POVERTY AND WELFARE TRENDS
OVER THE 1990's IN FR YUGOSLAVIA

Country Paper

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FR Yugoslavia

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CHAPTER I

Indicators for monitoring child and family well-being since 1989

Revenues and expenditure of households

During 1999, there was 13,359 dinars, per person, spent in Yugoslavia, what amounts to 1,113 per month. The biggest amount of household revenues originates from employment (37.6%) what is significant decrease in relation to previous years when revenues from employment made about 50% of household income. The share of pensions revenues remained on high level of 18.3% of total available funds, but has still decreased in relation to previous year when it had achieved record level of 20%. The share of revenues from over-time work (currently amounts 6.5%) has increased, but population remittances from abroad have been reduced to only 1.9%, what presents the lowest level in last few years. All these reduces were compensated by increase of subsistence consumption and reduced citizens savings. Subsistence consumption is exceptionally high and amounts to 15.8% of total household revenues, what is the characteristics for crisis periods.

Otherwise, data on revenues and expenditure of households are collected by the questionnaire on households (on the sample of 2,180 households). Data for second quarter of 1999 in Serbia were not collected (period of NATO bombardments of Yugoslavia) so that experts’ estimation was performed to enable data presentation for whole 1999. Data were communicated without data for Kosovo and Metohia so they could not be directly compared with data for last year and previous years.

Population was, in the fourth critical quarter of last year, earmarking the most resources for food (44.4%) what shows an increase in relation to the last year. Expenses for fuel and electricity are traditionally high item in households expenditure and in the last quarter of last year amounted to 15.2%, earmarking for clothing, beverages and tobacco were reduced to the level before the aggression of NATO forces (to about 8% of total personal consumption).

The fall of last year's living standard, caused by NATO aggression, is mostly seen through the increase of subsistence consumption, increase of expenditure for food and along with fall of resources that mean personal standard, as well as significant reduction of savings. However, living standard level has yet retained on higher level of the one that was critical in 1993.
The most favourable economic situation had agricultural households with an average of 16 442 dinars per household member, in addition, mixed (average 13 216), and lowest resources had non-agricultural ones, of only 13 097 dinars. This is first of all the consequence of rapid standard fall and increase of subsistence consumption that was biggest with agricultural population.

Such fall of living standard effected bigger and bigger number of population living under the poverty line. The fact that families with children are most endangered category of population, is seen by some surveys - over 40% of children live in families which can satisfy neither elementary existence minimum.

Public and social welfare

Public care of children and family and social welfare of children, youth and adults in the FR Yugoslavia is in competence of the Federal Ministry for Labour, Health and Social Politics, Republic Ministry fot Labour, Veterans and Social Matters in Montenegro and Serbia and Ministry for Children and Family Care in Republic of Serbia. On regional and local level (communes and communities of communes) children and social welfare is realize by intervene of centres for social labour and social welfare services.
Law on Children Welfare of Republic of Serbia which regulates the system of social care of children and family “is based on the right and obligation of parents to raise and upbring their children, on the right of a child to live in conditions providing him normal psychic and physical development, as well as on the obligation of the state to enable it”. This Law guarantees the following rights:

- Earning allowance to employed parturants for the period of their maternity absence (a year) in the amount of a monthly earnings, women would earn if they worked;
- Special allowance to unemployed parturants (maternity benefit) in a year period at the value of 30% of average monthly net earning in the republic sector of economy;
- Assistance in outfit for new born infant of the average monthly net earning value in the republic sector of economy for the first three children;
- Monthly allowance for child, for the first three children up to their age of 19 to poor families in Republic of Serbia, and to all families with children in Republic of Montenegro at the amount from 20% to 30% of the average monthly net earning in republic sector of economy, in dependence of child birth order;
- Free stay in pre-school institution for the third child;
- Pre-school upbringing-educational work with children deprived of parent care, handicapped children and children on longer hospitalization of the duration between 3-5 hours a day;
- Preparations for starting the school, three hours a day during the school year, for six year old children.

Cited rights are under the competence of the republic, while the following rights are in competence of the comune:

- All day stay in pre-school institutions, pre-school education and upbringing and preventive health welfare of children of pre-school age and school children up to 10 year of age;
- Vocation and recreation in children rest-houses and recreation centres for children up to 15 years of age;
- Resourced use of pre-school institutions facilities, resourced vocations and recreative instructions to children from poorer families, up to amount of 80% from the price of services – stay.

Yugoslav statistics has so far not systematically observed indicators of situation and trends in the field of social care of children and family. The only accessible statistical data contains the Complex Annual Report of Organizations and Enterprises in non-economic activities. Complete records for cited field are available in centers for social work and departments of ministries who are the bodies statistics over takes and publishes only data on beneficiaries (children and families) and the amount for children's allowance.

Social welfare in the FR Yugoslavia is regulated by special republic laws. All aspects of social welfare have been covered by statistical processing.

Minor beneficiaries of social welfare (up to 19 years of age) are considered to be, by current regulations, children being endangered by family situation
(children with no parents, unknown parents, abandoned by parents, being children from parents prevented from doing parental duty or are deprived of parental right by court decision, or who are from families with disturbed family relations, divorced or in the course of divorce proceeding), children physically and mentally handicapped (children of asocial behaviour and minor perpetrators) as well as children with other disturbances.

Enforcing social welfare on the basis of law and regulations from this field by competent body in the FR Yugoslavia forms the complex of forms, measures and services of social welfare.

The concept *forms* of social welfare comprises guardianship, adoption, placed into the other family or an institution of social welfare, children's homes/hostels, homes for infants and small children, institutions for handicapped children and institutions for socially maladjusted children and youth), placement into the other institution (pupils' and students' hostels), pecuniary aid (permanent and occurring once), other support (assistance for education, help in kind, nursing and other services at home, allowance for other people nursing, allowance for rehabilitation), other allowances (for disabled member of the family and other) and other forms (limited parents rights, deprived of a child, recognition of paternity and other).

Social welfare *measures* comprise: assistance in placing children in pre-school institutions or overtime stay at school, sending for education and qualificatin (minor beneficiaries who had left school or physically and mentally handicapped) assistance in employment, assistance in solvation probles of divorced parents children, or of parents in divorcing proceeding, measures to minors and other measures (advices, providing holidays and recovery and other).

*Services* of social welfare are considered as: assistance in marriage and family relations, help in realization of certain rights (regulation of alimony, pensions and other), classifying-diagnosis (physically and mentally handicapped children) and other measures (reports, decisions, mediation and other).

**Health care**

*Health care* of children in the FR Yugoslavia is regulated by the Constitution of the FR Yugoslavia, as well as by special laws on health care and health insurance and is organized as all-inclusive social activity for all youth regardless their property situation, religion or nationality, place of residence – conditions are the same on the whole territory of the FR Yugoslavia. In the observed period no reductions of scale and rights contents to total health care were introduced. Global orientation of health policy showed evident results, specially in the field of decrease of general and specific morbidity and mortality. Regular school programs have introduces elements of sexual education and out-of-school pre-marriage and marriage consultations. In the period before sanctions of United Nations Security Council were introduced and sudden fall of living standard of all society this right was at the greatest extent realized in practice.
On the basis of welfare services, by the principle of solidary distribution, health care of each member of the family was insured. There also exists ensured care in the case of working disablement in the form of material and other assistance and big number of children is included in different forms of social care.

