	-0.19	-0.14	0.0	+0.08

Source: Zamfir (1995).

\* See the note to Table 3.

Table 5: THE PROPORTION OF ADULTS AND CHILDREN LIVING IN POVERTY\*  
(In Percentages, Mid-1994)

	Below MM	Below MS	Below MD
Adults	9.2	34.7	75.6
Children	22.7	54.4	86.4

Source: Zamfir (1995).

\* See the note to Table 3.

The greater the number of children, the poorer the family. This is confirmed by the association between the degree of poverty and the number of children in a household. A significant share of single-parent families with two or more children and of two-parent families with three or more children was living in conditions of severe poverty (Table 6). Less than 10 percent of these families were living at a level above the "social minimum for a decent life" (see the note to Table 3). The data suggest that even the birth of a first child pushed a substantial share of families under this minimum.

There was economic polarization between childless families and families with children, especially those with three or more children. The dramatic rise in the poverty of families with three or more children was not caused merely by the birth of the children. Rather, several factors responsible for poverty were linked to the higher number of children (Table 7).

The use of a synthetic outcome-type indicator such as the share of low birthweight infants can hint at the rapid impoverishment among the population in 1991-3 (Table 8). After

Table 6: DEGREE OF POVERTY AMONG FAMILIES ACCORDING TO THE NUMBER OF CHILDREN\*  
(In Percentages Of The Total Number Of Families In The Group, Mid-1994)

	Below MM	Between MM & MS	Between MS & MD	Above MD
Childless families	5.8	12.1	38.2	43.9
Families w/one child	7.6	22.8	47.2	22.3
Families w/two children	6.9	35.5	42.7	14.9
Families w/three children	30.2	39.5	22.5	7.8
Single-parent families w/one child	11.1	40.7	33.0	14.8
Single-parent families w/two or more children	40.0	36.0	16.0	8.0

Source: Zamfir (1995).

\* See the note to Table 3.



Table 7: THE CONTRIBUTION OF VARIOUS FACTORS TO THE POVERTY OF INDIVIDUALS\*  
(Mid-1994)

Individual:	Active/Nonactive	Land Ownership	Education	Number of Children
Objective degree of poverty	+0.30	+0.15	+0.17	-0.34
Subjective degree of poverty	+0.24	+0.10	+0.16	-0.11

Source: Zamfir (1995).

\* The numbers represent beta coefficients derived from multiple regression analyses. For instance, an economically active individual is more well off than an inactive individual by 0.30 standard units if one relies on the objective degree of poverty and by 0.24 standard units if one relies on the subjective degree of poverty.

a small improvement in 1990, the proportion of underweight births rose rapidly until 1993. Indeed, the real increase was more dramatic than the data show. Immediately after the Revolution (22 December 1989), abortions were liberalized, and natality fell sharply. Despite this fact, which might lead one to suppose that the number of undesired births (typically exhibiting a higher probability of producing low birthweight babies) should have declined, the incidence of low birthweight babies actually climbed. The only possible remaining explanatory factor is therefore the dramatic jump in poverty in 1991-3.

Table 8: BABIES BORN BELOW NORMAL BIRTHWEIGHT  
(In Percentages, 1989-93)

1989	1990	1991	1992	1993
7.3	7.1	7.9	8.2	10.9

Source: Based on data furnished by the Ministry of Health.

### The Social Policy Reaction to the Transition

The policy approach adopted by the beginning of 1990 aimed at offsetting the expected drop in primary incomes and the other negative effects of the transition through more social protection. In fact, that year, the share in GDP of public social expenditures, including cash social transfers, rose (Table 9). Thereafter, however, it slowly fell back, although GDP itself sharply declined in real value. Thus, total public social expenditures in real terms actually shrank substantially.

There were three main reasons public social expenditures were unable to counter the

Table 9: PUBLIC SOCIAL EXPENDITURES RELATIVE TO GDP  
(In Percentages, 1989-94)

1989	1990	1991	1992	1992	1993
14.4	17.0	16.5	16.3	15.5	16.0

Source: Database of the Institute for Quality of Life.

dramatic erosion in incomes. All of them were related to the poor condition of the economy.

1. The unexpected and serious contraction in the entire economy reduced dramatically the budgetary resources of the country. Budgetary expenditures sank more than did GDP (Table 10). This can be explained by several factors. First, starting in 1991, as one of the main components of economic reform, the financing of the economy through the budget was scaled back drastically. Price subsidies were rapidly reduced to near zero. Investments were cut, and most of those which remained went toward supporting the mere survival of enterprises.

Second, a policy of relatively low taxes was introduced. Beginning in 1989, the level of "fiscality" (the share of tax revenue in GDP) was only 32-3 percent. This was dictated by the narrowing tax base (the share of wage-earners in the total productive-age population had decreased substantially) and, at the same time, by a desire to encourage investments that was responsible for numerous exemptions from the tax on profits.

Third, there were difficulties in tax collection. Tax evasion grew because of the lack of proper regulation and institutions to enforce the laws. The profits of state enterprises slumped, and many of them accumulated huge deficits. There were even cases of state enterprises failing to pay some taxes or their contributions to the social security system.

2. Though budget expenditures for economic activities fell, they remained at a significant

Table 10: THE DYNAMICS OF GDP AND BUDGETARY EXPENDITURES<sup>a</sup>  
(At 1989 Prices, 1989=100, 1990-5)

	1990	1991	1992	1993	1994	1995
GDP	102.2	97.0	85.5	81.7	83.3	89.3
Budgetary expenditures	92.0	82.5	87.6	63.2	68.4	76.7 <sup>b</sup>

Source: Database of the Institute for Quality of Life.

<sup>a</sup> Based on the consumer price index. <sup>b</sup> Estimated according to the budget law of May 1995.

level. With some exceptions, capital investments practically disappeared. Budgetary expenditures were used almost entirely to keep the economy functioning. Substantial resources were required to cover the subsidies for the poorly productive state-managed economic sector. For these reasons, the infusion of Government resources into the economy had little effect on technological restructuring. The most important actors pushed in the same direction. The Government was afraid of sudden growth in unemployment. Trade unions, which were very powerful after 1989, lobbied the Government for a continuous increase in wages and for the creation of jobs. The managers of enterprises pressed the Government to provide more economic support and offer various tax exemptions. All of this meant that the economy was not only a weak resource for the budget, but also an important competitor of public social expenditures.

3. Finally, the cost of founding a new democratic state boosted appreciably the budget effort necessary for public administration, which also became a competitor of social expenditures (Table 11).

Table 11: THE DYNAMICS OF SELECTED BUDGETARY EXPENDITURES  
(At 1989 Prices, 1989=100, 1990-4)

	1990	1991	1992	1993	1994
Education	138.6	154.1	137.5	113.0	116.4
Health	121.4	127.9	108.9	90.0	106.0
Pensions	122.4	108.5	107.8	100.3	105.1
Social assistance <sup>a</sup>	279.5	341.1	308.2	297.9	449.4
Child allowances	96.9	49.6	29.2	22.9	21.9
Public administration	166.8	195.5	349.2 <sup>b</sup>	185.2	220.7
Economic activities	73.4	60.7	62.5	38.6	39.8

Source: Database of the Institute for Quality of Life.

<sup>a</sup> Not including child allowances. General means-tested benefits were introduced in 1995. From 1989 until then, most expenditures in this category went to social assistance institutions (nurseries, orphanages, institutions for the disabled and homes for the elderly) and the various benefits for the disabled. <sup>b</sup> Election year.

Meanwhile, the distribution of the available resources among major social programmes shifted (Table 12 and Figure 1). Social insurance expenditures grew, mainly because of the introduction in 1991 of a new unemployment insurance scheme and a jump

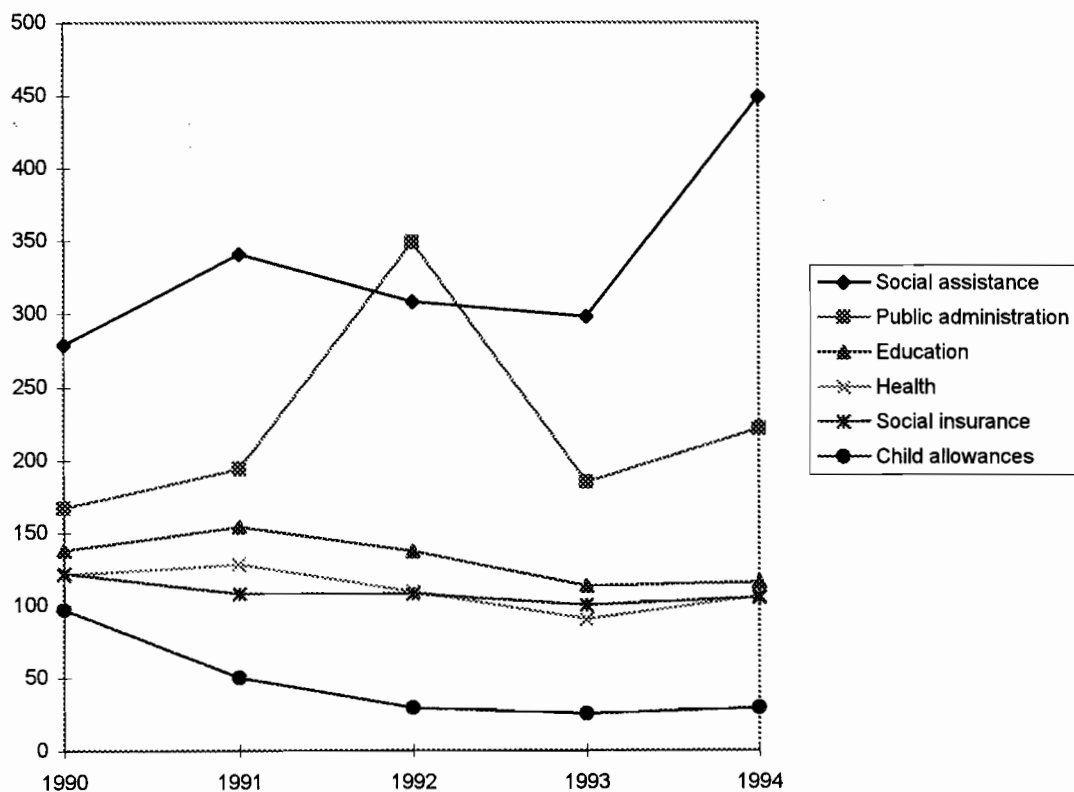
Table 12: EXPENDITURES ON MAJOR SOCIAL PROGRAMMES  
(In Percentages Of GDP, 1989-94)

	1989	1990	1991	1992	1993	1994
Education and health care	4.7	5.9	6.8	6.7	6.0	6.2
Cash transfers	9.5	10.8	9.4	9.3	9.3	9.4
Social insurance	6.6	7.9	7.8	8.1	8.1	8.1
Social assistance, including child allowances	2.9	2.9	1.6	1.2	1.2	1.3
Social assistance, excluding child allowances	0.1	0.3	0.2	0.3	0.4	0.6

Source: Database of the Institute for Quality of Life.

in the number of pensioners. (In 1990 the Government had begun to promote early retirement as a way of keeping unemployment under control.) Even though the erosion of pensions after

Figure 1: SELECTED BUDGETARY EXPENDITURES, 1990-4  
(At 1989 Prices, 1989=100)



Source: Database of the Institute for Quality of Life.

1989 was slightly more accentuated than the erosion of wages, the families of pensioners generally managed much better than did families with children. This was contrary to the perception of most of the public, probably because pensioners were affected more than any other group by the liberalization of prices and the associated inflation to the extent that their opportunities for supplementary income were limited. Furthermore, the policy of negative interest during 1991-2 made the savings of pensioners worthless. The public pressure in favour of pensioners was also supported by the strong tie in Romania between social benefits and employment: those who work or who have worked, such as pensioners, are considered to be entitled to social benefits more than are others.

Due to the crisis in the socialist economy, education and health care had for many years been chronically underfunded. The resulting deterioration was very visible: buildings were in very poor condition, and supplies and equipment were inadequate. This generated enormous public pressure, particularly among the middle class, to rehabilitate the relevant services, and priority was therefore assigned to this task. Between 1989 and 1994, the share of education and health care in total budgetary expenditures climbed by 132 percent. The additional resources went especially for physical infrastructure and consumer goods, which were substantially improved. However, wages and salaries were allowed to decline both in real terms and relative to the average wage, mainly because the more powerful trade unions were demanding greater earnings in other sectors (Table 13). The low level of compensation has been a factor in the continuing deterioration in the quality of education and health care.

