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## FERTILITY TRENDS IN SERBIA DURING THE 1990s

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Transition in fertility of the population in Serbia began almost a century after it had started in the most developed European countries. In the 1950s, Serbia was still in the middle phase of transition, and total fertility rate measured 3.05 in 1953. In the early 1990s, however, Serbia was a country with a moderately low rate of fertility (TFR measured 2.08 in 1991). Major regional differences were, however, hidden behind a relatively favorable demographic picture at the level of the Republic as a whole. These differences have remained among its salient features to date.

Transition in fertility began in Vojvodina and Central Serbia during the closing decades of the last century. Total fertility rate of about 2.1 was measured in these regions as early as in the mid-fifties. As soon as in 1971 the rate was about 15% lower than needed for replacement level of population in Central Serbia and by about 20% in Vojvodina. The rates more or less stabilized over the next two decades in both regions. It is much more difficult to identify the starting point of transition in fertility in Kosovo and Metohia. Although there are indications that it had begun in the 1920s and 1930s, data recorded in later years show that even if it had started in the 1930s, it was discontinued and brought back to the pre-transitional period by late 1960s. The years that followed were characterized by a slow decline in fertility. Despite undeniable decline in total fertility rate in the province over the last three decades, the speed of change and the measure of almost 4.00, presumed for total fertility rate in 1991, represent unfavorable developments. First, the rate has remained high, and potentially enables generation redoubling each 17.5 years. It is at least twice as high as recorded in other regions of the country, and by far the highest in Europe.

The 1990s represent an exceptionally complex period for the population of Serbia. In addition to the impact of long-term factors, various tumultuous events affected its demographic development, such as breaking apart of former Yugoslavia, armed conflicts in the neighboring countries, sanctions imposed by the international community, social changes (transition,

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transformation or regression), deep economic crisis, collapse of social stratification, political problems, institutional crisis, and NATO military intervention. Maladaptation to the changed system of values and norms, lower level of personal attainment, feeling of insecurity, and living under permanent stress are the main features of life at an individual, psychological level. Deprivation or living at the subsistence level are the main elements of the economic cost sustained by the majority of the population. How have these changes, or better to say dramatic events, affected an individual's decision to have children? Has the majority adopted a strategy of refraining from and/or postponing long-term decisions in anticipation of even gloomier or brighter future? From the demographic point of view, this strategy is characterized by the postponement of marriage, reliance on effective contraceptive methods and devices, resort to sterilization as a method of birth control, and choosing abortion in case of pregnancy. This multiphase response, as determined by Kingsley Davis (1956) in the case of Japan, is extremely effective in decreasing the level of population fertility. Or, has the discontent with the general situation and lack of power to fight the reality led many individuals to isolation, autism and quest for an option that would give them a motive to carry on with their lives? It is doubtful if family life and having children represent those alternative choices that are part of a more advantageous strategy. In between these two extremes lies a series of different ways of dealing with the general crisis.

Table 1.

**Total Fertility Rates, Serbia, 1991-1999**

	1991	1992	1993	1994	1995	1996	1997	1998	1999
Serbia	...	...	...	...	...	...	...	...	...
Central Serbia	1,733	1,676	1,702	1,647	1,654	1,581	1,534	1,470	1,396
Vojvodina	1,721	1,673	1,674	1,657	1,718	1,659	1,584	1,527	1,434
Kosovo and Metohia	...	...	...	...	...	...	...	...	...

*Source:* Official statistical data

There is an obvious decline in the number of births across low fertility regions of Serbia in the 1990s (Table 1). Between 1991 and 1999, total fertility rate in Central Serbia declined from 1.73 to 1.40 or by 19.1% and from 1.72 to 1.43 or by 16.9% in Vojvodina. With the exception of Vojvodina in 1995, total fertility rate recorded at any point during the period observed was lower than in 1991. A special emphasis should be placed on the persistent decline in total fertility rate registered during the last five years in Central Serbia and in Vojvodina.

Although decline in births is unavoidable in hard times, it seems that the available data are not accurate and that the number of births was actually higher. Namely, intensive migratory movements were observed in these regions in the 1990s and it was mostly the young, and the educated people who emigrated. This was proved by in-depth but non-representative investigation, but no official data or estimates on the number of emigrants are available. At the same time, great number of people from the war endangered zones found refuge in Central Serbia and Vojvodina. The official count of the refugees came to 600.000 in 1996 (Matković, 1996). There is no information on the number of those who had subsequently acquired citizenship. But, in view of the stringent legal impediments, it is probably not large. Besides, the children born to this population are registered separately.

The decline in the number of births in Central Serbia and Vojvodina in the 1990s was not caused only by the decline in the rate of fertility of adolescents and women aged 20-24, but also by the decline in the number of births by women aged between 25 and 29, which is optimal for child bearing (Table 2). The steepest decline in births in the 1990s, for about one third, was recorded for the youngest age group. In the 20 to 24 age group, the rate of fertility declined by more than one fourth. The decline in the number of births by women between 25 and 29 years of age was, however, less intensive, by 15.4% in Central Serbia, and by 107.9 to 96.2 per thousand in Vojvodina from 1991 to 1999. At the same time, there was a continuation of the moderately upward trend in fertility of women in their thirties which was initiated in 1971. Continuation of the tendencies in the movement of specific fertility rates does not point only to further transition or post-transitional changes in the contemporary model of population fertility in the low fertility regions of Serbia. Discontinuation of the long-term upward tendency in specific fertility rates of women aged between 25 and 29, which was observed during the 1970s and 1980s, was most probably caused by the postponement of child bearing for opportunistic reasons and on account of structural impediments.

