

DEMOGRAPHIC CHALLENGES IN EUROPE:

A REVIEW OF THE BASIC PROBLEMS WITH A FOCUS ON EAST-CENTRAL EUROPE

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INTRODUCTION

One of the most important topics in welfare state research over the last two decades has been about the roots of the welfare state transformation, or (as many would put it) the welfare state crisis. As well as pointing to the economic crises of the 1970s, the spread of neoliberal ideology and the falling role of trade unions as key indicators of the financial long-term sustainability of the welfare state, the issue of the demographic characteristics of society have become crucial in their role for the financial long-term sustainability of the welfare state. **In short, falling fertility rates combined with longer life expectancy – together characterised as *population ageing* – have led to shortages in the working age population and, therefore, to a shrinking tax base.**

Perhaps the most comprehensive reference frame for the discussion about the demographic challenge facing the welfare state has been that of changing gender roles in society and in the family, and how they have made the male breadwinner social policy model in Western societies no longer fit this new reality. In her 1994 article about the crisis in the welfare state, Nancy Fraser pointed out that among many other factors undermining Western capitalist welfare states, “one absolutely crucial factor, however, is the **crumbling of the old gender order**” (Fraser 1994, p. 591). Fraser argued that the era of post-industrialism brought about a shift in gender roles as a result of women’s increased labour force participation. In addition, the welfare state faced new challenges in an era of fiscal constraint, with increases in expenditure necessitating the development of policy instruments to meet the growing needs of the population.

The goal of this paper is to give a brief review of the demographic challenges by defining the basic problems, to present the range of policy responses to them, and to outline some of the trends in reforms in recent years, with a focus on East-Central European countries. I devote the greatest amount of space to the issues of fertility and family policy (section 1) before going on in section 2 to describe the problem of population ageing in general. Section 3 briefly outlines the issues of international migration.

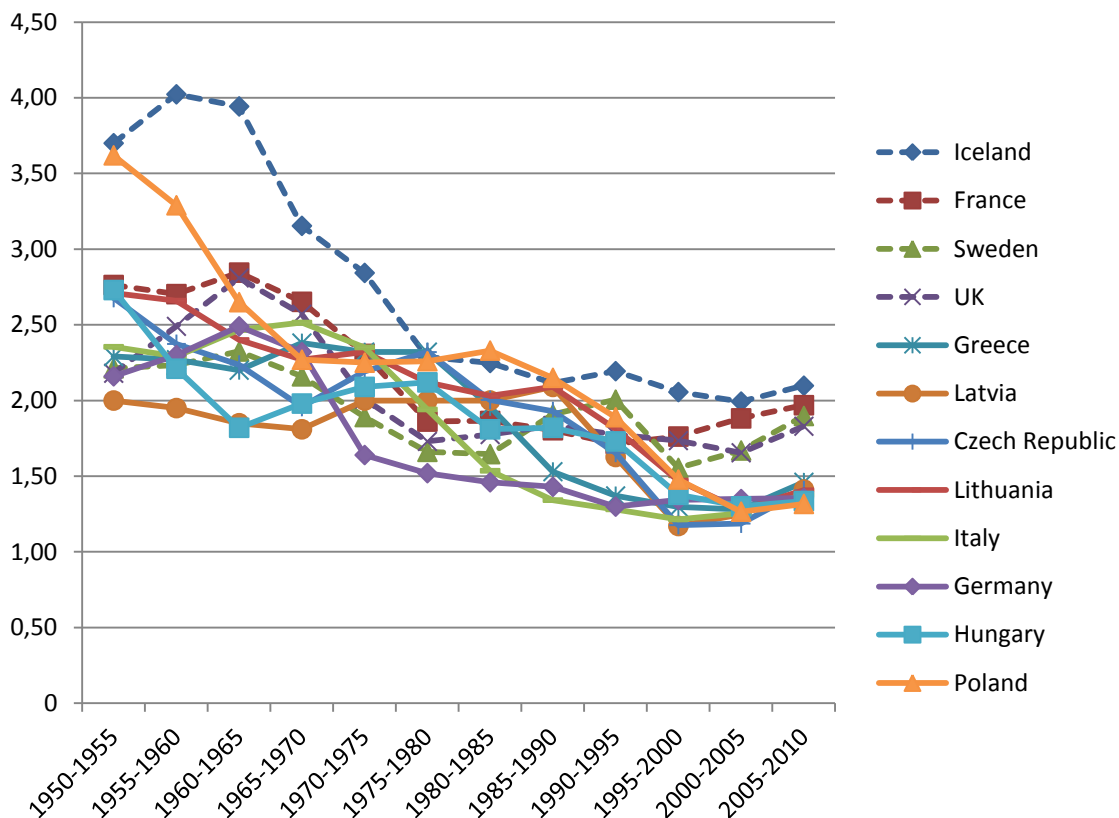
1. FALLING FERTILITY RATES: TRENDS AND POLICY RESPONSES

1.1. TRENDS IN FERTILITY AND THE FACTORS BEHIND THEM

One of the factors that has a significant impact on the overall phenomenon of population ageing dynamics is the fertility rate. The decades following the Second World War saw upward trends in population growth among the OECD countries. At some point, mostly in

late 1960s, advanced Western European countries witnessed a drop in fertility rates (see figure 1). The overall decline for the OECD countries took place between 1960 and 1980, when the average **total fertility rate (TRF)** for women between 15 and 44 dropped from 2.88 to 1.87 (Castles 2003).

Figure 1: Total Fertility rates in selected European countries 1950-2010.



Source: United Nations Population Statistics

When looking more closely at recent trends, that is to say since 1995, one can see that fertility rates in many countries have rebounded, especially in Nordic countries, France and the UK. However, trends in fertility differ within the group of OECD countries, with the region of Southern Europe being characterised by continually falling fertility rates. Additionally, **East-Central European countries are perceived as the region of “lowest-low fertility” countries**, together with some of the East Asian countries (OECD 2011). It is worth noting that although the countries of East-Central Europe had a relatively high total fertility rate (TFR) before the collapse of state-socialism at the end of the 1980s, **throughout the 1990s and 2000s TFR fell dramatically.**

How can we explain these trends? It is difficult to parse out the effect of one factor, both data- and method-wise. The **factors possibly influencing fertility** are usually grouped as: **economic** (i.e. GDP growth, individual economic capacity), **cultural** (i.e. attitudes towards family) and **policy-based** (institutional context, gender regime). These three basic groups of factors can be analysed at an individual or structural level. Furthermore, the researchers view these changes either as **long-term transformations** (in perceptions on childbearing and investing in children) or as **perpetual phenomena** (i.e. economic crises, the timing of policy instrument introduction, etc.). See Table 1 for selected factors influencing fertility.

Table 1: Selected explanations of fertility trends

Factor/explanation	Impact on fertility
Economic growth	TFR first decreases and then grows with GDP per capita according to an “inversed-J shaped relationship” (Luci and Thévenon 2010), with a threshold for fertility increase. This coincides with higher female labour participation rates.
Social norms towards childbearing	The family is still at the top hierarchy of values, but changing lifestyles and labour market entry modes of young people might lead to delays in childbearing.
Marriage and childbirth	TFR increase in countries where the number of non-marital births increases (exceptions: Hungary, Austria).
Direct and indirect “cost” of children	Families with children spend large portions of income on housing and education. Rising education costs make people opt for having fewer children with sustained capacity for investing in their education (the “quantity-quality” trade-off, Becker 1981).