Social assistance in the form of cash transfers dropped sharply relative to GDP. Child

Table 13: WAGES AND SALARIES IN SELECTED ECONOMIC SECTORS  
(In Percentages Of The Average Wage, 1990-4)

	1990	1991	1992	1993	1994
Industry	98.6	100.5	101.8	104.5	103.6
Extraction	131.0	145.9	157.3	165.6	164.5
Energy	117.4	134.3	153.7	162.6	161.2
Communications	88.8	97.4	97.3	109.6	114.5
Public administration	112.1	110.0	104.1	104.9	105.6
Education	96.5	99.3	93.0	91.0	93.2
Health care	96.5	107.0	98.1	92.2	88.9

Source: Calculations based on NCS (1995).

allowances, the most significant type of such social assistance and the key social support mechanism for children in natural families, were cut dramatically, from 2.8 to 0.7 percent of GDP, between 1989 and 1994.

From 1989 to 1995, the number of beneficiaries and the value of means-tested cash benefits, which were available mainly for families in exceptional crises, shrank steadily and significantly, although poverty spread quickly beginning in 1991. Because of this, the poorest of the poor received by far the least social support. In late 1995 a standard system of general means-tested benefits was introduced. The income-based eligibility criteria were fixed by the Government in such a way that approximately 10 percent of the population was supposed to receive the benefits. However, because the adjustment for inflation was inadequate, because of the lack of information and because of administrative difficulties, the number of people receiving the benefits was actually much less.

Finally, the funds for social assistance institutions for children, the disabled and the elderly increased appreciably.

### **Welfare Dynamics: Social Policy and Children**

As regards children, the policy effort beginning in 1990 was substantial in some areas, less so in others. Thus, the share in total budgetary expenditures of the allocations for education and health care rose significantly. This emphasis on universal social services for children was combined with a focus on children in extreme situations of risk, such as abandoned children and disabled children. The social expenditures for public institutions for abandoned or disabled children mounted spectacularly in real terms after the onset of the transition, despite the negative trends in the economy (see later). Unfortunately, however, this massive infusion of resources made some people think that there was an imbalance in the use of Government resources to the disadvantage of children in natural families and in favour of children in institutions and especially disabled children.

Indeed, much less attention was being paid to the standard of living of families with children. Cash transfers to such families almost collapsed. The material support granted by the state to these families eroded even more quickly than did wages and pensions. By 1994 the allocations for children had been reduced in real terms to one-fifth of their 1989 value. The assistance for mothers with many children disappeared gradually, because it was not indexed; by 1994 the value of this assistance was only 1.2 percent of the value in 1989, and

in 1995 this form of support was eliminated. The cancellation of large subsidies for goods and services for children has not been offset by any new measures. Because the adjustment in incomes for changes in prices was applied mainly to earned incomes, the economic differences widened between childless households and families with children, particularly those with many children.

The lack of tax regulations favouring individuals with children was another factor in the low level of cash transfers for families with children. Before 1990 childless families were liable to a special 10 percent tax on salaries and other personal incomes. This tax was not designed to support families with children directly; nonetheless, it did provide them with a certain comparative advantage. In 1990, a 20 percent tax deduction was introduced for individuals with at least one child. However, the measure was regressive because the deduction rose with wages and because the deduction was available irrespective of the number and age of the children; indeed, it could be taken even if the child had long since reached adulthood and was employed. The pressure to reform the tax system quickly and the lack of competence in designing social policy are probably the main explanations for the existence of such an inefficient social benefit. In any case, the tax deduction for families with children was eliminated in 1993.

As a result of the confused social policy choices of the Government, there was a rising trend in poverty among children living in natural families, especially families with more than two children. Some of the relative improvement in education and health care helped all children, but there is good reason to believe that many of the benefits tended to reach children from more well off families rather than those in very poor families. School attendance among children from poor families dropped off, and the use of free health care services was relatively lower in the case of very poor families.

### **A Specific Intervening Factor: Demography**

The dynamics of child welfare in Romania before and after 1990 are difficult to understand if one does not take demographic trends since World War II into consideration. Some current social problems, as well as political attitudes and policy options, are rooted in these trends.

Several distinct phases can be identified in the demographic evolution in Romania after the war.



1. *1956-66: A sharp decline in the birth rate.* Following World War II, rapid development in a context of rather limited economic resources had an unexpected consequence. Forced into a modern but poor industrial and urban context, the population of Romania—not unlike populations in other European socialist countries—reacted by sharply reducing fertility after the war, but particularly after the legalization of abortion in 1957 (Table 14). Couples with only one or two children became the general model for families especially in towns, but also in the countryside. Childless households were quite frequent. By 1965, the birth rate had reached 1.91 per 1,000 population, the second lowest rate in Europe, superior only to Hungary, where the birth rate was 1.81 (Grigorescu 1994).

Table 14: THE FERTILITY RATE, 1956-66  
(Live Births Per 1,000 Women)

1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
89.9	85.7	81.9	77.1	73.9	73.9	68.4	61.9	59.9	57.3	55.7

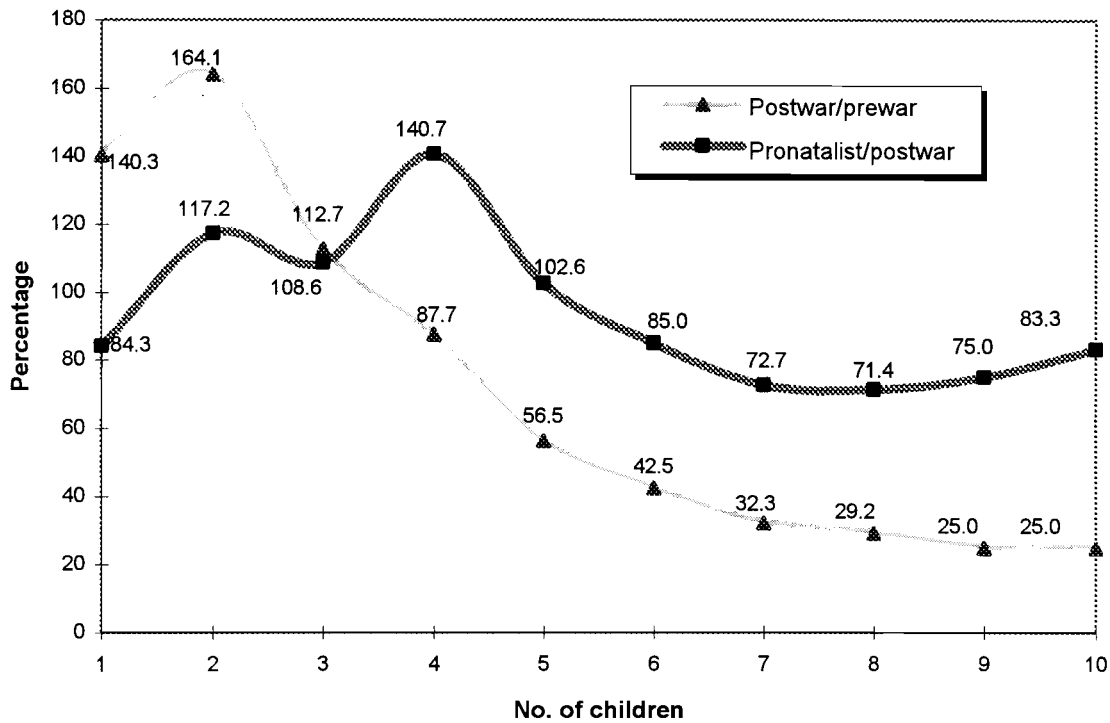
Source: NCS (1993).

This trend was sustained by several factors. It occurred in a setting of a modest rise in welfare among people who still remembered the terrible economic shocks of the immediate postwar period. Wages and salaries were relatively low, and they allowed a decent standard of living for families without children, or with at most one child, while only limited Government financial support was offered for families with more than one child. The policy of fostering female labour force participation tended to augment the problems of families with many children. The housing crisis of the 1940s and 50s was an additional important influence, which the sustained construction of two-room apartments in urban areas in the 1960s and 70s did not diminish. The legalization of abortion in 1957 and the rather small fee for abortions accelerated the process.

The fall in natality up to 1966 was particularly marked among the middle-income segment of the population. Here, the typical family had up to two children. Due to the policy of full employment and flat wage distribution, this population group was quite large. However, the decline in natality was evident though less rapid among all social groups, even those with traditionally high natality, such as gypsies, inhabitants of isolated villages and

members of religious sects with a strong pronatalist orientation. Overall, the greatest decrease occurred among people who had come from families with many children (Figure 2).

Figure 2: GENERATIONAL CHANGES IN THE SHARES OF FAMILIES BY NUMBER OF CHILDREN\*



Source: NCS (1994).

\*Postwar/prewar = the generation of the period of falling natality (1956-66) compared to the more traditional prewar generation. Pronatalist/postwar = the generation of the pronatalist policy (1966-89) compared to the generation of the period of falling natality (1956-66). The figure is based on the shares of women with the respective numbers of children relative to the total population of women.

On the one hand, benefits for families with children, because they were sufficient to cover minimum basic needs, encouraged the preservation of a tradition of family assistance for children to the extent that they motivated those families who wished to furnish better opportunities to their children to take more responsibility in providing direct support.

On the other hand, due to the low level of incomes and of social transfers to families with many children, the economic disparities linked to differences in the number of children within families were accompanied by disparities in lifestyles and social status. The high costs of raising a child meant that the number of children in a family became a determining factor

in the life chances of the children. Thus, the natality "gap" among families had extremely important social consequences. Having fewer children was the price paid by some families for a more comfortable dwelling, better clothing, a television, a car, vacations and a more active recreational and cultural agenda. Likewise, a family with a large number of children tended to have very few options, and the second wage—a prerequisite for a decent standard of living—could easily disappear in supplying the needs of the children, so that the chasm between family needs and family income widened. In this way, the policy of low wages contributed to a change in attitudes; children became a source of major economic stress, each additional child representing a further, more serious strain on already low family income.

First, the low wages and the limited state support for children could only partially cover the many requirements of a family following the birth of a child. The structure of family consumption therefore had to change drastically. Moreover, modernization in lifestyles occurred generally among the young. The younger generation got an education, became socially mobile and embarked mainly on an urban way of life. Many parents dealt with this change by cutting down significantly on their own consumption so that they could provide for their children in keeping with the necessities of a modern society.

Second, services for children, although more developed than those aimed at the rest of the population, alleviated only partially the economic stress of raising children. In some cases these services deteriorated. For example, after an attempt by administrators of daycare centres and kindergartens to arrange bus transportation for children from and to their homes, this task was left to parents.

Third, the system of allotting apartments according to the number of family members often did not function due to the lack of available housing, especially in urban areas. Beginning in the late 1970s, because of cuts in social programmes, housing starts fell off steadily. After 1989, there was a complete collapse in the public financing of housing construction (Table 15). Because of the low wages, this made the acquisition of a new home a very long process of economic accumulation. The young had no chance to save in a rather short time enough funds for the establishment of a household. Thus, the help of their parents was essential. The drop in the standard of living in the 1980s aggravated this problem.

Fourth, though education was free and scholarships were granted, the provision of education for children came to be a burden for families even in the 1960s. Within the socialist system, a university degree, or at least high school followed by vocational or professional training, was essential if an individual was to move up socially and economically. However,

Table 15: HOUSING STARTS BY SOURCE OF FUNDING\*  
(1990=100, 1991-4)

	Total	Public funds	Private funds
1991	57.5	50.3	111.4
1992	56.7	32.1	239.0
1993	61.9	25.4	332.0
1994	70.6	25.4	448.1

Source: NCS (1995).

\*Includes homes and apartment dwellings.

although university education developed rapidly during the first decades of socialism, by the beginning of the 1980s the number of places available in universities had decreased dramatically, reaching the lowest point in the latter part of the decade, that is, about the time when the large number of children born after abortions had been prohibited in 1966 was trying to enrol (Table 16).