In line with a change in the age limit for giving birth to the first child, a slow downward tendency was continued in the 1990s in the concentration of births by mothers under 30 years of age. In the 1991-1999 period, the share of births by female population under 30 years of age in total population fertility declined from 81% to 74,8 in these two regions. At the same time, an increase was recorded in the average age of mother in confinement. The highest value was 26.6 years in Vojvodina in 1997, and 26.5 in Central Serbia in 1998, which is higher by 0.7 years in both regions than in 1991.

Table 2.  
Age Specific Fertility Rates, Serbia, 1991-1999

Serbia	1991	1992	1993	1994	1995	1996	1997	1998	1999
Under 15	...	...	...	...	...	...	...	...	...
15-19	...	...	...	...	...	...	...	...	...
20-24	...	...	...	...	...	...	...	...	...
25-29	...	...	...	...	...	...	...	...	...
30-34	...	...	...	...	...	...	...	...	...
35-39	...	...	...	...	...	...	...	...	...
40-44	...	...	...	...	...	...	...	...	...
45-49	...	...	...	...	...	...	...	...	...
50 and over	...	...	...	...	...	...	...	...	...
Central Serbia	1991	1992	1993	1994	1995	1996	1997	1998	1999
Under 15	0,2	0,2	0,3	0,3	0,2	0,2	0,3	0,2	0,2
15-19	43,8	39,8	40,8	38,5	35,9	33,0	31,8	28,5	26,0
20-24	132,1	125,2	126,6	119,4	118,0	111,3	106,8	101,2	94,3
25-29	104,7	102,9	101,5	98,8	101,0	97,0	94,5	91,5	88,6
30-34	47,0	48,0	51,2	52,1	55,1	53,2	52,2	51,5	50,0
35-39	14,6	15,2	16,2	16,7	17,5	18,0	18,3	17,9	18,1
40-44	3,2	3,0	3,3	3,2	3,0	3,4	3,1	3,3	3,1
45-49	0,3	0,2	0,3	0,3	0,2	0,2	0,2	0,2	0,2
50 and over	0,1	0,1	0,1	0,1	0,1	0,0	0,1	0,0	0,1
Vojvodina	1991	1992	1993	1994	1995	1996	1997	1998	1999
Under 15	0,0	0,5	0,5	0,5	0,3	0,4	0,6	0,4	0,3
15-19	40,9	37,6	35,9	34,5	33,1	31,3	28,5	28,0	26,8
20-24	130,8	130,4	125,3	119,3	121,2	115,8	106,9	102,6	93,1
25-29	107,9	103,4	105,6	105,3	109,5	106,7	103,7	101,3	96,2
30-34	46,7	45,4	49,0	50,1	56,7	55,7	54,3	51,1	49,9
35-39	14,2	13,6	14,6	17,3	18,3	17,7	19,7	18,5	17,5
40-44	2,6	2,8	2,8	3,2	3,3	3,8	3,3	3,3	2,8
45-49	0,1	0,3	0,3	0,3	0,1	0,1	0,2	0,2	0,2
50 and over	-	0,1	0,3	0,0	0,0	-	0,0	0,1	0,0
Kosovo and Metohia	1991	1992	1993	1994	1995	1996	1997	1998	1999
Under 15	...	...	...	...	...	...	...	...	...
15-19	...	...	...	...	...	...	...	...	...
20-24	...	...	...	...	...	...	...	...	...
25-29	...	...	...	...	...	...	...	...	...
30-34	...	...	...	...	...	...	...	...	...
35-39	...	...	...	...	...	...	...	...	...
40-44	...	...	...	...	...	...	...	...	...
45-49	...	...	...	...	...	...	...	...	...
50 and over	...	...	...	...	...	...	...	...	...

Source: Official statistical data.

A long-term trend of a stable 50% share of women in first confinement continued in these two regions into the 1990s. The 1991-1999 period, however, also displayed some new elements in respect of birth structure by order of birth (Table 3). There was a minimal decline in the share of births of the second order and a slow increase in the share of births of the third order. In 1999, the share of second births in Central Serbia and Vojvodina was 36.0%, and the share of third births 9.6 and 9.4%, respectively. While a

Table 3.  
**Distribution of Live Births by Birth Order, Serbia, 1991-1999**

Serbia	1991	1992	1993	1994	1995	1996	1997	1998	1999
First	...	...	...	...	...	...	...	...	...
Second	...	...	...	...	...	...	...	...	...
Third	...	...	...	...	...	...	...	...	...
Forth	...	...	...	...	...	...	...	...	...
Fifth and over	...	...	...	...	...	...	...	...	...
Central Serbia	1991	1992	1993	1994	1995	1996	1997	1998	1999
First	49,1	49,4	51,1	50,9	48,8	49,4	50,6	50,7	51,1
Second	38,6	38,0	36,8	36,9	38,4	37,3	36,5	36,3	36,0
Third	9,0	9,3	9,1	9,2	9,7	10,0	9,5	9,7	9,6
Forth	2,0	2,1	1,9	1,9	2,1	2,2	2,3	2,2	2,2
Fifth and over	1,3	1,1	1,1	1,1	1,0	1,1	1,2	1,1	1,1
Vojvodina	1991	1992	1993	1994	1995	1996	1997	1998	1999
First	47,4	48,1	49,0	48,7	46,0	47,4	48,5	49,7	50,5
Second	40,1	38,8	37,5	37,2	39,7	37,9	36,9	36,6	36,0
Third	9,1	9,7	9,7	10,1	10,3	10,5	10,2	9,8	9,4
Forth	1,9	2,0	2,3	2,6	2,3	2,4	2,6	2,2	2,4
Fifth and over	1,5	1,3	1,5	1,5	1,7	1,8	1,8	1,8	1,6
Kosovo and Metohia	1991	1992	1993	1994	1995	1996	1997	1998	1999
First	...	...	...	...	...	...	...	...	...
Second	...	...	...	...	...	...	...	...	...
Third	...	...	...	...	...	...	...	...	...
Forth	...	...	...	...	...	...	...	...	...
Fifth and over	...	...	...	...	...	...	...	...	...

