



COUNTRY FRAMING REPORT

Slovenia

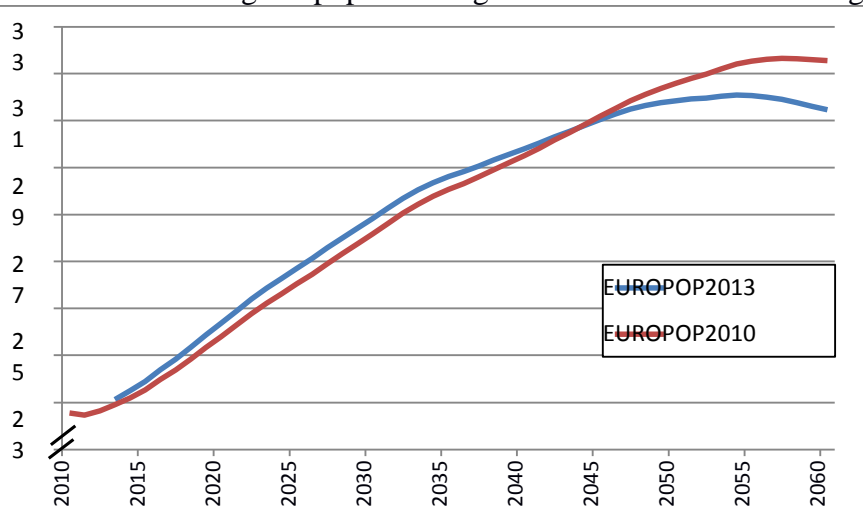
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Social-demographic context, labour market and elderly workers

Slovenia is ageing fast. According to the population projections, in the period 2008-2060 the proportion of Slovenia's working population (20-64 age group) is expected to shrink from little less than two thirds of the whole population to less than a half of the whole population. On the other hand, the share of people, aged 65 and more is expected to increase more than twofold, from 16,1 % to 33,4 % in 2060. The share of elderly, aged 80 and more is expected to increase even more, from 3,5 % in 2008 to 14,1 % in 2060 (EUROPOP2013, Zupančič, 2012). Generation that is now entering the labour market counts a little less than 20.000 while there are a little more than 30.000 persons who retire each year. These data dramatically address the question of the balance of workers to non-workers shown by the total economic dependency ratio which is calculated as the ratio between the total inactive population and employed persons, aged 15 to 64. It provides a measure of the average number of individuals that each employed person "supports", being relevant when considering prospects for potential GDP per capita growth. It is expected to be fairly stable at around 115 % in the period up to 2020 in the EU, and then to rise to 145 % by 2060. In Slovenia, it is projected to be more than 180 % at the same time (Economic and budgetary projections for the 27 EU Member States (2010-2060: 71).

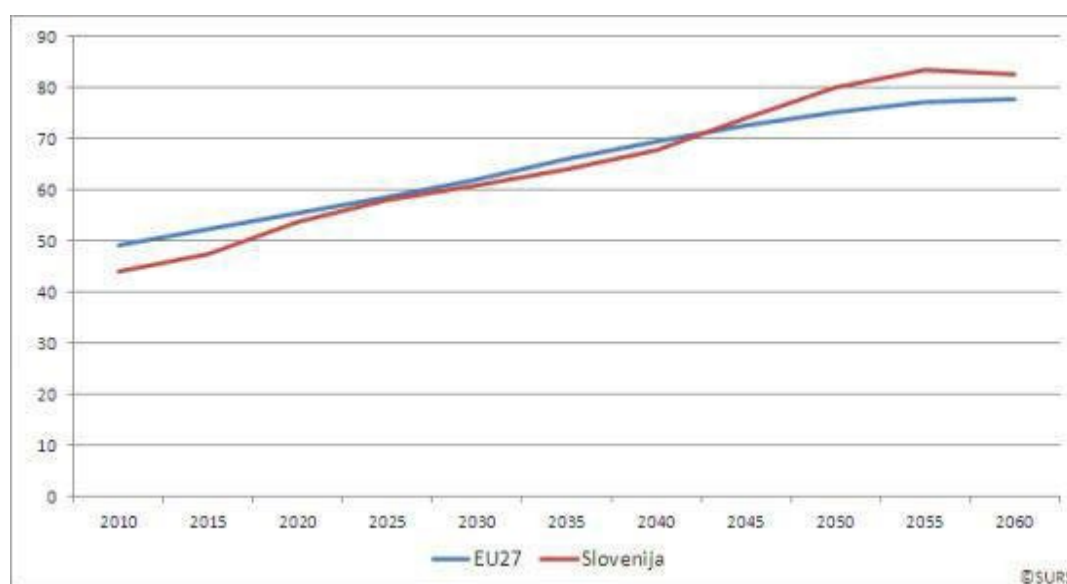
Table 1: Percentage of population aged 65+ in Slovenia according to projections