Competition for admission grew more fierce, and the number of candidates for each place rose to 30, 40, or more. Admission requirements naturally became more rigid. Parents who wished to offer their children the chance to attend a faculty began training them from the very early years of schooling in order to create in them the intellectual habits useful for the supreme moment of competition in life: university admission. This also assured that the children succeeded in the various stages of the education system, including gaining access to a quality high school. Some parents paid teachers for private training beginning in primary school. The most serious preparations were undertaken at least one year before the student was to go to university. For medical school or law school, two or three years of such preparation were essential for success. The cost of this private training kept climbing. In 1989, for example, a month of private instruction in one subject area (the admission exams usually

Table 16: THE NUMBER OF UNIVERSITY STUDENTS  
(Per 1,000 Inhabitants, 1980-95)

1980/1	1985/6	1986/7	1987/8	1988/9	1989/90	1990/1	1991/2	1992/3	1993/4	1994/5
87	70	69	68	69	71	83	93	141	159	163

Source: NCS (1995).

covered two or three disciplines) could equal an average monthly wage. For these reasons, during the 1980s university admission became linked to income. Meanwhile, the cost of admission to a faculty had been rising constantly. Thus, the proportion of students from farming or blue collar families fell steadily, even approaching zero in certain faculties. The huge costs of education therefore added to social and demographic "polarization". Families which considered it a duty to provide a higher education for children either gave up having children altogether, or had fewer children.

2. *1966-89: The pronatalist shock.* In the 1960s, as birth rates fell dramatically, the nations of Central and Eastern Europe sought ways to boost natality or at least stop the decrease. However, the approach adopted in Romania was unique in the region. On the one hand, the gravity of the problem was overrated; the Government considered substantial population growth crucial for the economic, political and even military status of the country. On the other, the principal response of the Government was simply to prohibit abortions and the use of most of the methods of contraception available at the time. This policy was applied in a brutal, almost Orwellian manner which ranged from frequent obligatory medical checkups to punishments involving fines and imprisonment. There were also some measures in support of families with children, but these were mostly insignificant. They included a special tax on childless adults (rightly perceived by the population not as a means of redistribution from the childless to people with children, but rather as a penalty for not having children), an allocation for mothers with three or more children (too modest to stimulate natality) and higher child allowances for a second and third child (too symbolic to encourage natality). The public generally perceived these "support" measures merely as token signs of the position of the Government rather than as serious initiatives. This perception had an important impact on child-related policies and explains to some extent the lack of support for keeping cash transfers at a high level for families with many children (see later).

The pronatalist policy had a shock effect. As expected, natality mounted rapidly, but after a few years it tended to return gradually to previous levels (Table 17). However, the proportion of unwanted children rose sharply. Accidents during attempts to provoke an abortion also climbed among women and the babies they carried, and poor health increased among newborn infants (Table 18).

Although natality rose and the proportion of women with two to five children was higher after 1966 relative to the corresponding proportion for the previous generation, the share of women with six or more children continued to diminish, but at a slower pace. The

Table 17: THE FERTILITY RATE, 1966-94  
(Live Births Per 1,000 Women)

1966	1967	1968	1969	1970	1975	1980	1985	1989	1990	1991	1992	1993	1994
55.7	105.5	102.9	89.1	81.2	77.5	74.8	64.2	66.3	56.2	49.7	46.6	44.3	43.3

Source: NCS (1995).

proportion of women with nine or more children fell with respect to the previous generation, but at a rate less than the drop in the corresponding proportions among women with seven or eight children. The distribution of these relative proportions of women according to number of children therefore had a noteworthy "U" shape (see Figure 2, page 17). One could say that the segment of the population exhibiting very high natality was being consolidated.

What is the explanation for this? After the war, under the impact of rapid socialist modernization and in the context of a liberal abortion policy, the proportion of families with six or more children declined in varying degrees among all groups. However, because of the pressure of the resolute pronatalist policy, after 1966 the situation changed. Having more financial resources and other advantages, the middle class generally succeeded in finding ways to control its natality, which increased, but not appreciably. Relying on fewer resources and lacking opportunities to improve their lot because of their marginal social position, the poorer segments of the population tended to abandon any attempt to resist the aggressive policy; the economic costs of having children seemed to be just about counterbalanced by the risk and trouble one had to undergo not to have them. Therefore, among the majority of the population, the pronatalist policy slowed the rate of the long-term contraction in the proportion of families with many children, while among the poor it pushed up the share of such families.

Table 18: THE STILL BIRTH RATE AND THE INFANT MORTALITY RATE\*  
(1965-8)

	1965	1966	1967	1968
Still births	14.3	14.7	17.9	16.1
IMR	44.1	46.6	46.6	59.5

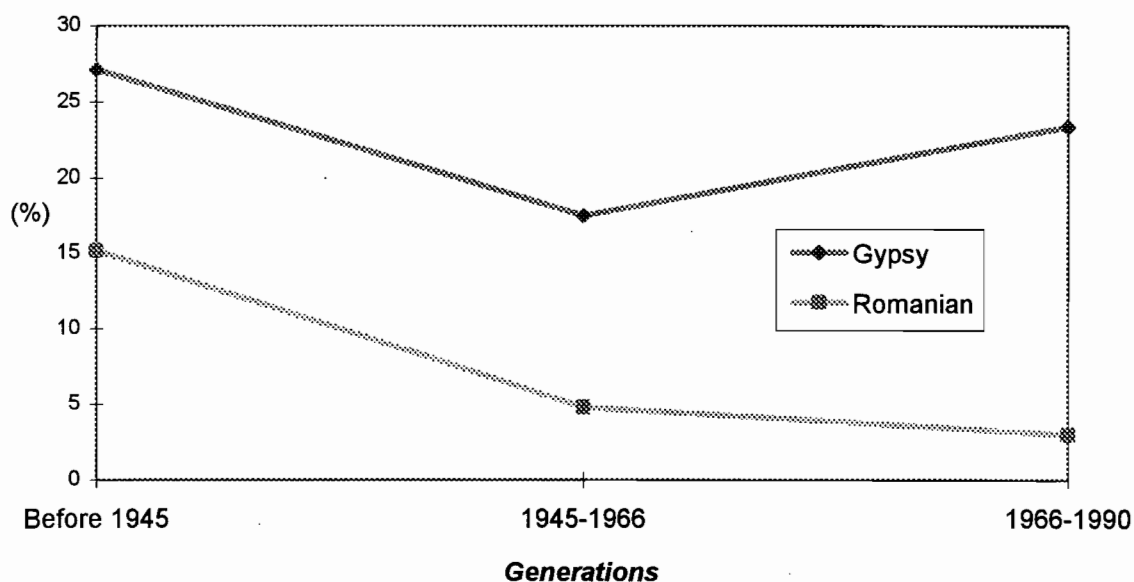
Source: Based on data supplied by the Ministry of Health.

\* The still birth rate is per 1,000 total births. The IMR (0-to-1-year-olds) is per 1,000 live births.

Likewise, among other groups the policy seems to have caused a tendency toward relatively more families with many children. Thus, in the case of gypsies and members of religious sects with a strong pronatalist orientation, unlike among the Romanian majority population, the proportions of families with six or more children rose more sharply, thereby producing a "U" shape for the natality trends among these types of families over the years (Figures 3 and 4). The same pattern can be identified in some geographical areas (for instance, the Northeast), especially in relatively isolated and poor villages, as well as among women with no schooling or only very little education. In all of these cases, the reaction seems to have been motivated by the lack of means to withstand pronatalism and was supported by the strong historical tradition favouring high natality. In other words, the historical tradition was not the main explanation, but, given the difficult economic and social conditions, the process involved the reinforcement of a tradition favouring high natality that had been rapidly weakening.

Moreover, not only did the pronatalist policy lead to a dramatic upswing in maternal and infant mortality and morbidity and raise the level of poverty among large families, but for these very reasons it now began to add fuel to the vicious circle of marginalization. The

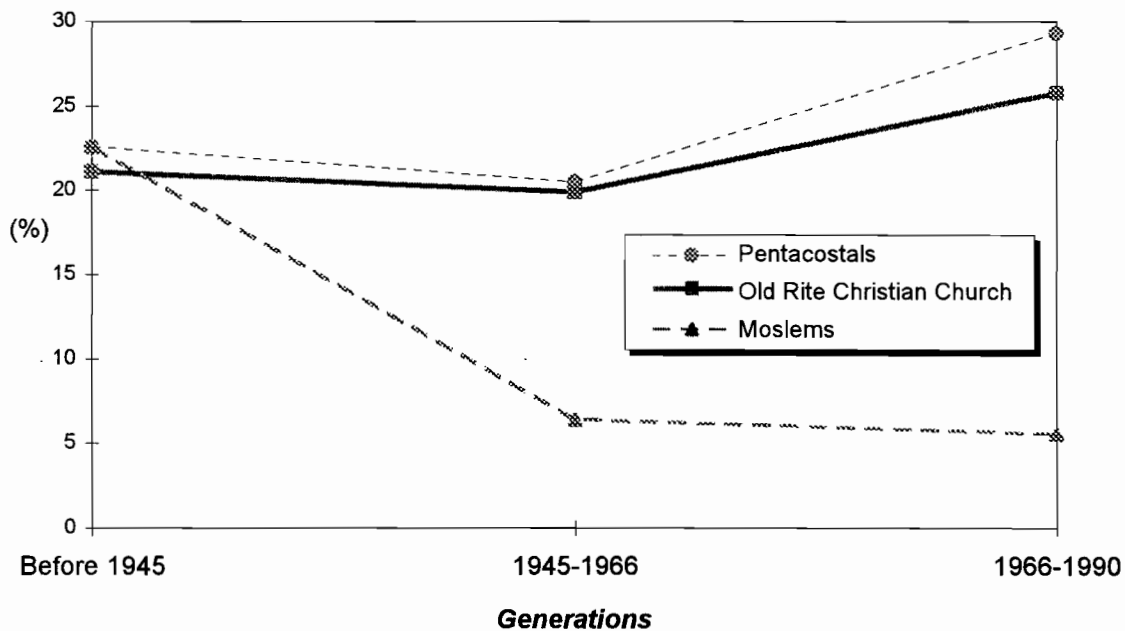
Figure 3: GYPSY AND ROMANIAN ETHNIC FAMILIES WITH SIX OR MORE CHILDREN  
(In Percentages Of The Relevant Population Group, Pre-1945-1990)



Source: Calculations of the authors based on NCS (1994).



Figure 4: SELECTED RELIGIOUS SECTS: FAMILIES WITH SIX OR MORE CHILDREN  
(In Percentages Of The Relevant Population Group, Pre-1945-1990)



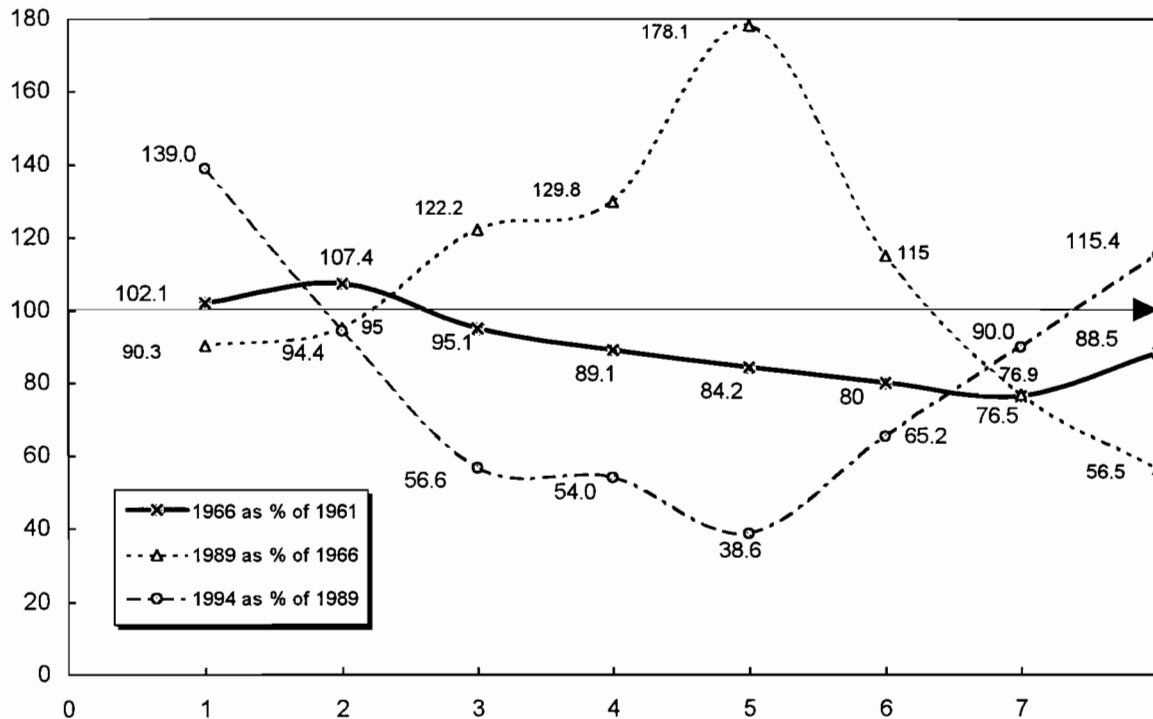
Source: Calculations of the authors based on NCS (1994).