*However there is a discrepancy between proclaimed rights to health care and material possibilities to fulfill.* Health care cannot anymore cover all expenses coming out of given rights. In last years international humanitarian aid assigned to health care of population has been reduced. Along with it, the data that the share of public expenditure for health care was 9.7% of social revenues in 1994, and 5.8% in 1995, and consumption for public health in cited years amounted to 153 US$ per capita in 1994, and 70 US$ per capita in 1995, significantly overcomes economic possibilities of the country, and shows that it will not be without any consequences to the total population health, and will mostly reflect to the health of risk groups in coming period.¹²

In the period 1989-1993 present negative processes (economic crisis, influence of UN sanctions, war surrounding) have already brought to abolishing the basic hygiene-epidemiological and nutrition assumptions for preservation people's health, incapacitation of our pharmacist industry, as well as aggravated all material working conditions (leck of remedies for therapy, diagnostics and necessary surgery materials) in health institutions. It had, as the consequence the increase of infant mortality rate, which after long period of decreasing trend, increased from 20.9‰ in 1991 to 21.9‰ in 1993, occurrence of neonatal tetanus and poliomielitis, many years after their eradiction, significant increase of number of died patients per 100 hospitalized (from 1.45 in 1989 to 2.07 in 1993) in the biggest pediatric health institutions.

We now live in times when majority of population, and also sensitive subpopulation groups, are not in a position to receive adequate primary health protection. Due to inequality in the view of economic and socio-cultural differences between certain areas in our country, there exists also the problem of applying valid health standards, so the network of health institutions is less developed in rural areas of the country. Seriously has also been endangered the quality of health protection in topflight health institutions, what is seen in incomplete inforcement of diagnostical procedure, increase of incorrect diagnosis, decrease of laboratory analysis, increase of hospital mortality. Shortage of medicines in pharmacies has influences the severe situation.

Data that refer to realization of primary health protection in Belgrade, as the capital of the FR Yugoslavia, with most diverse network of health facilities and the top health service, in the conditions of sanctions present aggrievated picture in many segments of young population protection. Due to acute and chronic stress immunity and defense mechanism of the organism has weakened as well as possibility to react, what brings to mass getting sick. Psychological burden, tention in family, feeling of hopelessness and lostness disturbs emotional stability of youth. Poor nutrition, quantitative and

¹ According to the data of Federal Ministry for Development, Science and Ecology.
² According to surveys conducted in tranzitional countries and those exposed to sanctions significant changes in morbidity are shown five years after crisis began, while the changes in mortality rate show ten years later. It means that the influence of these negative processes to health status of population should only show in full extent.
qualitative also, have strong influence, shortage of hygienic remedies and other. Study of the Institute for health protection of students on Belgrade University on estimate of the health conditions of students on this University in the period 1989-1993 showed, for example, in that period students' health was aggravated in the sense of increased percentage of anemic students, badly fattened up and students with spine deformity. Analysis of curative examinations showed significant rise of students suffering of anemia, skin diseases, neuropsychiatric and respiratory diseases.

Health care of population is directly carried through the network of health institutions and is essentially caused by the development of organization and technology of work.

Health protection reform

Sudden fall of GDP (from 3 000 US$ in 1989 to about 1 400 US$ in 1999) after disintegration of old Yugoslavia has caused big problems in financing non-economic activities. Before all, it relates to financing of public health and education. Public health possesses big fixed assets that need big maintenance. Installed equipment is mostly of foreign origin and requests import of spare parts and intermediates from countries which have introduced sanctions to Yugoslavia. To enable the use of these equipment, export is performed via third countries, what makes the maintenance of these already amortized apparatus in medical institutions even more expensive.

The situation is particularly critical with medicaments. Domestic medicaments factories (possessing big enough capacities in proportion to number of population in Yugoslavia) mainly produce medicaments by foreign licence rights and with imported raw materials. About 30% of total available resources of public health is used on financing medicaments. Although the network of private pharmacies is developed, where medicaments could be bought by market price, population decides to wait for medicaments in state pharmacies, as the medicaments are either free of charge or at relatively low price regulated by state. However, already for a few years it is hard to find most of the medicaments in state pharmacies, so the population is forced to go around pharmacies, even to search in different towns.

For overcoming enormous difficulties in public health a program of health system has been formed. The basic postulates program of reform has been based on, are the aims stated by WHO with its 21 goal for the 21st century. The essence of public health reform refers, before all, to giving the bigger importance to primary health care and in that sense introducing a family doctor. Then, it is insisted on decentralization of public health services. Namly, so far public health has been centralized at the level of republics members, and in respect to decision-making and also financing. The reform envisages those functions to abate to the level of county, 30 of those in Yugoslavia.

The practice up to now that public health is practically free of charge for all insured persons, by reform laws is at the great extend going to be abandoned. Only basic health care will remain free of charge and all other forms will have to be paid. Naturally, socially endangered categories of population were taken into consideration and they have also other forms of health care free of charge.
CHAPTER II

Refining the picture on child and family well-being

Public and social care of children and family in the area of the FR Yugoslavia since 1989 has been carried out under very difficult circumstances. As the difference from other countries of central, east and south-east Europe spread by transition, countries of the former SFRY were exposed to numerous unfavourable influences, while Serbia and Montenegro have still been. Disintegration of SRFY was followed by war destructions, sufferings and movements of population from the region of Croatia and Bosnia and Herzegovina, along with disturbing increase of number of refugees in the FR Yugoslavia. Beginning 1992, Serbia and Montenegro have come under the regime of economic and political sanctions imposed by UN Security Council: they have been excluded from all international financial institutions, property of Yugoslav enterprises abroad has been frozen, suspended communication and turnover of goods with member countries. Break out of the new war center on Kosovo and Metohia beginning 1999 was ended by bombardements of the FR Yugoslavia by countries of NATO alliance with invisible consequences to already exhausted economy, population and environment.

Since the beginning of 90's the value of realized gross domestic (material) product and the level of industrial production has been decreasing, also purchasing power, income per capita and real earnings value have also decreased, but impreciseness of payments of salaries (wages), pensions, children's allowances, social help and other obligatory allowances are increasing. Unemployment is rising from year to year, so records show that at the end of 90's there were over 800 thousand unemployed, among which mostly persons under 35 years of age and women. Over one million workers are having their coercive leave, they do not even receive their guaranteed income and represent redundant labour; majority resorts to alternative solutions as unlegal trade of short supplies commodities. In the last decade significantly has increased the number of people at the stage of social need, among which are refugees, that is, temporarily displaced persons. Poverty has seized over two thirds of population, so that in 2000 the FR Yugoslavia has found itself at the bottom of European scale of poor countries. The most endangered category of population are small children, families with children and specially self-supporting mothers and old people.

After the stabilization of the dinar exchange rate at the beginning of 1994, allowances on the basis of some rights in the field of social care of children and family have nominally increased and also has increased the number of households with low incomes that have satisfied the census conditions and so acquired appropriate rights. On account of it, and also due to increase of real values of individual rights, the using volume of existing rights in the field of social care of children and family has increased. However, the original optimism has soon dwindled: budget reserves were spent and payments of some rights for 1998 are late up to six months (help for newborn infant outfit) that is up to a year (children's and maternal allowance). At the time being it is imposible to provide timely payments and defray debits, within the
limits of budget possibilities measures have been taken for rise of lump sum financial assistance for newborn infant outfit and introduction of short-term credits to families with children on the occasion of birth, that is, child's enrolling into school, at the beginning of a school year.

