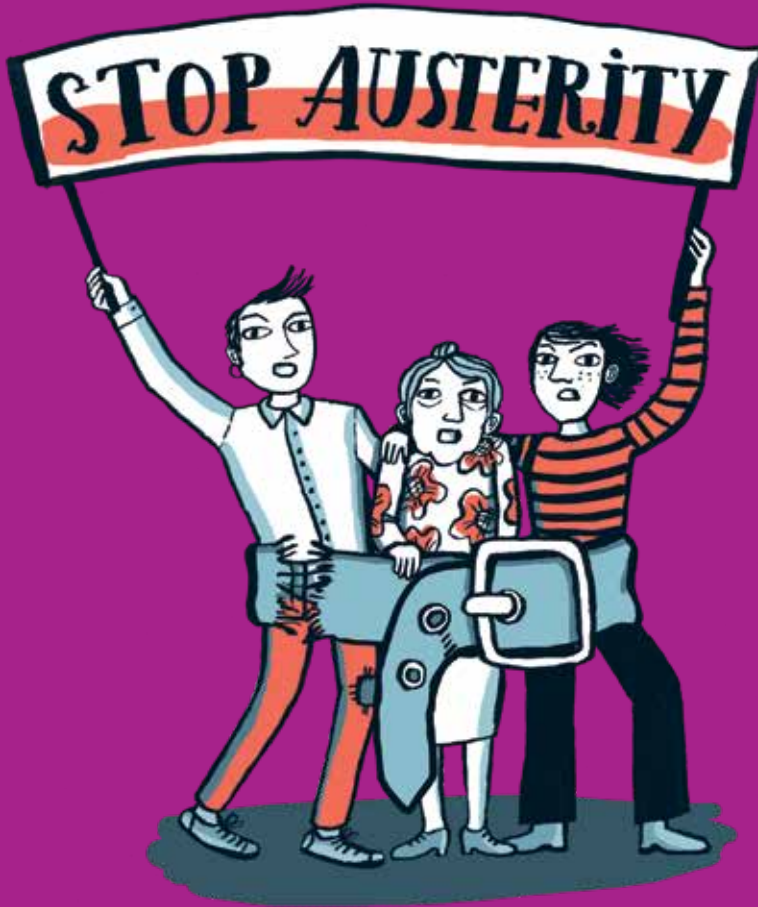


SLOVENIA

AUSTERITY, GENDER INEQUALITY AND FEMINISM AFTER THE CRISIS

The Legacy of Socialism after  
Neoliberal Crisis: Austerity Measures and  
Gender Equality in Slovenia

Anamarija Šiša and Antonija Todić



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INEQUALITY AND FEMINISM  
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## Introduction

**O**ur study *The Legacy of Socialism after Neoliberal Crisis: Austerity Measures and Gender Equality in Slovenia* is a reflection on and an analysis of the consequences austerity measures had for the lives of women and for gender equality in Slovenia after the economic crises in 2008. Our work started in January 2020 and was somewhat postponed and prolonged by the current COVID-19 pandemic. Even though the pandemic has instigated radical economic and ideological shifts around the world we have decided to keep our focus on the austerity measures and the consequences they had on the lives of women until the start of the COVID-19 pandemic in March 2020 (in Slovenia). Therefore, we haven't included analysis of current governmental anti-corona measures but have hopefully laid the groundwork for future researchers to continue where we have left off. Some radical moves have already been taken by the current right-wing Slovene government led by PM Janez Janša. We are most worried that the reproductive work done mostly by women won't be recognised. Particularly vulnerable groups, women employed in health and long-term care sectors, those in part-time, low-paid and precarious jobs have once again been ignored by governmental policies and anti-corona aid packages. In the conclusion we will offer a reflection on the last economic crises and connect it with the current one.

After the disintegration of SFR Yugoslavia, Slovenia started the process of economic and political transition, leading to its eventual entry into the EU (as the first among Yugoslavian countries in 2004) and the Eurozone (2007). Compared to other ex-Yugoslavian countries, Slovenia's transition to capitalism was relatively smooth, which was often presented in public discourse as the result of its supposedly



'Western' work ethic and liberal politics. However, its success was partly based on its superior economic position within Yugoslavia and on the absence of a radical 'shock therapy' of restructuring and privatisation that was deployed in many other post-socialist countries (as well as the absence of a prolonged war). Slovenia kept ownership of its national bank and many important companies, thus avoiding complete privatisation and keeping the rate of direct foreign investment low (Lorenčič 2011). Additionally, workers in state-owned companies retained a large amount of bargaining power regarding the nature of privatisation, collective contracts and wages. After a brief period of severe economic recession after 1990 accompanied by loss of jobs, rising inflation and a fall in the standard of living, the economy started stabilising in 1993 following several structural reforms. Some of the key measures in these reforms were the massive sale of previously state-owned real estate, a restrictive monetary policy, financial decentralisation and a reduction of social security rights. After the loss of Yugoslavian markets, Slovenia soon began exporting to European and other countries, which was, along with increasing foreign investments, an important factor that contributed to an economic growth of approximately 4 % of GDP in the second half of the 90s, making Slovenia in 2000 one of the few post-socialist countries to surpass their 1989 economic activity level (ibid.).

This gradual transition had important implications for the position of women in Slovenian society. First and foremost, the laws that were introduced in Yugoslavia in the 1970s to enable women's equal participation in the economic and public spheres were kept almost intact for a long time. Most notably, Slovenia was the only post-socialist country to retain fully paid parental leave for one year (100 % of the parent's salary). Nonetheless, in the 1990s there were already various discussions regarding, among other things, the restructuring of parental leave, shortening the hours of kindergartens and introducing part-time work for mothers, all meant to reduce public expenses for social reproduction and relegate women to the domestic sphere, measures that would eventually be implemented in the 2010s, as we will see in the next section.

The new millennium also brought inflation, the slowing down of

economic growth, a rise in unemployment and a new wave of privatisation (including the selling of the state's 39 % share in its national bank, Ljubljanska banka), which lasted until its accession to the EU in 2004. When Slovenia was included in the monetary union and adopted the Euro in 2007, the global financial crisis that would lead to economic recession and the European debt crisis was already emerging, with major implications for Slovenian society. After the crisis, the GDP, that had been growing at an average of 4.2 % annually, fell dramatically. The rate of unemployment, which had been decreasing steadily between 2005 and 2008, started rising rapidly in 2009, reaching its highest level since the disintegration of Yugoslavia in 2013 at 10.1 % – more than double the rate of 4.4 % in 2008 (Černak Meglič 2017, p.21). The response of the state was initially directed towards the preservation of jobs and social security for the most vulnerable workers in the increasingly segmented labour force. For example, the minimum wage was increased by 25 % with the Minimum Wage Act (Zakon o minimalni plači 2010), while the Labour Market Regulation Act (Zakon o urejanju trga dela 2013) provided some workers in more flexible forms of employment with access to certain benefits (ibid. p.22).

In 2012, however, came the inevitable turn to austerity, following the example of many European states, which started to restrict social and economic rights in almost all areas of the welfare state.<sup>1</sup> The new social security and welfare legislation, which had been approved in 2010 by the Social Democrats (SD), came into force in 2012; the law on pensions was radically transformed; and two intervention laws were accepted that further limited the number and amount of benefits and social rights. Furthermore, in 2013 the government, whose main goal was the flexibilisation of labour, passed additional laws regarding the labour market. A common characteristic of all the laws enacted during that time was the restriction of rights, an increased selectivity in their allocation and further economic liberalisation in general (ibid.

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1 The Slovenian welfare state has its roots in the socialist welfare system of the SFRY, where in 1945 women and men were granted the systemically established right to full-time employment for an indefinite period of time. This type of employment resulted in full individual income, enabled independent survival and guaranteed health, social and pension insurance. In addition to this job system, women and men in SFRY had access to public health system, public day care for children and long-term care for the elderly.

p.22–23). It is important to note that many of the welfare reforms were in fact passed by the Social Democrats (the self-proclaimed left) during their 2008–2012 mandate. The accelerated neoliberalisation of Slovenian society thus started taking place years before the right-wing Slovenian Democratic Party (SDS) came to power in 2012. However, their austerity measures on top of the legislative changes aggravated the living and working conditions for many groups of people, especially the marginalised, and contributed to the rise of nationalist, racist and sexist discourses and practices. Even though the economy began to recover in 2014, the effects of the crisis and austerity will linger for many years, especially now, when the coronavirus epidemic has caused a possibly even worse economic downturn.

This paper is a national case study of government austerity measures introduced in times of economic and financial crisis in Slovenia. We were mainly concerned with the consequences they had on the lives of women and gender equality in the past decade. The paper is divided into three main sectors. In the following chapter, we will outline the main legislative changes in response to the crisis within the field of labour and assess women's position in the labour market after the crisis. We will continue by presenting key legislative changes in public welfare spending that restricted rights in the areas of parental leave and child allowances, pensions, care work (more specifically long-term care for the elderly and childcare) and reproductive health. In the second part we will continue with an analysis of austerity measures' effect on the overall position of women in relation to housework and domestic violence and on specific minority groups of women like Roma women, migrant women, women with disabilities and the LG-BTQ+ population. In the third section we will present main actors on the feminist left in the past decade in Slovenia and offer some government policy recommendations in different areas, as well as recommendations for future struggles of feminist and left organisations in Slovenia.

When conducting our research, we used several available documents prepared by national institutions like: the Social Protection Institute of the Republic of Slovenia; Slovenia's National Institute for Public Health, Ministry of Labour, Family, Social Affairs and Equal Op-

portunities; the Association of Social Institutions of Slovenia; the Association of Free Trade Unions of Slovenia etc.; and official statistics from Eurostat, Statistical Office of the Republic of Slovenia and the Health Insurance Institute of Slovenia. We have also included research documents prepared by NGOs, academics working in this field and mainstream media archives.



# Crisis, Austerity, Inequality

## 1.1 Women in the Labour Force

Employment is one of the most important factors in determining the overall position of women in society: it decreases the risk of poverty, enables economic independence, provides social protection, and diminishes the risk of domestic abuse and social exclusion. However, women's social status does not depend only on having a job but also on the type of employment. In the current socio-economic configuration, precarious, low-paid, part-time and fixed-term jobs cause substantial insecurity, prevent long-term planning and can lead to mental and physical health issues.<sup>2</sup> The Slovenian labour market is characterised by relatively high levels of women's employment, but it is also highly segregated by gender both vertically and horizontally. The reasons for this are based not only on political and economic factors but also on the relations between gender in the private sphere, where women perform most of the unpaid domestic labour and caring activities, as we will show below (Humer and Roksandić 2013, p.6).

The rate of women's employment in Slovenia reached its peak just before the crisis in 2008, with an employment rate of 68.5 %, slightly higher than the European average of 62.7 %. Merely one year after austerity measures were implemented in 2013, the number fell to 63 %, although it has been recovering steadily since then (Eurostat 2020a). When the crisis

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<sup>2</sup> This is not to say we should advocate for a return to the 40-hour workday, characteristic of the so-called Fordist social relations, as if it were necessarily better. It is important to note that it was precisely the Fordist organisation of labour that first relied on the family wage and women's (unwaged) housework, and later gave rise to the 'double' or even 'triple shift' of wage work and domestic labour for women after they entered the workforce. Furthermore, many on the left now agree that we should fight for decreasing the amount of work we perform, for example by shortening the work day or week, etc. For more on this, see Weeks 2011.

began, unemployment hit men the hardest at first –many jobs were initially lost in construction and manufacturing, where men represent the majority of workers. However, the implementation of cuts to and restrictions on public spending, which were intended to bolster economic recovery, affected women disproportionately, since women represent the majority of workers in sectors that were affected the most, such as education, healthcare and social services (Trbanc 2017, p.66–67; Humer and Roksandić 2013, p.7–9). A large share of working women that were previously employed in the relatively well protected public sector thus lost their jobs because of cuts, many of them becoming unemployed or employed under more precarious conditions.

The differences in rates of unemployment are much greater when we take into account other factors, such as age and education. Despite the fact that on average women in Slovenia are more educated than men, the share of highly educated unemployed women rose sharply between 2005 and 2012 by around 15 %, whereas the share of equally educated unemployed men rose by only 3 % in the same period. Younger women are even more at risk of unemployment, which became painfully obvious after the crisis, when the numbers reached 23.7 % in 2013, more than twice the overall rate that year, as seen from Table 1 below. Similar levels apply to single-parent families in the Eastern Cohesion Region, which is the less developed part of Slovenia. Furthermore, the duration of unemployment is longer in women than men, especially younger women, migrants and members of ethnic minorities. On average, male first-time job seekers find employment three months sooner than their female counterparts (Humer and Roksandić 2013, p.15–16; Trbanc 2017, p.66). Finally, the rate of unemployment is also disproportionately high in single-parent households in general (13.9 % in 2011 and 17.8 % in 2014 –twice the rate of families with two parents), the large majority of which are led by single mothers (around 80 %).

