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NATIONAL REPORT

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Demographic changes and outlooks

In mid 1997 the population of the Republic of Croatia was estimated at 4.57 million or 80.9 inhabitants per square km. The average annual rate of population growth in Croatia in the period between 1991-1997 was 0.2 per cent. However, annual rates in the mentioned period oscillated due to war which affected all components of population dynamics in Croatia resulting in increased mortality, decreased birth rate, high emigration and forced mass migrations.

Previous low and declining population growth, as a result of long-term negative migration balance and the decline of natural growth, coupled with the consequences of war, have highly affected the present demographic situation. The basic demographic features and trends in Croatia are given below in broad outlines:

- the falling birth-rate over a long period of time led to a negative population growth rate in the early 90's;
- population reproduction rates show that over a long period of time not even a bare replacement level has been ensured;
- after a long and ongoing process of migration, Croatia has emerged with a considerable population loss;
- the Croatian population has grown considerably older which in the long run cripples the nation's reproduction capacity;
- there is a marked urban-rural gap; the urban population, especially in major towns, is growing, while the population in the countryside is dying away;
- population trends are geographically extremely diverse;
- the aggression against Croatia has aggravated and widened the demographic "fractures" and triggered forced migrations which are bound to have a serious impact on the overall population trends;
- judging by the population trends so far and in the absence of an efficient population policy, by the year 2021, Croatia's population may be about 7 per cent smaller than it was in 1991. This regression will be accompanied by a deteriorating population structure (ageing) and continued depopulation of a part of the national territory, to the effect that tendencies in the succeeding period will be even worse.

Thus, the seriousness and complexity of negative demographic trends, which were inadequately addressed for a long time, additionally aggravated by aggression, became one of the high priority themes in Croatian public and political life. Therefore, the Croatian Parliament (Sabor) adopted the National Demographic Development Programme in January 1996 to avert such negative trends. Based on available facts and scientific projections, the Programme contains clearly defined objectives related to improvement of the reproduction level and creating the conditions for stable reproduction of the population, planning and monitoring of internal and external migrations and balanced regional development with better distribution of population over the entire territory of the Republic of Croatia.

The National Demographic Development Programme, and the policies of the Croatian government, have the aim of ensuring stable and balanced demographic development in line with the Programme of Action adopted at the International Conference on Population and

Development, held in Cairo in 1994, especially its Principle 3 according to which: *'The right to development must be fulfilled so as to equitably meeting the population, development and environment needs of present and future generations'*.

Perception and policy relating to the family, fertility and reproductive health

In the period from 1991 to 1995, the natural population growth in Croatia was negative. The average annual rate was minus 0.6 per thousand. The highest natural decrease rate was recorded in 1992 (minus 1.1 per thousand). The causes of these demographic trends are the following: decrease of the generation entering fertile age, migration and aggression. After 1995, during the post-war period, the natural population growth is gradually stabilizing and is becoming positive. However, it should be noted that 10 per cent of the total number of live born children were born abroad which ultimately points to the natural decrease within Croatia both in 1996 and 1997.

Table 1: Natural change of the population, 1991-1997

Year	Live births	Deaths	Natural increase/decrease	Live births	Deaths	Natural increase/decrease ¹	Total fertility rate
				per 1 000 inhabitants			
1991	51 829	54 832	-3 003	10.8	11.5	-0.6	1.53
1992	46 970	51 800	-4 830	10.5	11.6	-1.1	1.48
1993	48 535	50 846	-2 311	10.8	11.4	-0.5	1.52
1994	48 584	49 482	-898	10.9	11.1	-0.2	1.47
1995	50 182	50 536	-354	11.2	11.3	-0.1	1.58
1996	53 811	50 636	3 175	12.0	11.3	0.7	1.67
1997	55 501	51 964	3 537	12.1	11.4	0.8	1.69

¹Rate of natural increase/decrease is not equal to the difference between birth and death rate due to approximation of data
Source: Statistical Yearbook - 1998, pages 92-93. Central Bureau of Statistics

The lowest total fertility rate was recorded in 1994 (1.47). Since then, this fertility rate has increased, and in 1997 it was 1.69 per cent. Age-specific fertility rates indicate a tendency of childbearing confined to younger age groups which resulted in very low fertility rate after the age of 35. In the 80's, maximum rates were observed in women aged 20-24 and relatively high rates in very young women (age group 15-19). In the 90's, the highest fertility rates were seen in the age group 25-29. It should be mentioned that the increase in fertility rates in the age groups 35-39 and 40-44 was also found significant.

The mean age of mothers at childbearing and the mean age of mothers at birth of the first child, which had a negative influence to fertility since the late 70's, has been continuously increasing. This was particularly obvious since the beginning of the 90's; the mean age of mothers at childbearing rose from 26 years in 1990 to 27.5 in 1995; the mean age at birth of the first child rose from 24.1 to 25, respectively.