Observed by rights, the trend of number of beneficiaries is different (data refer to Republic of Serbia): "Number of employed women who have just given birth and are using the allowance of salary (wage) is rapidly decreasing, from 56 000 in 1994 to 28 862 in 1998, or for 48.5%. Mild fall has the number of beneficiaries of mothers' allowance from 40 000 in 1994 to 36 931, or for 7.8%, while the help for newborn infant outfit decreased from 10 000 in 1994 to 5 852 at the end of 1998, or for 41.5%. These data show that births significantly decrease, and also the number of employed parturants, what is an indicator of reduced women employment or postponement of birth. Pre-school upbringing and education for six year old children had an increase in 1995 and 1996 and afterwards the decrease from 66 958 to 57 911 in 1998, or for 13.5%. Decrease is also recorded in the number of children using the right of upbringing-educational work at children without parents guardianship, at children with disturbances in development and children being on longer hospital treatment. Significant increase has the number of the third child in whole day and half day stay in pre-school institutions – from 4 173 in 1994 to 10 602 in 1999, or for 254%. An increase of number of children in whole day stay is also gradual and constant, and in relation to 1994 the number of children of that form increased from 91 137 to 111 832, or for 22.7%.3

In the observed ten year period (1989-1999) statistics recorded fluctuations of the number of beneficiaries of child's allowance. Significant fall for whole 22% in relation to 1990 appeared in 1991 as the consequence of separation of Albanian population from Kosovo and Metohia from the frame of socio-political system of FR Yugoslavia. The new big decrease of 43% was recorded already the next year, in 1992, and reached the lowest point in 1993 when the galloping inflation underestimated all earnings, children's allowances also, so that the majority of poor people neither claimed nor used this form of help. Stabilization of dinar exchange rate in 1994 facilitated the increase of number of children-beneficiaries of allowance for entire 60%, and in 1995 achieved the level from previous decade, more precisely, from 1986 when it was also registered nearly 900 thousand beneficiaries. In total population of minors in 1986, it is the share of 29.3% and in 1995 of 30.8%. The sudden increase of number of children allowance beneficiaries in 1995 and 1996 was influenced by changes in law regulations from 1994 which have increased the census for children allowance receivers from 40 to 50% from the average monthly net earnings in economy sector, and the amount of the allowance rised for 10%, so that for the first child the allowance amounted to 20%, for the second 25% and for the third 30% from average earnings in economy sector. In a few last years, conclusive 1998, the number of children's allowance beneficiaries gradually decreases what presents an indirect indicator that the population of the FR Yugoslavia is growing old more rapidly than it is renewing.

3 On the basis of Report of the Ministry for Family Care.
Financing of rights in the field of social care of children is under competence of the republics, except the right to whole day and half day stay in pre-school institutions, what is under the commune's sphere. Nominal amounts of rights and program prices are to be determined on the basis of by law fixed relative relation towards average earning in economy sector of the republic and share its destiny, while the program prices are also determined on the basis of earnings rise and other expenses forming the price structure.4

Total public expenditure for children's welfare in FR Yugoslavia, in 1994 amounted to 176 mill.din (64.7% intended for pre-school institutions and 35.3% to pupils' and students' homes) that is, 1.0% of national income, and in 1997, 1 287 mill.din. (56.3% to pre-school institutions and 43.7% to pupils' and students' homes) that is, 1.7% of national income. Expenses for children's welfare in Republic of Montenegro in 1994 amounted to 11 mill.din. or 3.7% of republic's budget, and in 1997 it amounted to 64 mill.din or 3.2% of budget expenses.

For all rights in the field of social care of children and family Serbia spent 515 mill.din. in 1994, and in 1995 expenses were 1 049 mill.din., that is 104% more and in 1996 they were 2 028 mill.din., that is 93.3% more than in 1995; in 1997 was spent 1 846 mill.din., that is 9% less than in 1996. The structure of spent resources for social care of children and family in Republic of Serbia at the beginning and at the end of observed period (1994-1997) is as follows: compensation of earnings to employed parturants 43.0%, that is 23.6%, maternity allowance 3.8%, that is 3.1%, children's allowance 32.2%, that is 44.6%, help for the born child's outfit 3.1%, that is 2.6%, financing of pre-school institutions 17.7%, that is 27.5%, other rights (at communal competence) 0.2%, that is 0.3%.

For children allowance in 1994 was totally spent 207 mill.din., and in 1997 was spent 913 mill.din., that is 1.2% of national income in both observed years. Under the pressure of numerous beneficiaries, and shortage of necessary resources, the Government of Republic of Serbia froze the base for establishing children's allowance at the level of September 1994 and on so suspended legitimate regulation according to which an amount of children's allowance is established on the basis of the last available statistical report on earnings. Since in Montenegro all children are holders of children's allowance, the prevalent part in the expenses structure for social care of children takes this right.

Service for public health care of pre-school children provides outpatient public health care for children up to 6 years of age. In 1998, this service had 352 organizational units what is for 0.6% less than in 1997, and 21% less than in 1993, when there were 445 organizational units. In 1989 that service amounted 444 organizational units. In 1998 this activity was provided by 3 172 public health workers, out of which 1 145 physicians and 2 027 of other public health workers. In relation to 1993 number of physicians increased for 5% and of other workers for 14%. In 1989 engaged were 1 106 physicians and 1 786 other public health workers. Total number of performed

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4 On the basis of Report of the Ministry for Family Care.
6 Source: Ministry for Children and Family Care of the Republic of Serbia
visits to physicians in 1993 amounted to 5.6 million, and in 1998 was 4.6. Number of visits to consultants increased from 581 thousand in 1993 to 889 thousand in 1997 and to 899 thousand in 1998.

Service for public health care of school children and youth provides outpatient public health care to school children and youth of the age between 7-19 years. In 1998 this service consisted of 396 organizational units, what is for 3.9% more than in 1997 and 9% more than in 1993 when there were 363 organizational units. This activity was in 1998 provided by 1 920 public health workers, of which 758 physicians and 1 162 other public health workers. In relation to 1993, the number of physicians increased for 10% and of other public health workers for 15%. Total number of realized visits to physicians in 1993 amounted to 4.3 million, and in 1998 was 4.6. The number of thorough check-ups decreased from 582 thousand in 1989 to 404 thousand in 1993 (390 thousand in 1997) and afterwards increased to 443 thousand in 1998.

Possibilities of public health services use could also be shown through realized level of public health care of school children and youth of school age. If we observe the number of pupils in primary and secondary schools per one physician (of general practice and specialists) in school's clinics and dispensaries in referring period, we could notice that the level of public health care of children and youth increased as there is a fall of their number per physician from 3 049 in 1989 to 2 705 in 1998. That is the consequence on one side of smaller number of beneficiaries as the direct consequence of reduced influx of population of that age contingent (increase of population growth from 5.3‰ to 1.4‰) and absolute increase of number of physicians.

Number of thorough check-ups per 1 000 pupils of primary and secondary schools shows that the level of preventive protection decreased in the period 1989-1998 (from 273 to 216‰). This situation results from the effect of deep economic crisis in Yugoslav society appearing after 1991.

The availability, volume and scope of dental care have plunged because of the closing down certain facilities, notably school surgeries and outpatient departments, obsolete equipment, as well as the shortage of basic dental supplies and medications. In 1993, 23 school surgeries were shut down in the FR Yugoslavia, while the remaining ones have great trouble working. The volume of dental care among the young shows a drastic fall in orthodontic therapy (by nearly 50%) and treating caries (by 40%).

The drop in the quality of youth care is caused also by the lack of heating in health institutions; the lack of fuel has hindered the work of field medical teams. Patients have thus begun resorting to traditional and alternative medicine. Although health education implemented efficient measures to prevent traditional practice damaging the health on the younger generations, medicine has, in this period, in addition to the financial crisis, faced a crisis of cultural authority of medicine.