Year	General unempl. rate		Unempl. rate (M)	Unempl. rate (F)	Youth unempl. rate (15-24)		Unempl. rate (young M)	Unempl. rate (young F)
	EU	SI	SI	SI	EU	SI	SI	SI
2005	9.0	6.5	6.1	7.1	19.0	15.9	14.5	17.8
2006	8.2	6.0	4.9	7.2	17.7	13.9	11.6	16.8
2007	7.2	4.9	4.0	5.9	15.9	10.1	9.4	11.2
2008	7.0	4.4	4.0	4.8	15.9	10.4	9.9	11.3
2009	9.0	5.9	5.9	5.8	20.3	13.6	13.8	13.4
2010	9.6	7.3	7.5	7.1	21.4	14.7	15.2	13.8
2011	9.7	8.2	8.2	8.2	21.7	15.7	15.0	16.8
2012	10.5	8.9	8.4	9.4	23.3	20.6	20.3	21.0
2013	10.9	10.1	9.5	10.9	27.7	21.6	20.1	23.7

**Table 1:** The general unemployment rate and youth unemployment rate (15-24 years old) in the 2005–2015 period (averages of European Union countries and Slovenia). Source: Labour Force Survey, in Trbanc 2017, 66.

Like elsewhere in Europe, women's wages in Slovenia are somewhat lower than men's. Although it is one of the European countries with the smallest official wage gap –it was just 0.9 % in 2010– this number does not accurately reflect the actual differences in earnings between men and women. The manner in which the gender wage gap is measured can distort the picture to some extent, as the numbers vary greatly among sources. More importantly, there are huge differences within specific economic sectors or at the level of individual companies. The gap is largest in professions that are the most gender-segmented, such as healthcare, social care and education, where women make up around 80 % of the workforce, while their wages are almost 25 % lower than those of their male counterparts (Poje, Kanjuo Mrčela and Tomaskovic-Devey 2019). Furthermore, after the lowest point in 2010, the gender wage gap started to increase again, reaching 7.8 % in 2016, and even the small gaps in 2009 and 2010 were not a result of improved conditions for women in the labour market, but a consequence of the loss of employment among men, which also meant the loss of bonuses and additional income they ordinarily receive, driving men's average wages down closer to women's (Humer and Roksandić 2013, p.14).



Another important factor when determining the gaps in wages between men and women is the difference between full-time employment and part-time work. For example, in 2006, women in part-time employment earned 26 % less than women in full time employment and 26 % less than men in part-time employment. This is especially important because part-time work is on the rise, having doubled between 2006 and 2014 (see Table 2), and women are more likely to be employed part-time than men. One of the main reasons for this is the obligation to care for small children or disabled adults (Robnik 2016, p.43, p.71–73).

	2006		2014	
	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>
EU - 28	3.9	29.2	4.2	27.1
Slovenia	-	6.6	4.4	13.6

**Table 2:** Part-time employment by gender in 2006 and 2014 (average of European Union countries and Slovenia). The rate of women's part-time employment more than doubled in less than a decade. Source: Robnik 2016, 43.

Women's part-time employment is directly encouraged by the law, as they are regarded primarily as housewives and child-carers, while their income is seen as supplementary to the income of male breadwinners and can therefore be much lower. Besides that, the amount of security contributions paid by part-time workers is also lower, leading to decreased social security and pensions, and they often do not have equal access to rights, such as allowances for commuting or lunch, as full-time employees do. Slovenian labour legislation enables these types of precarious labour by subsidising the social security contributions of female part-time workers with children, supposedly to enable them to better care for their children (Burcar 2015, p.260–265). In 2013, the changes in the Labour Market Regulation Act and the Employment Relationships Act (Zakon o delovnih razmerjih), based on the neoliberal principle of 'flexicurity', made it easier for employers to discharge workers, introduced part-time work for pensioners and increased the taxation of student and contract labour, which resulted in an increase in part-time work in 2014 and 2015, especially among young people (Trbanc 2017, p.77).

Furthermore, the Labour Market Regulation Act also implemented the so-called active employment policy to improve opportunities for the unemployed, usually in the form of subsidies for employers but also incentives to encourage self-employment and job training programmes. In 2018, 55 % of those included in active employment policy programmes were women, and the third most attended training programme overall was for the profession of social care worker. More recently, the Ministry of Labour, Family and Social Affairs initiated the pilot programme of social activation aimed at battling social exclusion and risk of poverty for recipients of welfare benefits, especially the long-term unemployed. Several projects within the programme are aimed at women, particularly migrant women from Albania, often encouraging them to work or volunteer in care work. Programmes such as these thus represent the beginnings of workfare policies in Slovenia, which often channel women into certain professions and condition legal and social rights on poorly paid and sometimes involuntary labour (Pirnat 2018a; IRSSV 2019).

## 1.2 Welfare and Social (In)security

In 2012, several key laws came into effect in Slovenia that completely transformed welfare provisions in the country with devastating consequences for women and the society at large. First, there were two laws, which had already been accepted in 2010 and came into force at the beginning of 2012: the Act on the Exercise of Rights from Public Funds (Zakon o uveljavljanju pravic iz javnih sredstev) and the Social Welfare Benefits Act (Zakon o socialnovarstvenih prejemkih). Together, they introduced radical changes into the system of social security rights. According to lawmakers, the three main goals of these laws were: 1) the rationalisation of budget revenue and greater transparency in welfare allocation; 2) the increase of welfare benefits' effectiveness; and 3) the establishment of a simpler and more transparent system with faster and more economical decision-making procedures regarding welfare rights (Dremelj et al. 2013). However, the underlying goal was to restrict public welfare spending by making welfare measures more targeted and selective with stricter criteria, which translates to lower amounts of benefits and a decrease in the number of beneficiaries.

The crucial change in 2012 was that benefits and subsidies, which were previously independent of each other and covered by different laws, were all placed within a single system of welfare provision under the jurisdiction of centres for social work. Previously, child allowance was an independent and universal right, covered by the Family Benefits Act, cash social protection was covered by the Social Protection Act (Zakon o socialnem varstvu), while a protection allowance for the elderly was provided by the Pension and Disability Insurance Act (Zakon o pokojninskem in invalidskem zavarovanju) and was also independent of social welfare. This means that now, under the Social Welfare Benefits Act, if a person or household receives one benefit and also applies for another, the amount of the benefit that comes first will influence the amount of the next one, sometimes making these benefits mutually exclusive. As we will see below, the new system had far-reaching consequences especially for families with children and older women, significantly reducing their income. The order of the four main benefits and eight types of subsidies is as follows:

1. child allowance
  2. cash social assistance
  3. protection allowance
  4. state scholarships
- 
1. reduction of payment for kindergarten programs
  2. additional subsidy for lunch for primary and high school students
  3. lunch subsidy for students
  4. exemption from payments for social welfare services
  5. contribution to the payment of funds intended for the payment or contribution to the payment of a family helper
  6. subsidy for the rent of a non-profit rental apartment, purpose-built rental apartment, residential unit, market rental and caretaker's housing
  7. the right to cover the difference to the full value of health services
  8. the right to payment of the compulsory health insurance contribution for citizens of the Republic of Slovenia with permanent residence in the Republic of Slovenia who are not insured under another title.

In the same year, two intervention acts were passed in response to the economic crisis, both introducing limitations on the amount of state spending on welfare: the Additional Intervention Measures Act for 2012 (Zakon o dodatnih interventnih ukrepih za leto 2012) and the Public Finance Balancing Act (Zakon o uravnoteženju javnih finance, also known in Slovenia as the infamous ZUJF). For example, while the Social Welfare Benefits Act established the minimal basic income, which was set at 75 % (EUR 288.81) of the calculated minimal cost of living (EUR 385.05), this amount was temporarily decreased by the Additional Intervention Measures Act to EUR 260, while the Public Finance Balancing Act prolonged the duration of this measure until 31 December 2014. This means that the highest possible amount of welfare benefits for unemployment was as much as EUR 125.05 lower than the minimum cost of living, which was justified by the idea that benefits should not come too close to the lowest wages. The effects of austerity in the field of welfare benefits were visible immediately: in January 2012, there were 10 % less approved applications for welfare benefits compared to the previous month (ibid. 2013, p.15). On the other hand, although this was one of the law's explicit goals, the duration of procedures was not shortened substantially due to the changes. Instead, workers at centres for social work reported spending more time cross-checking data than dealing with actual users and discussing their problems, while the administrative costs also increased due to a larger number of separate decisions that need to be sent out to recipients of welfare benefits.

#### PARENTAL LEAVE AND CHILD ALLOWANCE

Slovenian parental leave legislation is arguably among the most progressive in the world. To a large extent it has kept the laws adopted in Yugoslavia to facilitate women's employment even after they have children, although the structure of parental leave and benefits has been altered during the transition to capitalism.<sup>3</sup> The Slovenian state thus

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<sup>3</sup> Most post-socialist countries have completely restructured parental leave and benefits during the transition to capitalism. They achieved this mostly through a combination of shortening the duration of paid maternity leave, lengthening the duration of unpaid parental leave and significantly decreasing the benefits which are often reserved only for the poorest women. All this makes women economically dependent on other family members

guarantees one year of fully paid leave,<sup>4</sup> which is divided into: first, 105 days of maternity leave for women who give birth, and second, 260 days of parental leave. Each of the parents is entitled to 130 days, which can be transferred between them (the mother may transfer 100 days to the father, while the father may transfer all of his 130 days to the mother). Although this arrangement is presented as a measure to increase gender equality in childcare, in practice, this usually means that fathers transfer their entire parental leave to mothers or take leave for only a few days. For example, in 2014, only 5.9 % of parents on parental leave were men (Čuk 2015). Therefore, most of the recipients of parental benefits are women, who are often at the start of their careers and whose wages are lower on average, which means that they also receive lower benefits.

One of the measures within the Public Finance Balancing Act was to decrease the amount of benefits for parental leave from 100 % to 90 % (this did not apply to the 105 days of maternity leave which remained at 100 %). The immediate effect of this measure was that in 2013 the expenses for parental benefits fell by 11 % compared to 2012 (Černak Meglič 2017, p.31). Although the legislation was supposed to expire in 2016, another law was passed that year that prolonged this period until after economic growth exceeded 2.5 % of the GDP and the rate of labour activity in the 20–64 age group exceeded 1.3 % (this austerity measure was finally abolished in 2018, when the amount of parental benefits was returned to 100 % of salary).

At the same time, benefits that were previously universal (child allowance, childbirth assistance and allowance for large families) became selective and limited to those below the legally determined material census. Before the Act on the Exercise of Rights from Public Funds was introduced, child allowance was defined as an independent benefit and was not dependent on other rights. Its main purpose was to

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(usually their male partners) and marginalises them in the labour market, as they are encouraged to stay at home for longer periods, work part time or engage in low-paid work from home (Burcar 2015, p.177–189).

4 'Fully paid' means that the parent receives 100 % of their average base salary and has their social security contributions paid by the state. However, the maximum value is set at double the average wage in Slovenia, which discourages both higher-income women and men from using their full leave.

alleviate the social and economic status of families with children compared to those without and was given to children from families with average incomes (more precisely, up to 110 % of the average salary in 1996 and up to 99 % of the average salary in 1999). Broad sections of society thus relied on the child allowance as part of their income, which was a very important factor in deciding to have children (ibid. p.28–32). After 2012, this was changed and child allowance became a part of the unified welfare system, meaning it was no longer a universal right, but a much more selective benefit. The manner in which the material basis for eligibility is calculated was transformed (among other things, it now takes into account moveable and immoveable property that was previously not a criterion, so that families who own apartments supposedly have 'more' income, even though they often also have to pay for mortgages that significantly worsen their position), and it became strongly linked to other social security rights. Within this unified system, all benefits count as income and thus exclude one another. For example, receiving the child allowance will decrease unemployment benefits. Child allowance is no longer a universal incentive but a social corrective measure for only the poorest families, while many families need to rely mostly on the child allowance as their main source of income. This arrangement also disadvantages students who have younger siblings and whose scholarships now fall under the same unified system. They can therefore lose the right to a scholarship if the family receives child allowance for the younger sibling; the situation is similar with kindergarten subsidies, which take into account both the child allowance, scholarships and subsidies for school lunch. In short, while the amount of child allowance did increase a bit for the poorest families, its inclusion into the unified system penalises other welfare provisions and can in some cases put the families into an even worse position than before. Furthermore, the age limit for the child allowance was lowered. Previously, all children were eligible until age 18, or until 26 if they were still in school or at university, sometimes even beyond that (like those who were unable to finish their studies due to army service or prolonged illness, etc.). Now, children are only eligible until their 18<sup>th</sup> birthday regardless of their status (ibid. p.28–33). On top of that, the Public Finance Balancing Act further limited the right to the

child allowance by lowering the upper income limit to 64 % of the average salary and reducing the amount for those closer to this limit, which meant that many families lost the benefit, even though they were not very wealthy. All of this affected the number of recipients of child allowance, while the amounts received were much lower for many children. Public spending for the child allowance fell from around EUR 294,000 in 2011 to around EUR 230,000 in 2012, a decrease of 21.9 % in just one year (Dremelj et al. 2013, p.39).