\* The Pentecostals and the Old Rite Christian Church, a traditional sect which separated some centuries ago from the Russian Orthodox Church and has been established since then in Romania, are known for their active pronatalist views.

lack of political determination to maintain social support for families with many children after 1990 cannot be explained solely by the overall economic problems, including tightening Government budgets. Many people began to say that the poor and the marginalized, particularly the gypsies, were being irresponsible and that they were only having so many children so as to receive more Government social benefits.

3. *1990: The legalization of abortion at the onset of transition.* One of the first measures adopted by the new Government installed after the Revolution in 1989 was the legalization of abortion. Natality declined immediately (see Table 17, page 21). One might have expected that the decline would follow the pattern set after the legalization of abortion in 1957: a more rapid drop in the proportion of families with many children. Such an expectation seemed to be supported by the jump in poverty during the first years of the transition. One supposed that poor families would take full advantage of the new legal opportunities and begin to have fewer children. In fact, this was not the case (Figure 5).

Figure 5: CHANGES IN THE PROPORTION OF NEWBORN INFANTS ACCORDING TO BIRTH RANK\*  
(In Relative Percentages, 1966, 1989 and 1994)



Source: Calculations of the authors based on NCS (1993), (1995).

\*The situation in four critical years is compared in this figure: 1961, when natality was relatively high previous to the drop in natality which culminated in 1966; 1966, when natality reached the lowest level before the adoption of an aggressive pronatalist policy; 1989, the last year in which abortion and other birth control methods were illegal, and 1994, five years after the legalization of abortion.

The deepest trough from 1989 to 1994 occurred in the proportions of births of ranks two through five. The proportion of the sixth rank also fell, although not as far. The proportions of the eighth rank and beyond rose. Once more, there is a "U" curve in these proportions, this time even more accentuated. Thus, the polarization between households without children or with few children and families with many children was continuing.

The significant inertia in the high natality among families with many children during the transition may perhaps be explained by the soaring poverty in 1991-3 that may have increased social disorganization (school dropouts, early marriages, alcoholism, feelings of alienation and powerlessness) and reinforced what one might call a "regression" toward more traditional patterns of life among certain groups in the population. Most of these families are severely poor and also tend to suffer the most from such disorganization.

A reproductive health survey conducted in 1993 on a large nationwide sample appears to confirm this hypothesis (Table 19). The survey examined the plans of individuals in the case of an unintended pregnancy. It found that the circumstance which made the greatest difference in the choice of strategies was the number of children. Women who already had four or more children were more willing to keep an unwanted child than were other women.

Table 19: WOMEN WHO KEEP AN INFANT RESULTING FROM AN UNINTENDED PREGNANCY  
(In Percentages, 1993)

	% of Total Group	% Difference from the Total Female Population
Memo item: total female population	23.7	0.0
Has $\geq$ four living children	35.5	+11.8
Is a churchgoer	32.5	+8.8
Has finished primary school	31.6	+7.9
Has three living children	30.4	+6.7
Has a low "socioeconomic index" (is poor)	28.0	+4.3
Is a rural resident	27.9	+4.2

Source: Institute for the Protection of Mother and Child and CDC (1995).

### Prospects

After a dramatic economic downturn in 1991-2 and then stabilization in 1993, GDP began to increase in 1994-5. The economy appears to be reviving, although growth is still modest. The enormous social problems generated by the transition will have to be confronted gradually, and significant improvement in living standards will take time. This restrained optimism is based on the fact that the pace of privatization has speeded up only this year, especially among small- and medium-sized enterprises. The privatization of large enterprises, especially those which have been chronically inefficient, will take at least two or three more years. The process of technological restructuring is lagging behind. Economic growth over the next several years will be limited particularly by the shortage of investments in productive enterprises and in infrastructure.

The middle class seems already to be enjoying better living standards, while the poor can be expected to benefit to a lesser degree from the economic revival in coming years. The problems of children in poor families will probably continue to be quite serious if nothing

is done. Urgent Government support measures for children in poor families and especially for families with many children must therefore be undertaken.

## **II. CHILDREN IN EXTREME SITUATIONS OF RISK OUTSIDE THE FAMILY**

The special circumstances of risk typical of the lives of abandoned children, children born into families unable to care for them, children with severe physical disabilities or mental handicaps and delinquent children have much in common in the countries of Central and Eastern Europe due to the shared socioeconomic, political and ideological climate in the region. Likewise, both the magnitude of the problems (for instance, the relative numbers of orphaned and abandoned children or of children entrusted to institutions) and the responses of societies to the problems have been similar.

In Romania, three distinct phases can be identified in the recent history of children at risk outside the family.

1. During World War II and the immediate postwar years the number of orphaned or abandoned children grew substantially, although not as quickly as in those countries in which heavy fighting took place, such as the Soviet Union and Yugoslavia, or which experienced an especially long and brutal occupation, such as Poland.
2. Thereafter, the number of children living in extreme situations of risk outside the family fell considerably, in part because of rapid economic development, which reached a peak at the end of the 1960s and the beginning of the 70s. Income distribution became relatively flat at a moderate level, thereby reducing the incidence of severe poverty. Active and generous social policies offered support for families with children. This was facilitated, at least up to 1966, by a rapid drop in the birth rate that was fostered by liberal birth control policies, especially the right to abortion (see earlier).
3. Starting around 1980, chronic economic stagnation and decline began to set in. Coupled with a high birth rate, this led to a sharp rise in the number of unwanted children, children born incidentally outside a family setting and abandoned children. This phenomenon was also the indirect result of the social disintegration caused by forced industrialization and urbanization. Most of the situations of risk were encountered among the poorest segments of the population and among marginalized ethnic groups (especially gypsies), both of which have historically exhibited the highest birth rates.

In Romania, alone among the European socialist countries in this respect, another, related factor came into play during this period: the harsh measures adopted by the Government to drive the birth rate upward. Unlike the more well off, the poor lacked the means to avoid the application of this policy, which thus affected them in a very serious and particular way (see earlier).

Maternal morbidity and mortality rates were also high, at least in part because of botched illegal abortions carried out in primitive conditions (Table 20). Naturally, this also had an impact on the phenomenon of child abandonment and institutionalization. Even when the fertility rate began to fall appreciably after the Revolution because of the legalization of abortion, maternal mortality and morbidity rates remained stubborn. The maternal mortality rate dropped from 150 per 100,000 live births in 1981 to 84 in 1990, 66.5 in 1991, 60.3 in 1992, and 60 in 1994. These were the highest rates in Europe. For the same reasons, the proportion of infants born with physical disabilities or mental handicaps had been very high up to 1990.

Table 20: CASES OF MATERNAL MORTALITY LINKED TO PREGNANCY AND CHILDBIRTH\*  
(1980-94)

1980	1985	1990	1991	1992	1993	1994
527	493	263	183	157	133	149

Source: Based on data supplied by the Ministry of Health.

\*Number of cases, including cases caused by complications generated by childbirth.

Moreover, the state was unable to assume more than limited responsibility for children at risk. For example, it only gradually recognized a narrow obligation toward children who were being neglected or abused within their natural families. While in the West children are sometimes taken away from their natural families if the families do not care for them properly, in Romania, given the chronic economic crisis and the inadequacy of social services, most neglected or abused children are not directed to the attention of child protection entities. The state generally cares only for orphans, abandoned children and children entrusted to institutions directly by their families. In fact, despite this policy, the number of children in institutional care rose during the 1980s because of worsening economic conditions, growing social disorganization and the laws against most forms of birth control.

### **The Institutionalization of Children under Socialism**

There was an identifiable pattern to the way the socialist state dealt with the problem of children in special situations of risk. It relied almost exclusively on institutionalization even in cases where adoption, foster care and other methods of family placement might have been much more effective and efficient.

"In Romania institutional care predominates, such that children are being institutionalized at a pace close to two times higher than they are in countries, like Hungary and Lithuania, with the next highest rates of institutionalization and around five times higher than they are in the countries, like Poland and Slovenia, with low rates of institutionalization" (Burke 1995, page 6).

Although foster care was a legally recognized alternative, institutionalization was by far the most common solution. Children in foster care represented only 14.1 percent of all children in either institutions or foster care in 1989. Moreover, most children in foster care were placed with the families of relatives as a temporary measure or as a first step toward adoption. Foster care as a special system of care was not very common before 1990.

As a solution to the problem of poverty and unstable families, the state considered the institutionalization of children much easier than helping families through the provision of resources and services. Families in difficult circumstances were thus systematically encouraged to place their children, whether sick or healthy and with or without other serious motives, into institutions for children for unspecified periods of time. This policy created a confusing relationship between family and state with regard to the responsibility for children. Even now, in some villages, gypsies who work seasonally have developed the practice of putting their children into state institutions until the children reach the age of 3, usually because of the illness of the children or the poverty of the families.

Several factors may have accounted for the preference for institutionalization.

- The rapidly declining birth rate is evidence of the widely felt desire not to have children of one's own. In a context of low incomes, the rising cost of living stimulated a reduced interest in adopting children. Two contributing factors were a housing crisis and the tradition that families should help young people establish their own households (see earlier). Urban housing in particular is of poor quality; homes are often small (two to three rooms) and poorly equipped, thus making multiple births unattractive, and adoptions and family placements even more so.

- Growing numbers of women were employed, and the number of potentially available caregivers was thus falling.
- Adoption was not well regarded. The children available for adoption were often viewed as bearers of negative traits transmitted from their parents. (The mothers may have been "easy" women who gave birth to the children of unknown fathers, who were irresponsible parents, drunkards or sickly.) The strong social stigma attached to those who were forced to abandon their children was transferred to the children. In the socioeconomic environment of the socialist countries, there was no advocacy to change such a mentality.
- Socialism was characterized by an absolute preference for centralized organization and a pathological distrust of the private lives of individuals, including family life. Hence, state institutions were perceived as a panacea for all problems. There may also have been a social and cultural prejudice, derived from the period of intense industrialization, in favour of the large enterprise as the universal model for all institutions. Not by chance, childcare institutions tended to be large.

### **The Deterioration in Living Conditions in Socialist Institutions**

Under the influence of revolutionary enthusiasm, significant resources were initially allotted to childcare institutions in the socialist countries, so that the quality of life within these institutions was often relatively high. However, conditions generally declined quite rapidly, so that eventually the care furnished by these institutions became much worse than that offered in average households with children. This can be explained by several factors.

The chronic economic crisis in socialist societies was eased to some extent by the emergence of a pervasive and rather healthy nonformal economy. Families increasingly stretched their "official" incomes by filling their essential needs and diversifying their resources through gardening, the provision of services on a private basis and so on. This second economy also involved much corruption and theft from state enterprises. Gradually, the proportion in household incomes of formal, legal resources such as wages, pensions and free or subsidized services declined in favour of "private" resources, in which proceeds from the illegal economy played an important role. Individuals forced to depend only on the resources available through official channels, as in the case of the children in institutions, were at a distinct disadvantage, and their impoverishment was extremely rapid.



The idea that one could use the resources of the state for one's own benefit became widely accepted and was evident even among those responsible for caring for children in institutions. Institutional staff members frequently stole food, clothing and health care products which had been allotted to children.

The economic crisis meant that substantial resources had to be used to support the inefficient economic system at the expense of social programmes and services. Despite official ideology, children were sacrificed, particularly those in institutions, and the allocations for the maintenance of institutions eroded quickly. The logic of the ideal was replaced by the logic of sustaining the system by satisfying potentially disruptive groups in the population, such as workers and students. Children represented no threat. Indeed, the staff in childcare institutions received relatively low wages, and this added to their lack of motivation, the temptation to steal from institutional resources and eventually to difficulties in finding qualified people to fill positions. Staff training also suffered.

There were shortages in supplies of medicine, and the level of care, even basic care, fell significantly. The general state of health of the children declined. One of the least expected consequences of this during the last years of the socialist system was the spread of AIDS, especially among institutionalized children, through the use of unsterilized syringes and because of transfusions performed with improperly controlled blood (Table 21). There was a similar problem with hepatitis.

The first case of AIDS in Romania was reported in 1985. According to data provided by the Ministry of Health, there were 3,372 recorded cases as of 31 December 1994. What is specific to Romania is the distribution of these cases. Of the 3,372 individuals who had AIDS,

Table 21: THE DISTRIBUTION OF CHILDREN WITH AIDS BY CAUSE  
(In Total Number Of All Cases, 1990-6)

	1990	1991	1992	1993	1994	1995	1996*
Heterosexual mother	13	32	45	56	79	87	103
Transfusion	375	484	557	611	685	704	793
Nosocomial	300	416	620	792	986	1,023	1,352
Other	39	75	82	90	93	96	100
Unknown	361	586	790	902	1,060	1,084	1,185

Source: NCS (1995).