Source: Compilation on the basis of OECD 2011

Apart from explaining common trends, it is important to understand why there are differences between particular countries. Here McDonald (McDonald 2000, 2002) points to the **interplay between the changing roles of women in society and social institutions** in his **“gender equity”¹ theory**. In particular, McDonald’s findings suggested that while women’s education levels and labour market participation rates increase their overall life chances, the remaining gender inequalities in the labour market are caused by childbearing as a result of breaks in employment. In other words, women still face a **“motherhood penalty”**.

¹ The term “gender equity” is usually understood in a narrower sense than “gender equality” and more with regard to the distribution of resources and is associated with “efficiency” (Razavi and Miller 1995). This is how McDonald formulated it and it is used accordingly in this section. Further parts of the paper use the term “gender equality”, which has broader meaning and is also more widespread contemporarily.

Moreover, rising education levels among women have led them to **call for more equal relations within the family**.

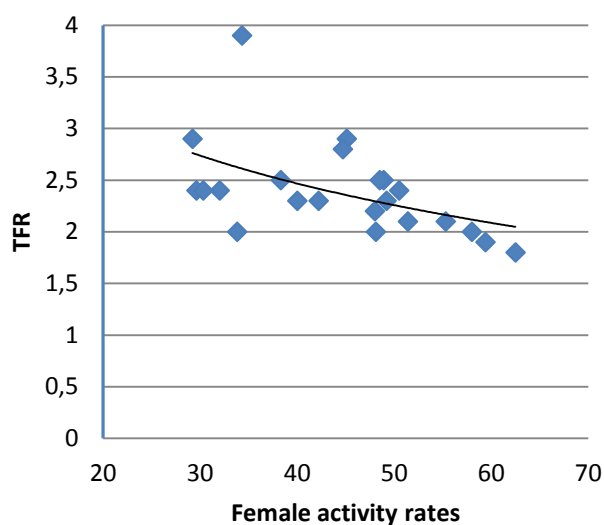
This potential conflict is tackled with different strategies by social institutions. Taking the **individualistic institutional context** first, an increase in gender equity and support for women's autonomy and capabilities in the labour market is pursued with a set of policies that help women to decrease the "motherhood penalty" and to negotiate an equal position within the family and/or the household. As a result, women's readiness to have children increases as this institutional setting helps to relax the conflict described by McDonald. This would explain more the positive trends in fertility that have taken place in the Nordic countries and in France, where families receive a high level of state support, especially in the form of care services, "obligatory" parental leave for fathers (in Nordic countries mainly) and in the general policy mix that supports women's employment. As a result, the female economic activity rate in these countries is high.

In contrast, **familialistic institutional regimes** (prioritizing the role of the family in care provision) strengthen norms, values and/or policies that support more traditional gender roles. Therefore the conflict between, on one hand, new roles and possibilities for women and, on the other hand, the "motherhood penalty" and unequal gender relations within the household is won out by the latter and make women postpone or even forgo childbearing. At the same time, female economic activity rates are still low. This is the case in Southern Europe and more generally in countries where conservative attitudes towards gender roles prevail, and where social policies aim to place the responsibility for infant child care on mothers.

In order to understand McDonald's framework, we need to take one step back. What is the traditional argument about maternity and employment and where does this familialistic argument come from? The basic argument that developed after the Second World War emphasises that the tension between family and professional life for women has a simple solution. As female pregnancy was primarily associated with marriage, marriage was the point at which women resigned from paid employment. Consequently, the whole family was maintained by the male breadwinner.

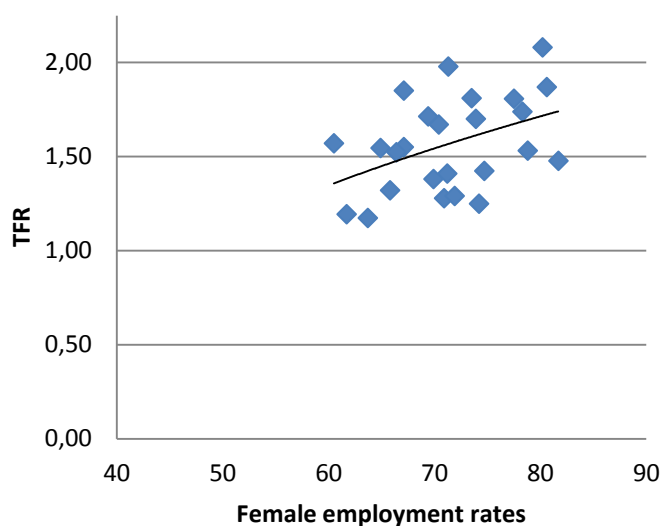
However, the period after the Second World War when this pattern was observed was "almost certainly [...] a historic aberration" (Castles 2003:218), possibly thanks to the uniqueness of the post-war economic surplus that "allowed" (and often, perhaps, forced) many women to concentrate solely on domestic tasks. Therefore, **up until about the early 1980s, lower female economic activity rates were, in general, a predictor of higher fertility** on both the macro- and country-levels; however, **in the early 1980s** this situation reversed and **fertility levels started to be positively correlated with female activity rates** (Brewster and Rinfuss 2000) (see Figures 2 and 3).

Figure 2: Relationship between female *labour force participation* and total fertility rates, 1970



Source: Brewster and Rinfuss 2000, p. 278.

Figure 3: Relationship between female *employment* and total fertility rates, 2009.



Source: Eurostat for employment rates, OECD for fertility rates.

Gender equity theory was, among other approaches, crucial for understanding differences in fertility trends among Western countries. It represented, among others, an inspiration for **approaches emphasising women's agency, i.e. freedom to choose between**

different options. The focus on how institutional context and family policies influence female capacity was further developed by Korpi (2000) on the basis of the work of Sen (1992). Korpi directed himself to “gendered agency inequality”, showing how women’s and men’s individual freedom to engage in “different combinations of functionings” is shaped differently in various social policy models. “Functionings” refer to the possibilities of having a professional career and a family life at the same time. Ann Orloff (1993) focused on females’ “capacity to form and maintain an independent household”, alongside a group of feminist researchers who underlined how individualistic social institutions provide the conditions for forming a “dual-earner/dual carer” family type in contrast to “male-breadwinner” or “familialistic” gender regimes (Lewis 1993; Orloff 1993; Hantrais and Mangan 1994; Folbre 1996; Gauthier 1996).

What does the situation in East-Central Europe look like compared to other parts of Europe? Many researchers have searched for the roots of falling fertility, often pointing to the issues of worsening life conditions during the transition to a market economy and the simultaneous withdrawal of state support for families (Saxonberg and Sirovatka 2006; Kotowska et al. 2008). The situation in East-Central Europe – mostly as a result of the years spent under state-socialism – produced a somewhat different context for the evolution of gender roles in relation to employment and fertility patterns. Researchers who have looked into the transformation of Eastern and East-Central European have noted that these societies went through a specific type of modernisation phase, especially during the first years after the Second World War, when **female participation in labour market was a part of the large plan to build state-socialist economies** (Barany and Völgyes 1995; Mieczkowski 1982). A rise in the accessibility of childcare services and state support for families was also aimed at stimulating fertility. However, this was not accompanied by an equal emphasis on men to share household and care responsibilities. Therefore, gender equality policies during the years of state-socialism tended to produce a strong **double-burden effect** (Heinen 1997).