Generally speaking, the changes in legislation affected single-parent families the most, along with families with mortgages for their apartments or those living in rented apartments (who have less disposable income), those with high school aged children (who lost access to scholarships) and large families (due to the priority given to the child allowance in the unified system, lowering the amount of other benefits). More than two-thirds of single-parent families received a lower amount of benefits in 2012 compared to 2011. As mentioned above, a large majority of those are single mothers. These changes in all these welfare provisions combined cause the material position of women to significantly deteriorate. The only category of people who benefited slightly from the new legislation are people with no income, no savings and no property –that is, only the poorest segment of society. However, as most women live in families or households, they are usually negatively affected by the new welfare regime (Trbanc 2017, p.74).

#### PENSIONS AND POVERTY AMONG OLDER WOMEN

In 2012, significant legislative changes occurred in the field of retirement and pensions as well, with the reform of the Pension and Disability Insurance Act. The condition for retiring was set at 40 years of pensionable service or 65 years of age, regardless of gender, whereas previously women could retire a few years earlier due to their obligations of giving birth and caring for children. The pension base was previously calculated as the average of the best 18 months of employment, which was then increased to 24 months. For retired women, this means that they are more likely to receive lower pensions than before. Moreover, two rights were abolished or de-universalised: the right to a state pension, which was intended for people who did not meet the

conditions for pensions; and the pension supplement for those with the lowest pensions (Hrženjak 2018, p.30). Although the motivation for reforming the pension law was allegedly to adapt to the ageing population, where there are less active working people per retiree, which was supposed to halt the continuous fall in pension amounts in preceding years, the crisis intervention laws put further limits on state spending. The pensions therefore continued to fall even after the new act was implemented. The material position of many pensioners kept getting worse, further exacerbated by the rise of the cost of living between 2010 and 2014 (Černak Meglič 2017, p.25–26).

Particularly detrimental to the position of many elderly women was the abolition of the pension supplement. It was intended for all retired people whose income did not exceed 81.6 % of the lowest pension base and was thus integrated into the pension system. Within the new welfare benefits laws, it was reclassified as a social security benefit and the conditions were changed: now only those who are over 63 (women) or 65 (men) were eligible, or those who can prove that they are permanently unemployable (for example, due to disability), regardless of their retirement status. If the age of retirement was lower than that, many pensioners who were previously eligible were excluded from this right (Dremelj et al. 2013, p.55). Also excluded were those who are placed in institutional care, regardless of their income or age. However, with the new legislation, people who are not able to work can receive this benefit even if they have not retired. This change caused a dramatic fall in the amount that the state spent on pension supplements in 2012 compared to 2011: namely, the average total monthly amount in 2011 was around EUR 4.5 million, while in 2012, the average was a mere 1.6 million. This means that in one year, around EUR 35 mil were 'saved' on account of this change. The number of recipients has also fallen drastically, from around 45,000 in 2011 to only 10,000 by the end of 2012 (ibid. p.60–62). One category that was especially and disproportionately affected by the changes were women who were widowed housewives under 63 and who received family pensions for their late husbands. A similarly worrying category were those over 50 who lost their jobs but are not yet eligible for retirement: they are formally not permanently unemployable, but it is highly unlikely they will find a job



at that age. They are thus only eligible for regular welfare benefits. The problem with this is that benefits, unlike pensions, depend on the income of the entire household, therefore a retired woman whose husband's income exceeds the census cannot obtain individual means of subsistence and is entirely dependent on her partner.

The most recent amendments to the Pension and Disability Insurance Act in 2019 introduced, instead of the lower age of retirement for women, a system of bonuses in the form of a 1.37 % increase in the pension base for every child born or adopted. This kind of legislation reduces the unpaid domestic labour of women to childrearing, disregarding all other types of household services they provide throughout their lives, including cooking, cleaning and care of elderly family members (Štamfelj 2019). At the same time, there are penalties for pensionable age below the determined norm, which penalise those women who had to work part-time or stop working altogether due to care work at home.

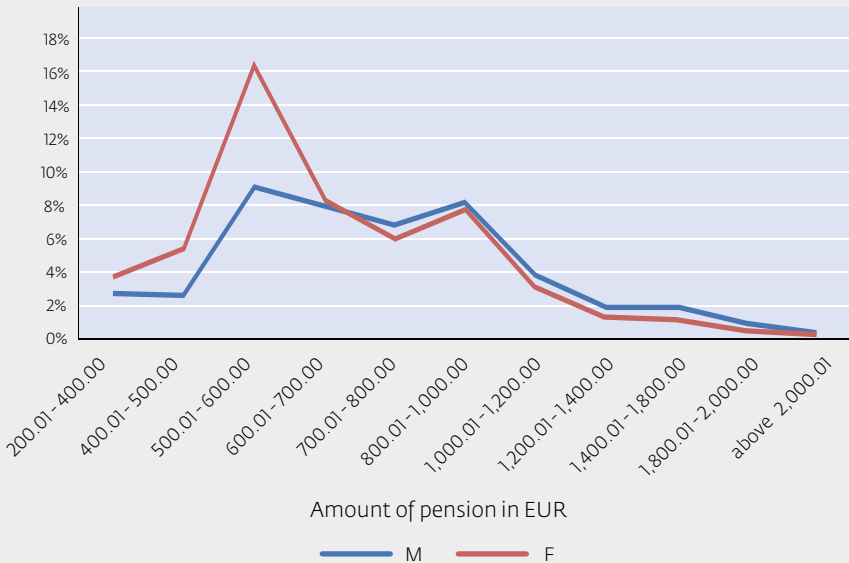


Figure 1: Share of recipients of old-age pension by gender according to the amount of pension, August 2019. Source: Štamfelj 2019.

All this contributes to the pension gap between Slovenian men and women and exacerbates the risk of poverty among elderly women. Although Slovenia is one of the few European countries where the overall gender pension gap is decreasing, it is still relatively high –29 % in 2010 and 17 % in 2015– and it is also among those with the highest at-risk-of-poverty rate for women over the age of 75 (Hrženjak 2018, p.34–37). As we can see in Figure 1 above, women are highly over-represented in the lowest categories of pensions (EUR 200–EUR 700) while men represent the larger share of those with the highest pensions. Furthermore, Figure 2 below shows that the gap between the at-risk-of-poverty rate between men and women over the age of 75 is among the largest in the EU.

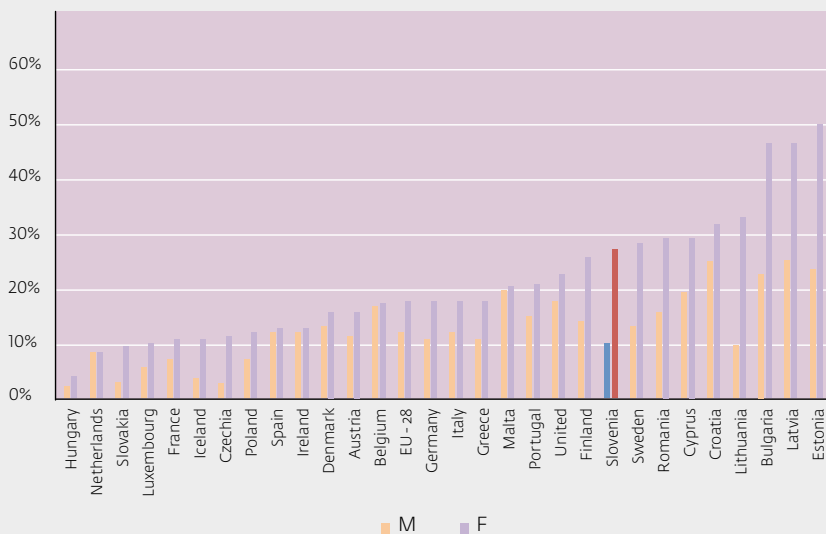


Figure 2: At-risk-of-poverty rate of older people by gender (+75 years, 2015). Source: Eurostat 2020b.

### 1.3 Care of the Elderly and Childcare

#### CARE OF THE ELDERLY

Long-term care of the elderly is one of the most important issues in Slovenia. Slovenia is one of the fastest aging EU member states: the part of the population over 65 grew from 16.5 % in 2010 to 19.7 % in 2019. Some projections show this percentage will grow to 30 % by 2050 (GOV.SI, 2019). With aging, the need for organised long-term care increases. The European Commission estimates that by 2050, 135,000 elderly people will require long-term care (Drole and Lebar 2014, p.7). In Slovenia, long-term care is provided in institutional settings –in public or private homes for the elderly where 4 % of the population over 65 is currently living<sup>5</sup>– or at home, where formal<sup>6</sup> or informal<sup>7</sup> care is organised. There are numerous problems in the Slovene institutionalised system of long-term care. The number one issue is the lack of systemic regulation and the old, fragmented legislation composed of multiple laws that are constantly being changed. Other problems range from unaffordability, lack of capacities, long waiting lists, a lack of required services (for example, long-term care or health), to the work overload of care workers, the consequence of which is low quality of care (Hlebec 2018).

The accessibility of institutionalised care was on the rise until 2012 when it reached its peak: 5.2 % of the elderly population over 65 was living in nursing homes at the time. Since then, Slovenia has been recording a drop in the accessibility of beds in homes for the elderly while the number of applications is on the rise due to the fast increase in the elderly population (Skupnost socialnih zavodov Slovenije 2019) and a rising number of people retiring –the highest numbers of retirees were recorded right after the crisis between 2010 and 2013 (Rodica, Rici and Burja Cerjanec 2019). Financial resources represent another persis-

5 Other institutional care providers are social care centres, home-care centres, public and private providers of other services in the residential environment (e.g. rental housing units for retirees and seniors) (Hlebec and Mali 2013, p.29–30).

6 Professional long-term care providers.

7 Family or other non-professional daily or weekly care providers. The result of the Anton Trstenjak Institute's research (2013) shows that in Slovenia 55,000 people care for their parents and more than 50,000 for their partners. According to OECD estimates, most informal care providers in Europe, around 60 %, are women (Drole and Lebar 2014).

tent and universal barrier to the availability of institutional and formal long-term care in Slovenia (Hlebec 2018, p.121). Statistics show that most of the elderly do not have sufficient income to provide for their institutional long-term care. The stagnation and decrease of pensions, along with the constant increases in costs of institutionalised long-term care and a decrease in the share of income provided by the Health Insurance Institute of Slovenia, explain the mass turnover in 2011 and 2012 when users began to give up long-term care services due to their inability to fund them with private resources. For the first time in 2010, the average old-age pension was not enough for the average costs of institutionalised care, which meant that the burden on family budgets to finance long-term care for the elderly intensified (Skupnost socialnih zavodov Slovenije 2018, p.11–12).

Besides that, as we can see below in Table 3, in the past decade Slovenia stopped investing in the construction of new public homes for the elderly and is mostly providing concessions to private ones. Private homes for the elderly are usually more expensive than public homes and are aggravating the problem of the unaffordability of long-term care (Pirnat 2018b). This trend is not surprising since government strategies show that Slovenia's long-term plan is switching to formal home care, introducing restrictions on retirement and extending the retirement age to 74 (Kavaš et al. 2015). In Slovenia, there is no properly integrated long-term care system coordinating between different providers, and this is reflected in fragmented service provision and disjointed governance (OECD 2017). For the 17<sup>th</sup> year in a row, the elderly have been waiting for a Long-Term Care Act (Zakon o dolgotrajni oskrbi) that would address these issues, organise and provide a long-term care system for a large part of the Slovene population.

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Public	60	56	55	55	56	-	-	59	59	59	59	59
Private	18	28	28	34	36	-	-	39	40	41	41	43
Together	78	84	83	89	92	-	-	98	99	100	100	102

**Table 3:** Number of public and private care institutions for the elderly in 2006–2019. Source: Skupnost socialnih zavodov Slovenije 2015, 2016, 2017, 2018, 2019; Hlebec and Mali 2014.

Solving the issue of long-term care is extremely important for the female population in Slovenia as retired women make up 34.1 % of the non-active population (Razpotnik 2018) and are outnumbering men in the institutionalised nursing homes. As we can see in Figure 3, 69.2 % of residents in nursing homes are women (Skupnost socialnih zavodov Slovenije 2018, p.7).

In nursing homes, most of the care workers are also women (Figure 4). As the analysis of personnel employed in the institutional long-term care sector shows, 88.1 % of employees are women (Smolej Jež *et al.* 2016, 14). The analysis shows that there are on average 5.3 elderly people per caretaker in the Slovenian nursing homes (*ibid.* p.17). Compared with the OECD average (3.7), it is clear that there is a great deal of work overload in nursing homes. Personnel shortages in nursing homes are partly a consequence of the limitation on employment in the public sector, which was implemented by the Public Finance Balancing Act in 2012.

