

EDUCATION AND HEALTH CARE – THE DARK SIDE OF THE BULGARIAN TRANSITION

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ABSTRACT: FOR 25 YEARS, THE TRANSITION FROM A TOTALITARIAN STATE AND DEMOCRATIC SOCIETY IN BULGARIA RAISED SERIOUS PROBLEMS THAT UNDERMINE PEOPLE'S FAITH IN DEMOCRACY AS A WHOLE. MOST SERIOUS ARE THESE PROBLEMS IN EDUCATION AND HEALTH, THE ARTICLE SHOWS THEIR STATISTICAL DIMENSIONS, SUPPORTED BY A THOROUGH ANALYSIS OF THE AUTHOR.

KEY WORDS: SOCIAL SECURITY, EDUCATION, ILLITERACY, SCHOOL DROPOUTS, HEALTH, HEALTH CARE, DISABILITY, DISABLED, MIGRATION, CENTER - PERIPHERY, FINANCIAL PRESSURE, SOLIDARITY PRINCIPLE

THE correlation between education and social security is a lemma for any society. Education of the population in a country is one of the key indicators characterizing the real opportunities for its development, quality of life and security. This important function explains its inclusion as a structuring element of the index of human development in the Development Program of the United Nations.

THE survey data "Relationships between generations and sexes" confirm the differential role of age on the educational structure of the population and allow to track changes. In both waves of the survey (2004 and 2007) seems to be a positive change among the youngest age group. Increased is the share of high school graduates by 10.3 percentage points. Closely to so decreased the proportion of primary school graduates (10.1 percentage points). In the oldest the change is negative. Has increased the proportion of graduates with only primary education by 5 percentage points [4], [5].

AT the beginning of twenty-first century educational structure of the population in rural areas continues to be worse than that of the urban population. There is reason to assume that this is largely due to:

- the boom in domestic economic migration from the countryside to the cities and the capital due to the formation is a drastic difference in economic development between the center and periphery of the country and between regions. In search of livelihood, higher educated people leave the villages;
- the increased foreign economic migration, based also on the above reasons;
- lack of far-sighted economic policy and sustainable regional development;
- the absence of ideas and policies for local development;

- the neglect of national traditions and best practices in the implementation of agrarian reform;
- the backlog the reform of the social system in terms of economic change;
- the introduction of unadapted to Bulgarian conditions foreign practices.

THE results of the socio-demographic study "Relations between the generations and the sexes" shows that the outlined negatives between education in towns and villages are not overcome. Clearly manifested trend is the share of people with higher education increases with the size of the settlement. So the proportion of the population of the villages with higher education is 6.4 times smaller than that of Sofia, 4.7 times that of the cities and 3.2 times than those in cities. In primary education, the trend is opposite to the one described in higher education - namely, the proportion of the population with primary education in villages is 5.9 times higher than in Sofia - 3.5 times that of the large cities and 2.1 times of the cities. With regard to secondary education between the cities there is almost no difference.

THE chronic shortage of financial resources in education, the hasty closure of schools and the opening of such focal without providing the necessary social infrastructure leads precisely in this direction - low level of education, illiteracy. This does not correspond with the European perspective of the quality of human capital needed for the knowledge economy. The delineation of such a rift would inevitably lead to poor economic performance because educated workforce is not sufficiently active, multifunctional and dynamic. The dynamic market-based economy, rapid technological change prevents waste of time, resources and destinies. Therefore, the state policy in the field of compulsory education should not prevent students from dropping out of the system. The number of school leavers students move within the 31 552 in 2003–2004 and 20 055 in 2008–2009. The analysis outlines school years 2002–2003 and 2003–2004 as the most favorable in this respect over the period.