Source: Official statistical data.

slight increase was registered for fourth births in Vojvodina, their share was very low and measured 2.4% only in 1999. Though structural indicators have a limited significance for analytical purposes in view of the interdependency of shares, there is a possibility that the registered increase in the number of higher order births is due to the government measures that will be discussed later on.

Reliability of vital statistics and census data for Kosovo and Metohia was questioned for the first time in the 1990s. This period was characterized by major problems, which almost prevented the analysis of demographic phenomena prevailing in the province. Namely, population census was not conducted in Kosovo and Metohia in 1991 because it was boycotted by ethnic Albanians. Based on the estimates of the Federal Bureau of Statistics (1997), more than four fifths of the population, or 99% of ethnic Albanian population, were not encompassed by the census. At the same time, the year 1988 is considered to be the last for which vital events in Kosovo and Metohia were registered adequately. If stabilization in the number of births

recorded in the late 1980s had at first seemed as a possible variation or the beginning of a reverse tendency, the 15% cut from a year earlier singled out faulty reporting as the cause of abrupt discontinuation of the long-term upward tendency in the number of live births in the province in 1992. Data on infant mortality provide the best proof of under-reporting of vital events in Kosovo and Metohia. In the period from 1988 to 1992, the number of registered infant deaths was almost halved (declining from 2916 to 1526) and the rate dwindled from 51.8 to 34.4 per thousand.

Three communes with large majority ethnic Albanian population, Glogovac, Podujevo and Srbica, set the most drastic example of the abrupt decline in the number of the officially recorded live births. In 1988, the number of live births in these communes was 1730, 3275 and 1662, respectively. In 1991, however, the number of registered live births was very much lower (1373, 1275, 489, respectively), while in 1992, this number was down to almost one third of the 1988 figure (630, 1042 and 590, respectively).

Two sets of data indicate that the political factor, i.e. disregard of the Kosovan official institutions by ethnic Albanians, was the main reason for under-reporting of vital events in the province. First, in all years until the 1990s, the highest fertility rates of ethnic Albanian population were registered in Kosovo and Metohia. They were much higher than the relevant indicators for ethnic Albanian population residing in other regions of the country. The 1990-1992 data, however, show that the fertility rates recorded for ethnic Albanian population residing in Central Serbia and Vojvodina were higher than for those residing in Kosovo and Metohia. Second, a slightly upward tendency in the number of live births among Serb population in Kosovo and Metohia was recorded in the 1990s (Penev, 1998).

In addition to under-reporting of live births, lack of knowledge on the size and characteristics of emigration flows limited the analysis of population fertility in Kosovo and Metohia. Based on various sources, from the estimates by Albanian demographers to the number of persons seeking political asylum, it may be concluded that emigration from this traditionally emigration prone region was intensified in the 1990s. It is not, however, known if emigration flows had changed qualitatively, i.e. whether whole families were now emigrating as opposed to only male members of households as was the case with earlier emigration flows from this region.

The above problems in respect of reliability of the statistical data complicate both the analysis of movement in population fertility in Kosovo and Metohia and the determination of the level of fertility, but also the characteristics of the fertility model of population of Serbia as a whole.

Based on the registered data, total fertility rate in Kosovo and Metohia declined from 3.50 to 2.37 in the period from 1991 to 1997. It is doubtless that, bearing in mind the general crisis during the 1990s, the decline in fertility must have been registered in this region as well, but there are no elements for making an assessment of the factual birth levels. The level of the age-specific fertility rates points to a decline in birth levels across all age groups as a continuation of the tendency initiated in the early 1970s. A salient feature of the birth model prevailing in Kosovo and Metohia until the 1990s is the perseverance of high order births. Thus, in the late 1980s, almost every third child born in Kosovo was of the fourth or higher order of birth. According to the official records for the 1990s, there was a significant decline in the number of children of the fifth or higher order of birth. But, despite doubtless under-reporting, the fact that every tenth child is of the fifth, sixth or even higher order of birth points to the perseverance of the fertility model of transitional type displaying obvious traditional elements.

Although registration of a fetal death constitutes legal obligation, the problems related to the collection of data on induced abortions also came up in the 1990s. A suspicion about the reliability of data on induced abortions in Serbia in 1990 was based on the fact that the tendencies observed pointed to completely opposite movements in regions with the same reproduction model. Namely, a small decline was recorded in Central Serbia and a high increase in Vojvodina (24.8%). The number of induced abortions registered in later years was quite probably underestimated. It was 150449 in 1991, 135907 in 1992, 113720 in 1993, 114659 in 1994, 92785 in 1995, 80003 in 1996 and 60723 in 1997 compared to 193755 induced abortions recorded in 1989. Such radical change in this phenomenon does not seem realistic in view of the prevailing economic and psychological insecurity, various problems related to the availability of contraception and accessibility of numerous gynecologists performing illegal abortions. It may, therefore, be assumed that the slight downward trend in the number of induced abortions established in the late 1980s reversed from the year 1990 onward.