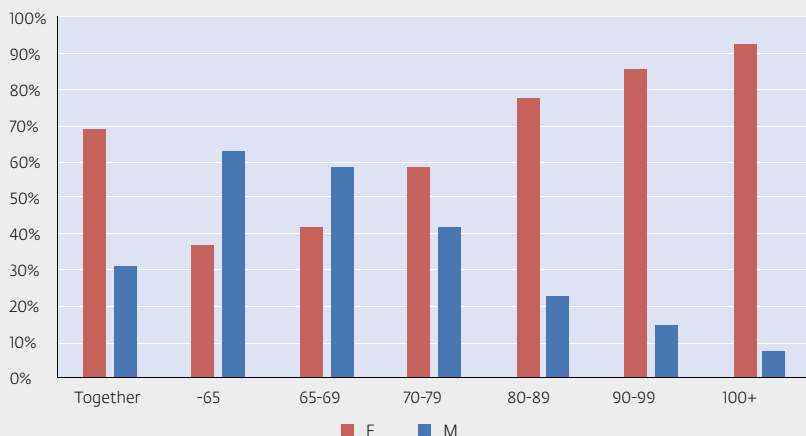


Figure 4: Structure of residents in social health institutions by gender and age. Source: Skupnost socialnih zavodov Slovenije 2018.

In 2014, the pay gap between men and women in healthcare and social security institutions was 25 % (Leskošek 2019, p.234). In the healthcare, social care and welfare fields, the gross salary for men in 2016 was EUR 2,267, compared to EUR 1,732 for women (Seljak 2017). Women are, as seen above, generally more likely to work in care professions and are

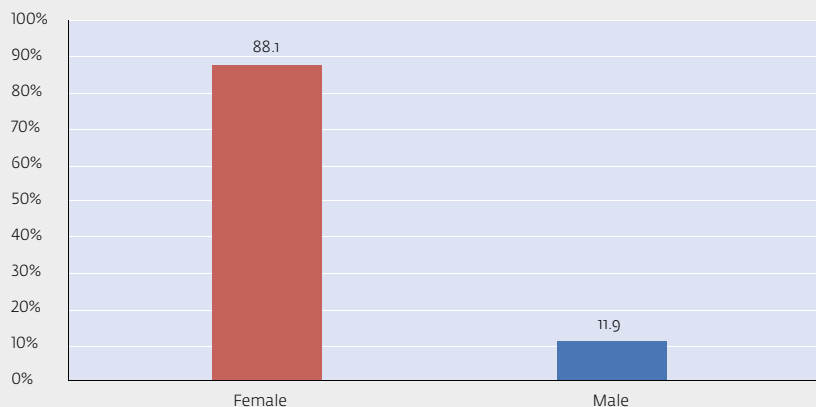


Figure 5: Gender structure of staff in long-term care. Source: Inštitut RS za socialno varstvo 2016, 14

more likely to take over care for young and old family members at home. The majority of informal care workers of the elderly are women (62.6 %). They are on average 60 years old and most of them have completed high school (69.3 %). They provide a substantial amount of informal care to care recipients who mostly reside in their own households (61.1 %). The majority of care recipients have two or more long-term physical or psychological impairments, illnesses or disabilities that limit their daily life activities, and about 30 % have severe memory problems (Hlebec 2018, p.120).

The Long-Term Care Bill proposed in the autumn of 2017 was a disappointment for women as it prioritises formal and informal care at home while changing the role of nursing institutions in the direction of their medicalisation (Zveza svobodnih sindikatov Slovenije, 2019). Prioritising formal home care for women means re-establishing traditional gender roles, decreasing their competitiveness in the labour market, putting more workload and responsibilities onto their shoulders, and worsening their overall social status. The lack of services in care institutions is already forcing family members to withdraw from the labour market so they can provide informal care. Since in most cases the primary caretakers are women, they are the ones withdrawing. This has immediate consequences for their family income, and it will also have a long-term effect on their pensions and social security. The disorganised system of care is already mostly affecting women, since

unaffordability and an insufficient number of beds in long-term care institutions are causing work overload both for women employed in nursing homes and those who perform care work at home.

Another problem became evident in 2015, when there were 500 social work graduates waiting for internships that are obligatory for those entering the labour market. Since the state introduced the system for obtaining a qualification every graduate had to find an internship before taking the final exam and entering the labour market. Between 2013 and 2015, EU funding for the above-mentioned internships was not available, which left 500 graduates waiting to enter the labour market. But even if there were guaranteed internships, this would not guarantee them a job, since the Public Finance Balancing Act limited employment in the public sector in the same period. In April 2015, students protested in front of the Ministry of Labour, Family and Social Affairs demanding regulated and paid internships, but since Slovenia could not organise quality paid internships, it cancelled the system of internships in 2016. It is worth mentioning that most graduates from the Faculty of Social Work are women that will continue their careers in the state care institutions or in the field of formal care.

#### CHILDCARE

In accordance with European standards and trends the enrolment of children in kindergartens in Slovenia is high and constantly on the rise. In the 2015/16 school year, 57.3 % of children under the age of four and 90.5 % of preschool children between the ages of four and six were enrolled in kindergartens (Černak Meglič and Kobal Tomc 2017, p.112). According to the European strategic objective, 95 % of children four to six years old should be going to kindergarten (Education and Training 2020). Slovenia has still not reached that goal, but it is very close, as the number has risen to 94.1 % in the past five years. The enrolment of younger children is also on the rise and is at 67.5 % (Kozmelj 2020). Preschool education is provided by 966 kindergartens, 851 of which are public (organised and financed by the municipalities) and 115 private (with concessions). Most of the children in the 2019/20 school year (94.3 %) were enrolled in the public kindergartens (ibid.). Both public and private kindergartens are eligible for public subsidies. Private kindergartens receive 85 % of the subsidies that public ones get.

The number of children with foreign citizenship attending kindergarten in Slovenia has also increased in the last two decades. In 2006 there were only 77 and this number has risen to 5,253 in 2019. The highest rise was noted in 2016 when the number of children enrolled rose from 905 in 2015 to 3,637. The vast majority of them are citizens from non-EU countries. A larger proportion of these children belong to the second age period for pre-school education (1,279 children aged one and two, while there are 3,774 over two), which should receive more systemic attention (Kovač Šebart and Štefanc 2017, p.114). Although all the figures mentioned above are supposed to reflect the actual situation of children in Slovenia, the question is also how many children are excluded from these statistics, as some members of marginalised groups sometimes do not enter the records. The focus of future researchers should be on the question of whether children who are excluded from the preschool care statistics belong to any of the marginalised groups (immigrants, Roma, children with special needs, socially deprived children, etc.).

As we can see in the table below, there was a slight drop in the number of children enrolled in kindergartens in 2012 and 2013. This might be a consequence of the two previously mentioned laws, the Act on the Exercise of Rights from Public Funds (2010) and the Public Finance Balancing Act (2012) that changed the criteria for the child allowance. Public subsidies for public and private kindergartens in 2011 covered on average 68 % of the expenses per child. This subsidy was higher for families with lower income, but it was lower for middle class families that had to allocate a significant share of their disposable income to pay for childcare. For example, if both parents earned the average Slovenian wage and had one pre-school child, they had to pay 53 % of the price of the programme, which meant more than EUR 200 per month. For the same child they could receive EUR 23 of child allowance (Stropanik 2017, p.107). The Public Finance Balancing Act also abolished the right to a full subsidy for the second child from the same family. Since 2012, every family with two children has had to pay 30 % of kindergarten fees for the younger child. In the case of childcare, austerity measures affected middle class families the most, since they suffered a significant reduction in their disposable income, moving them closer



to lower income families, which meant a deterioration in the relative position of children or families with children.

Year	Together (%)	First age period (%)	Second age period (%)
2006	64.7	-	-
2007	67.1	-	-
2008	70.2	-	-
2009	71.9	-	-
2010	73.9	53.7	89.2
2011	75.8	55.6	88.8
2012	75.4	55.3	89.3
2013	74.9	54	88.6
2014	76.5	56	89.8
2015	77.7	57.3	90.5

**Table 4:** The share of children enrolled in kindergartens by age groups (2006–2015). Source: SURS, in Kovač Šebart and Štefanc 2017, p.114.

In 2008, Slovenia institutionalised a new form of childcare: a guardian of preschool children at home. The highest number of newly registered guardians was in 2012 (55) and 2013 (61), which coincides with the drop in children enrolled in the kindergartens and the Public Finance Balancing Act limiting employment since 2012. Childcare can be organised for a maximum of six children per guardian and the spaces must meet the conditions applicable to kindergartens. The guardians aren't providers of educational programmes and don't have to have special training. In the Eurydice (the Information Network on Education in Europe) survey, Slovene guardians reported that most of the children in their care were there because of the lack of space in kindergartens. The most numerous children were toddlers under three (Svetlik, 2018). Eurydice Slovenia reports that among the surveyed guardians in 2018, 60.5 % of respondents did not indicate gender, while among those who answered, 4 % were men and 96 % were women (ibid.).

## 2.4 Reproductive health

Reproductive health represents one of the individual's universal rights framed within the international human rights instruments and indi-

vidual national legislation. As the supreme set of laws, the Constitution of the Republic of Slovenia stipulates in Article 55, 'individuals have freedom to decide on the birth of their own children. The state provides opportunities for exercising this freedom and creates conditions that allow parents to decide on the birth of their children'. This right is governed by the Health Measures in Exercising Freedom of Choice in Childbearing Act, which regulates the conditions under which the rights of prevention of conception (Chapter II), abortion (Chapter III), and diagnosis and treatment of impaired fertility (Chapter IV) are exercised (Lenarčič and Sedmak 2019, p.46). This legislation was passed on from Yugoslavian legislation of 1977 to the Slovenian Constitution. The law enables women the free choice of a gynaecologist, the right to diagnose and treat reduced fertility, prevent pregnancy and the right to get legal abortion free of charge. Access to these services, including abortion, contraception and sterilisation, depends on an individual's compulsory health insurance, financed mainly through taxes and provided by the Health Insurance Institute of Slovenia (ibid.). The main criterion for an individual's right to health insurance is being employed in the Republic of Slovenia. The right to healthcare extends to all minors enrolled in school, even if they do not have health insurance, citizenship or permanent residency status.

Thanks to this legislation, the number of abortions in Slovenia has been in constant decline since 1982. In 2009, the legal abortion rate was 9.8 abortions per 1,000 women of childbearing age and has been falling continuously since. The legal abortion rate in 2018 was 8.1 abortions per 1,000 women between 15 and 49. Expressed in another way, this would amount to 4,718 abortions in 2009 compared to 3,474 abortions in 2018 (Nacionalni inštitut za javno zdravje 2018, 5). In a period of 10 years (1995–2005), Slovenia became one of the European countries with the lowest legal abortion rates (ibid.) and has one of the lowest proportions of teenage mothers in the EU (from 9.0/1,000 in 1997 to 3.8/1,000 in 2018). This is primarily due to accessibility and a wide choice of contraceptives available to women in Slovenia, but also due to the state-organised health education and professional consulting with gynaecologists.

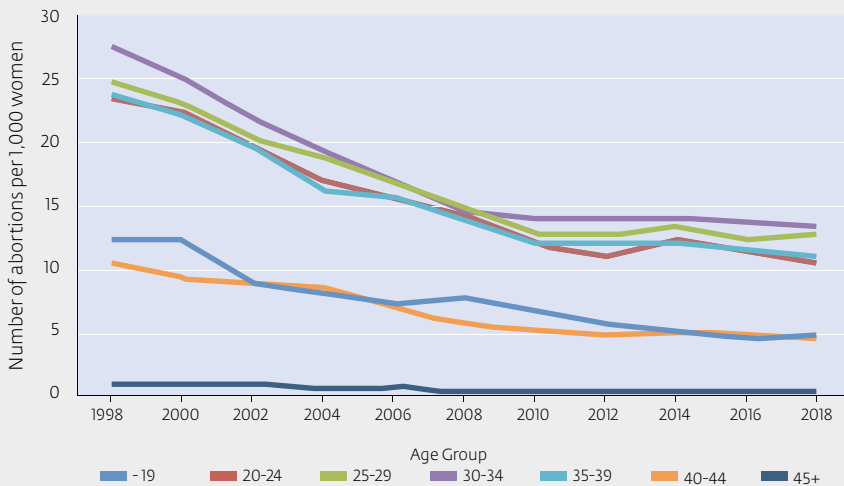


Figure 6: Age-specific permitted abortions (per 1000 women in the age group) in Slovenia, annually by variables: age group and year. Source: Nacionalni inštitut za javno zdravje, Podatkovni portal 2020.