Besides the fall of the use of preventive health protection as whole, it is of great importance to emphasize also the decrease of scope of children with obligatory immunization. Obligatory program of immunization in FRY covers infants, preschool and school children. In the period 1989-1994 the level of children's coverage
by compulsory program falls from 91% to 80%. Only 1996 shows an increase of average coverage of children under compulsory immunization, and afterwards the coverage level decreases again. In the period 1989-1994 coverage by Di-Te-Per vaccination falls from 89.2 to 85%, coverage of vaccine as protection from measles from 96.9 to 80.8%, coverage by polio vaccine from 88.8 to 84.4%. By BSG vaccine in 1989 were covered 86.7% infants, but the coverage decreased in 1992 to 76.7%, and in 1993 to 68%. In 1994, the coverage was 70.8%. Coverage of Di-Te-Per vaccination in 1998 amounts to 89.6%, by vaccine for protection from measles 89.3%, coverage by polio vaccine was 89.1%.

In fighting tuberculosis immunization by BSG vaccine is of a significant importance. In 1989 it covered 86.7% of infants, in 1994 it was 70.8% and in 1988, 68.3%. It should also be stressed that the health educational work in the field of immunization is undeveloped, and so are, or even do not exist public health nursing specialized for this field.

It is important to mention that in 1994, a part of resources, after a long period, was set aside for programs intended for promotion and public health advancement, specially for programs of health in schools and reduction of risk factor of origin of chronic mass uninfected diseases of population.7

As regarding the reliability of health data, data on personnel in public health are complete as all health organizations in the country are included. Data on set diseases, ill conditions and injuries in outpatient health organizations are also complete. Contagious diseases are observed according to the Law on wipping and prevention of contagious diseases. Data on health visiting-services, examinations, diagnosis are incomplete as all services within health institutions are not covered.

Environment is the most complex factor which with about 50% directly or indirectly influences the health conditions, while all other elements have an effect to the health of 15-20%. Its quality is observed through hygienic correctness of drinking water (according to the report on hygienic correctness of drinking water in 1989, 15% of total controlled water works-supply showed bacteriologically inaccurate in 1996, 36% of total controlled water works-supply showed its chemical inaccuracy and 50% microbiological inaccuracy, while in 1998 situation was as follows: 51% of total controlled water works-supply showed microbiological inaccuracy and 44% chemical inaccuracy) and the air quality8 – bigger concentration of sulfur-dioxide is presented only in the area of Belgrade and in regard of smoke particles the situation is negative in almost all towns of Central Serbia, while is more favourable in all places of Montenegro. The problem of air pollution is closely connected to fireboxes of coal and petroleum, also from industrial facilities with "dirty" technologies and motor vehicles.

Economic crisis last years present in the FR Yugoslavia is most significant in the field of quality of nutrition aggravation. Last years surveys show that energy needs of

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7 UNICEF Belgrade, FRY-Analysis of situation of women and children, Belgrade 1996.
8 According to the data of Federal Meteorological Bureau, 1997
organism are mainly provided through increased use of carbohydrates and staff as bread, pig fets, while taking qualitative albumen of animal origin, vitamins and mineral substances (fruit and vegetables) is decreasing. Potassium content was in that whole period mainly insufficient, mostly because of insufficient milk and dairy products consumption and biological absorption of iron stood at around 10% what shows that the intake of food with medium and high iron is insufficient. Contents of the vitamin A, B1, B2, PP and C could be considered as satisfactory.

Bad quality of nutrition has specially endangered the most sensitive categories of population, children and youth. Nutrition quality of up to 5 years old children is followed by indicators establishing the percentage of observed children with physical mass and height in relation to age under regulated values (NSHS/WHO). The survey from 1996 showed that 2% of children of 5 years of age has insufficient weight, that is 9% of children insufficient height in relation to referent values.

Existing problems in inadequate nutrition of children of this age show the need of performing the long-term Program of population nutrition.

After NATO aggression our country has faced the problem of internal displacement of persons from Kosovo and Metohia. Among displaced persons 10% were children under 5 years of age, 9% were between 10-14 and 8% of 15-19 years of age. In the conditions of disturbed and missing health prerequisites (stress, inadequate lodging, insufficient resources) disturbed health situation in all its spheres is expected, that is, an increase of health needs in relation to residence population. Morbidity is here closely connected to inadequate nutrition, possibility of spreading the contagious diseases caused by non-hygienic living conditions, as well as disturbance of mental health. In observed ages it was shown that special health problems has 1.5% of children up to the age of five, 2.3% of the age between 10-14 and 1.9% of the age 15-19. Most frequently it is the question of serious chronical diseases that need continuous medical treatment, and also the two last age groups are mentally handicapped and psychiatrycal diseases.

Morbidity

Analysis of morbidity registered in outpatient and hospital servises and analysis of the trend of infectious diseases on the territory of the FR Yugoslavia shows that morbidity is quantitatively decreasing, and by the structure it is aproaching morbidity in developed countries (bigger share of mass non-infectious and new infectious diseases).

Total morbidity in outpatient services of pre-school children (0-6 years of age) in the FR Yugoslavia amounted in 1989, 3.8 million stated diseases and in 1998, 2.7 million, what is for 28.7% less in relation to initial observing year, but 1.7% bigger in relation to previous year. Namely, the whole observed period trend was not the same – up to

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10 According to preliminary data on Registration of internally displaced persons in 2000.
1993 morbidity had falling tendency (2.5 million or 34.0% less) then it rises again. The least number of registered diseases in 1993 was, as for the whole population, the consequence of reduced utilization of health protection in that year. As concerning the group of diseases at this age most frequently those were diseases of respiratory system.

School children and youth (7-19 years of age) morbidity measured by registered diseases in outpatient service was also decreasing up to 1993 (from 3.0 to 2.3 million), afterwards was increasing, and in 1988 was for 19.7% smaller than in 1989. Most frequent causes of diseases here were also of respiratory system.

Out of total number of diagnosis in 1988 (13.9 million) the service for protection of pre-school children registered 21.7% of them and by the service for protection of school children – 19.5%. Most frequent diseases were, according to International Diseases Classification, Rev X: J00-J01, J02-J03, J05-J06, J20-J21, J10-J11, J04 and H65-H75.

Total number of registered patients with tuberculosis of all types in observed decade has mainly decreased (except in 1993 and 1995/96) so that the total fall was realized of 23.9%. However, observing the category of young population, it is seen an increase of share of age group 0-14 in total number of patients (from 2.9 in 1990 to 3.5 in 1998), and it was the highest in 1994 (5.3%). On the other side, decreases the share of patients of the age 15-19 in relation to initial year of observation, from 5.0 to 4.5%, and its share was highest in 1994 (5.2%).

For adolescents who do not have real information on sexuality, reproduction and contraception, big problem presents also diseases transmitted sexually, including HIV/AIDS. Contagious diseases must be individually reported under the Law on the Protection of the Population from Contagious Diseases Threatening the Whole Country. However, data on the incidence of contagious diseases, including sexually transmitted ones, do not reflect the real number of those effected by them, as not every case is discovered for various reasons, nor is every diagnosed case is reported. As far as the incidence of sexually transmitted diseases is concerned, its dynamics can nevertheless be followed on the basis of the number of reported cases of gonorrhea (A54), syphilis (A50-A53) and chlamyddiasis (A55-A56). In the 1989-1998 period, this number oscillated between 962 cases reported in 1989 and 411 cases reported in 1991; subsequently was rising and in 1995 had the biggest number of reported cases 2 653.