When discussing the number of induced abortions, it should be underlined that there had never existed an institutionalized system for collecting data on the use of contraceptive devices. Thus, to enable analysis of birth control, which is the main direct factor of population fertility, questionnaires should be the main means of gathering information. Unfortunately, representative data collection through questionnaires has not been undertaken since 1976. Numerous partial researches have been organized since, including those conducted during the 1990s. These studies have shown that transition in birth control has lagged far behind transition in fertility in all major regions of Serbia.

It is mostly the conservative birth control methods as well as the under-developed and non-institutionalized family planning procedures that go hand in hand with deficient or excessive birth rates. Hence, induced abortions and use of traditional contraceptive methods and devices (coitus interruptus being most commonly practiced) constitute the main methods of birth control in all major regions of Serbia. Based on the most recent reliable figures (1989), induced abortions were most commonly performed in Central Serbia (on 95.1 out of 1000 women of fertile age) and Vojvodina (74.1) and least often in Kosovo and Metohia (24.1). The low rate of induced abortions in Kosovo and Metohia is explained primarily by the high level of fertility in the province.

Despite the progress in technology and science that offers new and much more effective methods and devices of birth control, the number of induced abortions in Serbia is still large. This contradiction raises a number of questions, the main being why a woman does not rely on the contemporary scientific achievements when selecting the most suitable birth control method. The investigations have indicated a number of major reasons for the high rate of induced abortions in the low fertility regions of Serbia. High on the list is insufficient knowledge of the physiology of procreation, unawareness of the risks involved in induced abortion, ignorance of the characteristics of contraceptive methods and devices, psychological barriers to their use, low cultural achievement (general, health and sexual) and lack of modern institutionalized family planning concepts (Rašević, 1993). It is primarily the shortage of contraceptive devices in the market and the high price of those available that have in recent years been added to the above list.

Decline in fertility is a process that no population in any developed society has managed to avoid. As a result of modernization, fundamental changes in living conditions and philosophy of life cause profound changes in social position of a family and an individual. The imperative of further progress in a consumption-orientated modern society induces multiplication of roles of an individual and increases complexity of his needs. Since individualism and personal responsibility are high on the list of social values, an individual is necessarily very demanding of himself. Aspirations for personal growth, self-realization and social success are coupled with hedonistic desires and coveting material values. Though pressures induced by tradition and religion are weakening, an individual faces new kind of pressures that heighten his sensitivity to risk and increase his fear of undertaking commitments that may endanger his social and personal affirmation (Schmid, 1984).

Both men and women face changed needs in a modern society, nurture numerous aspirations and endure different pressures of life. Education, employment, status in life, high standard of living, social mobility and active



participation in social life have all become the options in life now coveted by women as well. One of the aims in life is creation of family and bearing children. Under the new system of values, family life and parenthood have remained high on the list of priorities, but are now coupled with new goals that are almost equally cherished.

Moving the production function away from home, socialization of a number of family functions, and family nuclearization have crucially affected the change in the motivation for parenthood. While the economic value of children loses its significance (child labor and financial support in old age), the psychological value is gaining in importance (Bulantao, 1984), but can be obtained by as few as one or two children. The aspirations in respect of conditions in which children are raised and educated have also grown. However, having fewer children does not necessarily entail lower investment in them. On the contrary, the economic cost of a child has grown (Becker, Lewis, 1973). Besides, the more parents want to improve the quality of their child, the higher the psychological price they pay in terms of time, emotions and energy. When parenthood is one of the many roles chosen by an individual, the problems related to their coordination increase the "price of the mother's time" and "psychological costs". Moreover, now that the emotions have become the cornerstone of marriage, its cohesion relies on the preservation of intimacy and creation of egalitarian relations, and since possibility of termination of marriage is also assumed, having fewer children represents an obvious advantage (Morsa, 1979).

Social, cultural and economic changes have enabled establishment of a completely new mechanism of social control over an individual's behavior. Unlike the time when the primary group operated as a control transmission mechanism, in the current complex mechanism of social cohesion, it is fully bypassed. Thus, marriage and childbearing are apparently an individual's free choice. Since the economic cost of a child is high and has to be born primarily by the family, and since the possibility of harmonizing parenthood with other options in life is poor, having children and especially having a large number of children, represents a risk to the economic and social position of a family and its members. Consequently, collective rationality has spontaneously led to very low reproduction norms, so as to strike a balance between the advantages and disadvantages of having a child. This, however, has led to a discrepancy between the needs of an individual and those of a social community. Two facts should be kept in mind in this context. First, the society has not created mechanisms that would enable having a child, not to speak of having a greater number of children, to become an equally advantageous option in life. Second, investigations show that parenthood, as one of the options in life, has not lost its significance and

that the desired number of children has remained higher than the number of children born.

A special feature observed in the low fertility regions of Serbia is that the insufficient level of births is registered at a much lower level of general development than in other European countries. Besides, total fertility rate oscillated at a low level in the course of two decades without showing any upward tendency as observed in eastern European countries during the 1980s, or further decline characterizing West European countries from the 1970s onward. Though not thoroughly investigated, these differences may partly be due to the specific character of the Yugoslav social system.