This is why it came as a surprise when in 2016 the Health Insurance Institute of Slovenia proposed, and the Ministry of Health supported, an austerity measure that would exclude 30 % of all hormonal contraceptives available on the market from the list of contraceptives covered by health insurance. The reason given for the introduction of this measure was price increases by pharmaceutical suppliers. The Health Insurance Institute and the Ministry wanted to put pressure on the suppliers by charging women, who would, in the words of the Health Insurance Institute (Knavaš 2016a), then change their contraceptives and put pressure on the suppliers to lower their prices. After this announcement, the Women's Lobby of Slovenia organised a petition against paid contraception ("Recimo NE plačljivi kontracepciji") and together with the SOS Association and the Association for Nonviolent Communication organised a protest in front of the Ministry of Health on 16 September 2016. Their claim was that pharmaceutical suppliers would not decrease the prices of contraceptives but would either leave them on the market with the same price or withdraw them altogether. In both cases, women, especially young working-class women with lower in-

comes, would suffer the consequences (Knavs 2016b). The proposed measure was not accepted but this was already the second attempt to introduce it since the beginning of the crisis. Previously in 2013, the Association of Ambulatory Gynaecologists, which is a part of the Slovene Medical Association, addressed the pressures from the Health Insurance Institute of Slovenia to change the classification of hormonal contraception to the therapeutic group of drugs, which means they would no longer be free of charge. Together with the Women's Lobby, they stopped the introduction of this measure for the first time (Knavs, 2016c).

#### ACCESSIBILITY

The biggest issue for women's primary reproductive health in Slovenia is accessibility. The number of gynaecologist teams is insufficient, and the waiting lists are too long. The number of women looking for gynaecologists is on the rise and at the same time the number of women leaving the primary reproductive health system is very low. Since the network of gynaecologist teams is not expanding, the accessibility of reproductive care for women is becoming an issue. The biggest concern is the reproductive health of young women, since only 23 % of teenage girls in Slovenia have chosen their gynaecologist. In May 2020 there were 146 gynaecologist teams working in Slovenia; the average number of patients per team was 4,615 (ZZZS 2020), which is 600 patients above the limit recommended by the Extended Professional Collegium for Gynaecology and Obstetrics in 2009 (Grebenc and Meglič 2019). According to the Medical Chamber of Slovenia, a quickly aging workforce will have the biggest impact on the accessibility of women's primary reproductive health. In 2017, 44 % of gynaecologists were older than 50 and 23 % were over 60 (ibid.). That means that in 10 years, Slovenia will lose almost half of its gynaecologists due to retirement. At the moment, there are 85 doctors specialising in gynaecology and obstetrics and this number is not enough to replace the aging workforce. Since most of the future gynaecologists and obstetricians are women, we must take into consideration that they will most probably take longer to complete their specialisation due to pregnancy and childbearing (ibid.).

The numbers have not gotten any better since 2010, when 21 % of gynaecologists were over 60 and the average age of gynaecologists in the primary reproductive health system was 52 (Šinkovec, Mihevc Ponikvar and Renar 2011, p.244). In the same year, the percentage of gynaecologists and obstetricians over 55 was more than 25 % and they were not legally obliged to perform on-call services (Takač, Lukanović and Weber 2010, p.30).

The issue of accessibility and the quickly aging workforce was addressed by the Medical Chamber of Slovenia in 2010 in the Strategy for the Development of Gynaecological and Obstetric Services in Slovenia document. It proposed increasing the number of midwives who could take over some responsibilities and competences from gynaecologists and obstetricians. It also proposed increasing the number of specialisations and mandatory inclusion of all gynaecologists-obstetricians immediately after the specialist exams into the on-call service. The Chamber also proposed an austerity measure –the ‘grouping together’ of smaller units– which means the closing of certain maternity hospitals and decreasing the number of on-call teams all together (ibid. p.34). The Social Democratic government wanted to reduce the number of maternity hospitals from 14 to 10, namely it wanted to close the maternity hospitals in Kranj, Brežice, Trbovlje and Izola (Zupanič 2010).

The Office for Equal Opportunities prepared a public panel discussion, ‘The Reproductive Health of Women Exposed’. The purpose of the discussion was to discuss what the proposed Strategy would mean from the point of view of accessibility and quality of reproductive women’s health services. The Office expressed its reservations about whether a low birth rate today is in fact a good reason to close maternity hospitals and whether other maternity hospitals were prepared for more births. Due to interference in a field in which women (and children) are a vulnerable group, under the pretence of streamlining, the Office aimed to find answers to the broader consequences of that streamlining. For example, was streamlining also foreseen in other health care fields, would certain hospital departments be closed down or reorganised according to the same criteria, that is, for expert and economic reasons on the basis of the number of medical procedures or services per year? In some regions where the closing of maternity hospitals was

proposed, the state considered establishing different forms of gynaecology and obstetrics services, for example, birth centres for uncomplicated deliveries. Furthermore, was the issue of maternal mortality and the adoption of necessary measures to reduce it included in the proposed strategy of development and comprehensive arrangement of gynaecology and obstetrics services, as well as the issue of the efficient implementation of prevention programmes, particularly screening programmes to prevent cervical and breast cancer and prevention programmes for adolescents (Robnik 2016, p.87)? In 2011, due to the efforts of the Office for Equal Opportunities and other health professionals, the network of maternity hospitals (14 in total) remained unchanged.



## Redefining the Role of Women in Society

### 2.1 Legal and Social Definition of the Family

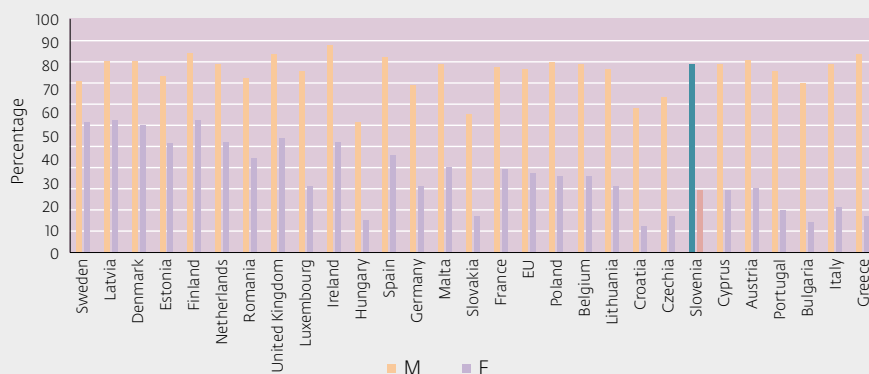
In this section we will examine some of the broader social, political and ideological shifts regarding gender roles, womanhood and sexuality that are directly or indirectly related to structural reforms in the previous section. At the same time as austerity measures were rolled out to solve the economic crisis, the fight for the preservation of the nuclear, heterosexual family form was fought on the ideological level, with the reform of the Slovenian Family Code (Družinski zakonik). When the Ministry of Labour, Family and Social Affairs presented its proposal for the new Family Code to the public in 2009, the changes sparked controversy and heated discussion. The proposal introduced a new, inclusive definition of families, legally and symbolically equating same-sex relationships with heterosexual ones, and allowed same-sex couples to adopt children. The latter was the source of the most heated debates, engendering resistance from many political and civil society groups. Some were formed in response to the bill, many with the support of the Roman Catholic Church, such as the Institute for the Family and Culture of Life KUL.si (Zavod za družino in kulturo življenja KUL.si) and the Civil Initiative for the Family and Children's Rights (Civilna iniciativa za družino in pravice otrok), forming a coalition that aimed to protect so-called family values and especially children. Their campaign against the new Family Code was based on misleading pseudo-scientific propaganda and moral panic about the supposedly natural order of heterosexual families, under the guise of common-sense, rational



arguments (Kuhar 2017, p.121). Together with the right-wing government, they pushed for a referendum on the proposed changes, which took place on 25 March 2012 with voters rejecting the Family Code (54.55 % against). The result of the referendum was that the subsequent Family Code retained the legal definition of the family as two adults of different sexes and their children (Maljevac and Gobec 2017).

In 2014, the party United Left proposed an amendment to the Family Code that would equate the rights and duties of same-sex and heterosexual couples, but right-wing civil society groups once again organised a counter-initiative –Za otroke gre (For the Sake of the Children) –, which led to another referendum after which the amendment was rejected for the second time. Both campaigns –first against the reformed Family Code and later against the amendment– argued that the heterosexual family is the basic nucleus of society and strongly opposed what they termed ‘gender theory’, a supposedly violent ideology arising from feminism that is spreading across Europe and Slovenia through schools, where children are forced to dress up as the opposite sex and taught that they can choose their gender, defying supposedly natural, biological facts (Sobočan and Pollak 2016, p.170).

Two days later, the Civil Unions Bill (Zakon o partnerski zvezi) was proposed by an independent member of parliament and later adopted. The Act abolished discrimination across almost 70 laws, but the difference in legislature is still present when it comes to adoption for same-sex partners (it is explicitly excluded), and single women’s access to infertility treatments, which is strictly forbidden (this was decided by referendum in 2002). Additionally, the Civil Unions Act states that partners in a civil union or non-formal civil union are not eligible for infertility treatments and biomedical-assisted procreation procedures. In cases where same-sex couples have children, the parent who did not give birth has to undergo second-parent adoption, which is disproportionate compared to heterosexual couples. The Civil Unions Act states that civil unions have the same legal consequences as marriage and non-formal civil unions have the same consequences as extramarital unions, unless stated otherwise in the law itself (LGBTI-ERA 2017).



**Figure 7:** The gap between the share of men and of women in Slovenia who perform housework every day is among the largest of the EU countries. Source: Eurostat 2020c.

These kinds of legal and ideological definitions of the family reinforce heteronormativity and gender stereotypes that in turn inform both economic or political decisions and public opinion. Men and women in Slovenia are, especially through the media, influenced by stereotypical thinking about the traditional role of women in the society: women are considered as primarily caretakers of children, and their jobs still contribute less to the family budget. For example, a 2005 study on work-life balance found that most people see men as the primary breadwinner and believe that family life will suffer if a woman is employed full-time (Robnik 2016, p.38). Slovenian women also perform most of the household chores and care work within the family, with a gap between the share of housework performed by men and women that is among the largest in the EU, as seen in Figure 6 above. Although public opinion has been slowly moving away from traditional views on gender roles in the past two decades, there has also been a rise in conservative opinions about the family in the media and in public debates that runs in tandem with the overall rise of right-wing politics and nationalism, whose main aim is to preserve the traditional division of the private and public sphere and the distinction between productive and socially-reproductive (seen as 'unproductive') labour. As Lilijana Burcar (2015) argues, these divisions are not simply ideological, but present a structural characteristic of capitalism and its tendency to externalise the brunt of reproductive work, minimising the cost of reproducing labour power. During crises of capitalist accumulation, such as the global crisis of 2008,

gendered exploitation and constructs of masculinity and femininity are reinforced, and it is therefore no coincidence that such discourses appear more often precisely in times of economic shortages.

## 2.2 Violence Against Women

The issue of violence against women began to be addressed systematically in Slovenia in the late 1980s and early 1990s, mostly by NGOs that established the first programmes of aid for victims of violence and pressed for the improvement of state measures in this area. In 2001, an expert council on dealing with violence against women (later renamed to cover domestic violence in general, losing its focus on women) was formed as a consultative body, which prepared the legislative basis for the Family Violence Prevention Act (Zakon o preprečevanju nasilja v družini) adopted in 2008. It was the first act systematically covering this area and it provides a definition of domestic violence, determines the measures to protect victims, enables NGOs to participate in proceedings and provides regional services to coordinate the work of different institutions and organisations. It also ensures that victims receive free legal counsel, as well as psychological support. Due to several flaws, the Act was amended in 2016 in a way that expands on the definitions, the court measures and the role of the police and of other organisations (Robnik 2016, p.29). In terms of protection and social services provided to victims of violence against women and domestic violence, the national network of social work centres can provide shelter for victims of domestic violence for up to one year, counselling and support and help find employment (Danaj and Veselič 2018, p.36). In 2011, Slovenia signed the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention) and ratified it in 2015. Furthermore, the Criminal Code (Kazenski zakonik) of 2008 included domestic violence, forced abortion, rape and sexual violence as criminal offences,<sup>8</sup> and the 2015 amendment added stalking and forced marriage to the list, while har-

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8 Rape and sexual assault within marriage are also treated as a criminal offence in the Criminal Code, however, they can only be prosecuted if the victim filing charges against the offender. Since married women (or men) do not necessarily press charges against their spouses for various reasons, such as fear, embarrassment or lack of information about their rights and the legal procedures, they are in a disadvantaged position in this regard.

assment and sexual harassment are covered by the Protection Against Discrimination Act (Zakon o varstvu pred diskriminacijo 2016).

These and several other acts combined ensure that, from a legal standpoint, the Slovenian framework complies with the Istanbul Convention. However, violence against women is still a pervasive issue for a large share of women. Despite the fact that these problems seem to be dealt with appropriately, the state mostly only covers awareness-raising campaigns (for example, the Click! Let's Stop Cyberbullying of Women and Girls project), while most of the actual work is done by NGOs with limited resources and infrastructure, and the courts and police are often not sufficiently trained for these kinds of tasks. Despite the number of awareness-raising campaigns, most of them have not been holistic and were one-off and short-term. Furthermore, there has been no assessment of the results of these campaigns, for example, a post-campaign survey that would provide information about potential changes in attitudes among the population (ibid. p.23). The Slovenian legal and policy framework treats domestic violence mostly as a human rights and criminal justice issue but not as a specific gender equality problem, avoiding the structural gender inequality causes of violence. Although gender neutral definitions of domestic violence are not necessarily against the Istanbul Convention, they might indicate a lack of gender perspective or gender-based understanding of violence (ibid. p.13–14).