Once the state-socialist system collapsed, the politics of austerity during the introduction of the market economy were accompanied by the introduction of conservative values through the process of the re-masculinisation of public policies and anti-feminism (Fuszara 1991; Gal and Kligman 2000; Watson 1993; Verdery 1994; Einhorn 1995; Penn 1994; Snitow 1993). For public policies this was reflected in state withdrawal of previous support for families and working mothers, and this was especially true in post-communist countries which experienced an overall decline in female participation rates in the labour market and which contributed to falling fertility rates. In this way, **East-Central European countries present a similar picture to conservative Southern European societies, where**

policies and institutional context do not match either the new realities nor women's preferences, resulting in women forgoing childbearing.

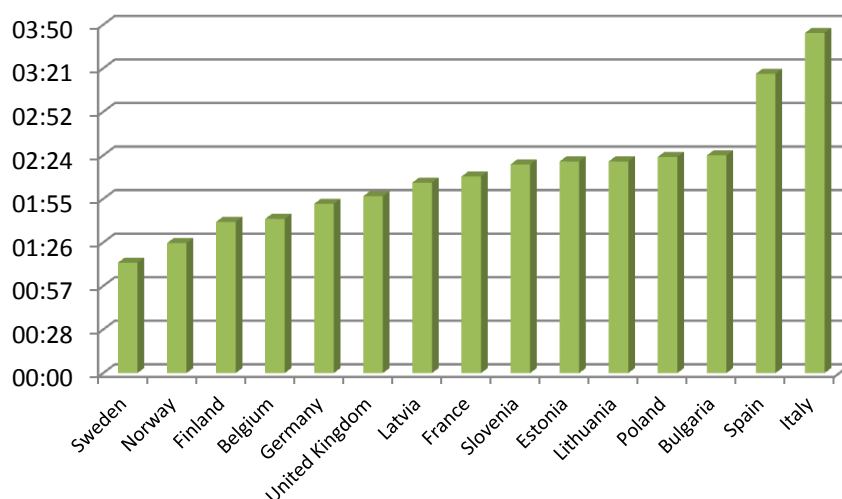
FERTILITY AND GENDER EQUITY: HIGHLIGHTS/ QUESTIONS:

- ! *The common long-term trend is an overall drop of fertility rates while recent developments show fertility rates rebounding in some countries while not in others – **we observe a decline in fertility in East-Central Europe.***
- ! ***High fertility rates coincide with high female economic activity rates** as well as with individualistic social institutions supporting women's autonomy both as earners and within family. **Familialistic, conservative institutional contexts** tend to undermine female agency and **exist in countries with low fertility levels.***
- ! *Why do East-Central European countries present a similar picture to the conservative, low-fertility countries to the South? **What is the role of the "anti-feminist" sentiments in these countries?** What are the differences between the countries of the region? What can they learn from each other and from countries in Western Europe?*

1.2. THE NEW ROLE FOR MEN

Importantly, changes in gender roles are not only limited to women, though there are some signs of the difficulties with which men approach the new reality. According to the results from *the comparative time use survey*, women still continue to bear the burden of domestic work, especially in countries where conservative gender roles continue to play a greater role (see Figure 3).

Figure 4: Gender gap with regard to time devoted to domestic activities



Source: Harmonised European Time Use Survey, my own calculations (number of hours daily devoted to domestic activities by men as subtracted from the number of hours daily devoted to domestic activities by women).

Also, shifts in gender relations have not been analysed solely from the viewpoint of women. **The “new” role of men has been characterised in terms of their self-fulfilment as fathers. Of particular interest is the tension between this new role and the persisting expectations for men to be breadwinners in male-dominated and masculine cultures** (Hobson 2002). In other words, while the economic role of the “head of the household” is partially a consequence of the economy, it is also partly a result of the conservative values, which still dominate in society, and both groups of factors mutually provide a positive feedback effect. Many fathers do not perceive the caring function as an opportunity, but as a burden; similarly, social ideals concerning fatherhood and the role of men are still present in the attitudes of employers that find it hard to accept, for example, fathers taking parental leave.

One of the consequences of these tensions is the **gap between women’s and men’s fertility ideals**, although again this differs from country to country and might depend on different factors and absolute values. According to the Eurobarometer 2006 survey “Childbearing preferences and family issues in Europe”, the mean personal ideal number of children is a little higher for men than for women in countries like Poland (m:2.41, w:2.05), Portugal (m:2.0, w: 1.71), Cyprus (m:2.87, w:2.65), Germany (m:2.17, w:1.96), while in other countries women want to have, on average, more children than men, such as in Sweden (m:2.22, w:2.66), Belgium (m:2.06, w:2.41), Ireland (m:2.18, w:2.47) and, interestingly, in the

Czech Republic (m:1.75, w:2.25), (Testa 2006). There might be different possible explanations of these results. **Strikingly, several of the former group of countries are often classified as “familialistic” or “male-breadwinner” gender regimes.**

The next section provides some hints as to what the policy implications of the abovementioned issues are for societies and governments.

NEW ROLE FOR MEN: HIGHLIGHTS/ QUESTIONS:

- ! *The new role for men brings in new opportunities and the possibility of self-fulfillment for men in their role as father. But there is also **tension between this transformation of fatherhood and persisting masculine cultural patterns***
- ! *If there are differences between men and women in their preferences regarding ideal family size, what kind of impact might it have on the moralising discourse underlining **women’s “obligation” to bear children?***

1.3. POLICY INSTRUMENTS AND THE DIRECTION OF REFORMS

How do family policies relate to the issues of fertility? Historically, many of these policy instruments were predominantly used as pro-natalist measures; however, in line with the observed shifts in fertility trends, the overall *direction* of policy reforms also changed. As suggested by Ann Orloff (2006) **we can observe a tendency in the welfare state reforms that says “Farewell to Maternalism”**, at least in the Western democracies. Such reforms include those that increase the availability of – and accessibility to – **high quality childcare** and **elderly care services** as well as **de-gendering parental leave schemes**, for example by introducing special incentives and/or obligations for fathers. To make sense of such changes, McDonald’s individualistic and familialistic characterisation of social institutions (as outlined in section 1.2 above) have been present in the debates, with different focuses and as inspired by various literature streams. Among the different concepts here are those that characterize the direction of reforms in family and care policies.

Table 2 gathers different policy instruments classified as examples of individualization/de-genderisation measures vis-à-vis familialisation/genderisation measures.