Source: Eurostat, 2011 (EUROPOP2010); Eurostat, 2014 (EUROPOP 2013).

Longevity offers many opportunities since the ageing population in general is more active and healthy compared to any other population of the same age in human history. Their potential in terms of working activity and meaningful contribution to society appears to be enormous as well as rather neglected. On the other side, with higher life expectancy (78 years for men and 84 years for women in Slovenia) there is an increasing demand for long-term care which means that more and more active population especially middle-aged women are taking care for elderly relatives while still responsible for their dependent children. Due to unfavourable regulative framework they are forced to exit from the labour market or - more commonly - continue to be employed under stressful conditions of overburdened daily life. No wonder they have been labelled as the "sandwich generation caregivers".

Table 2: Elderly dependency coefficient, Slovenia and EU27, 2010-2060



Source: SURS, Eurostat, EUROPOP2010

A smooth transition from employment toward post-retirement activity is essential for adaptation to new ways of life. Gradual retirement wherever possible, information on and accessibility of interesting options of meaningful activity is becoming a more and more desirable way of life after retirement. In order to be able to measure and monitor an active and healthy ageing, the active ageing index (AAI) has been created in 2012. The AAI is a summary measure of 22 indicators grouped in four domains (employment, social participation, independent living and capacity for active ageing) that monitor progress across European countries. According to this index, Slovenia is placed among low-score countries since it is ranked 24th out of 28 European countries.

In recent years, despite the fact that Slovenia's employment rate was just a bit lower than the EU average (64,9 % in EU, 63,9 % in Slovenia in 2014) and the employment rate of women was slightly above average (60 % compared to 59, 6 % in EU) the overall employment rate of people in the age group 55-64 remains rather weak (35, 4% compared to 51 % in EU) and even weaker for women (22 %).

It was stated that this unfavourable situation might be seen as a result of several factors:

in the beginning of 1990s' Slovenia gained independence and its economy lost its former Yugoslav markets, hence it was forced to redirect itself towards more demanding western markets. It was a harsh process during which many of relatively young low-skilled workers lost their jobs and chose early retirement;

- limited investments into upgrading new skills for elderly workers which prevented them to remain competitive and productive in the labour market;

- the ongoing restructuring of the economy with mass redundancies hits especially the elderly and increases demands for more skilled and younger workforce (Zupančič, 2012).

But, is this situation really unfavourable? Considering the relatively low retirement age in Slovenia and people's reasons for it, it appears to be understandable. 70 % of people who reach the conditions for retirement, opt to retire immediately, another 17 % choose an early retirement scheme and the third reason for retirement are health-related issues (Kavaš et al., 2016: 22). In spite of financial incentives to prolong their working life available from January 1st 2013 on, the majority of employees opt for retirement as soon as they can.¹

¹ The main goal of the pension reform act from 2013 (entitled Pension and invalidity Insurance

State pensions² were available in Slovenia during the period 1999 to 2012 for people over 65 years of age who were not employed or whose contributions didn't suffice for a pension. The state pension was abolished in 2012 by the Social Security Act and replaced by two other policy instruments, by financial social assistance³ and by care assistance⁴. The two combined could overpass substantially the state pension which was far below the poverty line.