One of the main issues in Slovenia in terms of support services is their uneven distribution across the country. Although social work centres are uniformly distributed, shelters run by women's NGOs are concentrated in central Slovenia. Additionally, the longer-term needs of victims of violence, especially the need for accommodations, are not adequately met. The procedures (like divorce, property issues, criminal process, etc.) often take a long time, leaving victims of violence in difficult situations. Furthermore, foreign women are discriminated against, as they are not entitled to social housing, rent subsidies, health insurance, they do not have access to help in their own language, they cannot claim maintenance from the maintenance fund and are not entitled to any other financial assistance from the state (ibid. p.36–37).

The very first national survey of violence against women was conducted in 2010 and it showed that every other Slovenian woman

experienced some form of violence in their lifetimes, while every fifth woman had experienced physical violence in the previous year, and that 90 % of perpetrators were men. It also found that women who have experienced violence were less healthy than others, more prone to stress, anxiety, insomnia and depression. However, many women are afraid to report cases of violence or ashamed of their situation, which is why in most cases the violence is reported only after years of abuse. A 2014 survey by the EU Agency for Fundamental Rights showed similar results, and that around a half of women in Slovenia had been exposed to sexual harassment since the age of 15 (Robnik 2016, p.31–32). According to the Shadow Report of the Slovene NGOs to the CEDAW Committee, after the Family Violence Prevention was introduced the number of domestic violence cases rose in 2009, probably due to greater public awareness, and started to fall in 2012 and 2013. The decrease of reported cases to the police has been attributed to the all-pervading economic and financial crisis (Matko and Roksandić 2015, p.11).

Apart from those studies, there is little reliable data on the prevalence of violence against women, as records from different institutions –courts, police, social work centres– do not match, because they do not implement a unified methodology of documenting acts of violence, contrary to the demands of the Istanbul Convention. It is therefore difficult to compare data and establish patterns or to draw certain conclusions on the effects of the crisis and austerity on domestic violence (Danaj and Veselič 2018, p.48–49). However, unemployment, poverty and increased pressures on families in terms of reproductive work are all factors that contribute to the risk of violence, which is why it is safe to assume that the deteriorating material conditions led to an increase in the number and frequency of violence against women. The Statistical Office of Slovenia will be conducting a nation-wide survey in 2020, which might reveal additional information about the link between economic conditions and gender-based violence in the aftermath of the crisis.

### 2.3 Funding of Women's Organisations and Institutions

The discourse of equal opportunities for women and the necessity of establishing mechanisms that would address this issue emerged immediately after Slovenia gained independence, partly under pressure from women's movements and NGOs, and partly influenced by the World Conference on Women in Beijing in 1995 and the processes of European integration. Already in 1990, the Commission for Women's Policies was formed within the parliament, and in 1992, the Office for Women's Policies, later renamed the Office for Equal Opportunities, was established as the main government body in charge of women's rights in the country for the next 20 years (Jalušič and Antić Gaber 2001). The government was required to consult with the Office on legislative measures, which made it a highly important institution with regards to the position of women in Slovenia. Among other things, it was one of the key actors that defended the right to abortion in 1992, it was one of the first to systematically address the issue of gender violence, it worked to enable the sharing of parental leave between both parents and it established the ground-breaking toll-free SOS telephone number for victims of violence and discrimination in 1998. Furthermore, in 2002, the Equal Opportunities for Women and Men Act (Zakon o enakih možnostih žensk in moških) was passed with the help of the Office, thus providing a common basis for the advancement of women and the creation of equal opportunities in all spheres of life. One year later, the office of the Advocate of Equal Opportunities was created to address specific cases of unequal treatment on the basis of gender. One of the crucial austerity measures of 2012 in terms of gender equality was the dissolution of the Office due to a lack of finances, a move that was opposed by several professional and civil society organisations, which warned that this would have detrimental effects on the female population, especially during the economic crisis (Mirovni inštitut 2012; Crnović 2015). This happened despite the fact that one of the CEDAW Committee's priority recommendations for Slovenia in 2008 was to strengthen the mandate, status and visibility of the government Office for Equal Opportunities, including its financial and human resources (Matko and Roksandić 2015, p.3).

To replace the Office, the Sector for Equal Opportunities was founded as a sub-department at the Ministry of Labour, Family and

Social Affairs, losing its independent status and a large share of its previous funding. In 2015, the Sector received a mere EUR 16,000 for its operation. That means that since 2012, most activities, campaigns and services related to women's rights have been carried out either within individual ministries and offices or by NGOs, which often lack enough resources and political power for radical change.

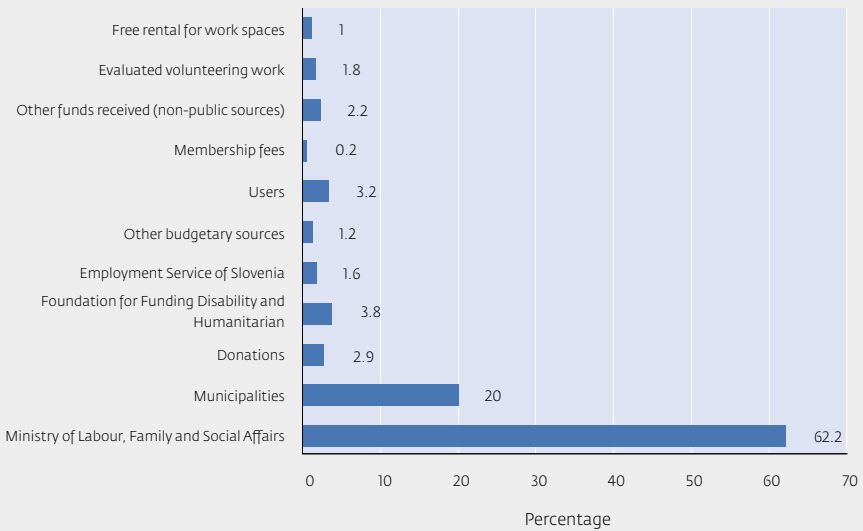


Figure 8: Funds obtained by violence prevention programs by source of financing. Source: Kovač et al. 2020, 28.

Since 1993, the Ministry of Labour, Family and Social Affairs has been financing government and NGO social security programmes through public tenders, usually for 80 % of the whole programme for either one or several years. In 2019, 37 programmes for violence prevention were financed, and of these 21 offered accommodations (eight homes for mothers and their children and 13 shelters or safe houses), 14 counselling centres, one SOS hotline and one programme for the prevention of violence against the elderly. Most of their funding comes from the Ministry and from municipalities, as seen in the table above (Kovač et al. 2020).

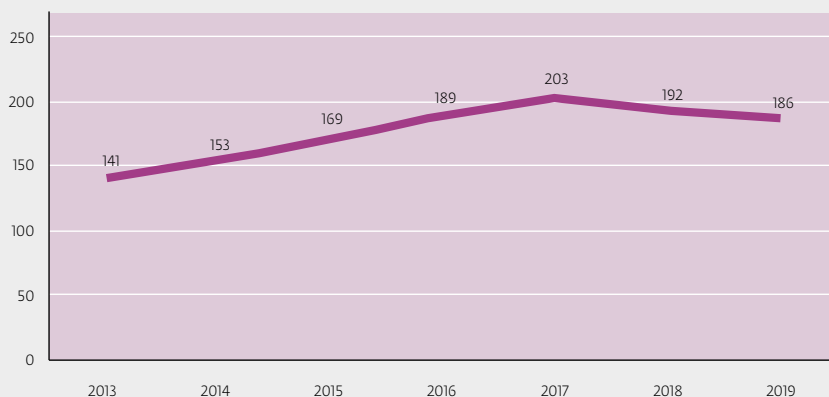


Figure 9: Number of social protection programs financed by the state, 2013–2019. Source: Kovač et al. 2020, p.218.

Although the number of programmes has been increasing over the years (there were only 27 such programmes in 2013) (Smolej et al. 2014), there are still numerous issues that have not been adequately addressed by the state. Among other things shelters are constantly dealing with a lack of staff, especially professionals like counsellors and social workers, as these programmes rely heavily on volunteers. At the same time, their funding is insufficient as the state does not provide 100 % and it is very difficult to obtain resources from other sources. In addition, the number of single women who cannot afford an apartment and are experiencing violence has been rising, as well as the number of users with additional issues like addiction, disabilities and homelessness. Among victims of violence, there is also an increasing number of migrant women who do not speak Slovenian and older women. The needs of all these women cannot be appropriately met under current conditions. Furthermore, there are no adequate mechanisms to follow up on users after they leave these institutions. The situation is very similar in programmes for the prevention of drug addiction, alcoholism and eating disorders, as well as programmes for mental disabilities or the homeless (Kovač et al. 2020). There is currently only one programme, the Stigma safe house, available for women who are victims of violence and also drug addicts at the same time, and it can provide shelter for up to eight women simultaneously (Društvo za zmanjševanje škode zaradi drog Stigma 2020).



Apart from government financing, many NGOs rely on European tenders and private foundation grants. One important source of funding in the field of women's rights is the Norway Grant Financial Mechanism, which has enabled several studies and projects in the past years. However, these kinds of resources are usually limited in scope and cannot support long-term structural solutions.

## 2.4 Women from Marginalised Groups

In the next part of our research, we will draw attention to specific groups of women who have been disproportionately affected by austerity measures in Slovenia since the economic crisis in 2008. Changes on the labour market, changes in the welfare system, benefit cuts, public expenditure cuts and the rising inaccessibility of health and other social services have presented additional challenges for women from marginalised groups like Roma women, women with disabilities and migrant women. As the various forms of economic and social disadvantages tend to multiply when combined, they are threatened by loss of dignity and exclusion from ordinary life even more than before the crisis.

### ROMA WOMEN

It is impossible to determine the exact number of Roma people living in Slovenia because the state does not keep special records of people on the basis of their ethnicity or nationality. Official data on the number of members of the Roma community are from the 2002 census, when 3,246 people (0.17 % of the population) identified themselves as part of the Roma community (SURS 2002). The census from 2011 did not include the category of national or ethnic affiliation. According to the evaluation of social work centres there are 11,703 Roma men and women living in Slovenia (Narat et al. 2014, p.36). The lack of data is the biggest challenge the Republic of Slovenia is facing in assessing the needs and problems faced by members of Roma communities.

The exact number of Roma women living in Slovenia is therefore not available. According to the 2002 census, there are 1,601 Roma women living in Slovenia (SURS 2002), which is not a reflection of the

real situation. Roma women are not recognised by the state as a particularly vulnerable social group, although, together with Roma children, they are the most vulnerable within Roma communities and are disadvantaged and excluded in many areas of life. The European Parliament's report about Roma women in the EU (2006) shows that Roma women are doubly discriminated against or that they are exposed to both racial and sexual discrimination. On average, they are poorly formally educated where the gap between the levels of education of non-Roma and Roma women is unacceptable (many Roma girls do not even complete primary education). Compared to the majority of the population, they are also more often unemployed, have a shorter life expectancy, face health marginalisation, often have unstable living conditions and are exposed to many kinds of abuse (human trafficking, forced sterilisation, etc.). Due to patriarchal traditions, they are also often not free to make fundamental decisions about their lives and as such are hindered in their ability to assert fundamental human rights (Narat et al. 2014, p.12–13).

The data for Slovenia, although rather outdated and incomplete, can confirm the above-mentioned points. Data on access to education show most only complete lower levels of formal education, as more than 65 % (60 % of men and 70 % of women) have not completed primary school (ibid. p.12). Roma women are less represented than Roma men at all levels of education and there are more women than men without any institutionalised education at all. In a survey conducted among Ljubljana's Roma in 2009, Roma women reported that their parents did not send them to school, only their brothers received education and they stayed at home to take care of the household and children (Urh 2011).

Due to social circumstances, many Roma children have a huge gap in knowledge compared to their peers and are redirected to schools with adapted curriculum programmes. Statistics show that in the 2017/18 school year, 1,998 Roma children were enrolled in primary school with a regular program, and 244, or 10.9 % of Roma children, were enrolled in primary schools with an adapted curriculum programme (IRSSV 2020a). Statistics for the general population of children enrolled in primary school show that 179,230 children are en-

rolled in schools with a regular program, and 2,071 in a school with an adapted program, which is 1.1 % (IRSSV 2020b). The reasons for redirecting Roma children to schools with adapted programmes are often language barriers and social disadvantage. However, these (social) circumstances that affect the knowledge gap are lost during these transfers and redirections. The child's (social) circumstances transition into a medical category. The consequences of schooling in an adapted programme are, among other things, poorer education and a lower level of education, limited choice of continuing education and choice of profession, even less employment opportunities, etc. (Radešić 2018, p.17–18).