The socialist type of accelerated modernization, abrupt migration from rural to urban areas, entrance of a large share of women into the labor market to engage in full-time employment and their employment during the whole reproduction period, insufficient social efforts to organize institutions needed to harmonize family responsibilities and employment, difficulties associated with finding residence in urban areas, unemployment and underemployment as well as fast secularization certainly represent the most important factors conducive to the phenomenon of insufficient births in the low fertility regions of Serbia.

Besides, unlike other socialist countries, Yugoslav society was quite open to the impact of Western values, including hedonism and pursuit of the consumer society ideals, which enabled an individual to satisfy his needs to a much greater extent. All of the above has contributed to an increase in the economic and psychological cost of children. At the same time, no efficient measures were introduced in the domain of population policy to make the social community assume its share of responsibility for population reproduction.

Relative stabilization in fertility, which prevailed in Serbia in the 1970s and 1980s, has not been sufficiently investigated. It may partly be explained by the preservation of the universality of marriage, which is still entered into at a relatively early age, while the alternative forms of cohabitation are practically nonexistent, unlike their increase in West European countries. Another relevant factor is the escape from the social anomia into privacy, family surroundings, and parenthood (Petrović, 1994). This phenomenon points to a tendency of retreating to privacy and reasserting traditional values, which may have a twofold impact. Besides neutralizing the decline in births, the controversy between the increased individual aspirations and the traditional family values may induce a specific passive resistance in women in the form of their opting for a limited number of children.

In the 1990s there was a manifold, even dramatic increase in both opportunistic and structural impediments to the deterministic foundation of the population fertility. This has raised the question as to why the decline in population fertility in the low fertility regions was not even higher bearing in mind the experiences undergone by the countries with economy in transition as well as the depth of the crisis in the society and the intensity of the disastrous events. Several factors come to mind. Above all, contrary to the expectations, marriage is not in jeopardy and there is no notable abstinence from marriage in the 1990s, while the divorce rate is declining. Namely, the first marriage rate has been stagnating in the 1990s. It even recorded slight increases in 1992 and 1993 (Macura, 1997). Parallely, general divorce rate declined in Vojvodina from 1.3 per thousand in 1991 to 0.9 per thousand in 1999 and from 0.9 to 0.8 in Central Serbia.

In addition to the aggregate indicators of the universality of marriage, a significance of the family life for women in Serbia has also been proved by an in-depth investigation. Thus, a questionnaire conducted in the form of a pilot survey in 1994 to assess the acceptance of population policy in the low-fertility regions (Rašević, 1995), showed wide acceptance of marriage and an emphasis on the family life and children as the most important aspiration in life and an aim in itself. 86.6% of women selected marriage as the most favorite form of cohabitation. Likewise, 80.6% of women did not agree that marriage was an obsolete institution. Almost all of the women surveyed spoke in favor of the need for strengthening family ties in future. In the environment of conflicting aims, leading a full and happy family life, giving attention, love, and adequate education to children were most frequently regarded as important values (95.0; 94.5 and 81.4%, respectively). Satisfaction with one's life also ranked high on the list (important to 94.5% of the women surveyed). On the other hand, materialistic and post-materialistic values, professional career and personal attainment as well as life by religious rules were much less frequently assessed as important options in life.

Besides, though acceptance of attitudes representing a verbal expression of different motives lying at the base of parenthood and having children show that the dominant value of a child lies in the emotional and psychological aspect, to many women children represent the center and focus of life. Having children enables self-realization to two thirds of the women surveyed because they think that "a home and children in it nowadays represent the only place in the world where a person can be fully satisfied and relaxed" and think that "a person can feel fully content in life if he was a good parent". Further on, to one out of every two women, having children is a means for defining their identity, satisfying the feeling of responsibility and

purpose ("I like having children because they always need me"). Besides, to one out of every two women children are a symbol of happiness. Social needs, as a motive for having children, lag behind the need for satisfying one's own needs. Despite that, almost one out of every three woman (31.3%) accepts the attitude that having children is "an obligation to the society". The investigation conducted in 1995 (Blagojevic, 1997) confirmed that majority of women in the low fertility regions of Serbia took into account the macro dimension when considering parenthood and accepted marriage as a style of life.

This representative investigation also tried to appraise the value orientation of women based of their assessment of selected attitudes towards parenthood and family life. Based on the results, it was determined that almost 90% of women have a traditional, (29.2%) or a heterogenous value system (59.4%) with mixed elements of the traditional and the modern.

Unfortunately, as no similar investigations had been undertaken ever before, it was not possible to trace the assumed transition regarding aims in life, motives, and value orientation in areas relevant to the explanation of the level of population fertility. A series of sociological and psychological investigations, however, have pointed to a change in the social character, a set of features characterizing large number of individuals and groups. One such investigation confirmed domination of the traditional character or mentality in Serbia during the 1990s (Golubovic, Kuzmanovic, Vasovic, 1995), which provided proof of its partially reactive nature. The retreat to traditionalism was a response to anomie of values and to an individual's feeling of hopelessness and was also encouraged by the authorities in charge of controlling social processes.