Table 2: Interpreting Significant Emphases in Contemporary Reforms as They Relate to Family and Gender

Focus	INDIVIDUALISATION, DE-GENDERISATION	FAMILIALISATION, GENDERISATION
Treatment of people as individuals or as family members for the purposes of social rights	<p>Granting some rights to children</p> <p>Promotion of worker role for women, especially for mothers</p> <p>Downgrading of derived benefits (pensions especially)</p>	<p>Support for part-time employment role for mothers</p> <p>Continuation of survivor pensions</p> <p>Continuation of the marital or couple unit as a basis for benefits and services. Family-taxation</p>
Favoured location of care and degree of public compensation for it	<p>Expansion in childcare and elderly services outside the home</p> <p>Pension system is the same for everyone, but compensatory measures are included to provide a similar opportunity for all. This would assume that men and women equally opt for care giving tasks (<i>see last point</i>)</p>	<p>Extending payments/subsidies to families around care without any gender equality bonuses</p> <p>Extension of rights around care (e.g. granting pension credits for periods spent caring)</p>
Treatment of gender inequality	<p>Daddy leave (obligatory for men/other partner, at least 2-3 months)</p>	<p>Endorsement of maternal childcare (extension of maternity leave and directing parental leave at <i>mothers</i>)</p>

Source: My own compilation of (Marier 2011p. 187), (Daly 2011), (Saxonberg forthcoming 2013).

Are all European countries saying “farewell to maternalism”? The picture seems to be more complicated and dynamic. **The direction of policies might change together with the political dynamics and climate for an increase/decrease in social spending and should therefore be perceived as policy configurations.** For example, de-genderizing and de-familialisation reforms took place in Germany, with the introduction of legislation aimed at improving the access to daycare for children under three (2005) or introducing two months parental leave reserved specifically for the father (2007). However, the recent introduction of a cash-for-care scheme as an alternative for using childcare for small children goes in the direction of re-familialisation.

Familialism, as such, has hardly had one “face”; rather, we can observe policy configurations with different “varieties of familialism” (Leitner 2003). One example is the difference between **explicit and implicit versions of familialism**. While the former explicitly supports care which is performed at home by way of cash transfers to the family (for example in Austria or Germany) the latter version is characterised by marginal support, which in the end directs the financial and time-wise responsibility for care “by default” to

the family (for example in Italy and Poland) (Saraceno and Keck 2010; Szelewa and Polakowski 2008).

In spite of the falling fertility rate in familialistic policy regimes, this direction of reforms is very popular. Re-familialisation often comes under the justification that it is aimed at facilitating childbearing. Because of the reasons given in the previous section, this is often the case of family policies in ECE. Often, the rhetoric of reforms underlines the moralizing dimension of **treating fertility as a kind of “patriotic” issue**. This is also related to how family policies are addressed. In respect to Hungary, Julia Szalai speaks about a ‘**bifurcated’ welfare regime** (Szalai 2006). Here the author points to the **co-evolution of universally available systems and to programs with income-related payments**. This dualisation of welfare policies is also present in Poland, where family policy instruments and recent reforms are mostly addressed to those who have employment contracts with insurance-based social rights and entitlements or strengthened tax credits scheme.

The effect of “dualisation” or “bifurcation” is also important with regard to the stability of employment: rising numbers of young people are employed on the basis of temporary or atypical employment contracts (over 30% of all those employed in Poland are covered only with fixed-term contracts). **The lack of stability of employment** must have an effect on fertility decisions. Kotowska et al. (2008) argue that, in general, the state’s withdrawal from providing services might have an impact on fertility – the title of the study is “Fertility decline as a response to profound societal and labour market changes”. The authors regarded **“the costs of raising children”** and **“an uncertain future for children”** as the most relevant determinants for limiting the number of children.

POLICIES AND THE DIRECTION OF REFORMS: HIGHLIGHTS/ QUESTIONS:

- ! ***Taking East-Central and Western European countries together, we can hardly see any convergence in the trend of de-genderisation or individualization. On a macro-level, we can observe a continuous decline of fertility in “conservative” societies and a simultaneous improvement of demographic prognosis in the countries that opt for more gender equality.***
- ! ***There are important differences between ECE countries, and yet a common feature is the weak development of care services and constant strengthening of transfers in cash and extending the parental leave duration which hardly provide obligatory periods of leave for fathers. For years this strategy did NOT improve fertility results. Why is it so? What are political and/or societal conditions or obstacles which stand in front of successful reforms that go in the direction of de-genderisation?***

1.4. THE EFFECTIVENESS OF POLICIES

How do care policies work? So far we have talked more about general trends, possible macro- and country-level policy impacts. However, with the use of more sophisticated data and methodology some researchers try to study the effects of particular policies on fertility decisions. Here, I will broaden the scope of different kinds of policy outcomes.

Many studies of literature reviews confirm a positive relation between fertility and the availability of childcare services (Baranowska-Rataj and Matysiak 2012; Baizan 2009; Kurowska 2012). **Transfers in cash** have a positive effect by decreasing the costs of having children, but in general the effects are mixed depending on the configuration of generosity, duration and entitlements.² In general though, **childcare services have a greater positive impact on fertility than transfers in cash** (Esping-Andersen 2009; OECD 2011). Other effects of childcare services include returns to social budgets: investing in childcare services is initially costly, ; however, it tends to bring a positive “return rate” later which has two basic sources. First, kindergarten or crèche attendance improves child outcomes and child well-being (including cognitive, social and emotional development) which generates savings for several social policy programs (aimed at, for example, fighting youth criminality, promoting health, special education programs etc.) (Barnett 2011), (Heckmann 2011), (Esping-Andersen 2009).

Second, partially enabled by childcare services, the increased participation of women in labour market influences the tax base – the return rate for Denmark has been calculated at the level of 43% of the original investment (Esping-Andersen 2009). Here, the de-familialisation of long-term care should also not be underestimated.

Finally, what becomes crucial is men’s contribution to domestic work. **Parental leave for fathers and the use of such policy instruments tend to be effective for increasing the number of children in the future**: the experience of having a first child, where the father takes parental leave, increases the propensity of having another child in comparison to couples where fathers do not take paternal leave (Duvander and Andersson 2006; Olah 2003). Once these daddy quotas are in place, the effect their use has in further sharing of domestic work between men and women might be interpreted as a kind of “spill-over” effect from the care work done by men at the time of such leave (Hook 2006). In general, a study comparing Hungarian and Swedish families concluded that the more equal division of domestic activities within the family, the greater the probability of having a second and even

² The so-called “speed-premium” in Sweden tends to have a positive impact on procreation decisions – there are financial incentives in the design of parental leave that encourage giving birth to another child within a period of two years from the previous childbirth.

a third child (Olah 2003). Therefore, the gender-equalizing effect of this policy instrument goes far beyond the narrow understanding of the “daddy leave” function. The take-up of these schemes by fathers is most often conditioned by allocating a specific portion of the leave for the other partner, while optional, non-allocated leave proved to be insufficient (Saxonberg forthcoming 2013).

Some critical voices warn against treating demographic goals as some kind of “fetish”. **As the gap between the intended and desired number of children remains a problem, the issue of fertility should perhaps be more often discussed with more regard to the unrealized needs of the couples, as most people in Europe express the desire to have two children.** There is also a need to constantly reflect on the social goals of policies aimed at dealing with demographic challenges: social cohesion, fighting poverty and inequalities, female emancipation both in social and political life, multiculturalism and the social integration of immigrants. These goals should not be lost in the pursuit for finding a better way to deal with demographic challenges.