After that the number of patients declains, so in 1998 we have 1 730 reported persons. In the structure of incidence sexually transmitted diseases by some causes of diseases up to 1993, gonorrhea is mostly present (over 90%) while in 1994 and further it was over 50% of diseases caused by chlamyddiasis. By age groups, in the whole observed period biggest number was in the group 20-29 years of age, while the share of the group 10-14 for gonorrhoeas for example in 1989 was only 2%, that is 12% for the age group 15-19. These relations also remained in 1998 – share of younger ages was 1%, of the older was 11%. Similar was the situation in the cases of syphilis – at ages of 10-14 were no disease cases in 1989 and in age group 15-19 there were 8% (in 1998 – 7%)
On the territory of the FR Yugoslavia the AIDS problem caused by the shortage of tests for diagnostics and remedies for preventing its spreading is specially acute. According to the relative data epidemiological situation regarding HIV/AIDS in the FR Yugoslavia is estimated as unfavourable. The fact that there is no systematic health-educative work with risk groups, first of all young people, as well as the absence of mass informing about this disease.

In the period up to 1985 in our country were registered first cases up to 31.12.1998, there were 782 patients registered. Since 01.01.-31.12.1998 there were 95 new cases registered. In the total number of patients 74% were men and 26% women. In the age group 10-14 there was 1% and in the age group 15-19 there were 2%. Since the initial registration of first patients up to 31.12. 1998, 584 patients died (75%). During 1998, 48 persons died, 35 were men and 13 women.

Out of (782) registered patients (49%) were intravenous drug addicts, (19%) heterosexuals, (14%) homosexuals, bisexuals and hemophiliacs and 8% were infected during transfusion. There were 6 cases reported children infected by HIV from their mothers. In 1998, out of 257 333 blood donors, 7 HIV positive persons were found. In observed age groups majority were hemophiliacs – in age group 15-19 about 79% and in age group 20-24 about 43%. In older group were about 24% of drug addicts.

Figure 2. *Infectious diseases in FR Yugoslavia for age 10-19 (total number)*

Future possible mass proportion of infected by this disease of infected by this disease is prevented by education drives, seminars organized in schools and other informational programs. However, although already in 1995 the program for prevention and control of HIV/AIDS was brought (Yugoslav association fighting against HIV activities were mainly focused to large towns and Belgrade where most of the HIV positive individuals live) prognosis of further expansion of disease is unfavourable taking into consideration the situation in the country (socio-economic,
big population migrations, shortage of condoms, increase of drug addiction, alcoholism, prostitution, etc.)

As far as drug use is concerned, the police and health system is involved the most in combating in the FR Yugoslavia. The only institute treating addiction is situated in Belgrade; the Belgrade Mental Health Institute also provides medical treatment for drug addiction to an extent. According to the data of doctors working in those institutions, the number of young drug users is on the rise. Children from 9 to 15 years of age take anything they can lay their hands on – medications for mental diseases, glue, petrol, acetone, hashis, marijuana, asthma spray, poppy cocoon tea, all this in combination with alcohol, which multiplies the substances' adverse effects. The police have found traces of these narcotics in elementary and high school yards. There are no statistical data yet on the number of users, because consumers are not always addicts who have been statistically registered. Thus, statistisc have recorded a decline in drug addicts (based on the number of individuals undergoing therapy), and that is why it is impossible to establish how many young people resort to these psychosomatic substances. Prevention is the only medication against addiction, which is obviously thriving, in the socio-economic crisis. However, the educational system lacks a single drug prevention educational program. Activities boil down to individual programs by medical institutions, seminars in schools, anti-drug drives by alternative groups and the mass media (press, TV and radio). According to some surveys on the sample on elementary schools on the territory of Serbia, not one school was found without any drug users of so called light drugs), what proves that to the minors, at youngest school age, light drugs are accessible in free time.

Unintentional pregnancy is particularly frequent among the younger generations. In this area with low birth rate, birth control by abortion considerably contributes to the decrease of births, damages the health and reduces work abilities of women; sick leaves following abortions incur economic losses. Our country falls within the group of countries with a very high rate of abortions, over 50‰ per 1 000 women in the reproductive period. Birth control is intentional abortion is not only a medical but a social problem as well as in all area of the FR Yugoslavia, particularly in areas with low birth rates, because the number of abortion exceed the number of live-born infants. The analysis of age groups of women having abortions indicates that in the age 15-19 age group, high rates are registered in areas with lowest birth rates (Central Serbia and Vojvodina). The level of abortion rates corresponds to the model of fecundity, fertility, sexual activity and extensiveness of birth control, in which the intentional termination of pregnancy is the dominant method of birth control in an area with a low birth rate.

Unwanted pregnancy is not only the result of unsuccessful or erroneous use of contraception, lack of family planning counseling centers or the inability of family planning programs to meet the needs of their beneficiaries. This is why one of the national goals of the health care reform is to improve the health of women by halving the number of abortions for 50% by the year 2010.

Special category covers diseases and conditions of pregnant women and mothers that have an effect on infant mortality. Namely, complications and difficulties during the pregnancy are noticed very often. Number of pregnant women with anemia is
increasing (9.45% of cured pregnant women in 1995), and with hypoproteinemia, also under chronic stress, what unavoidably causes disturbance of placenta function and fetus growth. Institute for Gynecology and Obstetrics of Clinic Center of Serbia (biggest health institution in the FR Yugoslavia) analysed and compared the courses and the results of pregnancies of hospitalized patients in 1989, 1993, 1994 and came to the results, that as the consequence of all mentioned, in relation to total number of births in last two years there were some complications in pregnancy with signs of threaten abortion, premature birth and fetus slowdown growth. There happen 5-6% cases of premature births in the FR Yugoslavia. Due to hard complications during the pregnancy, the share of obstetrics operations is increased, what had as the consequence birth of vitally endangered infants in 28% in 1993 and 1994 in relation to 1989.

Mortality

Nienties present the big turning point in the newer history of the FR Yugoslavia in the view of tumultuous socio-economic changes as well as in the view of political relations within the country and its surrounding. These happenings for sure have reflected to mortality trends. Mortality, as a negative component of natural increase of population in this period had raising trend in absolute amount and in values of specific rates.

The question is where is our country, on the basis of official statistical data on mortality in relation to other transitional countries as well as developed countries, not only in the view of general mortality level, but also regarding the specific mortality indicators.

As the basic observing year 1989 is taken. In following years, the influence of changed socio-economic living conditions is already evident, as well as the decrease of health protection quality, what obviously had an effect to population mortality.

General mortality of population in the FR Yugoslavia up to 1990 had constant decreasing tendency and had achieved the level under 10‰, what is in the range of developed European countries. In the period 1991-1998 it was growing and had unfavourable course (rates of 9.8 to 10.7‰ ) what is the most direct consequence of economic sanctions effect and also the war surrounding and iniciated tranzition of economy which results will be shown in years to come. Therefore, general mortality rate is stil in European proportions – 1997 for the region of Europe: 9.0; East Europe: 15.0. The rate is lower from the mortality that have for example, Bulgaria, Hungary, and Russia (about 14‰) but it is mainly the consequence of relatively young structure of population, that is, the intensity of move away process of demographic growing old.

Life expectancy at birth as one of the most significant mortality indicators. In 1989 it was 71.7 (69.1 for men and 74.3 for women), 1991 was the lowest – falls to 71.4 (68.6 for men and 74.4 for women) and varied up to 1998, when it was 72.3 (69.8 for men

11 Rather the same results had also other big specialized clinics in the country.
and 74.8 for women). According to this situation we are falling behind developed countries of Europe on an average of 2-5 years (Sweden in 1994 – 76.1 for men and 81.4 for women; Finland in 1995 – 72.8 for men and 80.2 for women). An average value for this indicator for the whole observed period was 71.9 years.