The general "squeeze of profits" during the last economic crisis from 2008 onwards influenced the working conditions of almost the entire workforce except the "cadres of the system" (Wallerstein, 2006) with two population groups mostly affected, i.e. youth by increasingly precarious working conditions and elderly people who barely endure them.

Namely, recent reports on psychosocial risks at work in Slovenia, based on the results of the fifth European Working Conditions Survey (2010) and the Slovenian module on psychosocial risks in the workplace (2010) had shown that workers in Slovenia work more and more intensely than is an average in EU; they experience a higher level of job insecurity, presenteeism is more widespread and the majority of workers report that they live under stress. The European Working Conditions Survey (2010) reports that 34,6 % of workers aged 55 and more in Slovenia experience stress at work always or most of the time, a figure that is almost twice as high compared to the 25-39 age group. It appears that age management within labour market in Slovenia is not well developed since the majority of enterprises do not reflect about creating a more ageing-friendly environment. Moreover, according to the Meet Change survey (2013) 42 % of employers stated that they do nothing to adjust to ageing workforce or to meet their needs in any way. From the mentioned, says Zupančič (2012: 2), one might assess that the major constraints to longer working life is not lack of motivation (work is still considered as one of the most important values in Slovenia, in recent years replaced on the very top of value hierarchy only by family life) but adverse conditions of working environment. Lack of life-long learning access, lack of individual self-confidence along with the increased ideological pressures of individual responsibility for one's own life as well as general negative attitude towards prolonged working life because so many young people are unemployed are hindering higher participation of elderly people in the labour market in Slovenia.

The state policies aimed at prolonging working life help to a certain extent: there are, for example, initiatives such as Comprehensive support to enterprises for active aging workforce with 30 million Euros to spend for inclusion of 12.500 elderly workers in the period from 2017 to 2022. Another policy measure which is already in place is the state compensation via deduction of taxes to enterprises which employ elderly workers. The new pension reform which is in its preparation phase will emphasise the following measures as far as the prolonging working life is concerned: introduction of financial support for mentorship schemes for elderly workers, part-time employment⁵ and adjustment of work place for elderly workers.

Act) is to prolong the working life with the help of various legal and policy measures: a) by raising the retirement age to 65 for both genders, b) by lowering pensions in case of early retirement and c) by rising pensions for 1 % for 3 months of delay, 4 % per year and up to 12 % in total if retirement is delayed.

² There are different kind of pensions in Slovenia: old age pensions based on pension contributions during the working life, family pensions, widowhood pensions and pensions for disabled persons.

³ From August 2017 the basic minimum income or financial social assistance is 297 euros.

⁴ The care assistance helps pay for personal care if a person is older or disabled. After her or his death the sum for care assistance is deduced from the possible inheritance. This is often a reason for not asking for it even if entitled.

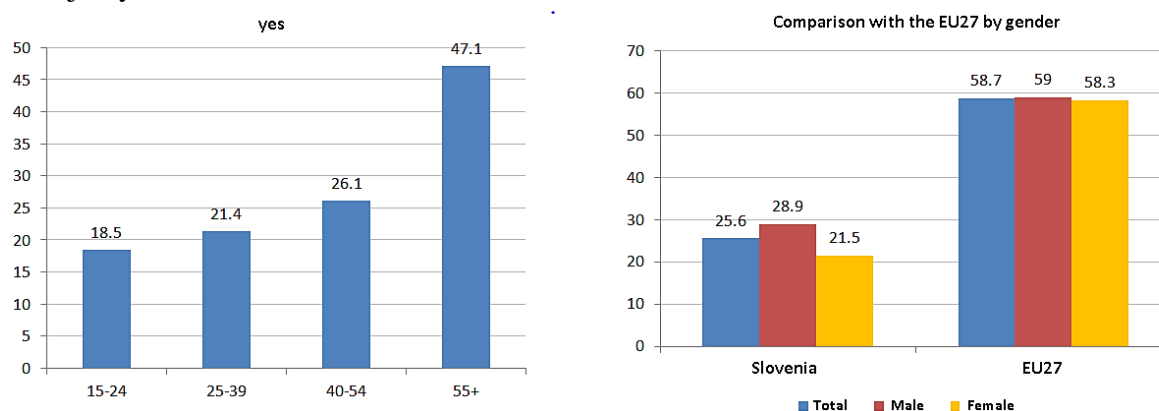
⁵ In the age group 55-64 there are only 13,4 % of workers who are employed part-time compared to 22,1 % in EU. The difference is bigger still for women: 16,8 % part-time working women in Slovenia compared to 35,9 % in EU.