EFFECTIVENESS OF POLICIES: HIGHLIGHTS/QUESTIONS:

- ! *There is a need for increasing the **accessibility and quality of gender-segregated data, good quality micro-data data** with regard to the use of particular instruments, in particular care services and the leave quota of fathers.*
- ! ***Evidence-based policy-making needs to be strengthened.** In the context of East-Central Europe, first re-building trust towards public expertise and its value for evaluating reform proposals, especially with regard to social policies.*
- ! ***Overall goals of social cohesion, fighting inequalities and discrimination and improving equal life chances and intergenerational mobility should remain at the centre of the discussion over social policy reforms, while “economisation” or any pragmatic or instrumental approaches should not overshadow them.***

2. CHANGING DEMOGRAPHIC STRUCTURE, POPULATION AGEING

2.1. TRENDS IN POPULATION AGEING

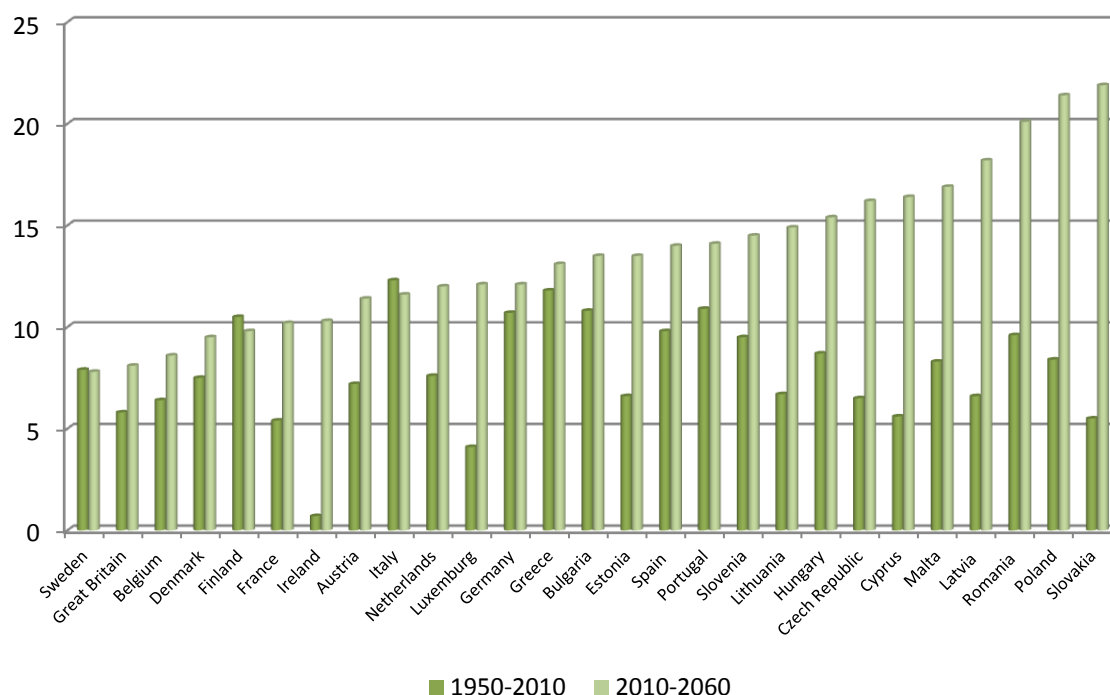
Taken together, two developments contribute to the process of an ageing population: declining fertility and increased longevity. **Increasing longevity is the result of several factors, including improved nutrition, work conditions and the increasing quality of healthcare.**

2.1.1.1. INCREASING LIFE EXPECTANCY IN THE 65+ POPULATION

While in 2010 the EU 27 average life expectancy at 65 for men equaled 17.2 years, the indicator for women was 20.7 years. The respective projected values for 2060 are 22.4 years for men (an increase of 5.2 years) and 25.9 years for women (an increase of 4.9 years). **The dynamics of growing longevity will have a strong regional component.** Currently the countries with the longest life expectancy for men at age 65 are France, Spain, Sweden and Italy (above 18 years), while for women it is roughly the same countries plus Finland. Even though the countries of East-Central Europe improved in this respect after a decline in the early 1990s, they still constitute the group with the lowest life expectancy, both for men and women. **When it comes to the projected trends, the growth in life expectancy will be highest in exactly this group.**

When it comes to the proportion of those older than 65 years in the total population, in almost all European countries there will be a dynamic gain within next fifty years compared to the post-war period. Importantly, the change in the dynamics of ageing will be most significant in East-Central Europe. The graphs below demonstrate this change (Figure 5).

Figure 5: Increase in the proportion of the size of population aged 65+ to the total population, 1950-2010, 2010-2060 (projection).



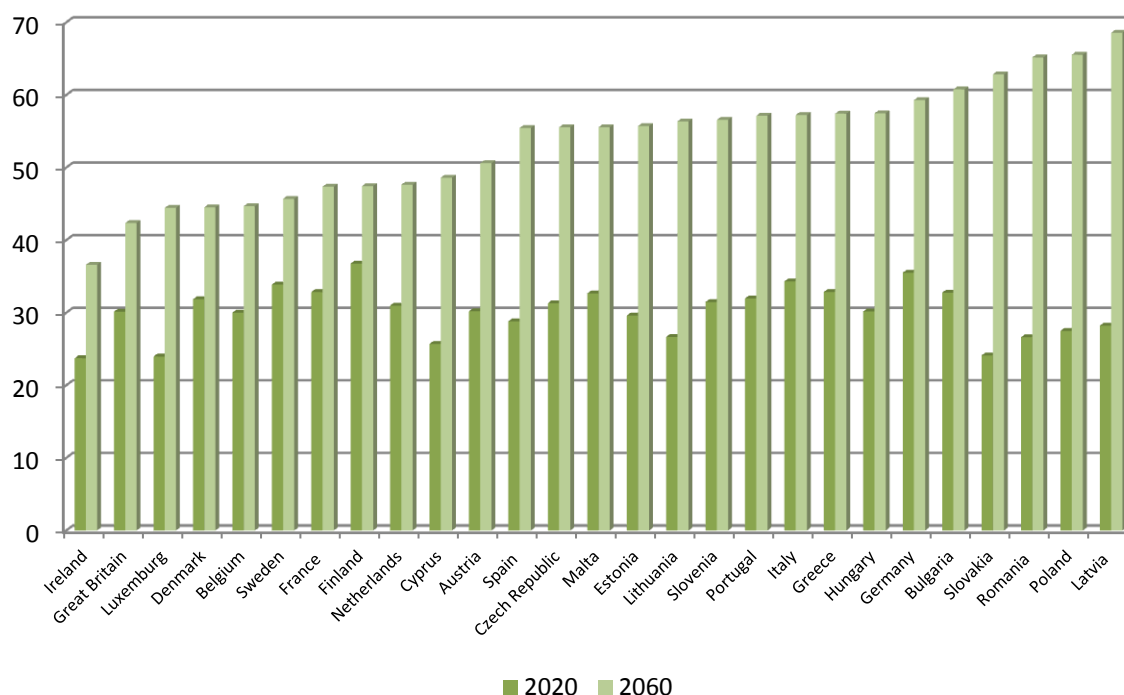
Source: European Commission 2012 Ageing Report. Economic and Budgetary Projections for the 27 EU Members (2010-2060)

While these developments have been noted by governments and organisations such as the European Union and the OECD and were at least partially tackled by the reforms of social policy, **the real challenge is the future. The scale of challenges will require a redefinition of the existing intergenerational contract, but probably more importantly - the gender contract** (Esping-Andersen 2002).