It means, in the relation to the beginning of the observed period that life expectancy at birth is extended for both sexes, 0.7 years for male and 0.5 years for female population. As the result of unequalized tempo of growth, it has come to the insignificant increase of the difference by sex in the length of average life time (from 5.0 in 1989 to 5.2 in 1998) in favour of female population.

Figure 3.  
Life expectancy by age

Life expectancy at birth for children (1-4 years of age) had in the observed decade relatively stable values and was the lowest in 1991 (72 years, that is, 69.2 for male children). Average value of this indicator for the whole observed period was 72.3 years. By sex, female children had a chance to live five years more than male children.

For age group 10-14 average life expectancy at birth was in the observed period – another 63.6 years. In 1989 was 64 years, the lowest value was in 1991 (63.3) and in two last years was under average – 63.5 years. By sex, female children had a chance to live 5-6 years longer than male (influence of violent death).

For age group 15-19 years of age average value of life expectancy at birth was in the observed period another 58.7 years. In 1989 it was 59.1, the lowest value was in 1991/92 (58.4) and in the last two years was under average – 58.6 years. By sex, female youth had chance to live another 5-6 years longer than male (influence of violent death).
Average age of deceased in the FR Yugoslavia had a tendency of mild increase, so it expanded from 64.1 for male (in 1989) to 66.0 (in 1998) that is 68.8 to 71.3 for female.

Dynamics and reached level in the view of general mortality rates is directly caused by the level and direction of changes of decease by age and sex as well as age-sex structure of population, that is, by intensity and progressed demographic process of growing old. Curves of specific rates of deceased by age and sex prove that infant mortality is still high that the mortality of small children and youth is very low, and that all rates are the highest at the age over 60 years. In relation to men, women die less in all age groups. However, observed as the whole changes during nineties were mainly directed to difference reduction in motrality by sex.

Mortality of infants and children up to five years of age

In our country infant mortality is still big problem, as its level for European conditions remained on relatively high level (infant mortality rate was from 20.9‰ in 1991 to 13.9‰ in 1998) Although rate values show long-range falling tendency regarding infant mortality is extended, during nineties it was realized under very unfavourable conditions of infant health protection functioning. That is one of the reasons that in period 1991-1993 there appeared a slight mortality increase of this subpopulation, so that the total fall of this specific mortality was realized exclusively starting 1994.

Excluding small exceptions, the rate of stillborn is rather equalized and is between 0.5-0.8 per hundred live births.

It points to the need for even better preventive protection, and one of the elements of preventive certainly is analysis of infant mortality sample mainly in perinatal period, and afterwards also those with positive prognosis at the birth (sufficientweight, fruitness, favourable histories of previouspregnancies of mother) and all that with the basic aim to perceive most frequent death causes, so to be able to influence to their elimination and in that way to infant mortality reduction.

The fall of infant mortality in our country have caused changes in the structure of disease as the most frequent causes of death. From the socio-medical aspect in this disease act mainly genetic causes of infant mortality, then causes from mother's side that affect fetus during pregnancy, at which modern man and modern medicine cannot or, at much smaller extent can influence. In 1991, on the first place was slow growth of fetus and premature birth with the rate of 309, but in 1998 that rate was three times smaller. Decreasing trend of this cause was discontinued only in 1993 when there were present, at the most, risk factors from surrounding. Also, respiratory endangerness of an infant is in infant's structure of death causes at constant increase and is closely connected to premature birth, that is, fetus immaturity. The rate per hundred thousand live births, for respiratory distress in 1991 was 262.7. Up to 1993, mild fall rate could be followed, and then in 1993 (difficult working conditions in health care caused by changes of socio-economic conditions in the FR Yugoslavia). The rate again comes to high 265.3. This is one of death causes one could certainly
have influence to by improving the quality of intrapartal and postnatal health protection whose level is, due to sanctions towards our country, as well as the fall of national income per capita (so, also the part set aside for health protection) unsatisfactory.

*Congenital anomalies* as the death cause were increasing in 1992-93 and afterwards was registered the fall of this cause in absolute and relative amount. However, it is uncertain that will be registered in the following period as our country was met by big ecological pollution what will for sure reflect on results of future pregnancies. *Hypoxia and asphyxia* are in the last observing year, after constant fall, rising again.

**Figure 4. Most frequent causes of infant deaths**

![Graph showing the most frequent causes of infant deaths](image)

It is the question whether the fall of mortality rate due to *infectious and parasitic diseases* is fully realistic (problem of statistical coverage). Infectious diseases and respiratory diseases are still present mainly in Kosovo and Metohia. In 1993, there were 314 infant deaths caused by infection disease, 223 cases happened in Kosovo and Metohia, what makes 71%, while 72% of infant deaths were caused by respiratory system diseases, also registered in this area.

Other causes of infant mortality were, observing together, permanently increasing up to 1998. Their fall in last years was likely due to use of X International Diseases Classification and more precise definitions and codes of death causes. However, symptoms occurrence, signs and abnormal clinic and laboratory findings, not classified on other places, are still significant.

Mortality of children up to five years of age, was also during nineties, regardless all already stated living conditions and functioning of health protection, had constant
falling tendency, so that the rate, in relation to 1989 (33.8‰) in 1998 was divided into halves (16.3‰). That fall was held up only during 1992/93, but not significantly.

Mortality decrease has caused changes in the structure of some death causes. These changes are characterized by decrease of total disappearance of certain death causes on one side, and on the other side increase of other diseases importance. Concentration of all causes round some leading ones are also noted. So, in the category of children of 1-4 years of age, in the whole observing period, leading death causes are infectious and parasitic diseases (A00-B99), as well as diseases of respiratory system (J00-J98). As the third leading cause up to 1999 were violent deaths (V00-Y89) and in last two years their place was overtaken by congenital anomalies (Q00-Q99). In the structure of deceased by death causes at male children, infectious and parasitic diseases participate with about 18% (22% in 1995) and at the female children with about 20% (25% in 1994 – 13% in 1998). The share of respiratory system diseases at male children is in the span from 16% (1991) to 24% (1998), while at female children that span goes from 17% (1991) to 26% (1995).

Violent deaths in this age group do not have so expressive share as at youth. Their share goes in span from 9% (1993) to 17% (1995) for male children, that is, about 11% for female children. With female children, in observing period, as the deceased cause, in the third place more often could be found congenital anomalies of the share between 10-20%.

**Mortality of youth**

Dynamically observed, in the period between 1989 and 1998 mortality of youth (observing two age groups, older one at the age of 10-14 and older, at the age between 15-19 years) could be reported that was mainly left on unchanged level (rate of 0.3‰, that is, 0.6‰), but in this case changes were differentiated by sex – at male population mortality suddenly increased during 1991-1993, while at females is rather constant. Considering that this change is mainly the consequence of increasing number of violent deaths (mainly killed in arms conflicts), it is understandable that it mainly concerns male youth from recruit and the first mobilization contingent (age 18 and 19 years of age).

During 1991 and 1992, 19 years age group records doubled number of dies male population in relation to previous years, and also to years to come (1993-1998).

Sudden death increase of so young population, certainly presents huge loss for our country (486 died in only two years). However, demographically viewed, it should be stressed that such unfavourable trends have not essentially effected the changes in total number of deceased, that is, to the length of life expectancy at birth.

In observed period, no significant changes appeared in leading causes of death of population in the FR Yugoslavia, and of young population also. Those are in the first place neoplasma, diseases of the circulatory system, deseases of the nervous system and violent death (if we exclude insufficiently defined conditions).
Neoplasmas (C00-D48) in the structure of diseased youth of 10-14 years of age take part in the percentage: for males from 10-19%, and for women from 13-21%. However one should stress that their share, after the fall in the period 1994-1996 for men, that is 1995-1996 for women increases again in last two years. The most frequent location of malingnant in this age group in 1998 was leucaemia (C91-C95).