At the time of the 2002 census, the majority of Roma men and women, as many as 85 %, were unemployed (Narat et al. 2014, p.12). Recent data show that there are 90% of unemployed Roma men and women (Skalar 2019, p.7) in Slovenia, and most of them are permanently unemployed. Unemployment is higher among Roma women, which means that they are consequently at greater risk of social exclusion and poverty. Low levels of education and high levels of unemployment also result in poor access to health and social services, precisely because of exclusion from society and lack of understanding of procedures and their rights.

Compared to the majority of the Slovene population, Roma people are characterised by a higher birth rate and a shorter life expectancy. A 2018 survey by the National Institute of Public Health showed that the average life expectancy for Roma men is 48, and for women 63, which is on average more than 20 years less than the general population of Slovenia. The largest difference in the mortality rate was in the group of infants up to one year of age (infant mortality of the Roma is four times higher) and in children one to four years old (seven times higher) (Zakrajšek and Krajnc-Nikolić 2018, p.57). The birth rate analysis showed that it was twice as high among Roma women than non-Roma women. Almost two-thirds of all the births among Roma people were among women aged 15 to 24, 22 % of births are in the 25–29 age group, and only 6 % and 1 %, respectively, in the 35–39 and 40–45 age groups. The youngest Roma women in the observed group were 14 and the oldest 44. The average age of women who gave birth was almost five years lower among Roma women than among women in the gen-

eral population. The total fertility rate, which shows the average number of children per woman of childbearing age, was on average 2.75 for Roma women, while it is 1.58 among the general population (ibid. p.61).

In 2013, the Social Protection Institute of the Republic of Slovenia, together with centres for social work, primary and secondary schools and NGOs, conducted research on forced marriages of Roma girls. According to the data obtained, forced marriages of Roma children are moderately widespread and the numbers differ between the researching organisation. More common than forced marriages are child marriages, where at least one person is under 18. Still, it is very difficult to assess the situation since most of those marriages (both forced and child) aren't legal: the couple considers themselves 'married' after their first sexual intercourse (Narat et al. 2014, p.42).

Social work centres and other organisations estimate that the minimum age for girls marrying is 12 to 13, according to some data even ten, and the minimum age for boys is 14. The average age at marriage for girls is 15 and for boys between 16 and 17. Therefore, both girls and boys marry very young. In a 2014 survey by the Social Protection Institute of the Republic of Slovenia, social work centres and other organisations drew particular attention to the many negative consequences that befall Roma girls after marriage. They are placed in a distinctly subordinate position and are entirely dependent on their husbands. Most of them are expected to drop out of school after marriage to be able to help with household chores and care for their younger siblings. However, if they manage to obtain a higher education and apply for more socially prestigious jobs, they are faced with a double obstacle: discrimination by the majority population on the basis of race and ultimately on the basis of gender and discrimination by their own community, as other Roma often do not support them in their career decisions. In addition, as noted by the social work centre in the Mura region, married women rarely rely on social rights to secure their own source of livelihood but are often dependent on the will of their partner (ibid. p.23). The actors involved in the research state that there has been a positive trend in the average age in recent years, as it is increasing notably (ibid. p. 43).

	SOCIAL WORK CENTRES			OTHER ORGANIZATIONS			SCHOOLS		
	Girls	Boys	Together	Girls	Boys	Together	Girls	Boys	Together
Southeast Slovenia	9	3	12	100	20	120	26	7	33
Central Slovenia	3	2	5	0	0	0	13	0	13
Drava	3	2	5	5	2	7	8	8	16
Mura	0	1	1	0	0	0	2	0	2
Savinja	0	0	0	1	0	1	0	0	0
Lower Sava	1	1	2	0	0	0	0	0	0
Together	16	9	25	106	22	128	49	15	64

Table 5: Number of child marriages in Slovenia (2009–2014). Source: Narat et al. 2014, p.41.

Estimates of the number of child marriages are even higher than stated, as Table 5 above does not take into account the data from Social Work Centre Novo mesto, which found that as many as 90 % of Roma girls and 60 % of Roma boys got married as minors (ibid. p.41).

State institutions and programmes mostly only draw attention to the problems of Roma communities in general. In November 2015, a full-day expert conference ‘Roma women – from Childhood to Parenthood’ was organised by the Ministry of Health and the Roma Association of Slovenia with a focus on the reproductive health of Roma women, pregnancy and family planning, working with mothers and children and activities for Roma girls. The conference presented the conclusions of the above-mentioned study on forced marriages of Roma girls and some personal experiences of members of the Roma community on this issue. In October 2016, a national conference on the ‘Socio-economic Determinants of Roma Health’ was organised by the National Institute of Public Health in cooperation with the Roma Association of Slovenia and the Ministry of Health. At the event, participants discussed various aspects that affect the health of the Roma, barriers to that health as well as positive experiences and examples of good practice.

NGOs are critical of the impact of these conferences. They believe that events like these serve no purpose while Roma women are left waiting in Roma settlements. They cite the example of Grosuplje, where local health centres do not check on Roma children in settlements, so schools have to handle the issue, with the help of non-governmental organisations and Roma counsellors (Skalar 2019, p.22).

The experience of NGOs shows that there is still a great lack of action and that many state-run projects do not really make sense, that they have no real effect (except that employees on projects receive a salary) and they fund unnecessary activities. Above all, they believe that the state should systematically provide projects for all Roma settlements, including (or especially) for smaller ones that do not even have running water. Another problem is that the state does not have measurable goals, for example, a deadline by which a certain percentage of Roma primary school students would regularly finish primary school. Slovenia's National Roma Strategy does not specify any activities, time-frames or planned financial resources. Interinstitutional cooperation and coordination and the involvement of the Roma community in the implementation of measures are also lacking (ibid. p.30).

#### MIGRANT WOMEN

The available statistical data reveal a relatively small number of migrant women in Slovenia. In 2011–2018 the number of foreign-born women increased from 25,728 to 43,019. As a percentage of the female population, it went from 2.4 % in 2011 to 4.1 % in 2018. In terms of statistical regions, the presence of foreign women is highest in Central Slovenia (40,716), followed by the Drava region (16,607), Savinja region (14,974) and Coastal-Karst region (11,910) (Lenarčič and Sedmak 2019, p.36). The highest percentage of migrant women are those coming from other states of the former Yugoslavia. Immigration from those states started in the 1960s for economic reasons and intensified in the 1990s due to the Yugoslav Wars, when more than 70,000 refugees came mostly from Bosnia and Herzegovina, other former Yugoslav countries and from Kosovo. Like other EU Member States in the last five-year period, Slovenia has also been challenged by migration flows due to the conflicts in the Middle East and Africa. However, it remains mostly a transition country.

In 2019, the 'Cross-Border Network for Migrant Women: Social Integration, Sexual and Reproductive Health' (INTEGRA) research showed that women migrating to Slovenia mostly come from economically less developed European countries and 90 % of them originate from European countries. In 2011–2017 the highest number of women migrating to

Slovenia came from Bosnia and Herzegovina (14,341), followed by Kosovo (5,945), Macedonia (4,853), Croatia (3,187) and Serbia (3,060). The proportion of foreign women in Slovenia is generally highest in the 30–34 year old (12.8 %) and 35–39 year old (11.3 %) age groups; the average age of a migrant women in Slovenia is 33.7 years old (*ibid.* p.39).

The educational level of migrant women living in Slovenia is generally low. In 2011 and in 2015, almost 50 % of all migrant women had no more than a primary school education; almost 40 % had a high school education and only around 10 % had higher education qualifications (*ibid.* p.40). A significant number of migrant women in Slovenia are employed; those from the states of former Yugoslavia are often employed (23,874) but there is a large share of women who are unemployed (7,385) or 'inactive' (11,284). By far the most inactive women migrating and living in Slovenia are from Kosovo, who also in general have the lowest educational levels. In 2015, there were more than 2,000 women from Kosovo who were inactive, 600 registered as unemployed and only 509 were employed. It can be assumed that those registered as 'other inactive' are housewives who are not actively looking for a job, as those searching for a job would be registered as unemployed. Similarly, data from 2015 on the situation of women coming from Macedonia reveal a very high number of inactive women: 1,682 in comparison with 1,974 employed (in addition to 771 unemployed). Most likely ethnic Albanian women represent the biggest number among them, so that the pattern of inactivity/activity is very similar to that of women coming from Kosovo (*ibid.* p.43).

It is important to note that most of these women arrive in Slovenia through family reunification mechanisms, following in the footsteps of their male partners who migrate for work. They are not obliged to find employment as a condition for their settlement as long as their partner can provide for them economically, unlike other migrants who are required to prove that they will either work or study in Slovenia. The status, social protection rights, residence and work permits of foreign women who arrive through family reunification are thus bound to the status of their spouses. This can represent a problem if they are in a violent marriage or relationship, since they are therefore materially dependent on their violent partner (Danaj and Veselič 2018, p.36–37).

The Government of the Republic of Slovenia responded to the economic and social recession by taking measures to prevent and restrict the work of migrants from so-called 'third countries' in the absence of socially-oriented mechanisms. Among the austerity measures adopted by the government in 2009 was changing the Rules on Work Permits, Registration and Deregistration of Work and Control over the Employment and Work for Foreigners, which stipulates that work may be offered to a foreign citizen only if no suitably qualified Slovene citizen (or EU/EEA) can be found. This has led to a further reduction in the employment opportunities of migrants. The discrimination of this measure is reflected in the fact that it prefers the employment of a worker only based on the fact that he or she has Slovenian citizenship (Pajnik, Bajt and Herič 2010, p.157). While work permit quotas rose sharply year to year until 2008, this changed in 2009: the government called for a quota of 32,000 permits in 2008, 24,000 in 2009 and halved it to 12,000 in 2010. The number of unemployed in Slovenia has risen, even more so among migrants. Migrant workers who are temporarily working in Slovenia or work with fixed-term contracts are particularly vulnerable. As many migrants have temporary employment or work permits and residence permits, those who lose their jobs often drop out of official statistics, giving the impression that the problem of migrant unemployment is minimal, as official statistical proportions are very low. Official statistics do not take into account that migrants whose employment is terminated must return to their country of birth as unemployed, as their work permit also terminates their residence permit (ibid.).

In the first half of June 2009, the Slovenian government adopted a Decree on Restrictions and Prohibitions on the Employment and Work of Foreigners (*Uredba o omejitvah in prepovedih zaposlovanja in dela tujcev*), which prohibits the issuance of new permits for seasonal work, except for seasonal work in agriculture and forestry. The regulation introduced a ban on seasonal migrant work in construction and tourism, sectors that largely employ migrants. The decree also restricted the employment of migrants from Kosovo and consequently provided a legal basis for restricting and prohibiting employment according to nationality, which is why the decree should be recognised



as a measure that is unconstitutional. The regulation also restricted the employment of migrant women from 'third countries', as it prohibits the issuance of employment permits to employers for occupations from the entertainment and artistic programme in nightclubs, where mostly women who need a visa to enter the country are employed. According to its justification, the measure is intended to reduce the risk of sexual exploitation and human trafficking. The effect of such measures is usually the opposite of what is desired, namely that these bans do not stop human trafficking but force women to take greater risks and more dangerous trafficking routes. In this case, it turns out that measures enacting employment bans cannot have a positive effect on migrant women: it would be more effective to enable the employment of migrant women and prescribe programmes to protect victims of trafficking. An analysis of the measures implemented shows that the migrant population and especially migrant women were the first and most sensitive to the consequences of the crisis in Slovenia (*ibid.* p.158).

More recently, Mojca Vah Jevšnik (2016) conducted research in which she observed the impact of immigrant status on the vulnerability of migrant women in the context of family violence. Her work showed that migration status can significantly influence frequency, responses and measures of violence against migrant women, as well as the support provided by public services. This leads to the conclusion that women who are in the country with unregulated legal status are even more vulnerable than those who obtain legal status. Since women who have migrated illegally do not have a legal personal income, they are consequently not entitled to social benefits and support services provided by public institutions. In other words, they depend on the perpetrator and live in fear of deportation. The study identified several risk factors in this social group, among which the most important are: lack of information regarding support systems, language barriers, mistrust and suspicion of professional workers (especially men), absence of social networks, problems with integration, prejudice and discrimination against their way of life, low socio-economic status and low educational levels (Vah Jevšnik in Lenarčič and Sedmak 2019, p.52).

## WOMEN WITH DISABILITIES

Women with disabilities are generally more vulnerable in society than men because they experience double discrimination, they are historically silenced, more economically dependent, less autonomous and have fewer people to support their independence. Many women with disabilities are victims of physical and sexual violence. A prevalent problem is the non-existent institutional support structure. In Slovenia after the crisis, general unemployment was decreasing from 2015 to 2020, however, it increased among people with disabilities (Zaviršek 2020). In an interview with professor Dr. Darja Zaviršek on the RISEWISE international project in Slovenia, she claimed that statistics in this area are unreliable and the parameters for defining the employment of women with disabilities in Slovenia are unclear (ibid.). Jobs for women with disabilities are often temporary and supported by European Union finances. Employment in segregated jobs is constantly increasing instead of increasing employment in general settings, and employment does not necessarily mean that a woman earns a monthly living. For example, there are types of 'employment' such as attending Occupational Activity Centres, where people with disabilities are rewarded for their work<sup>9</sup> with up to 20 euros per month (Zaviršek 2020; Mlakar 2012). Needless to say, this amount doesn't cover the basic monthly cost of living.