Gender impacts

According to the Eurofound, there are more workers in Slovenia who work more than 70 hours per week than in the EU27. Concerning the number of hours of (paid and unpaid) work, there is a large gender difference in both the EU 27 and in Slovenia, but in Slovenia it is considerably larger as 17,3 % of men and as much as 41 % women report working more than 70 hours per week (Kanjuro Mrčela, Ignjatović, 2013: 138).

Significant gender differences occur regarding work autonomy – setting the working time arrangements and regarding the influence someone has on the important decisions about work. More women (68,6 %) than men (62,4 %) have their working time set by the company/organisation, while more men (14,2 % against 8,9 % of women) can determine their working time entirely by themselves. More men (22,5 % against 17,2 % of women) can always take a break when they wish, while more women never have such an opportunity (35,9 % against 25,1 % of men). More men (17,7 % against 11,4 % of women) also report that they can always influence important decisions about their work. On the other hand, more men (17,6 % against 12,7 % of women) report that they work in their free time in order to meet their work demands nearly every day or once or twice a week. Men are more (57,2 %) than women (50,8 %) always or most of the time involved in improving the work organisation or work processes. Job insecurity seems to be much higher in Slovenia - about 27 % of both men and women are afraid of losing their jobs in the next 6 months - than the average in the EU27 (16,4 %) (Kanjuro Mrčela, Ignjatović, 2013: 139).

Table 3: Responses to the question: Do you think you will be able to perform at the age of 60 the job you do now?



Source: Ignjatović, Kanjuro Mrčela, in Kavaš et al (2016), p. 26

As far as gender implications of extending working life are concerned, women's activities and concerns within private sphere appear to be very important. What follows is a short review of some family life phenomena we consider important and are somewhat specific to Slovenia.

All research studies inquiring into the division of labour in Slovenia paint a similar picture: women as homemakers and caregivers devote a disproportionate amount of time to family life and to household. A Eurostat survey showed that full-time employed women in Slovenia (and in Lithuania) spend the most time in the work place and have the least spare time in comparison with women in other EU states. In 75-80 % of cases it was exclusively women who, in addition to bearing a full workload, did the majority of housework and child care in Slovenia.

The figures on the amount of time spent on household work even more clearly demonstrate an unequal division of domestic labour. In Slovenia, women aged 20-74 spend almost 5 hours per day on domestic work (including child care), which is about twice as much as men do (Švab,

Kuhar and Renner, 2012).

As Ule and Kuhar (2008) found, the dissatisfactory, asymmetrical division of domestic work is a possible reason for low fertility rate as women often endeavour to strike a balance between employment and family life at the cost of their sleep, rest and free time.