The National Demographic Development Programme envisages a series of measures to help families have the desired number of children, in line with the improvement of reproduction level. In this regard, Principle 8 of the ICPD Programme of Action is also applied according to which *“All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so.”*

In accordance with the policy of protecting mothers in rearing and educating their children, in the early 1996, under the Employment Act and the Maternity Leave Act Concerning Self-employed and Unemployed Women, the right to one-year maternity leave was extended to three years for women giving birth to twins, three or more children. This right, after the obligatory 6-month period, can also be used by fathers instead of mothers. Unemployed mothers of twins, three or more children, have also the right to maternity benefits up to the end of the third year of the child's life. These maternity benefits, provided from the state budget, should help parents not to be put at a disadvantage if deciding to have more children.

Furthermore, the Income Tax Act provides the right to tax relief by increasing the non-taxable income for persons who are supporting children. One of the major forthcoming developments in this field will be the enactment of the new Child Allowance Act, which will regulate this right in a more particular manner than the existing legislation. According to the new draft, child allowance would not depend on whether the parents are employed or not, nor would parents employed in agriculture and craftsmen be put in a less favourable position.

The Government attaches great importance to the requirements of modern life style by providing institutional care and education for children (nursery schools, kindergartens, day care programmes, etc.)

In accordance with tradition and the prevailing system of values, the vast majority of couples in Croatia live together in the state of marriage, and thus most of the children are born in wedlock. Out of 55,501 children born in 1997, 4,024 were born out of wedlock (7.25 per cent). The share of extra-marital births is stable in regards to previous years and is among the lowest when compared to most other European countries.

There were 24,517 marriages (5.4 per thousand inhabitants), and 3,899 divorces in 1997, or 159.0 divorces per thousand marriages. The lowest crude marriage rate in the early 90's (minimum of 4.5 in 1991) is explained by the specific conditions brought about by the war. After that, the rate has been rising again. In the beginning of the 90's, the crude divorce rate reached its maximum value of 0.23 in 1991, showing signs of decline afterwards.

Croatian family legislation protects the family as the basic cell of social life. At the same time, children born out of wedlock have the same legal status as those born in wedlock, concerning inheritance and other rights as well as the right to full care and education.

In line with the national policy, the State Office for the Protection of Family, Maternity and Youth has been established in the beginning of 1997. This government body is the central agency for family care and protection, in cooperation with other bodies. In this respect, the Office, in addition to conducting its regular activities (such as proposing legislation bills etc.), initiates and participates in a number of projects for assisting and protecting young married couples, families and children.

Reproductive health care and health care during pregnancy and delivery, according to indicators noted in Croatia, are somewhat better than the European average. The infant mortality rate in the Republic of Croatia in 1997 was slightly lower than in the early 90's (457 or 8.2 per thousand births). Infant mortality in 1991 was 575 (11.1 per thousand); in 1994 - 495 (8.9 per thousand); and in 1996 - 433 (8.0 per thousand).

The legal provisions ensure the rights of mothers during pregnancy, maternity leave and while they have pre-school aged children. In accordance with international conventions, mothers are entitled to a leave during breast-feeding.

The Health Care Act provides the right to a single allowance for accessories for the newborn babies.

The number of abortions is decreasing in Croatia, calculated either in absolute figures or in comparison to the number of births and the number of women who are of fertile age. In 1991, the number of abortions was 33,351, while in 1997 it dropped down to 10,026. The rate of legally induced abortions per one born child was 0.64 in 1991, dropping down to 0.18 by 1997.

Although the number of abortions is certainly higher due to the fact that data on illegal abortions are not available. Nevertheless, available data indicate that the population is better informed, that contraceptives and prevention are easily available, resulting therefore in less unwanted pregnancies. Moreover, this trend can also be seen as a reverse trend in comparison to birth-rate, considering the increasing number of families having three or more children. Consequently, the number of legally induced abortions is the highest in women who already gave two births.

In conclusion, in spite of favourable recent demographic trends in the reproduction of the population, it still falls short from the level ensuring a bare replacement of population. An increase in the fertility rate during the past few years can partly be attributed to the affirmative government policy in the field of reproductive health and family issues. It can also partly be attributed to the immigration which brought a part of the young population from Bosnia-Herzegovina to Croatia to settle permanently. On the other hand, the positive effects of the birth rate increase are being considerably diminished by the rising share of children given birth by mothers who, though being permanent residents of Croatia, live abroad as migrant workers. According to general trends observed to date, a large number of these persons will remain abroad permanently.