At the age group 15-19 years of age neplasmas with men percentually cause from 8-10% of deaths, while with women this share is bigger, 10-16%. The most frequent localization of malingnants in this age group in 1998 was non-Hodgkin (C82-C85).

Diseases of the nervous system (J00-J98) in the structure of deceased youth of the age 10-14 years percentually participate for men about 10% and for women about 12%, and in the age group of 15-19 years of age with 7, that is 12%. However, it should be stresses that this death cause in the last three years is being removed by diseases of circulatory system (I00-I99), which at the age of 10-14 participate with about 10% and in the age group 15-19 years with about 7% for men, that is, with about 12% for women. The most frequent localizations of circulatory diseases in 1998 were cardiomyopathia (I42), institio cordis (I46) and haemorrhagia cerebri (I61).

However, the most significant death cause of the youth during nineties certainly were violent deaths, which at the age of 10-14 in the structure by cause of the death participate with about 40% for men, that is, about 25% for women. In the age group 15-19 years of age their share is even bigger: of 47-63% for men, that is, of 28-45% for women.

If specific mortality rates are observed by causes of violent deaths (injuries, poisonings and adverse effects, and at the same time are the synonym for violent deaths), in observed age groups, changes are visible. An accident, most often car accidents, at the beginning of observed period had the coefficient value for men 14.2 (per 100 000 population of corresponding age) that is 33.5 (8.7 and 11.8 for women). After that, occures significant increase of rates at the age 15-19 years of age, at male population – in 1991 it amounted to 59.5. Its number was considerable in 1992 also, (coefficient 65.2), but after that the value decreases up to 1996, when increases again. In 1997 it was 40.0.

Explanation of these changes was already given and is in connection with the war in surrounding, as well as with persons subject to military conscription of this age group. On the other hand, mortality rates of younger age female population, due to accident, are in constant fall (in 1988 it was 3.9), while in older group it is almost constant, except in 1997, when it shows the jump to 15.6%.

It is significant to note that in the structure of death causes of young people the number of suicides rises – in younger group, the male share goes from 5.8% in 1989, falls to 3.0% in 1991, afterwards reaches the highest value of 9.1% in 1994, and afterwards it decreases. The share of suicides in total number of females is between 3.3% (1989) to 7.8% (1990).
In the older group suicides commited at average up to 1994 about 8% men and in 1995/96, 14%; afterwards the value falls. For female population of this age group it is characteristic that the share of suicides in total mortality is the biggest in last two observing years – 14.8, that is 17.9%. In 1989 this percentage was 7.3%.

Coefficient of suicides (per 100,000 population) was increasing for younger male group (except in 1991) until 1993 (2.9). Its value was 1.9 in 1989 and in 1998 it was 1.0. The coefficient of suicides of females of this age group also is not high, and goes from 0.7 in 1989, up to 0.3 in 1998, and the highest value had in 1990 – 2.0. However the coefficient values are more than double at the age of 15-19: for males it goes from 5.4 (1989), and reaches the value of 9.7 (1996), and afterwards it falls. With females, rates are here as well smaller – go from 2.6 (1990 – 4.9‰), to 5.1 in 1997.

Homocide as the death cause of young generation is also increasing. For the younger group values are mainly under 1‰, but in the age group 15-19, at male population, the coefficient increased from 2.2 in 1989 to 6.1 in 1993. On an average it was 3.5 in 1996/98. The homocides coefficient for females of this age group also is not high and goes from 0.5 in 1989 to 2.0 in 1994, that is in 1997. The most frequent way of homocide is firearms.

These data probably reflect psycho-physical conditions of young generation, caused by the state of insecurity and stress caused by objective events in our country in these years, disintegration of SFRY, war in surrounding, NATO aggression, big standard fall, strengthen forced migrations and other.
CHAPTER 3

Children in public care

The network of institutions specialized for performing activities of public care on the territory of the FR Yugoslavia is involved. In 209 centers for public care, whose services in 1996 used 124 thousand minor beneficiaries and 224 thousand adult beneficiaries that were performed by 1,545 skilled workers of different profile: social workers, psychologists, pedagogues, lawyers.

During the last decade (1989-1999) number of minors beneficiaries of public care significantly increased in 1990 and 1991, when there were 131 thousand, that is, 134 thousand reported beneficiaries. An increase was 13.5%, that is, 16.7% in 1989, when there were registered 115 thousand beneficiaries. Since 1991 this number has been in constant and mild fall: at the end of 1997 there were recorded nearly 111 thousand beneficiaries, what presents the fall of 17.4% in relation to maximal number of reported in the year of disintegration of SFRY. Another significant decrease of 23% in relation to 1997, brings 1998 with only 96 thousand of beneficiaries, without data for Kosovo and Metohia.

In the structure of beneficiaries prevail those in need of family situation, whose movements are in concord with described trends. This group, of about 2/3 of all minors beneficiaries (60% in 1989, nearly 70% in 1997) are mostly beneficiaries from destituted families (over one half), whose number increased, for last five critical war years, 1.5 times, from 21 thousand in 1989 to 52 thousand in 1994. The first serious jump of 86.5% happened in 1990 (39 thousand beneficiaries were reported). Data for following years testified an accelerated process of families with children who were getting poorer, and their number was increasing year by year, and culminated in 1994 (52 thousand beneficiaries). Since then, the number of childer from this group shows mild fall. This fall was only more significant in 1998 (35 thousand beneficiaries), as beneficiaries from Kosovo and Metohia were not included. Representation of other groups in the structure of minors beneficiaries is relatively stable in observed period: children personally and emotionally maladjusted have a share of 17% in 1990 (22 thousand beneficiaries), that is, 16% in 1997 (18 thousand beneficiaries). Three fourths of these children are minors violators. Mentally and physically handicapped are represented with less than 10%.

In the sex and age structure no significant oscillations were noted. There are for 7% to 8% female children less than male ones; the difference is most obvious in the group of children personally and emotionally maladjusted, and are most expressed with older minors violators of the age between 16-18 years of age: in 1993, only each 16th violator of this age was female, while in 1997 was each 12th. The mild increase of female offenders between minors, at the end of the observed period, could be imputed to misuse of drugs and alcohol, media influence, moral crisis intensified by war.
break out, absence of perspective, material poverty and other. In the category of in
need because of family situation, sex differences are minor, while there is the
difference of about 10% in favour of male children mentally handicapped. Ratio of
male and female beneficiaries older than 14 years of age in all groups inclines to 2:1.

In the passed decade increased the need for social welfare of minors beneficiaries: in
1990, children and youth were helped with social care in 80 thousand cases, in 1993 in
100 255 (increase of 25%), and in 1997 in 114 128 cases (increase of 14%) The share
of subsidy was about 50% in 1990 and in 1993, (40, that is, 50 thousand cases) and
almost 70% in 1997 (82 thousand cases). Subsidies were mainly awarded to children
and youth whose sustainer is in obligatory military service and to civil war victims (12
thousand cases in 1993 and 27.5 thousand in 1997).

Among those in need because of family situation still prevails accommodation in
institutions of social welfare (homes for children and infants) over accommodation in
another family (sustentation). That ratio was even more negative in 1997 (2 597 : 2
200, or 15% in favour of children in institutions) in relation to 1993, (2 545 : 2 330, or
9%). In the category "other support" the biggest is support in kind (18 thousand cases
or 50% of all forms of "other support" in 1993, and 14 thousand cases or even 77% in
1997) that is heartly offered by governmental and non-governamental organizations in
food, toys, clothing and footwear, school and hygienic supplies, medicines and other.
Mentally handicapped are most often offered by support for somebody elses care (1
806 cases in 1993, or 1/5 of all forms of care in this category, and 2 663 cases in 1997,
that is,¼ of total number of cases) and support in the form of accommodation into
specialized institutions (1 700 cases in 1993, or 19% of all cases and 1 525 cases in
1997, or 15%).