In addition to the revival of the traditional values and narrowing down, or even preclusion of other aspirations in life, the withdrawal of women into family surroundings and finding the basic meaning of life in parenthood may also be due to the changed population climate in the low fertility regions. In addition to the physical existence of a high-fertility region of different ethnic composition, development of such climate was largely induced by different institutions, including the Church, Academy of Science and mass media. It is evident that the population-related problems and the necessity of resolving them have in recent years been much more extensively discussed. Recent elaboration of a number of studies on the ideal average number of children per a woman in certain subpopulations is a clear indication of a change in the general climate. Namely, the ideal average number of children per a woman is higher than the level registered in the most recent representative investigation of the population of married women in Central Serbia and Vojvodina (2.21 and 2.28) in 1976. Besides, a number of recent

investigations have indicated that people are adequately informed and sufficiently concerned about demographic problems (depopulation, excessive ageing, expected movement in fertility in the near future). Such concerns are also evident from high ranking of the pro fertility policy on the scale of social priorities. Thus, the above mentioned investigation pertaining to the individual appreciation of population policy asserts that a large majority of women, regardless of age or education, consider encouragement of child bearing as an important social goal to which the state should adequately attend (Rašević, 1995).

The government's approach to the issue of fertility, as part of the population policy, improved in the 1990s. Having become aware of the seriousness of consequences of the current dual reproduction model in the Republic, and feeling the pressure of public opinion in the low fertility regions, the Government of the Republic of Serbia established several institutions to formulate and implement population policy. Besides, demographic needs were carefully taken into account in all amendments to the old and formulation of the new measures in the area of social policy. Mention should be made of measures ensuring employment rights of women and their entitlement to maternity leave, maternity pay, and provision of institutionalized care for the children.

Duration of maternity leave depends on the number of previous births to the mother and lasts until the first birthday of each of her first, second and the fourth-born child and until the second birthday of her third-born child. During maternity leave, mothers are entitled to maternity pay. They are paid their full wages after they had given birth to each of their first, second and the third child, and 80% of their full wages after they had given birth to their fourth and every subsequent child. In the communes and settlements registering negative population growth, maternity pay is paid in the amount of the mother's full wages after she had given birth to her fourth child as well. A measure aimed to support family and child raising entitles unemployed women to receive monthly family allowance in the course of one year in the amount of one third of the average net wages paid in the Republic after they had given birth to each of their first three children. Such family allowance is paid to mothers after they had given birth to their fourth child only in the communes with negative population growth. One direct pro-fertility measure entitles employers to add two years to the total number of years in service to women after they had given birth to their third child.

There is an obvious quality improvement in respect of social care for the children of pre-school age in the 1990s. Children are offered half-day or full-day care and a number of educational programs. At least 80% of the full cost of every child's stay in a nursery is financed from the communal budget.

In the communes registering negative population growth, all third-born children as well as all children of the subsequent birth order are entitled to a completely free of charge support in nurseries.

The above factors, which are supposed to have slowed down or speeded up fertility decrease in Central Serbia and Vojvodina in the 1990s, represent the probable support or important experience for actions favoring birth. Namely, the results of to date policy in the field of population fertility announce great problems. Experiences of developed countries in the field of policy towards fertility show that in spite of significant differences in the economic, socio-political and value systems, as well as in degrees of openness and institutional bases of population policy, there is a considerable degree of uniformity regarding measures that have been carried out. The system of financial aid to the family, harmonization of work and parenthood, and the system of care about the children of the working parents are becoming standards of political response of developed countries. The increase of terminated fertility up to 10%, which in conditions of extremely low fertility is not enough, demonstrates the maximum pronatality effect of the measures carried out.

We know very little if, and how, family planning functions in Kosovo and Metohia. A complex deterministic system of reproduction norms and impediments to the promotion of family planning has not been subjected to a systematic or interdisciplinary research. The dual model of reproduction norms implying numerous variants as well as the fact that the average number of children per a family in Kosovo and Metohia is higher than would be considered ideal, points to the collective impact of two types of factors, the modern and the traditional ones. Namely, though social and economic development of this region was quite significant, it was very much decelerated by the impact of demographic factors. Besides, the results of the investigations show that the levels of economic development and education, in comparison with the relevant figures for other regions of Serbia, had exceeded the threshold that ought to have encouraged faster changes in fertility. Thus, the net reproduction rate in Montenegro was lower by about 25% than in Kosovo and Metohia at the same level of general economic development. In Vojvodina and Central Serbia, it was almost 50% lower (Matković, 1994). These results confirm great significance of sociological, anthropological and cultural factors, and probably even the political ones, in the deterministic base of population fertility in this province.

Perseverance of traditional customs and institutions that coexist with the modern ideals and contemporary social processes lessens the effect of social and economic development on fertility. Endurance of the conservative way of thinking and of the traditional reproduction norms is effectively secured

by keeping women in a subservient position within a family and by yielding to pressures exercised by family authorities and local public opinion, though the main traditional incentives for high fertility, such as high infant mortality or economic advantages of a large number of children, have lost their significance in a rural household. Thus, forcing male domination, insisting on parenthood as the only role in life, and limiting autonomy and mobility of women constitute important elements of a woman's status that contribute to high fertility.

An obvious example of the strong impact of traditional institutions is a large share of illegitimate births (12.8% in 1989). A portion of ethnic Albanian population concludes only a common-law marriage recognized by the local Islamic community, thus ignoring the law on the equality of male and female descendants with regard to their inheritance rights. Another example of the impact of traditional institutions are the attitudes expressed by women with regard to the family size. As far back as in the early 1970, their ideal and desired number of children was lower than the number of children born (Todorovic, 1976/1977).

Different social groups in Kosovo and Metohia display very different rates of fertility, which is not the case in other regions. Higher-status social groups, urban population, better-educated and economically independent women are first to accept modern type of reproduction. The share of these groups in the total is, however, quite small and hence, almost irrelevant in terms of their impact on the fertility rates.