2.1.1.2. INCREASING DEPENDENCY RATIO AND SUPPORT RATIO

From the perspective of public finances, the ageing population is a particular concern for policy makers. The measure that can be used to illustrate this issue is the relation of the size of the age group 65+ to the size of the working age group (15-64 years), called the **age dependency ratio** (see Figure 6). The process of ageing is changing this relation – that is, the size of population of working age is declining while the size of elderly population is increasing. In other words, the age dependency ratio is increasing.

Figure 6: Proportion of the population aged 65+ to the working age population (dependency ratio) 2020 and 2060 projection.



Source: European Commission 2012 Ageing Report. Economic and Budgetary Projections for the 27 EU Members (2010-2060)

However, this age dependency indicator focuses on the relation between the sizes of selected groups. Notably in the 15-64 group it does not take into account the employment rate. However, if one wants to assess the impact of ageing on public finances, she should

consider the number of tax payers. The table below (Table 3) demonstrates the **support ratio**: the relation between the size of the group of contribution payers to the pension system and the size group of individuals drawing benefits. **Here the problem of financing the welfare state in the future is visible at its fullest.** Every European country will experience a decline in the support ratio which means that each national welfare state will be under financial strain (Börsch-Supan and Ludwig 2011).

Table 3: Decrease in the number of contributors per 100 old age pensions beneficiaries (support ratio) between 2010 and 2060

Country	2010	2020	2030	2040	2050	2060
Austria	171	153	132	124	115	112
Belgium	167	128	117	117	113	110
Bulgaria	129	131	123	114	101	99
Cyprus	355	296	238	193	148	123
Czech Republic	177	170	160	151	136	129
Denmark	97	77	79	81	87	94
Estonia	149	151	150	140	124	113
Finland	173	153	136	136	135	129
France	167	159	146	136	132	130
Germany	162	151	125	110	107	105
Greece	177	180	170	146	129	130
Hungary	131	135	132	115	100	91
Ireland	278	239	241	216	191	196
Italy	147	167	160	139	130	136
Latvia	152	156	146	130	104	92
Lithuania	134	130	122	111	101	91
Luxemburg	239	206	160	133	116	107
Malta	186	167	162	156	139	116
Poland	171	166	145	122	99	89
Portugal	159	138	121	101	90	86
Romania	95	92	88	81	76	74
Slovakia	164	146	123	100	82	74
Slovenia	154	127	114	98	87	86
Spain	240	225	193	153	128	126
Sweden	249	210	185	171	167	154
The Netherlands	338	295	257	237	238	238

Source: Polakowski 2012, p. 176, quoting European Commission 2012 Ageing Report. Economic and Budgetary Projections for the 27 EU Members (2010-2060)

POPULATION AGEING INDICATORS: HIGHLIGHTS/QUESTIONS:

- ! *While observed for some years already, population ageing has been increasing recently; however, its increase will be most dramatic in the third and fourth decades of the century, especially in societies where the process of ageing has so far been moderate but where it is supposed it will be most intense: in East-Central European countries.*

2.2. AGEING AND THE REFORMS TO PENSION SYSTEMS – INCREASING POVERTY OF PENSIONERS?

The issue of ageing is the single most important factor leading to pension reforms, at least in public discourse (Bonoli and Shinkawa 2005). **The issue of ageing becomes a salient political issue and old-age pension systems are particularly vulnerable to it.** At the same time, with the educational boom among youth observed in many European countries in recent decades, the effective period of employment has been shortened due to delayed entry to the labour market.

As old-age pensions are the most significant item on the social spending list, **European governments are keen to introduce measures aimed at mitigating the growth of future spending.** The most typical reforms involve increasing the statutory retirement age (often coupled with equalising the retirement age for both genders) and redefining benefit calculation formulas by extending the wage reference period or a complete shift from the so-called defined benefit principle to the defined contribution principle. Others include a change in the retirement saving indexation from that which is wage-based to one which is price-based, and a similar shift in the indexation of pension benefits. Finally, the changes in financing were at the top of the reform agenda, especially in East-Central European countries, where most of the governments introduced partial funding of old-age pension benefits (Polakowski 2012).

Such changes are expected to produce gendered results. Due to the career interruptions related to caring activities and the lack of reconciliation measures in familialistic regimes, **it is especially women who will suffer poverty during retirement.** This effect will be amplified by the increase of atypical employment, such as fixed-term contracts (Bridgen and Mayer 2007). **Due to the scale of reforms, citizens of countries in Eastern-Central Europe face a risk of poverty in their retirement to a significant extent** (Holzmann and Guven 2009; OECD 2011).

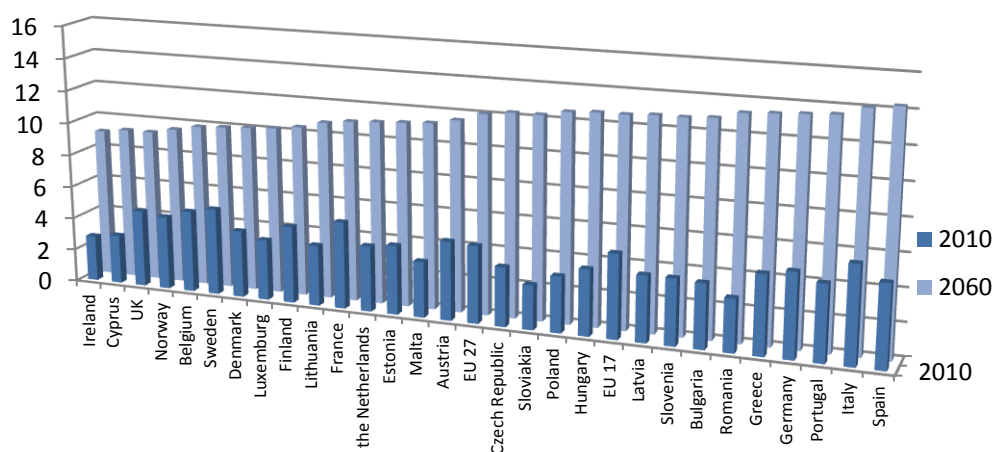
PENSION REFORMS: HIGHLIGHTS/QUESTIONS:

- ! *Many of the abovementioned reforms change the logic of European pension systems by **reducing their redistributory characteristics and shifting the retirement security risk from public authorities to individuals.***
- ! *In familialistic regimes women are going to suffer more from poverty during retirement, because of a lack of reconciliation measures. **Compensation of care periods by counting the contributions could improve the situation, but on the other hand this creates an institutionally shaped preference structure favoring care performed at home, especially when there is a lack of childcare services.***

2.3. AGEING AND THE DEMAND FOR LONG-TERM CARE AND HEALTH CARE

While ageing in general should not necessarily be associated with increasing demands for healthcare and long-term care, **an increase in the 80+ group will bring about such demands as this age bracket is strongly correlated with multiple morbidity.** The most recent European Commission's projections illustrate this trend – the 80+ group is characterised by a particularly high growth dynamic (see Figure 7).