Adoption, accommodation into other family and guardianship are not without
tradition in Montenegro and Serbia. Nevertheless, the cited forms of providing for
children in last decade have falling tendency. So, at the beginning of the decade in
1989 were 586 realized adoptions, 3 750 cases of family accommodation into the
other family and 15 343 cases of guardianship over minors, and at the end of 1997
only 346 adoptions, 2 401 family accommodation and 6 222 awarded guardianships).
Poverty of family budget is obviously from year to year reducing the number of
adoption applications, and also are significant legally-political, age, health and ethnic
moments connected to suitableness of adopted person. For inexplicable big number of
adopted children in 1990 (2 566 adoptions) statistics did not manage to get valid
information from reports applicants.

Adoption is the most desirable solution for children deprived of parental care as it is
permanent. Legal regulation, however, is rigorous, specially in Montenegro with the
possibility that one person can adopt one child, potential parents have to be married
even for at least three years. That does neither support child's nor adopter; on the
contrary, the law in both Yugoslav republics still protects irresponsible parent who
leaves the child and does not see the child for months without fear to lose parent's
right. Law also endangers children escaped form the areas spread by war, as they
cannot be adopted in Serbia and Montenegro due to unregulated citizenship, although
they fulfil other conditions. Potential persons to adopt mainly ask for children younger
than three years of age, avoid Romanies children, disassociate themselves in the view
of health conditions of their biological parents and the child, and so on. By the records of the Republic Ministry for Children and Family Care in 1998 for each child suitable for adoption wait three to four persons ready to adopt. We stress "suitable", as children with physical that is, mental handicap, although defect is slight, as well as children under the risk (whose parents are psychiatric cases, mentally handicapped persons, hereditary disease holders) for majority of adopters are considered to be "capable". Adoption procedure is not simple: it lasts few months and is under the competence of commune centres for social affairs on the territory where the child lives, that is, adopter. Ministry gives its final agreement. By means of competent ministry, international adoptions are performed.

Accommodation into another family (sustenance) is very convenient form of children care, significantly more desirable than accommodation is hostels, as the child goes back into his natural, family surrounding. In last few years the state and para-state organizations stimulate this form of welfare: sustainers families get monthly cash benefits for each child they take care of, in the value of average monthly earnings in economy activities on the territory of referenced republic, thea are also obtained the contact with skilled staff of different profile for advice and help in child's upbringing, few times during the year they get respectable material benefits from national and international humanitarian organizations, organized are performances for children where the children get gift-parcels, educational seminars for sustainers, mutual contacts of sustainers families and other. For children's and youth accommodation in the other family age limit is reached 19 years of age. Sustainers families are usually from rural or suburb areas most often from mixed and agricultural households and as a rule they take more children to sustenance.

Measures of social welfare over minors beneficiaries were carried out in 55 thousand cases in 1990, in 53 thousand cases in 1993, and 54 thousand in 1997. The most frequent measures are assistance in solving the problem of children with divorced or in divorce proceding (12.5 thousand cases in 1993 and 11.1 thousand in 1997), sending to school and qualification (2.6 thousand in 1993 and 4.8 thousand in 1997) as well as the measures towards minors in the category of minors violators (5.8 thousand cases in 1993 and 6.4 thousand in 1997). Services of social work were offered to minors beneficiaries in about 160 thousand cases in 1990 and in 177 thousand cases in 1993, and 220 thousand in 1997. Prevailing are services of advisory character, directing, following, intervening and other that make more than one half of total offered services to this category of beneficiaries.

Data on wards in social welfare institutions Yugoslav statistics collects every two years. According to last available data for the FR Yugoslavia in 199612 6 817 children were accommodated in 58 institutions of social welfare, of which 401 small children in three centres for protection of infants and children, 1 496 children in 17 homes/hostels for children and youth, 4 259 children in institutions for children and youth mentally handicapped and 661 wards in 14 institutions for upbringing of children and youth.

Data for 1998 do not cover Kosovo and Metohia, on which territory is situated one home/hostel for children and youth deprived of parent care and two institutions for mentally handicapped children and youth.
In institutions for children deprived of parent care as of situation in 1996, on an average there were 12 beneficiaries to one educator and 7 beneficiaries to one health care worker. The number of accepted children during the year in the last decade did not show significant oscillations except in 1992 when in orphanages were located 1 918 children (increase of 27% in relation to 1990), and in 1994, when there were 1 295 children (decrease of 19%). The possible reason for increase of home/hostel use in 1992 might be certain number of children who lost contact with their parents in the war whirlwind (parents are recorded as disappeared or victims), and were situated in homes/hostels until they do not find their parents or relatives or they themselves report, or until any other permanent accommodation is obtained for them. When the war actions pacified, curbed inflation, and thanking to it partly improved material conditions of population, the need for children accommodation into institutions decreased, and certain number of children was brought back to their parents. Although statistics does not have these data, reports of centres for social affairs and homes/hostels for children and youth accommodation deprived of parental care note that only a small number of once accommodated children and youth go back to their families: chances for adoption have only children from infant homes while to order homes/hostels children those places are the only safety until their legal age and sometimes even for later. In that sense are also statistical data: one quarter of children and youth accommodated in homes/hostels older than 14 years of age, and over 40% are children of school age between 7-14 years of age.

In institutions for mentally handicapped children and youth according to data for 1996 there was on average 21 beneficiary to one educator, 16 beneficiaries to one medical worker and 13 beneficiaries to one defectologist. With these children appears the problem on unadequate accommodation: slightly handicapped could stay with their parents or guardians with no damage to family and wider society but with complex benefit for them. However to families, due to different prejudices is easier to accommodate these children in home/hostel. As of situation in 1996 nearly one third of wards attend primary school and only 10% qualify for work. Two thirds of children do not pay their stay and approximately the same number has both parents. One third comes from workers families of agricultural, industrial and crafts profile and one sixt from pensioners families and parents of unknown occupation what means that parents with higher level of edcation due to higher income, or perhaps not only because of that, at smaller extent resort to this solution.

In institutions for children and youth upbringing with the number of wards being constant between 900-1000, rapidly decreased in 1996 when there was only 661 beneficiary recorded, what shows the fall for all 34% in relation to 1994. Prevailing are male children and youth with over 70%. Out of all wards at the end of 1996, 40% was brought back to their families during the year. The wards most often stay in home/hostel from 6-12 months (30% in 1994). For more than half of the cases the decision on acceptance into upbringing institution is upon body of guardiance, that is, competent center for social affairs. Primary or secondary school attend 90% of wards.

Total public expenditure for social care of minor beneficiaries already for long period has been very modest: for this purpose, in 1989 was spent only 46 711 thousand dinar, or 0.05% of gross domestic (material product), and in 1991, 660 300 thousand dinar.
or 0.08% (values in dinars before denomination of 01.07. 1992); in 1994 it was spent 28 297 thousand dinar, that is, 0.14% of gross domestic (material) product, and in 1997 was spent 144 324, that is, 0.16% (values in dinars after denomination of 24.01. 1994). In the structure of expenses of minors social welfare, according to 1997, expenditure for children deprived of parent care and socially maladjusted children have the share of 54% and expenditure for handicapped children of 46%.