\* First three months.

236 were adults, and 3,136 were children and teenagers, or 0.03 percent of all children and teenagers (Table 22). On 31 December 1994, there were 1,965 living persons with AIDS (147 adults and 1,818 children). This means that 1,157 individuals had died of AIDS since 1985, of whom 87 were adults (8 percent of the total) and 1,070 were children (92 percent). Around 52 percent of all the cases of AIDS reported among children in Europe have occurred in Romania (National Committee for Child Protection and UNICEF 1995). Children born in 1988-9 run the greatest risk of being infected with the HIV virus (Table 23).

Table 22: PEOPLE WITH AIDS  
(In Total Number Of Cases, 1990-6)

	1990	1991	1992	1993	1994	1995	1996*
Children	1,169	1,705	2,235	2,636	3,136	3,368	3,556
Adults	75	106	134	175	236	358	355
Total	1,244	1,811	2,369	2,811	3,372	3,726	3,911

Source: Based on data supplied by the Ministry of Health.

\* First three months.

Table 23: THE INCIDENCE OF THE HIV VIRUS AMONG NEWBORN INFANTS  
(In Number Of Cases And Rounded Percentages, 1987-94)

Year of Birth:	1987	1988	1989	1990	1991	1992	1993	1994	Total
Number of new cases	256	1,112	1,151	196	47	20	9	3	2,793
% of all cases	9.2	39.8	41.2	7.0	1.7	0.7	0.3	0.1	100.0

Source: Zamfir and Zamfir (1996).

### The Medical Focus

After the fall of the socialist Government the public was surprised to learn that institutions for children had adopted a very definite medical orientation. Institutions for 0-to-3-year-olds, being as a rule under the authority of the Ministry of Health, had usually been directed by medical doctors, and the only trained staff within them was often the medical staff. They frequently resembled hospitals. The children were sometimes forced to spend all their time in bed because of the lack of space for play or intellectual and social development activities

and because of the shortage in professional staff, such as psychologists, social workers and teachers, and other insufficiencies in personnel. Likewise, in the institutions for older children, the only caring activity conducted by trained staff tended to revolve around medical care. Ironically, the emphasis on a medical approach to the problems of children rather than on the creation of socially and emotionally stimulating environments was responsible to a great extent for the deterioration in the state of health of the children and significant delays in their physical and psychological development.

The medical approach was dictated by the cuts in social service allocations, especially those aimed at children (see earlier). The decrease in staff and the lack of resources resulted in a regressive trend in favour of securing the most fundamental needs. The only essentials were medical care, food and hygiene, which, when offered at an elementary level, did not require the presence of trained staff. The only requirement was to keep the children alive. Though death and illness were evident, their extent could be controlled by medical means.

The systematic neglect of specialized social services had been apparent in all the socialist countries at least since the 1970s, when the training of social workers had been suspended. To various degrees in these countries, social work and specialists in social welfare were disregarded.

In Romania the training of social workers and the specialization in the profession had been abolished in 1969, and teaching in sociology and psychology in 1978. The theory was that the socialist system itself would solve all social problems without depending on specialized social assistance (Zamfir and Ionescu 1994).

In the case of children with disabilities, particularly those with mental handicaps, the tendency to favour institutionalization as a solution was even more pronounced, and, indeed, the medical approach promoted this trend. It was felt to be much easier to place even marginally handicapped or psychologically disturbed children in these institutions, and families were encouraged to do so voluntarily. Because of material hardship, because of the participation of women in the workforce (often on long shifts) that was required by the need for additional income, and because of the lack of specialized social services for handicapped children and their families, families with disabled children developed little motivation or competence to cope with the problems of their children. They were sorely tempted to send their children to institutions, where the children were very often abandoned.

Studies conducted since 1989 in all the former socialist countries, but especially in those in which the socioeconomic crisis was more severe, have revealed many cases of

negligence in the classification of children as irrecoverably handicapped (Burke 1995). In Romania, due to negligent diagnoses and lack of supervision, normal children were often sent to and abandoned in institutions for the mentally handicapped. The explanation must be sought not only in the lack of professionalism, but also in the institutional mentality which demanded the strict separation of "abnormal" children from "normal" ones, as well as in the enormous difficulties of managing such institutions with extremely inadequate resources.

It has also become clear since 1989 that many children probably acquired various handicaps because of the institutional environment and that, in any case, institutionalization tended to worsen their condition. The institutions for disabled children deteriorated much more drastically than did those for normal children. Social and psychological assistance almost disappeared, and the squalor and the staff shortages took their toll on the children.

Thus, the administrative classifications "retrievably handicapped" and "irretrievably handicapped" both had very negative consequences. The irrecoverably disabled were treated as animals who had to be fed and given only minimal, degrading medical assistance, clothing and housing. No wonder Western visitors were shocked when they visited institutions for disabled children in Romania. However, they often did not realize that this situation represented not the product of an attitude of the community or a general cultural attitude, but rather the product of the process of decay of the institutions and of their isolation from the community.

### **The Situation after 1989**

The situation of abandoned children after 1989 was contradictory. Some factors tended to improve it, while others tended to worsen it.

One of the most important indicators of the quality of life of children is the risk of abandonment. According to a very general consensus, the natural family represents the most auspicious environment for child growth. The lack of a family environment can generate several problems in socialization that represent multiple risks for the healthy personality development of a child.

In all countries in transition, natality dropped significantly after 1989, mainly because of the rise in poverty and economic uncertainty. In Romania the legalization of abortion after the Revolution accelerated this trend. One might expect the drop in natality to favour a decline in the number of abandoned children. Indeed, in countries where the fall in the

standard of living was more moderate, the proportion of abandoned children among all children diminished in absolute terms, while the proportion of such children rose in countries where the economic environment worsened dramatically during the transition.

However, if we compare the change in the share of children exposed to abandonment relative to the change in natality, the situation appears in a completely different light (Table 24). Furthermore, if we assume that newborn infants face the highest risk of abandonment, it seems that, despite the smaller number of newborn infants, the proportion of abandoned children soared in all countries of Central and Eastern Europe except Hungary.

Table 24: THE RELATIVE PROPORTIONS OF ABANDONED CHILDREN AND NEWBORN INFANTS<sup>a</sup>  
(1994 As A Percentage Of 1989)

	Abandoned Children	Newborn Infants
Bulgaria	110.3	74.0
Romania	108.9	67.7
Poland	102.5	84.5
Russia <sup>b</sup>	100.4	64.4
Slovak Republic	95.9	81.0
Czech Republic	91.1	83.9
Ukraine	90.2	74.1
Hungary	78.4	96.6

Source: Calculated based on UNICEF (1995).

<sup>a</sup> Adopted children and children in institutions and in foster families have been used as a proxy for "abandoned" children. One must suppose that some of the children living in institutions have been abandoned. However, research on the causes of the institutionalization of children in Romania shows that many children living in institutions are not really "orphans". Thus, according to a 1993 study, 80 percent of the children in institutions received visits from parents or other family members from time to time, and some of these children also went on holidays with family members (Swartz 1993). Nonetheless, the risk run by institutionalized children of being abandoned is quite high. Indeed, many of the institutionalized children who are visited by parents or relatives are eventually declared abandoned. (For further clarification, see the text below.) <sup>b</sup> 1993 compared to 1994.

The first explanation for the rise in the abandonment of children revolves around the eruption of poverty that has affected the very large number of families which were already living near or below the poverty line and which also exhibited the highest natality (see earlier). A 1991 study found that the most common (of several) reasons given by parents or relatives for the abandonment of children in institutions were economic or tied closely to

family income (MOH and UNICEF 1991). The reasons given and the share of the number of times each was mentioned among all responses were as follows: unemployed parents, 74 percent; insufficient household income, 61.8 percent; unsatisfactory housing or lack of housing, 58.2 percent; unmarried mother, 40.1 percent; previous abandonment in an institution for infants, 19.2 percent; mentally ill parent, 17.1 percent; alcoholic parent, 12.9 percent, and child infected with AIDS or handicapped, 10.9 percent.

The second explanation is linked to the increase in the number of very young mothers, some of whom were probably unmarried and did not want a child. Statistically, from the social viewpoint, children born to mothers under 20 years of age run the highest risk of abandonment. Surprisingly, the share of total births represented by births to women under 20 climbed from 15.1 percent in 1989 to 17.9 percent in 1994 (Table 25). The largest increase in the proportion of very young mothers occurred in the countryside (Table 26). For the fragile society of Romania, high fertility at a young age represents a major risk for both babies and mothers.

Table 25: THE SHARE OF TOTAL BIRTHS ACCOUNTED FOR BY BIRTHS TO WOMEN UNDER 20  
(In Percentages, 1989-94)

1989	1990	1991	1992	1993	1994
15.1	15.2	16.9	17.4	18.4	17.9

Source: NCS (1995).

Table 26: FEMALE FERTILITY BY AGE GROUP AND URBAN OR RURAL RESIDENCY  
(1994 As A Percentage Of 1990)

Age:	15-19	20-4	25-9	30-4	35-9	Total
Urban	68.8	72.2	75.9	64.4	61.7	69.6
Rural	108.5	91.9	79.1	53.5	54.7	86.0

Source: NCS (1995).

### **Gypsy Children Are at the Greatest Risk**

The gypsy minority, especially the children, is subject to particular risks. A large proportion

of the abandoned children in institutions are gypsies. A 1991 study found that 45.8 percent of institutionalized 0-to-3-year-olds were gypsies, that 58.3 percent of these gypsies had been born out of wedlock and that only 17.4 percent of these "illegitimate" gypsies had been acknowledged by the fathers (MOH and UNICEF 1991).

Both high natality and economic problems are factors in the erosion in the quality of the lives of gypsy children. An extensive survey involving a nationwide sample of approximately 12,000 gypsies in 1,804 households in 1992 found that the fertility rate among gypsy women over 15 years old was 4.35 children, compared to 1.79 children among the general population (Table 27). While the process of social modernization of recent decades may have depressed fertility among gypsies generally by about 0.5 children per female, the reproductive behaviour of the new generation does not seem to be substantially different from that of the previous one, although the legalization of abortion may be having an impact. The evidence is inconclusive. Some data suggest, at least for Bucharest, that there is a falling trend in the fertility rate among gypsies.

Table 27: CHILDREN PER FEMALE AMONG GYPSIES BY AGE OF THE FEMALE  
(1992)

Age:	<15	15-19	20-4	25-9	30-4	35-9	40-4	45-9	50-4	55-9	60-4	>64
Gypsies	0.7	1.5	2.5	3.5	4.8	5.0	5.0	4.7	4.9	5.5	4.5	4.5
Total population	--	0.06	0.6	1.5	2.0	2.1	2.3	2.3	2.2	2.2	2.1	2.5

Source: Zamfir and Zamfir (1993).

In any case, the interest in the fertility rate among gypsies is not motivated by a concern about the ethnic aspects, but by worries about the potential repercussions on society in general and on the welfare of gypsies in particular. Gypsies were hit especially hard by the economic changes during the final decade of socialism and the first years of the transition. The gypsy population today is characterized by poor education, high unemployment or employment mainly in the underground economy, high crime rates and high rates of poverty. A study involving a representative sample found that 1.2 percent of the adult gypsy population is in prison (Zamfir and Zamfir 1993). This is more than double the proportion among the rest of the population (0.5 percent). Most of the gypsies in prison are young.

Only 0.4 percent of gypsies over 16 are in school. The education attainment level among gypsies, though it has risen over the last 40 or 50 years, still remains very low. The 1992 survey among gypsy households revealed that 27.3 percent of adult gypsies (18.6 percent among the men and 35.2 percent among the women) had never attended school or had attended school for only a few years without completing primary education (Zamfir and Zamfir 1993). Only 4.5 percent of adults had attended high school or university. The situation was even worse among children entering school after the Revolution. Around 40 percent of the 8-year-olds in 1992 had never attended school or had already stopped going. The dropout rate accelerated starting with the 9-year-olds. Only about 50 percent of 7-to-10-year-olds were attending school regularly in 1992.