Figure 7: Very elderly population (80 and over) as % of total population, 2010 and 2060 (projection).



Source: European Commission 2012 Ageing Report. Economic and Budgetary Projections for the 27 EU Members (2010-2060)

Accordingly, the average growth for the period 2010-2060 for the EU27 is estimated to be 7.4 percentage points. In other words, **within next fifty years, the share of individuals aged 80+ in the overall population will increase by more than 2½ times**. As with other demographic indicators, the difference between European countries is significant: on one hand this growth is expected least dynamic in countries such as Sweden, Belgium and the United Kingdom and on the other hand **the growth of very old population will be most significant in some countries of Southern and East-Central Europe**. This group will consist of Romania, Bulgaria, Poland, Slovakia, Spain and Greece. As a result, the demand for long-term care is expected to grow, however to a lesser degree than suggested by the increase of the population of very old individuals, which has to do with increasing number of years lived in health.

This will present a particular challenge to the financing and organisation of long-term care as well a challenge to the existing gender-based profile of the long-term care. Referring to the issue of organisation, there exists **a variety of forms of long-term care arrangements** such as home care, institutional care (such as nursing homes or hospitals), and residential care, both internally and externally provided (Lipszyc, Sail, and Xavier 2012). These forms, often co-existing within one country, create a complex picture, especially when one takes into account that some of them can be (and are) delivered informally (i.e. often by women within the family or by migrant care-workers). Also, the issue of financing is complex, which stems from the fact that long-term care lies at the cross-section of social assistance and health care (OECD 2012). Therefore, one can talk about financing care institutions (in-kind benefits), and cash benefits, either earmarked (to be spent for a particular type of care) or in the form of cash-for-care. The last solution is seen as the most flexible as it allows for compensation of the costs of care in an institution but also by a care provider being a family member or a friend. However, **cash-for-care is a subject of critique given the adverse effects it carries for carers in the informal setting as it strengthens the gendered division of care**.

In general, as in other cases of personal activities, **formal long-term care is heavily feminised and characterised by low qualifications and low salaries**. In the case of informal care, it is delivered mainly by female relatives (spouses, children and children-in-law) and mostly by the age group 45-64. However, contrary to formal care, informal care is not based on market relations and involves the willingness of potential carers to be involved in such activity.

Let us now shed some light on **the adverse effects of informal care for carers, who are strongly gendered**. First, long-term care activities are especially difficult to combine with paid work, including part-time positions. As a result, in situations where other care options

are not available (either due to a lack of state-provided care or market-based care ‘failure’), the tension between care and aspiration (or necessity) to work is present. In the current cultural setting, the occurrence of caring activity crowds out employment. In other words, women resign from work in order to take care of a dependent person. The projections indicate that **the reconciliation problem will be significantly stronger, as the growth in the number of the frail elderly will be accompanied by a growth in employment of women in the age group 45-64.**

To sum up, the impact of population ageing on long-term care takes place through a number of processes. From the perspective of this paper it is important to recall that while the demand for long-term care is expected to increase substantially, **both the financing of the formal care arrangement and the availability of the informal care are challenges.** To a large extent, the challenge stems from the reconciliation problem: while formal care will not be attractive to new workers due to low salaries, more and more potential (female) carers will enter the labour market. **The optimal solution given the abovementioned issues is to increase spending on this item of social policy.** Such a measure should increase the attractiveness of care work (for men, too), and positively affect employment levels of women, who would otherwise have to engage in informal long-term care. De-familialisation of the task comes here with the de-genderisation of care as a profession.

The problems that changing demographic composition of societies pose for health care have many similarities to the relationship between changing demographics and long-term care. **However, where the problem of informality is less pronounced, the main issue is the growing importance of out-of-pocket payments for health services.** In 2010, the average spending for the EU27 came to 8% of GDP, the majority of which was being financed from public resources (78% of total spending). In the case of healthcare spending, two effects are especially important. First, increased longevity drives such spending as the demand for healthcare might be bigger given an average longer life course. Secondly, the financing resources will shrink due to the decreasing size of the working population. On the other hand, in the context of ageing populations, one needs to recognize that the growth in spending on health care is more strongly driven by the improvements in the health care technologies than demographic developments.

LONG-TERM CARE AND HEALTHCARE HIGHLIGHTS/QUESTIONS:

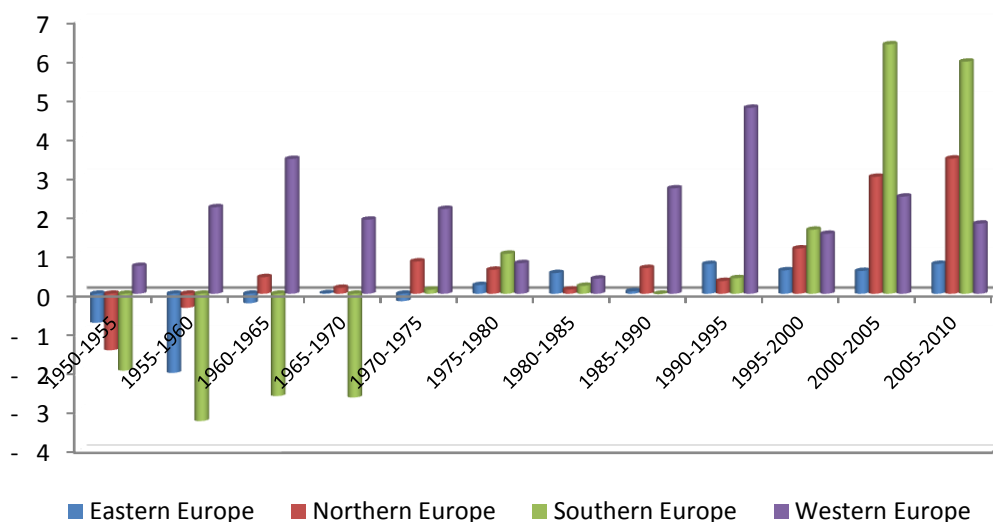
While formal care is expected to face shortages of labour, informal care is expected to be under strain due to the problem of reconciliation of care and work – throughout recent decades, the employment level of women, particularly older women, grew significantly. Hence, the potential for the problem of reconciliation of care and work is growing.

*The rising cost of technology used in healthcare is significant. **Will these processes produce differences in access to various levels of quality of healthcare?** Are there going to be divisions between richer and poorer countries?*

3. TRENDS IN INTERNATIONAL MIGRATION

Welfare states have also dealt with the problem of a declining working age population by planning their immigration policies. Trends in the volume and character of migration change over time (see Figure 8). Several of the guest-worker countries experienced intensified labour migration in the 1950s and 1960s, such as in France, Germany, and the UK. These flows of labour immigration came, for example, from the countries of Southern Europe and Ireland (Eurostat 2011).

Figure 8: Net migration rate (balance of migration per 1000 population): according to the regions of Europe.