In addition to the above differences, fertility rates also differ across ethnic divide. The rates recorded for ethnic Albanian, Muslim and ethnic Turk populations are higher than those registered for other ethnic groups in the province. The effect of the socio-economic development on changes in fertility is conditional on the perceptions and customs of individual ethnic groups and their susceptibility to change. It seems logical to conclude that Muslim culture implies concepts which prevent decline in fertility even if many development-related conditions have been met (Coale, 1990). One of the convincing explanations maintains that the conflicting and regressive reactions of the population evolve in situations in which the process of modernization is not initiated from within the social structure of one community, but penetrates it from the outside (Avramov, 1993).

The example of Kosovo and Metohia points to the significance of a change in attitude towards reproduction, both on the individual level and by the relevant social institutions, as change in the demographic regime is not only an unavoidable consequence, but also a social option in the process of modernization. Namely, controlling growth in fertility is a means of

preparing society for changes facilitating modernization (Livi Bacci, 1984). The socio-economic development in Kosovo was not, however, accompanied by implementation of the family planning programs designed to initiate discussions and support the ambivalent, insufficiently specific and reluctant ideas about small family in order to set the scene for faster modernization.

How receptive is the population of this region to the implementation of the family planning programs and faster transition in fertility? A pilot study in the form of a questionnaire survey was conducted in February 1998 on a sample of 116 women in confinement in three different types of maternity wards in Kosovo and Metohia (Rašević, 1998). Based on the comparison with vital statistics for 1989 and 1994, the structure of the sample surveyed in respect of its basic social and demographic characteristics was satisfactory, despite methodological limitations in terms of the size and the manner of its selection. The investigation comprised the analysis of various attitudes and behavior of women of relevance to the population policy.

The analysis of the above results points to both domination and the process of transformation in respect of the traditional reproduction behavior and position of women. A notable degree of modification and breaking down of traditional boundaries could be observed in terms of values and desirable situations. The differences with regard to the susceptibility to change were registered even in the domain of value standards. Such susceptibility to change was, however, notably higher when more general attitudes were concerned than when the elements closer to life experience of the women surveyed were discussed. Naturally, there was also a degree of inconsistency and ambivalence in their statements, which is quite characteristic for a transitional phase, and is inevitably reflected in controversial behavior patterns.

Notable changes with respect to the traditional type of behavior should, however, be underlined. First, transformation in attitudes and improved understanding were consistently observed with respect to all investigated elements (values in life, children, and contraception). This confirmed the rule underlying the process of transition in fertility, i.e. that a transformation in attitudes constitutes an important precondition for a change in behavior. Likewise, a comparison of the ideal number of children with the expected number of children (data on the actual number of children at the end of the reproductive period were not available) obtained in the pilot study with the results of the previous investigations, showed that the process of transformation in respect of norms was normally accompanied by changes in reproductive behavior or willingness to make them. This represents an indirect indication of the increased susceptibility to change that can be



further encouraged by our activities. Namely, earlier investigations (in 1970 and 1976) showed that the ideal number of children was much lower, by as many as two children, than the actual number of children per a woman at the end of the reproduction period. The difference obtained for the whole sample in this investigation was 0.4.

It should be emphasized here that almost every one out of three women with two children, and about 40% of women with three children did not wish to have any more children, primarily because they thought they already had a sufficient number of children, hence confirming that the need for family planning was gaining ground. Likewise, almost a third of the women surveyed said they wished to prevent an undesired future pregnancy by using efficient and modern contraceptive devices (85% spoke in favor of interuterine devices). In order to assess plausibility of the statements given by 90% of the women surveyed with regard to the intended use of contraceptives in future, it should be kept in mind that though use of contraceptive devices is felt as a psychological burden, it is considered twice less so than the burden associated with an abortion.

The women expressing unambiguous attitudes obviously regarded contraception as a proper solution to their dilemmas concerning birth control. This investigation showed that spreading of the scientifically argued information on the damages of each individual contraceptive device could be an important course of activity in implementing the family planning programs. First, by making women understand that contraception was not always unpleasant and health damaging, the psychological cost of contraception could be further decreased. Second, as a large number of women said they had no attitude at all (between 15 and 34 women depending on the component), there was no basis for the formation of an adequate attitude. Third, coitus interruptus is a preventive measure that most women know of, and at the same time, the contraceptive method which was most often mentioned in their future plans. Large number of men also spoke in favor of coitus interruptus as the only form of birth control.

The results obtained show the extent to which women need advices on birth control immediately after confinement. Most women are aware of the need for protection against undesired pregnancy. Hence the need for a discussion of all relevant issues with a doctor before a woman becomes passive again and gets drawn back to the circle of expectation, surrender, and fatalism or, makes a mistake by relying on inefficient contraceptive methods and devices. This seems even more important if viewed in the light of the expected slow changes in sexual education and attitudes of men.

A need for implementing family planning programs is confirmed by the fact that one out of every two women surveyed assessed the decline in births as a very important or, important social issue that should be addressed. The very need for a change in the position of women in Kosovo and Metohia is important from the demographic point of view. Irrespective of whether identification of this need by an individual leads to an active or passive resistance, it certainly constitutes one of the preconditions for a change in the reproductive behavior towards more intensive limitation of births. Therefore, implementation of the family planning programs designed to draw women from inertia, accentuate their responsibility and encourage them to talk to their partners, coupled with presentation of new ideas and roles in modern culture, would not only represent a sensible way to proceed, but would also create a mechanism to be relied on.