All this may be supposed to have an adverse effect on the quality of life of young gypsies. Indeed, the health status of gypsy children is precarious; the general level of education (and therefore the life chances) of gypsy children is very low, and gypsy children are very often exposed to crime (MOH and UNICEF 1991). The 1992 household survey among gypsies found that the economic conditions of gypsy children were much worse than were those of the adults (Zamfir and Zamfir 1993). Eighty percent of the under-16-year-olds were living in households with a per capita income below the average of the sample. Forty-five percent of the children, compared with 39 percent of the adults, were living in families which said that their incomes were too low even to meet elementary needs.

### **Changing the Living Conditions in Institutions**

Spread mainly by the Western media following the Revolution, the news of the dreadful conditions in institutions for children in Romania generated public shock. For this reason, a spectacular jump in the allocations for these institutions was a political necessity. To the resources set aside for this purpose by the Government were added aid from the West, especially from NGOs. Because of the high visibility of the problems and because of the quantity of foreign aid, the improvement in the quality of life in the institutions was rapid and significant. Indeed, the level of improvement generally outstripped that among normal households. Wages and salaries were raised, and staff grew substantially. The supply of proper food and medicines was boosted. Perhaps the most dramatic evidence of the positive change in these institutions was the decline in the number of deaths (Table 28).

A shift in the focus of care from the medical approach was set as an explicit objective.



Table 28: THE NUMBER OF DEATHS IN 20 HOSPITAL-CARE CENTRES\*  
(Totals, 1986-91)

1986	1987	1988	1989	1990	1991
325	531	735	680	268	64

Source: Zamfir and Zamfir (1996).

\* All these centres were in the category of so-called "institutions for the irretrievably handicapped". There are 28 such institutions, with a total capacity of 4,000 places. At the end of 1993, these institutions were caring for 4,394 children. Most of the children in the hospital-care centres came from infant-care centres. The rest were placed there by their families, and in time most of the children were abandoned.

This was to be accomplished by employing professional techniques reflecting "human" values, undertaking comprehensive training programmes for current staff members and giving these staff members more responsibility, augmenting staff so as to cover a broader range of the needs of institutionalized children, and enhancing the quality and variety of physical facilities in order to foster the emergence of a more "natural" human environment within institutions. However, there were obstacles. Staff members with a medical background continued to predominate. Staff members who did not have medical training were in short supply and in any case lacked the professional stature of the medical staff. The buildings were like hospital buildings: rooms contained several beds, and there was not much space for social development activities.

### **The Prevention of Abandonment and of Institutionalization**

Communities have not been well prepared to cope with the worsening situation of children. The legalization of abortion was expected to go a long way toward solving the problem of the unwanted child. Although the approach is probably an efficient one, it has not been very effective. Likewise, though birth control methods have become widely available, their use has not been fostered in any appreciable way. Extended research has found that many groups in society have very poor access to modern family planning techniques (Institute for the Protection of Mother and Child and CDC 1995). In any case, the rise in poverty rather than the increase in the number of children has apparently been the most powerful factor in putting children at risk.

After the Revolution in 1989, faced with the large number of children in institutions and with the evidence of the scandalous conditions in these institutions, the Government, with the support of local and foreign nongovernment organizations, began to assume a greater role in promoting family placement, foster care and adoptions as alternatives to the reliance on institutionalization. On balance, the results have been contradictory and do not yet point to any decisive change.

Between 1990 and 1991 the number of international adoptions rose from an estimated 2,951 to 7,328 (Zugrăvescu 1992). The number of national adoptions was relatively low between 1990 and 1992, primarily due to the modest standard of living of most of the population, as well as the generally negative view taken of adoption (see earlier). In 1992 a special law was passed in order to establish a better legal framework for adoptions, protect the rights of the children and the parents involved and curtail abuses. Despite the time-consuming procedures introduced by this law, the number of national and international adoptions began to increase further. Helped by a very intensive public awareness campaign aimed at promoting child rights, the number of national adoptions surpassed the number of international ones in 1993 (Table 29).

Table 29: NATIONAL AND INTERNATIONAL ADOPTIONS  
(Totals, 1993-4)

	Applications Received		Cases Heard		Legally Approved Adoptions	
	National	International	National	International	National	International
1993	3,708	2,705	2,932	2,124	2,792	2,038
1994	3,309	2,879	2,608	2,058	2,389	1,789

Source: Based on data supplied by the Ministry of Justice.

Family placement and foster care evolved with great difficulty. The general decline in the standard of living in the early 1990s and the slowness of the recovery beginning in 1995, along with the severe housing shortage in urban areas, affected the willingness of families to accept placements. Moreover, there was a serious lack of specialized staff, particularly social workers, without whom the system could not function properly. The vast majority of families involved in family placement programmes were either relatives, or people relying on placement as a first step toward adoption.

Although the number of children in foster care and family placement mounted substantially in the first two or three years of the 1990s and despite a temporary decline in institutionalization, by 1994 the number of children in institutions had come to exceed the corresponding figure in 1989 (Table 30). Given that the number of newborn infants fell by more than 30 percentage points during these years, this climb in cases of institutionalization must be considered dramatic (see Table 24, page 34).

Because of their age, the situation among 0-to-3-year-olds ought to be a little more revealing of the current dynamics of institutional care. However, the data show trends which are similar to those for older children (Table 31). While the number of 0-to-3-year-olds in institutions or in family placement rose slightly between 1989 and 1994, the share of 0-to-3-year-olds in the total population dropped by more than 24 percent during this period.

Some partial data suggest that the climbing trend in institutionalization continued in 1995. Research in five counties (judete) from February to September of that year found that institutional admissions outpaced the discharges by about 10 percent: 1,659 children were admitted, while 1,493 children were released (Tobis and Vitillo 1996).

Data on expenditures in institutions indicate that the costs per child for institutional care are much higher than are the costs for family placement or foster care, or, for that matter, for care within the average natural family (Table 32). Perhaps such large amounts of money are being spent on institutions because adoptions, family placements and foster care cannot yet deal with the huge numbers of abandoned children. Nonetheless, the Government

Table 30: CHILDREN IN INSTITUTIONS, FAMILY PLACEMENT, OR FOSTER CARE\*  
(In Totals And As An Index With 1989=100, 1989-94)

	Institutions		Family Placement & Foster Care		Totals	
	Number	Index	Number	Index	Number	Index
1989	40,500	100	5,730	100	46,230	100
1990	37,240	91.9	--	--	--	--
1991	34,112	84.2	9,141	159.5	43,253	93.6
1992	39,000	96.3	7,549	131.7	46,549	100.7
1993	39,188	96.8	8,253	144.0	47,441	102.6
1994	41,986	103.7	8,342	145.6	50,328	108.9

Source: Zamfir and Zamfir (1996).

\* Children in special schools for those with learning difficulties and children in dystrophic wards who had not been abandoned by their families are not included.

Table 31: 0-TO-3-YEAR-OLDS IN INSTITUTIONS, FAMILY PLACEMENT, OR FOSTER CARE  
(In Totals And As An Index With 1989=100, 1989-94)

	Institutions	Family Placement & Foster Care*	Total Number	Index	Age Group in Total Population (%)
1989	10,954	5,730	16,684	100	7.8
1990	8,286	--	--	--	7.4
1991	7,968	9,141	17,109	102.5	7.4
1992	9,970	7,549	17,519	105.0	6.9
1993	9,188	8,253	17,441	104.5	6.4
1994	9,486	8,342	17,828	106.9	5.9

Source: Zamfir and Zamfir (1996).

\* Although the data on 0-to-3-year-olds cover only the totals, this age group accounted for most of the children in family placement and foster care.

has continued to support institutions at a significant level rather than, for example, seeking more energetically to help poor families keep their children or otherwise create viable and less expensive alternatives to institutional care.

For one thing, the Government has not developed any nationwide public services to help families with children and prevent abandonment. For another, shortly after the Revolution, the Government cut back dramatically on its assistance for families with many children and for households in difficult economic and social circumstances. This policy must bear a good deal of the responsibility for the rise in the number of abandoned and institutionalized children. Although a means-tested benefit for the poorest of the poor was introduced in late 1995, the economic sustenance it supplies is so meagre that its contribution

Table 32: PER-CHILD EXPENDITURES IN INSTITUTIONS  
(In Lei, 1995)

	Per Child per Year	Per Child per Month
Nurseries (leagan)	2,208,400	184,033
Homes for children (case de copii)	1,935,400	161,283
Special schools for the disabled	1,625,500	135,458
Memo item: average monthly wage	--	211,373

Source: Calculated on the basis of data provided by the Department of Finance for Public Institutions, Ministry of Finance.

to any decline in the phenomenon of abandonment will probably be limited. Likewise, as a share of the average net wage, the family placement-foster care allowance and the child allowance lost substantial ground (Tables 33-4). In any case, the family placement allowance is not granted automatically. One study from the early 1990s found that only 36 percent of the families with children in foster care or family placement received an allowance (MOH and UNICEF 1991).

Table 33: THE FAMILY PLACEMENT ALLOWANCE  
(In Lei Per Child Per Month And In Percentages Of The Average Net Wage, 1989-95)

	1989	1990	1991	1992	1993	1994	1995
Average payment (lei/month)	600	1,000	1,145	2,179	6,020	12,362	18,000
Share of the average net wage (%)	19.6	29.6	15.3	10.8	9.8	9.2	8.5

Source: Zamfir and Zamfir (1996).

Meanwhile, nongovernment and international organizations have undertaken some very useful programmes in abandonment prevention and the development of alternatives to institutionalization. The UNICEF Country Office has been vigorously pursuing efforts in this direction since 1990 through the promotion of studies, pilot centres for children at risk, various initiatives of nongovernment organizations and public institutions, the training of social workers and so on. Several foreign NGOs have been experimenting with forms of institutionalization that resemble more the natural family environment. For instance, in cooperation with For Our Children (Pentru copii nostri, a Romanian NGO), the Orphanage Trust, a British NGO, has been supplying specialist training for professional social workers and, in very close cooperation with local authorities, has created a network of centres to assist

Table 34: THE CHILD ALLOWANCE  
(In Lei Per Month And In Percentages Of The Average Net Wage, 1989-95)

	1989	1990	1991	1992	1993	1994	1995
Average payment per child (lei/month)	321	329	537	1,174	2,931	5,855	9,000
Share of the average net wage (%)	10.5	9.7	7.2	5.8	4.8	4.7	--

Source: Zamfir and Zamfir (1996).

mothers and children in eight counties. Likewise, SOS Kinderdorf, a German NGO, has established two villages for children. The material conditions in these villages are better than those in most families. However, the number of children cared for in the villages is marginal, and the cost of each village is too prohibitive for this to become a widespread solution.

Overall, during the first years of transition, the main causes of child abandonment were not confronted, even though adoptions, family placement and foster care became a little more common, laws were improved, some family counselling became available, and families were encouraged to take their children out of institutions. The small amount of Government support for families with children and the lack of appropriate public services seem to be the key factors explaining the ineffectiveness of initiatives to prevent abandonment and develop alternatives to institutionalization. For now, institutions for children thus seem unavoidable.

### **Street Children**

After 1989, the phenomenon of street children entered forcefully into the consciousness of the public. Street children were shown on television and discussed in the press. However, the public perception was somewhat exaggerated. In villages and small towns the phenomenon was almost unknown. Street children were concentrated almost exclusively in larger cities, particularly Bucharest, where there were an estimated 1,440 street children in early 1993 (Romanian League for Mental Health 1993). The total number of street children in the country was estimated at somewhere between 2,500 and 3,500.

It appears that all countries in transition are experiencing a substantial rise in the number of street children. This can be attributed to the disintegration of the family under the economic and social pressures of profound change and the declining capacity of governments to support families in difficulty or to care for children who are abandoned by these families. (Some results of a study on a sample of street children in Bucharest are outlined in Table 35.)