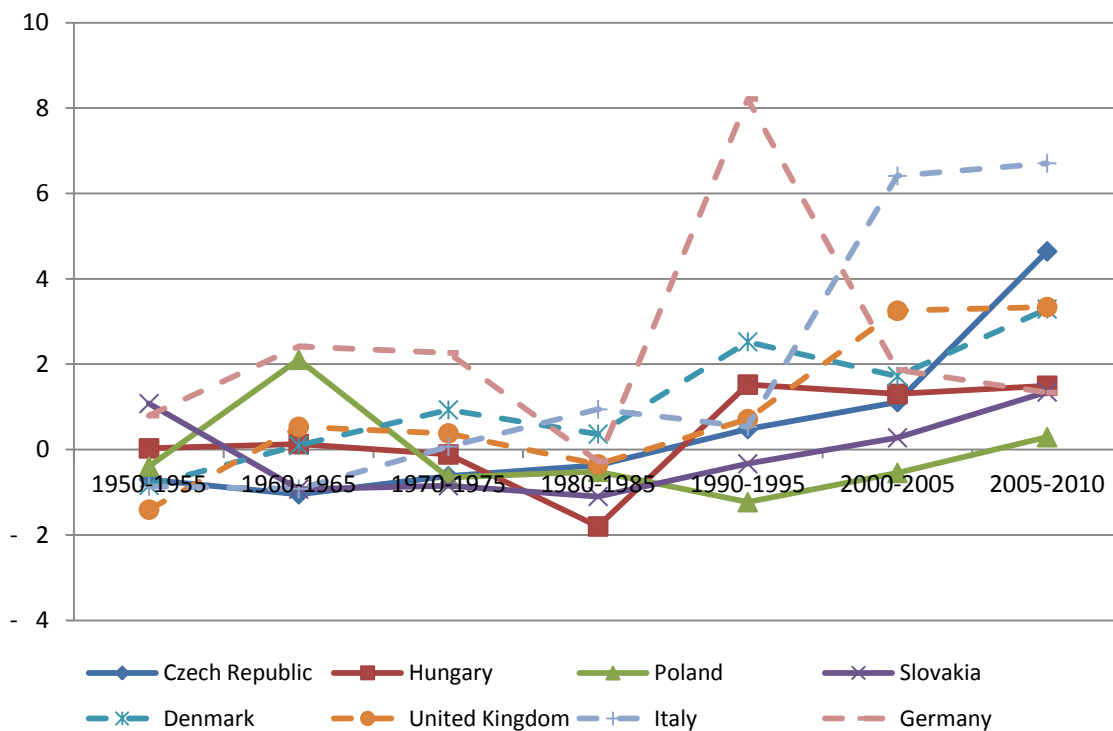
Source: UN Population Division statistics.

Also in response to the financial crisis of the 1970s, many countries introduced restrictions on the inflow of immigrants. More migration was associated with international protection and family reunion. The overall migration in Europe increased in the 2000s especially due to enlargement of the EU. The immigration policies for third country nationals, but also for the migrants from within Europe, show a high level of selectivity, as the countries often want to attract highly skilled specialists.

Policies aimed at the integration of immigrants have been the subject of discussion and posed challenges for European governments, especially in times of austerity that were often the trigger for nationalistic or racist attitudes (Mair and Zielonka 2002; Fermin and Kjellstrand 2005; Zimmermann 2005; Carmel, Cerami, and Papadopoulos 2011). At the same time evidence-based reports demonstrate that diversity in the workplace, stemming in part from the inflow of immigrants representing different cultures and traditions, tends to be beneficial when increasing productivity.

The increased emigration flows from the countries of East-Central Europe (especially from Poland) to other EU countries pose several important questions and challenges to the demographic situations of those countries.

Figure 9: Net migration rate (balance per 1000 population): selected Western and East-Central European countries.



Source: UN Population Division statistics

On one hand, one could say that the outflow of the working age population from Poland fixed the problem of unemployment, but on the other (due to the selective immigration policies of the Western European countries) that there is a danger of increased **brain drain** from East to West of Europe. Do we then have the problems of brain drain? Some studies suggest that brain drain is accompanied by the “brain gain” or “**brain return**”, when highly-skilled specialists go back to their countries of origin (Mayr and Peri 2009). Governments might want to enforce this “brain return” or discourage certain workers from emigrating in the first place. For example, recent higher education reform in Hungary explicitly discourages students from taking up employment abroad after completing higher education in Hungary: a special contract which students who have obtained a state-subsidised place need to sign says that if emigrating after graduation, (s)he has to pay back a large part of the costs of his or her studies.

Somehow in contrast to this strategy, the Czech Republic is trying to attract immigration and is turning into a slight net immigration country. Recent relaxation in entry requirements in Poland for workers from several neighbouring countries to the East suggest that immigration policies are becoming – however slightly – more and more visible as possible instruments of dealing with the problem of deficits in the workforce.

Finally, several of the ECE countries suffer from underdeveloped care services, and at the same time there is a distinct flow of (mostly female) migrant care workers (to a great extent) to Southern Europe. Again, these processes might help to relax care dependencies in familialistic welfare regimes of the South (Hooren 2011). However, this flow of immigration is often informal and migrant care-workers remain without basic social protection.

INTERNATIONAL MIGRATION: HIGHLIGHTS/QUESTIONS:

- ! ***Gender is on the debate agenda in respect to international migration as the problems of migrant care-workers come under discussion.*** Care-workers are often female and, coming from ECE countries, they relax care dependencies especially in familialistic regimes and might increase care dependencies in the sending countries.
- ! ***There is a need to look more closely at the politics of migration as related to the labour market policies of the ECE countries.*** On one hand there is a discourse about the shrinking working age population and fear about emigration and the decrease in fertility, and on the other that we face a lack of full-time jobs with open-ended contracts. The lack of employment opportunities contributes to emigration and decreases in fertility. What are the intersections between these different policy fields? How should these intersections come into political debates?

CONCLUSIONS AND RECOMMENDATIONS FOR ACTION

- Social policy reforms are often perceived and debated in a very narrow sense, where only one or two parameters are under discussion (for example, the retirement age for women or the length of parental leave), while looking at interdependencies in time, space and between different domains (work, care, education, free time, family-work balance over a lifetime) are still rare.
- The issue of gender is multifaceted and provides a general explanatory framework that comes into play wherever we talk about demographic changes: from the factors that influence changes in fertility, through most of the explanations (cultural, economic, policy-based, mixed) that involve looking at the changes to preferences with regard to basic life choices, to the postulates of changes in policies that would meet the new structure of procreation (intentions, preferences, other ideals).
- East-Central European countries, while suffering from declining fertility, seem to prefer paradigms of re-familialisation and hardly ever inspire an equal share of parenting responsibilities. Alongside ageing societies, declining fertility on the macro-level in the long run result in an increase in the labour shortage, which jeopardize economic growth. At the same time, on micro-level many people's plans for having more than one child remain unrealised. Research shows that gender equality tends to increase fertility, regardless of cultural contexts. This means that there is a need to change the discourse on gender roles, and to discuss the possible policy tools and press for action.

Dorota Szelewa, ICRA Foundation

Institute of Social Policy, Department of Journalism and Political Sciences, Warsaw University

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