Unawareness of the demographic situation in Kosovo and Metohia shown by the women surveyed and their inability to assess future population movement seem less significant in the light of an obvious discrepancy, shown by many populations, between understanding and perceiving the link and interdependency between the level of births on the macro-social and micro-individual levels. They do not seem to be sufficiently aware of the relationship between fertility and numerous social and economic functions of the population, or between the development of the region as a whole and individual behavior. This gives us reason and scope for engaging in population education. However, contrary to the perception and evaluation of trends in population growth by the individuals, they have made a clear step forward with regard to understanding that excessive births constitute a social problem. One out of every two women assessed that limitation of births was a very important, or important social issue that should be resolved.

The above findings point to the formation of a positive receptive base for implementation of the family planning programs and other relevant measures in the domain of population policy. Implementation of such programs would facilitate satisfaction of the already present individual needs and, by providing further education, accelerate transformation in reproductive behavior and a change in the position of women. In other words, bearing in mind the degree of development of the needs expressed by the women surveyed, implementation of the family planning programs would encourage faster transformation of the economic and psychological cost of parenthood and the social role of women as well as clear the path for the impact of other population policy measures.

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*Mirjana Rašević*

### **Fertility Trends in Serbia during the 1990s**

#### *S u m m a r y*

The 1990s represent an exceptionally complex period for the population of Serbia. In addition to the impact of long-term factors, various tumultuous events affected its demographic development, such as breaking apart of former Yugoslavia, armed conflicts in the neighboring countries, sanctions imposed by the international community, social changes (transition, transformation or regression), deep economic crisis, collapse of social stratification, political problems, institutional crisis, and NATO military intervention. Maladaptation to the changed system of values and norms, lower level of personal attainment, feeling of insecurity, and living under permanent stress are the main features of life at an individual, psychological level. Deprivation or living at the subsistence level are the main elements of the economic cost sustained by the majority of the population.

How have these changes affected an individual's decision to have children? The analysis of fertility indicators points to an obvious decline in the number of births across low fertility regions of Serbia. Also, the analysis has raised the question why the decline in population fertility in the low fertility regions was not even higher, bearing in mind the experiences undergone by the countries with economy in transition as well as the depth of the crisis in society. In that sense several factors come to mind. The most important are the universality of marriage, socio-psychological investigations confirmed domination of the traditional character or mentality in Serbia during the 1990s, and the government's approach to the issue of fertility improved during this time. Besides, demographic needs were carefully taken into account in all amendments to the old and formulation of the new measures in the area of social policy. Mention should be made of measures ensuring employment rights of women and their entitlement to maternity leave, maternity pay, and provision of institutionalized care for the children. On the other hand, under-reporting of live births, lack of knowledge on the size and characteristics of emigration flows limited the analysis of population fertility in Kosovo and Metohia. But, registered data as well as survey results show to the perseverance of the fertility model of transitional type displaying obvious traditional elements.

**Key words:** *fertility, Serbia*

*Mirjana Rašević*

**Trendovi fertiliteta u Srbiji tokom 1990-ih godina***R e z i m e*

Devedesete godine XX veka predstavljale su jedan izuzetno složen period u bitisanju stanovništva Srbije. Pored dugoročnih faktora na demografski razvitak delovao je i niz burnih događaja. Raspad SFRJ, rat u okruženju, sankcije međunarodne zajednice, društvene promene (tranzicija, transformacija ili regresija), duboka ekonomska kriza, poremećaji socijalne stratifikacije, politički problemi, kriza institucija, vojna intervencija NATO pakta. Maladaptacioni sindrom na izmenjen sistem vrednosti i norme kao i smanjen stepen samorealizacije, osećaj nesigurnosti, i život u permanentnom stresu su osnovne odlike življenja ovog perioda na individualnom, psihološkom nivou. Siromaštvo odnosno redukcija potreba na egzistencijalnom nivou, su, pak, osnovne karakteristike ekonomske cene ove decenije koju je platila ogromna većina stanovništva.

Kako su ove promene delovale na odluku pojedinca da rađa? Analiza pokazatelja fertiliteta stanovništva ukazuje da niskonatalitetna područja Srbije u devedesetim godinama karakteriše jasan pad rađanja. Međutim, nivo rađanja koji beleži stanovništvo centralne Srbije i Vojvodine, imajući u vidu dubinu krize društva i iskusva zemalja čije su ekonomije u tranziciji, otvara pitanje kako demografska cena nije bila veća. U objašnjenje se nameće nekoliko faktora. Pre svih brak nije bio ugrožen, istraživanja sociološko-psihološke prirode su pokazala promenu društvenog karaktera potvrđujući dominaciju tradicionalističke vrednosne orijentacije, a devedesete godine karakteriše i drugačija populaciona klima i drugačiji stav države prema populacionoj politici. U okviru preduzimanih mera koje su mogle imati efekte izdvajaju se zaštita radnih prava porodilje i zbrinjavanje dece zaposlenih majki. Sa druge strane, podregistarcija živorođene dece ograničava analizu fertiliteta stanovništva na Kosovu i Metohiji. No registrovani podaci kao i rezultati dubinskog istraživanja ukazuju na dominaciju, ali i proces transformacije tradicionalnog reproduktivnog ponašanja i položaja žene.

**Ključne reči:** *fertilitet, Srbija*