Perception and policy concerning mortality and health

Over the past forty years, mortality in Croatia assumed the characteristics of a population in the final stage of demographic transition. From the beginning of the 80's crude death rates began its

slow rise, affected by ageing process and prolonged longevity of the population. The mortality rate was estimated at slightly above 11 per thousand.

Crude death rates by sex indicate a parallel trend, indicating also higher male mortality. In the early 90's, male mortality amounted to 12.7 per thousand (1991) due primarily to the war.

Life expectancy is continuously increasing, more rapidly so in the case of women than in men. The male population born in 1989/1990 may expect to reach the age of 68.6 years, while the female population is expected to reach the age of 75.9.

The most frequent causes of death in Croatia are similar to those in other European countries, namely: diseases of the circulatory system, neoplasms, accidents, poisoning, violence, and respiratory diseases. In 1996, premature deaths were due to diseases of circulatory system (50.4 per cent), neoplasms (20.9 per cent), accidents, poisoning and violence (6.5 per cent), and respiratory diseases (3.8 per cent).

From the standpoint of health policy in Croatia, cardiovascular disorders and neoplasms are currently of major concern. In addition, the female population with breast and genital cancer and male population aged 45-54 have been identified as high mortality level groups of particular concern.

The number of AIDS patients has been relatively low in Croatia. Despite that, a series of preventive measures are being introduced, such as: blood screening and protection, screening of high risk groups, and information and educational campaign. The National Committee for AIDS Prevention was established within the Ministry of Health which is in charge of coordination of AIDS/HIV policies and programmes.

Perception and policy related to population ageing, including change in population age structure

The growth in the number and proportion of the elderly in the total population has characterized the demographic structure of the Croatian population over the last several decades. Ageing is the result of: accelerated decrease of the birth-rate; long-term and intensive emigration of mainly younger, economically active members of the population; and better living conditions and improved health and welfare services. The share of population aged 65 and over in the total population rose from 7.5 per cent in 1961 to 13.1 per cent in 1991.

Demographic ageing in Croatia, a process in full swing, has presently and will continue in the future to put pressure on the pension and health care systems, including other social services. The situation will particularly be aggravated after 2005, when the relatively numerous generation born immediately after World War II will reach old age.

The elderly are heavy consumers of care in every society. In developed countries, meeting these demands is primarily a question of economic resources. In countries which are undergoing social, political and economic transition like Croatia, it is a question of restructuring the whole system.

The Republic of Croatia has initiated the reform of the pension fund. The new legislation provides that the pension fund relies on combination of generation solidarity, compulsory and voluntary capitalized savings. In addition, the retirement age will be increased by five years so that the regular retirement age will be 65 for men and 60 for women, while the early retirement age will be 60/55, respectively.

In Croatia, the family still plays an important role in support of older people, mostly through emotional support, personal service provisions and financial assistance. However, family care-giving behavior is likely to change rapidly due to modernization of society, especially caused by a change in family structure. According to data on the number of household members, Croatia faces an increase of two- and three-member households (from 35.5 per cent in 1953 to 42.7 per cent in 1991) and a decline in six-and-more-member households (from 19.1 per cent to 6.8 per cent in 1991). Assuming that the status of the elderly is better when an extended, rather than a nuclear family, predominates in society, it is obvious that a society faced with such a shift in living arrangements should expand its elderly care provisions in order to assume the role previously played by the family. In this sense, Croatian society is focusing its efforts to find solutions to provide good care for the elderly.

Perception and policy concerning migration

The aggression against Croatia, which started in 1991, caused a vast migration crisis with adverse effects in the humanitarian, demographic, social and economic spheres.

In 1992, the peak of migration crisis was reached when roughly 800,000 refugees and displaced persons were accommodated in Croatia, representing more than 15 per cent of the total population. During the period from 1991-1998 the majority of them have returned through organized forms of return to their homes or placement to third countries. Seven years since the beginning of the conflict, Croatia has still to secure the return of tens of thousands of displaced persons and refugees.

In this regard, on 26 June, 1998 the Croatian Parliament adopted "The Programme for the Return and Accommodation of Displaced Persons, Refugees and Resettled Persons". The Programme provides the basic rules and regulations for returnees and assistance provided to them. It confirms Croatian international commitments to the principle of the right to return and improved conditions for the repossession of property. The Return Programme is based on the unconditional right of return of all citizens and other categories of persons who could be regarded as refugees in accordance with the relevant international instruments (Geneva Convention of 1951 and other relevant UN instruments). The exercise of the right to return, whether organized or spontaneous, depends exclusively upon the individual will of the person who wants to return. Therefore, return should be voluntary and based on a free and well-informed choice.

The Government has elaborated the Programme in cooperation with the UN High Commission for Refugees (UNHCR), which has a leading role in the solution of the regional refugee issue, and with the support of the Organisation of Security and Cooperation in Europe (OSCE).