## **III. SOCIAL POLICY PERSPECTIVES**

### **The Strengths**

Basic education and health care services have improved significantly and in recent years have

Table 35: A PROFILE OF THE STREET CHILDREN OF BUCHAREST  
(In Percentages, 1993)

	<i>Sex</i>	
Males		82.5
	<i>Age</i>	
<10		8.8
10-11		11.5
12-13		33.1
14-15		22.9
16-17		17.1
≥18		6.6
	<i>Length of Time on the Streets</i>	
0-12 months		34.0
1-3 years		29.0
>3 years		37.0
	<i>Reason for Being on the Streets</i>	
Dysfunctional family		56.6
Death of parents or abandonment by them		13.0
Runaway from institution		9.8
Other (curiosity, adventure)		20.6
	<i>Source of Income</i>	
Begging		61.9
Thievery		29.8
Work		24.7
Prostitution		7.3
Other		2.8
	<i>Schooling Completed</i>	
None		16.9
1-2 grades		16.2
3-4 grades		23.2
5-7 grades		30.2
More than 7 grades		11.7
Vocational training		1.8
	<i>State of Health</i>	
Ill		45.4
Not currently ill		45.7
Never ill		8.9
	<i>Circumstances of Parents</i>	
Parents live together		29.5
Separated or divorced		36.2
Dead, imprisoned or unknown		26.7
Other		7.6
	<i>Occupational Status of Parents</i>	
Working		45.1
Unemployed		22.8
Not specified		20.4
Other		11.7
	<i>Contacts with the Family</i>	
Frequent		28.2
No contact		29.8
Sometimes		34.0
Not clear		8.0
	<i>Satisfied with Street Life</i>	
Yes		42.2
No		42.8
Not clear		14.9

Source: Romanian League for Mental Health (1993).

been contributing to widening educational opportunities for children and to better health. The reform of the health care system is in the initial stages, mainly at the level of pilot experiments. The reform of the education system is well under way. The rate of school attendance used to be quite high. Immediately after the Revolution, there was a falling trend in school participation, but enrolments began to increase again after 1994 (Table 36). Linking the eligibility for the child allowance to the school attendance of the child seems to have had a positive effect.

Table 36: PRIMARY SCHOOL ENROLMENT RATES  
(In Percentages Of The Relevant Population, 1989-95)

1989/90	1990/1	1991/2	1992/3	1993/4	1994/5
97.3	95.2	95.9	93.9	93.5	99.4

Source: Data furnished by the Ministry of Education.

The number of places in state universities has more than doubled relative to the situation in 1989. In 1990-1 private universities began to sprout up. Today, almost one-quarter of all students are enrolled in private universities.

Other services for children such as kindergartens, cultural and sports programmes and recreational facilities have been appreciably reduced (Table 37). Government support for these services has been cut back, and the financial resources of families have been placed under huge pressure just to satisfy basic needs. The rise in unemployment, especially among women, has curbed the necessity for these services to some degree.

The improvement in the living conditions among children in institutions has been impressive in recent years. Supplies of food and clothing are more adequate, and the number and quality of staff have been raised. The change in emphasis from medical care to a more

Table 37: PARTICIPATION RATES IN KINDERGARTENS  
(In Percentages Of The Relevant Population, 1989-94)

1989	1990	1991	1992	1993	1994
82.9	70.5	68.7	68.1	57.8	55.2

Source: Data provided by the Ministry of Education.



"human" care is noticeable.

The alternatives to institutionalization have begun to take root. The number of adoptions and family placements has climbed. Many projects organized through partnerships among public authorities, NGOs, UNICEF and the European Community have been undertaken to develop social services for families with children in difficult situations so as to prevent child abandonment and promote the reintegration of institutionalized children into their natural families. Many of these services are being established nationwide. Better services and more economic support are also being offered for families with disabled children, and the institutions for disabled children have improved radically.

Encouraged by foreign NGOs, the growth in local NGOs has been noteworthy. Some of the local NGOs are proving to be highly professional and efficient, and they have succeeded in setting high standards and implementing new approaches.

The professional capacity of those working with children has expanded tremendously in just a few years. The changes in attitudes, in knowledge and in skills are striking. An important element in this process has been the emergence of a bona fide specialization in social work. The training of social workers was resumed in 1990. Now, seven universities have departments of social work. Each year around 400 university graduates receive degrees related to social work.

### **The Weaknesses**

The economic support provided to families with children has declined dramatically. Instead of offsetting at least partially the sharp deterioration in the standard of living of families with children, the benefits for such families have eroded at a faster pace than have other sources of income such as wages, pensions and unemployment benefits.

The means-tested social benefits introduced at the end of 1995 have helped the poorest families with children, but the system has two important limitations. First, only a small segment (around 22 percent) of children—the poorest of the poor—has access to the benefits, while another 50 percent of children in less severe situations of poverty receive only very little economic support. Second, the benefits are very low and represent only a tiny share of family income. The children in poor families remain deprived of the opportunity to live a decent life.

The severe deterioration in the standard of living of families with children is preventing many of them from taking full advantage of education and health care services. Although public social services have been improved in many respects, including the legal framework, the development of the local public social services network is still at an initial phase. The lack of community social services continues to represent a major obstacle to the implementation of more focused and more efficient policies aimed at helping children.

A radical transformation of the policy of direct economic support for families with children is called for. Three steps must be taken. First, the tax system must be modified to compensate low-income families with children. Second, child allowances must be boosted back up to the pre-1989 level; they might also be adjusted according to family income. Third, both universal and targeted in-kind support—food, clothing, education, health care and recreational and sports facilities—must be supplied to families with children.

### **The Problems**

By far the most serious problem among families with children is the very low standard of living. The economic and social gap between the standard of living of households with up to two children and that of families with three or more children is wide. Slow but steady economic growth will not have a significant impact on the huge problems which have accumulated among families with children over the years. Moreover, the gains from economic growth will necessarily be distributed in a very inequitable fashion. Because of factors such as unemployment and low wages, families with three or more children will be at a disadvantage.

The number of children taken into public care will probably continue to climb in the near future, and the risk of abandonment will remain high, although it will probably lessen somewhat. However, a new category of child will have to be cared for as well: the child who is neglected or otherwise abused within his or her natural family. Thus far, because of the many difficulties of the transition and the lack of public social services, the number of children taken from their natural families and placed in public care because the families are neglecting the children has been very low. The children who are now being taken into public care tend to be turned over to institutions by their families as a temporary measure or permanently because of economic hardship.

The issues of institutionalization, adoption and foster care will be crucial ones, and their importance is likely to increase because of new types of problems. However, the system as it is now is ill suited for such a change. Public social services are inadequate, and public agencies for social protection, especially child protection, are severely understaffed. No clear strategy for enhancing public social services in communities has been developed.

The specific difficulties of gypsy children are going to be the hardest ones to resolve. The low school attendance rates, the inadequate living conditions, the lack of workable methods of family planning, the significant neglect and the involvement in begging, prostitution and juvenile crime among gypsies show many signs of worsening.

The gypsies are in crisis because most of them are no longer able to maintain a minimum standard of living. They are being overtaken by poverty more rapidly than is the rest of the population. Many live in slums, lack an elementary education and suffer from unemployment. The growing number of conflicts which erupt from time to time between gypsies and others is a symptom of this crisis.

The gypsies are at a crossroads because the way out of their crisis can take different routes, some of them potentially positive and constructive, others potentially very destructive. On the one hand, a very active movement in favour of ethnic and political rights has emerged among gypsies. This movement has based its demands on the fundamental human rights recognized throughout Europe. On the other hand, the crime rate among gypsies exceeds that among the rest of the population, and, although criminality and violence are not specific to gypsies, the dimensions of the trend toward crime among gypsies have shocked the public in recent months. New economic horizons—some legal and some of doubtful legality—are opening up before a segment of the gypsy population, but, after following a road toward modernization for years, many other gypsies, under the enormous pressures of impoverishment and marginalization, have begun to turn back toward more traditional patterns of life.

Solutions to the problems of gypsies are important, because gypsies represent a rather significant proportion of the population of the country. According to the 1992 Census, 409,723 people, or 1.8 percent of the total population of a little more than 22 million, declared that they were "gypsy". All experts agree that this is an underestimate. Specialists find more credible the figure of around one million gypsies, or about 4.5 percent of the total population, living more or less in the traditional manner (Zamfir and Zamfir 1993).

An ignorance of the problems of gypsies ("somehow they will manage") is characteristic of the attitude of much of the public. This ignorance must bear some of the responsibility for the serious predicament of many gypsies today. Solutions to the problems of gypsies should be based on the convergence of the understanding of the public and positive Government policies. The majority population, especially political and administrative institutions, must take an active interest in helping gypsies find and implement solutions to their problems. Likewise, the will of gypsies must be encouraged so that they understand the nature of their difficulties and can approach their problems actively and constructively with the assistance of the majority population and political and administrative institutions.

The problems of gypsies cannot be satisfactorily corrected by economic recovery and general social policy alone. They must also be addressed by a national programme specially designed to help gypsy families. Such a programme could focus on job creation, training, housing, school participation, family planning and an end to the exploitation of children.

## BIBLIOGRAPHY

- Burke, Mary Anne (1995), "Child Institutionalization and Child Protection in Central and Eastern Europe". *Innocenti Occasional Papers*, Economic Policy Series, No. 52 (September). Florence: UNICEF International Child Development Centre.
- Grigorescu, Constantin (1994), "New Demographic Trends and Policies regarding Population". Bucharest: Centre for Economic Information (CIDE).
- Institute for the Protection of Mother and Child (Ministry of Health, Bucharest) and CDC (Centres for Disease Control and Prevention, Atlanta) (1995), "Reproductive Health Survey, Romania 1993: Final Report, 1995". Bucharest: UNICEF Country Office.
- MOH and UNICEF (1991), "Cauzele instituționalizării copiilor în leagăne și secțiile de distrofici în România" ("Causes of the Institutionalization of Romanian Children in Nurseries and Dystrophic Wards"). Bucharest: Ministry of Health and UNICEF Country Office. -In Romanian.-
- National Committee for Child Protection and UNICEF Country Office (1995), "Situația copilului și a familiei în România" ("The Situation of Children and the Family in Romania"). Bucharest: Alternative Publishing House. -In Romanian.-
- NCS (1993), *Anuar statistic, 1993 (Statistical Yearbook, 1993)*. Bucharest: National Commission for Statistics. -In Romanian.-
- \_\_\_\_\_ (1994), *Recensământul populației și locuințelor, 1992 (Population Census, 1992)*, Vol. 1. Bucharest: National Commission for Statistics. -In Romanian.-
- \_\_\_\_\_ (1995), *Anuar statistic, 1995 (Statistical Yearbook, 1995)*. Bucharest: National Commission for Statistics. -In Romanian.-
- Romanian League for Mental Health (1993), "Street Children". Bucharest: Romanian League for Mental Health. Mimeo.
- Swartz, Caroline (1993), "The Romanian Orphanages: A Paper for Mission Forum". Bratislava: Mission Forum.
- Tobis, D., and R. Vitillo (1996), "Project to Strengthen Services to Children and Families in Especially Difficult Circumstances". Bucharest: UNICEF Country Office. Mimeo (January).
- UNICEF (1995), "Poverty, Children and Policy: Responses for a Brighter Future". *Economies in Transition Studies*, Regional Monitoring Report, No. 3. Florence: UNICEF International Child Development Centre.
- Zamfir, Cătălin (ed.) (1995), *Dimensiuni ale sărăciei, 1994 (Dimensions of Poverty, 1994)*. Bucharest: Expert Publishing House. -In Romanian.-

Zamfir, Cătălin, Marius Augustin Pop and Elena Zamfir (1994) "Romania '89-'93: Dynamics of Welfare and Social Protection". *National Report*, No. 1. Bucharest: Expert Publishing House.

Zamfir, Elena, and Liliana Ionescu (1994), "Social Work in Romania: From the Culture of Silence to the Culture of Freedom", Chapter 1 in Robert Constable and Vera Mehta (eds) (1994), *Education for Social Work in Eastern Europe: Changing Horizons*. Chicago: University of Chicago Press.

Zamfir, Elena, and Cătălin Zamfir (1993). *Tigani: între ignorare și îngrijorare (Gypsies: Between Ignorance and Worry)*. Bucharest: Alternative Publishing House. -In Romanian.-

\_\_\_\_\_ (eds) (1996), *Social Policy: Romania in the European Context*. Bucharest: Alternative Publishing House.

Zugrăvescu, Alexandra (1992), "Adopțiile internaționale: Necesitatea serviciilor profesionale și a măsurilor de protecție" ("Intercountry Adoption: The Need for Professional Services and Measures of Protection"). Bucharest: ISS. -In Romanian.-

UNICEF INTERNATIONAL CHILD DEVELOPMENT CENTRE  
ECONOMIC AND SOCIAL POLICY RESEARCH PROGRAMME

**INNOCENTI OCCASIONAL PAPERS  
ECONOMIC POLICY SERIES**

*The Economic Policy Series consists of thorough and self-contained analytical reports which usually serve as background documentation for the main research projects currently being carried out within the Economic and Social Policy Research Programme of the ICDC.*

The papers in the series (ISSN 1014-7837) are all available in English. Price: \$8 each.

For more information or to order papers in the Economic Policy Series, write the Economic and Social Policy Research Group, UNICEF-ICDC, Piazza SS. Annunziata 12, 50122 Florence, Italy. Please accompany all orders with a nontransferable cheque made out to UNICEF.