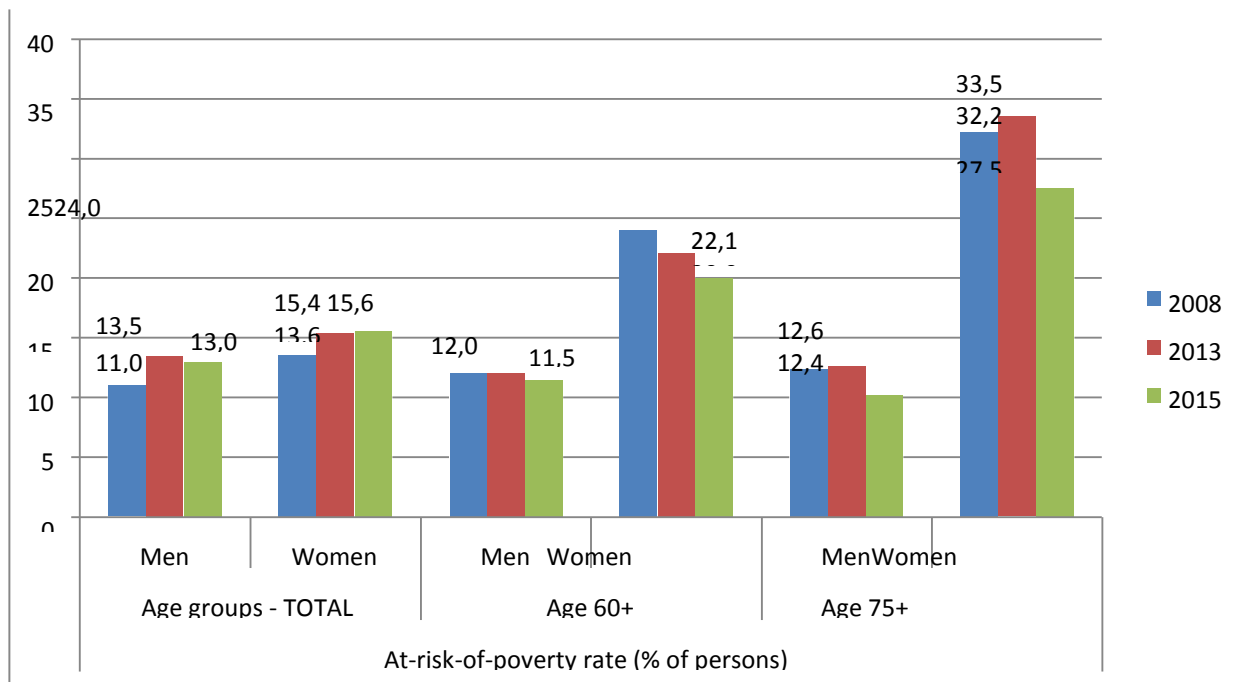
According to the only existing qualitative research on the so-called “new fatherhood” (Renner et al., 2008), two models of fatherhood seem to currently prevail in Slovenia: the complementary model based on the traditional division of family labour with the passive involvement of fathers, but not based on the traditional notion of the father as a breadwinner; and the supportive model where fathers are more involved in family labour, although it is based on the notion of fatherhood as an assistant/supportive parental role and motherhood as a primary parental role.

As a result of the existing gendered division of family labour, two processes of the reallocation of care are observed in Slovenia. The first is the reallocation of care from women to paid services (child care and domestic help) for those who can afford it (5% of households) and the second is the reallocation of care from women to unpaid services carried out by relatives, usually grandmothers (Humer, 2009). Household work took up the biggest share among paid domestic work, representing 81 % of hired help at home, 10 % was represented by child care and 23 % by elderly care (Hrženjak, 2010).

The strong support of family networks also holds important consequences for the gendered division of labour within the family. In this way they function as some sort of obstacle in the sense that the gender gap within families is less discussed and negotiated.