Table № 1

Dynamics of school leavers by level of education

	Indexes									
	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Total	100,0	108,3	98,8	109,4	111,3	101,9	96,2	103,6	82,5	70,8
I-V grade	100,0	106,0	93,7	94,9	96,6	77,9	74,5	81,9	68,0	60,8
V-VIII grade	100,0	116,5	105,9	114,1	115,4	111,0	104,2	118,4	94,2	79,5
IX-XII grade	100,0	104,8	101,6	127,0	130,0	124,2	116,6	112,7	89,4	75,3

CLOSED are a significant number of schools in rural areas and students are diverted in central schools. Due to unresolved issues with social infrastructure many children subject to compulsory education do not attend center school, which further increases the gap in education between urban and rural. The conducted to assess the impact of school closures shows that an increase in the proportion of dropouts from schools closed. In 2007 and 2008 the proportion of dropouts in closed schools is more than two times greater than in uncovered. The average proportion of dropouts was 14.9% for closed schools against 6.2% for uncovered in 2007 and 2008. In the summer of 2008, are about 300 schools. For them, the average

percentage of dropouts was 11.3% compared to 4.9% for uncovered schools. Obviously, the closure of schools in the villages played its economic role - save money for the state. The achieved economic result as a result of this form of optimization of the school network as shown by foreclose rural children to educational institutions. In a medium term will appear and other negative aspects. One of them is the lack of an educated workforce for the local economy. The second is related to the structure-part of the school. Its absence in most cases will lead to fading disappearance of villages without schools. It has been shown that in such cases the parents are going to live where children learn, ie in the city.

LOW education of some segments of the population, while developing a process of "brain drain" from Bulgaria will inevitably lead to a breakdown in national security and that these processes is necessary to predict long to master for the sake of security of the nation.

BUT *other areas of social development, undermines social security society's health care.*

THE importance of the health as an integral indicator of socio-economic development of both individual countries and entire regions can hardly be underestimated, since they have a direct connection with national security. The fact that the health indicators by life expectancy enter in the calculation of the index of human resources, is eloquent enough by itself. The importance of the health is confirmed by the fact that it can be regarded as one of the most fundamental resources for social and economic progress.

TOTAL mortality in the country in recent decades is steadily increasing. Since 1990, the increase in mortality per decade is 1 point per 1000 people. This indicator is in especially high levels in rural areas. With a starting level of 18,6 ‰ in 1990 deaths in the villages increased to 20,4 ‰ in 2008 in the cities the figure is respectively 9,4 ‰ and 12,1 ‰ [16].

CLEARLY expressed differences in the values of mortality in towns and villages are one of the strongest proofs of inequalities between population in both cities.

SIGNIFICANT are the differences in total mortality and in terms of the regional distribution of the population. The indicator shows very large differences across regions for planning [13], [14], [15], [16].

DISABILITY. The total number of persons with disabilities in Bulgaria can be judged by the data from the 2001 Census or as appears indirectly and relatively accurate data of NII. It can be argued that the proportion of disabled people in Bulgaria in the time interval January 2001 - June 2009 range from 4.8% to 6.4% of total population [16].

THREE other representative surveys in recent years indicate certain information about disability among young people. By interpreting empirical data from different sources can be argued that almost every 10th young person in Bulgaria is disabled - registered or identified themselves, and experiencing serious or moderate limitations in the ability to perform their daily activities and to carry out the inherent its social roles.

THE main indicator characterizing the demographic and social structure of the disabled, is age. Usually it is bound by place of residence, gender, level of education, professional activity, and more. [5], [6].

THE access to adequate health care for all citizens is a priority in any strategy for social inclusion. The right to health is a human right and no one can be deprived of it based on his personal income, property, residence or based on any other sign. As a common policy approach called accept. solidarity principle, where health care is guaranteed by the state.

Since the signing of the Rome Treaty creating the EU's fundamental tenet is the obligation of the state to ensure equal access to quality services to all its citizens, regardless of where they live.

THE results of health reform, held under the strong influence of international financial institutions, eight years later, there are - on the one hand, dissatisfaction with the providers of medical services, lack of specialized staff and constantly smoldering outbreaks of social unrest in hospitals and CEMC; the other hand - complete disappointment and helplessness of patients caught in the maze between:

- "the reformed" hospital care;
- "the unappreciated" clinical pathways hospital companies;
- "the luxury market" on dental services.

THE two main disadvantages of the health system, giving rise to social insecurity and pushing the population of Bulgaria in the field of unbelief to social security are - inefficiency and injustice.

INEFFECTIVENESS - because of extravagance of skilled labor, non-use of spare capacity existing perverse incentives that do not promote highly qualified and best practices, overconsumption allowed in certain sectors and unjustifiably restrict access to others.