- EPS 1 *Economic Decline and Child Survival: The Plight of Latin America in the Eighties.* Teresa Albanez, Eduardo Bustelo, Giovanni Andrea Cornia and Eva Jespersen. Special Subseries: "Fiscal Policy and the Poor". (March 1989).
- EPS 2 *Child Poverty and Deprivation in Industrialized Countries: Recent Trends and Policy Options.* Giovanni Andrea Cornia. Special Subseries: "Child Poverty in Industrialized Countries". (March 1990). Also available in French and Spanish.
- EPS 3 *Education, Skills and Industrial Development in the Structural Transformation of Africa.* Sanjaya Lall. Special Subseries: "Structural Adjustment in Sub-Saharan Africa". (July 1990).
- EPS 4 *Rural Differentiation, Poverty and Agricultural Crisis in Sub-Saharan Africa: Toward An Appropriate Policy Response.* Giovanni Andrea Cornia and Richard Strickland. Special Subseries: "Structural Adjustment in Sub-Saharan Africa". (July 1990).
- EPS 5 *Increased Aid Flows and Human Resource Development in Africa.* Paul Mosley. Special Subseries: "Structural Adjustment in Sub-Saharan Africa". (August 1990).
- EPS 6 *Child Poverty and Deprivation in Italy: 1950 to the Present.* Chiara Saraceno. Special Subseries: "Child Poverty in Industrialized Countries". (September 1990). Also available in Italian.
- EPS 7 *Toward Structural Transformation with a Human Focus: The Economic Programmes and Policies of Zambia in the 1980s.* Venkatesh Seshamani. Special Subseries: "Structural Adjustment in Sub-Saharan Africa". (October 1990).
- EPS 8 *Child Poverty and Deprivation in the UK.* Jonathan Bradshaw. Special Subseries: "Child Poverty in Industrialized Countries". (October 1990).
- EPS 9 *Adjustment Policies in Tanzania, 1981-1989: The Impact on Growth, Structure and Human Welfare.* Jumanne H. Wagao. Special Subseries: "Structural Adjustment in Sub-Saharan Africa". (October 1990).
- EPS 10 *The Causes and Consequences of Child Poverty in the United States.* Sheldon Danziger and Jonathan Stern. Special Subseries: "Child Poverty in Industrialized Countries". (November 1990).

## INNOCENTI OCCASIONAL PAPERS ECONOMIC POLICY SERIES

- EPS 11 *The Fiscal System, Adjustment and the Poor*. Giovanni Andrea Cornia and Frances Stewart. Special Subseries: "Fiscal Policy and the Poor". (November 1990).
- EPS 12 *The Health Sector and Social Policy Reform in the Philippines since 1985*. Wilfredo G. Nuqui. Special Subseries: "Fiscal Policy and the Poor". (January 1991).
- EPS 13 *The Impact of Economic Crisis and Adjustment on Health Care in Mexico*. Carlos Cruz Rivero, Rafael Lozano Ascencio and Julio Querol Vinagre. Special Subseries: "Fiscal Policy and the Poor". (February 1991).
- EPS 14 *Structural Adjustment, Growth and Welfare: The Case of Niger, 1982-1989*. Kiari Liman-Tingui. Special Subseries: "Structural Adjustment in Sub-Saharan Africa". (March 1991).
- EPS 15 *The Impact of Self-Imposed Adjustment: The Case of Burkina Faso, 1983-1989*. Kimseyinga Savadogo and Claude Wetta. Special Subseries: "Structural Adjustment in Sub-Saharan Africa". (April 1991).
- EPS 16 *Liberalization for Development: Zimbabwe's Adjustment without the Fund*. Robert Davies, David Sanders and Timothy Shaw. Special Subseries: "Structural Adjustment in Sub-Saharan Africa". (May 1991).
- EPS 17 *Fiscal Shock, Wage Compression and Structural Reform: Mexican Adjustment and Educational Policy in the 1980s*. Fernando Valerio. Special Subseries: "Fiscal Policy and the Poor". (June 1991).
- EPS 18 *Patterns of Government Expenditure in Developing Countries during the 1980s: The Impact on Social Services*. Beth Ebel. Special Subseries: "Fiscal Policy and the Poor". (July 1991).
- EPS 19 *Ecuador: Crisis, Adjustment and Social Policy in the 1980s*. The Ecuadorian Centre of Social Research. Special Subseries: "Fiscal Policy and the Poor". (August 1991).
- EPS 20 *Government Expenditures for Children and Their Families in Advanced Industrialized Countries, 1960-85*. Sheila B. Kamerman and Alfred J. Kahn. Special Subseries: "Child Poverty in Industrialized Countries". (September 1991).
- EPS 21 *Is Adjustment Conducive to Long-term Development?: The Case of Africa in the 1980s*. Giovanni Andrea Cornia. Special Subseries: "Structural Adjustment in Sub-Saharan Africa". (October 1991).
- EPS 22 *Children in the Welfare State: Current Problems and Prospects in Sweden*. Sven E. Olsson and Roland Spånt. Special Subseries: "Child Poverty in Industrialized Countries". (December 1991).
- EPS 23 *Eradicating Child Malnutrition: Thailand's Health, Nutrition and Poverty Alleviation Policy in the 1980s*. Thienchay Kiranandana and Kraisid Tontisirin. Special Subseries: "Fiscal Policy and the Poor". (January 1992).



**INNOCENTI OCCASIONAL PAPERS  
ECONOMIC POLICY SERIES**

- EPS 24 *Child Welfare and the Socialist Experiment: Social and Economic Trends in the USSR, 1950-90*. Alexandr Riazantsev, Sándor Sipos and Oleg Labetsky. Special Subseries: "Child Poverty in Industrialized Countries". (February 1992).
- EPS 25 *Improving Nutrition in Tanzania in the 1980s: The Iringa Experience*. Olivia Yambi and Raphael Mlolwa. Special Subseries: "Fiscal Policy and the Poor". (March 1992).
- EPS 26 *Growth, Income Distribution and Household Welfare in the Industrialized Countries since the First Oil Shock*. Andrea Boltho. Special Subseries: "Child Poverty in Industrialized Countries". (April 1992).
- EPS 27 *Trends in the Structure and Stability of the Family from 1950 to the Present: The Impact on Child Welfare*. Chiara Saraceno. Special Subseries: "Child Poverty in Industrialized Countries". (May 1992).
- EPS 28 *Child Poverty and Deprivation in Portugal: A National Case Study*. Manuela Silva. Special Subseries: "Child Poverty in Industrialized Countries". (June 1992).
- EPS 29 *Poverty Measurement in Central and Eastern Europe before the Transition to the Market Economy*. Sándor Sipos. Special Subseries: "Child Poverty in Industrialized Countries". (July 1992).
- EPS 30 *The Economics of Disarmament: Prospects, Problems and Policies for the Disarmament Dividend*. Saadet Deger. Special Subseries: "Fiscal Policy and the Poor". (August 1992).
- EPS 31 *External Debt, Fiscal Drainage and Child Welfare: Trends and Policy Proposals*. Stephany Griffith-Jones. Special Subseries: "Fiscal Policy and the Poor". (September 1992).
- EPS 32 *Social Policy and Child Poverty: Hungary since 1945*. Júlia Szalai. Special Subseries: "Child Poverty in Industrialized Countries". (October 1992).
- EPS 33 *The Distributive Impact of Fiscal and Labour Market Policies: Chile's 1990-1 Reforms*. Mariana Schkolnik. Special Subseries: "Fiscal Policy and the Poor". (November 1992).
- EPS 34 *Changes in Health Care Financing and Health Status: The Case of China in the 1980s*. Yu Dezhi. Special Subseries: "Fiscal Policy and the Poor". (December 1992).
- EPS 35 *Decentralization and Community Participation for Improving Access to Basic Services: An Empirical Approach*. Housainou Taal. Special Subseries: "Fiscal Policy and the Poor". (January 1993).
- EPS 36 *Two Errors of Targeting*. Giovanni Andrea Cornia and Frances Stewart. Special Subseries: "Fiscal Policy and the Poor". (March 1993).
- EPS 37 *Education and the Market: Which Parts of the Neoliberal Solution are Correct?*. Christopher Colclough. Special Subseries: "Fiscal Policy and the Poor". (July 1993).

## INNOCENTI OCCASIONAL PAPERS ECONOMIC POLICY SERIES

- EPS 38 *Policy and Capital Market Constraints to the African Green Revolution: A Study of Maize and Sorghum Yields in Kenya, Malawi and Zimbabwe, 1960-91*. Paul Mosley. Special Subseries: "Structural Adjustment in Sub-Saharan Africa". (December 1993).
- EPS 39 *Tax Reforms and Equity in Latin America: A Review of the 1980s and Proposals for the 1990s*. Ricardo Carciofi and Oscar Cetrángolo. Special Subseries: "Fiscal Policy and the Poor". (January 1994).
- EPS 40 *Macroeconomic Policy, Poverty Alleviation and Long-term Development: Latin America in the 1990s*. Giovanni Andrea Cornia. Special Subseries: "Approaches to Poverty Alleviation". (February 1994).
- EPS 41 *Réformes Fiscales, Génération de Ressources et Équité en Afrique Subsaharienne durant les Années 1980*. Kiari Liman-Tingiri. Special Subseries: "Fiscal Policy and the Poor". (March 1994). Available in French.
- EPS 42 *Tax Reform and Equity in Asia: The Experience of the 1980s*. Andrea Manuelli. Special Subseries: "Fiscal Policy and the Poor". (April 1994).
- EPS 43 *Family Support Policies in Transitional Economies: Challenges and Constraints*. Gáspár Fajth. Special Subseries: "Economies in Transition". (August 1994).
- EPS 44 *Income Distribution, Poverty and Welfare in Transitional Economies: A Comparison between Eastern Europe and China*. Giovanni Andrea Cornia. Special Subseries: "Economies in Transition". (October 1994).
- EPS 45 *Death in Transition: The Rise in the Death Rate in Russia since 1992*. Jacob Nell and Kitty Stewart. Special Subseries: "Economies in Transition". (December 1994).
- EPS 46 *Child Well-being in Japan: The High Cost of Economic Success*. Martha N. Ozawa and Shigemi Kono. Special Subseries: "Child Poverty in Industrialized Countries". (March 1995).
- EPS 47 *Ugly Facts and Fancy Theories: Children and Youth during the Transition*. Giovanni Andrea Cornia. Special Subseries: "Economies in Transition". (April 1995).
- EPS 48 *East Joins West: Child Welfare and Market Reforms in the "Special Case" of the Former GDR*. Bernhard Nauck and Magdalena Joos. Special Subseries: "Economies in Transition". (June 1995).
- EPS 49 *The Demographic Impact of Sudden Impoverishment: Eastern Europe during the 1989-94 Transition*. Giovanni Andrea Cornia and Renato Panicià. Special Subseries: "Economies in Transition". (July 1995).
- EPS 50 *Market Reforms and Social Welfare in the Czech Republic: A True Success Story?*. Miroslav Híršl, Jiří Rusnok and Martin Fassmann. Special Subseries: "Economies in Transition". (August 1995).

**INNOCENTI OCCASIONAL PAPERS  
ECONOMIC POLICY SERIES**

- EPS 51 *The Winding Road to the Market: Transition and the Situation of Children in Bulgaria.* Theodora Ivanova Noncheva. Special Subseries: "Economies in Transition". (August 1995).
- EPS 52 *Child Institutionalization and Child Protection in Central and Eastern Europe.* Mary Anne Burke. Special Subseries: "Economies in Transition". (September 1995).
- EPS 53 *Economic Transition in the Baltics: Independence, Market Reforms and Child Well-being in Lithuania.* Romas Lazutka and Zita Sniukstiene. Special Subseries: "Economies in Transition". (September 1995).
- EPS 54 *Economic Reforms and Family Well-being in Belarus: Caught between Legacies and Prospects.* Galina I. Gasyuk and Antonina P. Morova. Special Subseries: "Economies in Transition". (December 1995).
- EPS 55 *The Transition in Georgia: From Collapse to Optimism.* Teimuraz Gogishvili, Joseph Gogodze and Amiran Tsakadze. Special Subseries: "Economies in Transition". (September 1996).
- EPS 56 *Children at Risk in Romania: Problems Old and New.* Elena Zamfir and Cătălin Zamfir. Special Subseries: "Economies in Transition". (September 1996).



**International Child Development Centre**

Piazza S.S. Annunziata, 12  
50122 Florence, Italy  
Tel. 3955-234-5258 - Fax 3955-244817  
Telex 572297 UNICEF I