Due to lifelong care for children, elderly or others, women experience pension penalties, high risk of poverty and economic dependency in the old age. For example, results for Slovenia show quite substantial gender pay gap (23 % in years 2003-2007 in the same position at the same employer), that will have an impact on gender pension gap. The issue of gender pension gap (GGP) in the EU has not gained considerable attention until recently, in contrast to the gender pay gap (GPG). Slovenian GGP in 2012 is 24 % (Burkevica et al. 2015). It is higher for older cohorts; one out of four women born before 1945 had been in employment less than 14 years. Thus, an important issue emerges which has to be addressed in future research and policy measures. According to Hrženjak (2016) the consequences of unequal division of labour and especially women’s long-term caring work together with projections of extending working life for women and men to 67 years of age have not been researched yet and were not addressed properly in the so called White Book, a document which precedes the next pension reform in Slovenia.

Table 4: At risk of poverty rate of elderly by gender



Source: SURS (Statistical Office of the Republic of Slovenia, 2016)

Health impacts

In order to understand health impacts of prolonging working life in Slovenia we have to mention some characteristics of the transition into neoliberal capitalist system at the beginning of the 1990s and their influence on social security and health care systems. The Slovenian welfare system was reorganized by means of partial privatization of social and health services. The cost of health care which was fully covered by compulsory health insurance was re-located on individual optional health insurance combined with the old compulsory one which now covers just basic healthcare needs. Therefore, old age became even more important risk factor as far as health is concerned. Along with structural system changes a strong ideology of “individual responsibility for one’s own health” pervaded popular media and medical consulting rooms.

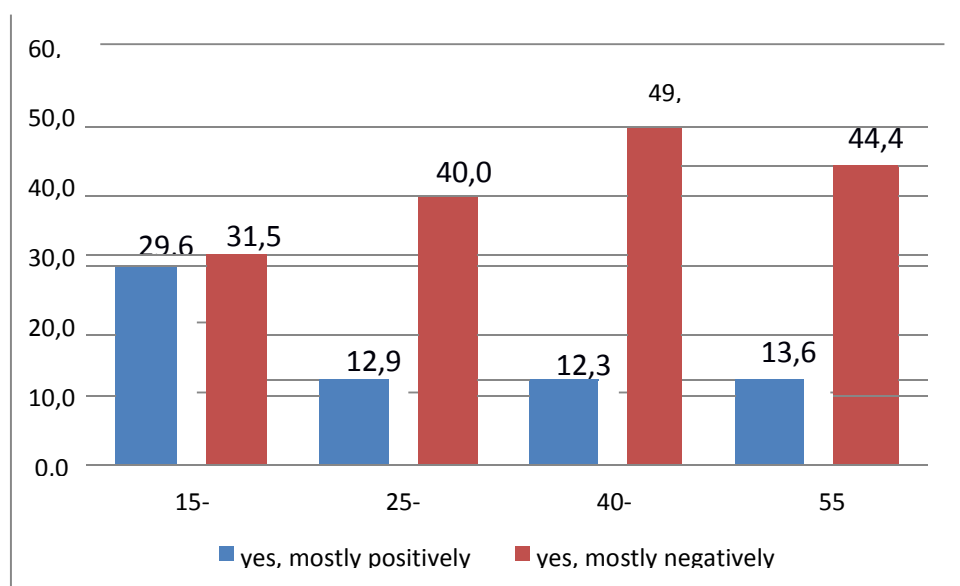
In the area of health and elderly there is a very interesting discourse analysis carried out by Majda Pahor and Barbara Domanjko (2006: 28-29) who analysed 352 bibliographical units written by professionals from various disciplines. The authors discovered that:

- regarding health-related issues elderly are treated as primary elderly bodies, prone to health risks and diseases;
- the examined sources frequently use terms such as problems, help, save, rescue in relation to elderly;- there is a general tendency to essentialise (unite and generalize) characteristics of elderly people;
- voices and experiences of elderly are overheard or considered unreliable as non-professional;
- there were only few units which tackled discrimination, exclusion and abuse of elderly;
- elderly are stereotypically portrayed as fragile and passive rather than active and vital;
- absence of gender sensitive language use;
- prevailing functionalist perspective of elderly along with prevalence of biomedical model of treatment. In 2013 a thematic issue of *Slovenian Journal of Public Health* was published reporting results of various research studies about gender and health. We are going to present briefly some of the results.