INJUSTICE because of the unequal treatment of different categories of patients disproportionately low volume medical care and quality health services for the elderly, disabled patients, and residents of small villages.

HEALTH care reform has led to significant financial pressure on households, especially given the poor health status of the population. According to official data of the National Statistical Institute [9] the share of health care costs in the cost structure of households shows a clear upward trend since the beginning of reforms. In the period 1995-1999 the share of health spending is within 1.9-2.9% of the total cost. In 2000 it rose to 3.6% in 2007 has already reached 4.7 percent. The low level of incomes hinders access to healthcare. This applies especially to the poor and vulnerable segments of it. Other than those provided by the state budget and other sources remain unemployed who are not entitled to compensation and not included in the social welfare system. For most of them the contribution of 6% for health insurance and highly commercialized medical services are prohibitive. Especially difficult is the access of representatives of ethnic minorities.

EXTREMELY insufficient funds are NHIF to cover the cost of drugs. According to the European Federation of Pharmaceutical Industries Bulgarian patients compared with those of other European countries pay for medicines relatively most from his own pocket - 56%, ie only 44% are covered by NHIF. EU average ratio is 18 to 82%. The government not only failed to find a way to increase funds for medicines or for their effective spending but introduced and further aggravating the 20% VAT on their value. The drug policy is accompanied by permanent crisis of shortage or lack of life-saving drugs. Paradoxically for a country defined in the Constitution as a "social" points to "commercial" and "fiscal" reasons for unequal access to modern treatment and quality drugs. As a rule, this limited access (at low average income) leads to secondary poverty and persistent social exclusion.

ONE part of the population than health-care contributions, incurs significant costs to health services in the form of:

- **additional regulated payments** - a user fee for each visit to a GP or specialist and hospital treatment. This limits access especially when treatment requires sophisticated diagnostics and multiple visits to the doctor;
- **additional payments in outpatient care** - the existence of limits to visit a specialist forcing patients to pay for their studies; means of highly specialized and expensive tests do not comply with requirements;
- they are formed **waiting lists**, and those who can not wait have to pay;
- **additional payments for inpatient help** - medicines, supplies, research, food;
- **illegal payments** in the form of donations, "thanks" and others. Experts estimate they are now about 1.5 billion. Lev. This is a huge additional resource that is poured under duress, but this is also corruption potential that discredits the health reform.

ALL this suggests that the poor, if they want to be treated become poorer, and if you refuse treatment become sicker. This very deeply undermines social security Bulgarian society and the whole social system.

The statement in this article refers to the following

SUMMARIES AND CONCLUSIONS

1. **OPTIMIZATION** of the school network including and that of the universities should be resolved in a short term. Since the process of optimization is associated with changes in the economy and the labor market, so it should be seen as the primary and permanent role within the education system.
2. **HEALTH** of Bulgarian population is at very low level and is constantly deteriorating. As a major leading cause of deteriorating health status of the Bulgarian population is continuous decline in macroeconomic and social indicators in the last 20 years.
3. **THE** basic demographic indicators: fertility, mortality, child mortality, average life expectancy, life expectancy of 65 + puts the country at the bottom of all European charts and warrant Bulgaria's population be defined as "the sickest."
4. **DISABILITY** is among the most important social problems in Bulgaria at the beginning of the XXI century, and they have an impact on nearly a fifth of Bulgarian households and 8% - 10% of the country naselniето are people with disabilities / disabled (registered and unregistered unconscious disability).
5. **DISABILITY** affects the earnings of people with disabilities and their households: the more severe the disability is visible, the lower the income of both the disabled and the households in which they live. Empirical data show that poverty is associated with disability, and in turn increase the risk of poverty. This is an important prerequisite for the emergence and persistence of social inequalities in access to healthcare, education and employment.
6. **THE** people with disabilities often have lower education. Numerous studies have shown that adults with disabilities have lower employment and socio-economic status than people without disabilities and the likelihood of living in poorer than average households is greater - for example, the majority of persons with disabilities at often fall into two quintile to the poorest. Much of the representatives of the social category of "disabled" within the so-called. "Fourth world" or the world of new poverty.

7. The majority of persons with disabilities subject to daily "social media" marginalization, social exclusion, inequality, deprivation, contraction of resources in social networks or disconnection in them and other negative phenomena and processes become an oppressed minority [9].

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