First, the data show a strong correlation between the subjective perception of health and the socio-economic status of women. Poor physical and mental health has been linked to low income, low levels of education, working class and other indices of disadvantage. The data has also shown that problems identified by government statistics and medical experts do not necessarily correspond to the health problems identified by women themselves. To fully understand women’s health, it must be recognized that health is determined by both contextual factors and the structural sources of women’s lives. The subjective health status is highly dependent on the cultural, socio-economic and even political context (Ule, Kurdija, 2013: 95).

Based on 5th European Working Conditions Survey and data from a special Module on working conditions and psychological and health risks in the working environment in Slovenia Kanjuo Mrčela and Ignjatović (2013) reported several working condition and health related issues such as: men and women differ regarding reported physical and mental health problems; men and women have different negative experiences at work (including harassment, bullying, stress and other) that could affect the workers’ health; a high work intensity for women in paid and unpaid work correlates (although weakly) with an increased incidence of health problems.

Table 5: Answers to the question: Does your work influence your health?



Source: European Working Conditions Survey, 2010 in Kavaš et al, p. 31

In general, Slovenian women are more overburdened with paid and unpaid work, they report less autonomy at the workplace, are less satisfied with their working conditions and report more physical and mental problems that are associated with work especially in relation to increasing work intensity. Compared to the EU27 average, workers in Slovenia report working more (especially women), being less satisfied with their working conditions, experiencing more job insecurity, more presenteeism and less absenteeism, considerable stress and overall fatigue. Among the experiences that are indicators of harassment and bullying at the workplace, the respondents mostly reported negative experiences related to too much and badly organised work, while experiences of psychological violence and physical violence are less frequent. These results have implications for gender-sensitive organizational and social policies in Slovenia, but also for other European countries that are trying to increase the participation of women in the labour force, while being less concerned with the equality of involvement of men and women in unpaid work in the private sphere (Kanjuro Mrčela, Ignjatović, 2013: 145-146). To conclude, due to the rising health care costs, the key problems both health policies and individuals face is how to stay healthy for as long as possible. The most frequent answer of modern health policies is emphatically (neo)liberal – the individualisation of care for health. Health promotion activity that focuses on diet, smoking prevention and exercise without addressing poverty, social isolation, gender roles in caregiving, socio-economic inequalities, occupational and household hazards and environmental pollution remains very partial and deeply unfair (Ule, 2013).

A critical remark instead of conclusion

Accounts of changes in education, health and social policy architecture in recent decades in post-industrial Western countries followed faithfully by Slovenia focus on several themes under varying labels: neo-liberalism, investment state, enabling society, activation, and similar. Among the key dimensions characterizing recent policy changes are: an eclipsing of the social by economic concerns, a turn toward social investment, accentuation of individual

responsibilities of citizens, and recognition of life courses in flux. Each of these themes separately and together prioritise labour market participation or market citizenship over other contributions citizens make or might make to society. Instead to view a prolonging working life in terms of various forms of prolonged employment we might consider a replacement with other possible concepts. One is a concept of autonomous versus heteronomous work, the other is a capability approach, developed by Sen and Nussbaum which – similarly to the first one – speaks of meaningful contributions to society instead of employment based on market value of work. The third one is, obviously, the discourse of the universal basic income (UBI) which would enable the other two concepts to show better their social, intellectual and political superiority compared to the mainstream discourses embedded in pension systems and reforms. The UBI in its gradual form would contribute significantly to raise not only the livelihood but the human dignity of two population groups mostly affected by the crisis, namely children and youth on the one hand and elderly on the other⁶.

⁶ A week or so ago (August 2017) an interesting proposal was elaborated by Italian government and sent into parliamentary discussion: a state pension (we might as well call it UBI for elderly) of around 600 euros to be paid in old age to today's youth who are unemployed or precariously employed and thus unable to pay pension contributions during their life course.

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