European Union statistics are therefore more reliable, where differences between women and men can be identified indirectly. Women with disabilities are undoubtedly at greater risk of poverty and social exclusion than men. Prior to 2020, the risk of poverty and social exclusion in Slovenia was 24.7% for people with disabilities and 17.1% for people without disabilities. Among women with disabilities the risk was 26.4%. Both were much higher than among people without disabilities, where the risk of poverty and social exclusion was 17.9% among women without disabilities and 15.6% for men. The social differences that we understand in the field of inequality between women and men are just as much or even more acute between women and men with disabilities. The more disadvantages a certain person has, the more

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<sup>9</sup> Typical tasks for people with disabilities in Occupational Activity Centres are: manufacturing of various products, landscaping, hand and machine sewing, ironing, carpentry, packaging, assembly and product upgrades.

cracks appear in his or her case in the social distribution of goods, social policies and professional ability of people to respond to the individual need of an individual (Zaviršek 2020).

In 2013, the Pension and Disability Insurance Act reduced the average number of disabled pensioners by 1,023 people or 1.1 percent to just over 88,300 people. The average number of disabled pensioners has been steadily declining since 2004, with an exception in 2005 (Burja Cerjanec, Rici and Šuštar 2014, p.12). In 2013, the number of beneficiaries of various disability insurance benefits also decreased by 3.2 % compared to 2012. Similarly, the average number of beneficiaries of disability benefits for physical disability decreased by 1.4 %, as the Pension and Disability Insurance Act-2 significantly limited the possibility of acquiring the right to disability benefits for physical disability (ibid. p.24).

Since 2011, there has also been a drop in the number of people receiving disability pensions relative to old-age pensions, although the amount of the average pension has increased. The average disability pension amounted to EUR 476 in 2013 and by 2018 it had risen to an average of EUR 495 (Fajnik Milakovič 2018). In 2020, the average was EUR 516, but the risk-of-poverty line was at EUR 662 (Dežman 2020). For 7,500 citizens, the situation is even worse, as in 2018 many received a disability pension that was under EUR 300 a month (Fajnik Milakovič 2018). According to the Pension and Disability Insurance Act-2, the minimum disability pension is set at 26 % of the minimum pension base and amounted to 218 euros in 2018 for those who developed a disability as a result of illness or injury outside work and retire after the age of 65. If they retire before this age, the pension is at least 36 % for men (in 2018, that was EUR 302) or 39 % for women (in 2018, EUR 327) of the lowest pension base amount. A 2017 survey by the Institute for Economic Research found that the estimated minimum life costs in 2016 were EUR 613.41 a month (Esih 2017). Therefore, those who have retired with a disability at a lower retirement age or young people receive a pension with which it is practically impossible to survive (Fajnik Milakovič 2018). Women with disabilities who have not been employed and are not entitled to any of the pensions receive social assistance and are dependent on close relatives, as they cannot receive other money benefits until they exhaust all options within the family. According to the

Social Welfare Benefits Act, the family is required to take care of its own survival and the state only gets involved when the family is not able to ensure the survival of all members. Since both income and property are counted in the census, it often happens that older women cannot claim financial benefits even though they do not have the means to survive (Leskošek 2017, p.72).

On 29 of November 2018 the European Parliament adopted the Resolution on the Situation of Women with Disabilities, emphasising, inter alia, that women and girls with disabilities are victims of double discrimination based on gender and disability and may often face multiple discriminations. Their discrimination stems from the intersection of gender and disability and sexual orientation, gender identity, sexual expression, gender characteristics, country of origin, social class, immigrant status, age, religion or ethnicity. In the Resolution, MEPs reiterate their call on the Member States to fulfil their obligations to ratify the Convention on the Rights of Persons with Disabilities and to take all necessary measures to guarantee the rights and freedoms and responsibilities arising from it, in particular in areas such as employment, education, health, protection, housing, mobility, access to justice, culture, sport, leisure and participation in social and political life, as well as specific responsibilities for the rights of women and children with disabilities as defined in the Convention. They also call for gender mainstreaming to be included in their gender equality strategies, policies and programs, for gender mainstreaming in disability strategies and for both gender and disability in all other policies (Zveza SUP 2018).

Until 2000, when the first disability NGO began to address the issue, no one had systematically dealt with the experiences of women with disabilities and domestic violence. In 2008, the Office for Equal Opportunities prepared an analysis of the situation. The key findings showed that there is a low level of awareness, that victims rarely seek help and that assistance services are not generally tailored to the needs of women with disabilities. The conclusions showed, among other things, that most violence is hidden, that women are more exposed to violence and that the availability of different forms of assistance for people with different disabilities is poor. In the analysis of the assessment of the situation, which included associations of disabled people,

social work centres, community services and associations or umbrella disability organisations, the participating organisations found that women with disabilities experience physical abuse more often than men (27 % women, 2 % men), mentally or emotionally (23 % women, 4 % men), financially or materially (8 % women, 3 % men), and there is little difference in neglect (8 % women, 6 % men). As a result of the violence experienced, victims often do not seek help. Only one-fifth of the participating associations of people with disabilities and social work centres have encountered a case of violence against people with disabilities; that share is even lower in patronage services (6 %) and associations or umbrella organisations (8 %) (Robnik 2016, p.34). Meanwhile, the first safe house in Slovenia, architecturally adapted for women with disabilities, was opened in 2009. There is also a large grey area of unreported cases of abuse in this area. NGOs warn that data collection is a big problem, as it is not disaggregated by personal circumstances. Due to the low level of inclusion in the labour market, persistence in a violent relationship is often conditioned by economic dependence on the perpetrator (ibid.).

#### THE LGBTQ COMMUNITY

Slovenia changed its legislation in 2016 after the ratification of the Istanbul convention in 2015. The Protection Against Discrimination Act (Zakon o varstvu pred diskriminacijo) was adopted, which replaced the Act on the Implementation of the Principle of Equal Treatment (Zakon o uresničevanju načela enakega obravnavanja). The new law provides for the protection of people against discrimination on the basis of sex, nationality, race or ethnic origin, language, religion or belief, disability, age, sexual orientation, gender identity and sexual expression, social status, financial status, education or any other personal circumstance. It established an Advocate of the Principle of Equality as an independent state body in the field of protection against discrimination (Robnik 2016, p.16). In the Protection Against Discrimination Act, discrimination based on sexual orientation, gender identity and gender expression (SOGIE) is explicitly forbidden. This is the first legal document in Slovenia explicitly mentioning SOGIE as protected (LGBTI-ERA 2017). This is crucial for the protection and the enforcement of the rights of transgender and cissexual non-normative people.

As already mentioned, the Civil Union Act was adopted in 2016 and defined a civil union as a domestic community between two women or two men. This union has the same legal consequences as marriage in all legal spheres, but civil union partners cannot adopt children and do not have the right to biomedically assisted procreation (ZPZ 2016). In cases where same-sex couples have children, the parent who did not give birth to them has to undergo second-parent adoption, which is disproportionate when compared to heterosexual couples, where presumption of paternity for married couples and acknowledgement of paternity in civil partnerships is respected (LGBTI-ERA 2017).

Since 2014, several large research projects have been conducted on the everyday lives and needs of LGBTIQ+ people (2017) and trans people in Slovenia (2015, 2019). The study *Everyday Life of Young LGBTIQ+ People in Slovenia* implemented by the Pride Association in 2017 included 751 young people of various LGBTIQ+ subgroups and sexual identities. Research showed that LGBTIQ+ youth mostly openly identify as LGBTIQ+ to their closest friends (67 %) and 18 % of the respondents said they completely hid their identities. A large number of respondents did not come out to their teachers (54 %) and other school workers (66 %) or employees (54 %) and coworkers (37 %) (Perger, Muršec and Štefanec 2018, p.7–8). The reasons given for hiding their identities were fear of negative responses, rejection, potential discrimination and violence. The same research showed that young LGBTIQ+ people think of public spaces and religious communities as the least safe places for them (Perger, Muršec and Štefanec 2018, p.18).

In the research, 40 % of respondents have experienced violence on the basis of gender and/or sexual identity, most of them, 39 %, experienced discrimination and/or violence on the streets, and 29 % experienced it in educational settings, in schools and universities (Perger 2018, p.88). In terms of experiencing physical violence, 10 % of LGBTIQ+ youth was physically attacked in public, 22 % of the respondents had received threats. Among the respondents, there are 34 % of those who experienced problems with accessibility and use of public services, specifically discrimination, violence and rejection of health and social services (Perger, Muršec and Štefanec 2018, p.25). Violence mostly comes from unknown people (50 %), family members (30 %) and schoolmates

(28 %) (Perger, Muršec and Štefanec 2018, p.36). The police do not collect data regarding violence that has been committed on the basis of sexual orientation, gender identity and expression and sex characteristics (SOGIESC). They only record crimes initiated due to hate, but the category does not differentiate between different grounds on which the hatred is based. The real number of violence and harassment committed based on SOGIESC is unknown, since most of it stays unreported even to NGOs (LGBTI-ERA 2017).

The latest *Everyday Life of Trans Persons in Slovenia* (2019) study included the highest number of trans respondents in any research project in Slovenia (113 trans people between 14 and 50 years of age where 34 % identified as trans men, 31 % as non-binary and 19 % as trans women) (Koletnik 2019, p.3). The numbers are not that different from the above-mentioned study. According to this examination of the everyday life of trans people, 41 % of the respondents reported experiencing discrimination, violence or unequal treatment based on their gender identity and/or gender expression. Trans people experience discrimination and violence mostly in public spaces and on the street; most of them don't report violence to the police, as 17% of the respondents reported it to the trans specific and/or LGBT organisations (Koletnik 2019, p.5). Two out of three trans people have experienced depression (65 %), and three out of five have suicidal thoughts (58 %) and suffer from anxiety (56 %). One out of three trans people report that they most often do not have anybody to support them with their mental health (Koletnik 2019, 4). Being a trans people in Slovenia is still challenging due to traditional value systems, discrimination and social exclusion. Trans people face a multitude of interconnected pressing issues, among which the most crucial are: extensive lack of legal and social authentication and legitimisation, structural and societal silencing, intentional exclusion and invisibility of trans people and topics and ignorance on the part of all relevant stakeholders in regards to working on bettering trans people' human rights (LGBTI-ERA 2017).

The Register of Deaths, Births and Marriages Act (Zakon o matičnem registru) enables people over 18 to have their gender legally recognised (changing their gender marker) and entered into the register. According to the law, official data on gender in personal documents

can be changed by people who obtain a certificate from a health care institution that they have changed their gender. To change the official gender data, transgender people must obtain a certified statement from a psychiatrist that has diagnosed them with gender dysphoria F64.0, which is classified as a mental health disorder (Koletnik 2019, p.34). The majority of people seeking legal gender recognition also apply for a name change under the Personal Name Act. This procedure is separate from the procedure for obtaining a new gender marker (described above) and does not require any medical certificate (LGBTI-ERA 2017). Half of trans people included in the research on the everyday lives of trans people were involved in medical transition procedures and almost half of the participants who did not decide to medically transition (45 %) do not decide to do so precisely because of the disorderly procedure for transitioning in Slovenia (Koletnik 2019, p.28).





## Recommendations for Left-Wing Feminist Politics

### 3.1 Overview of Feminist Struggles on the Left

This section will focus on briefly mapping current forms of resistance to the repatriarchalisation of Slovenian society, that is, initiatives and organisations engaged in leftist or feminist politics, especially those active after austerity measures were implemented. Several groups, initiatives and organisations active on the left today formed after the occupations of the platform in front of the Ljubljana Stock Exchange and the Faculty of Arts in 2011 and after the mass protests all around Slovenia in 2012, which took place within months of the implementation of the Public Finance Balancing Act. The democratic student movement Iskra was formed in 2011, after the occupation of the Faculty of Arts. The organisation has a Working Committee on Feminism (Delovni odbor za feminizem – DoFEM) that has been active in organising protests in Ljubljana on 8 March every year. The most productive year was in 2017 when they organised the ‘45 Days of Feminism’ (45 dni feminizma) campaign that connected different organisations and institutions in organising feminist events, raising awareness on unwaged reproductive work and promoting gender equality.

The 8<sup>th</sup> of March Institute (Inštitut 8. marec) was formed after the campaign Čas je Za! and the referendum for equality for same-sex and heterosexual couples in 2015. The campaign revealed a number of limitations and shortcomings in Slovenian progressive and liberal civil society, so the Institute formed primarily as a response to these problems on the left. It has been connecting volunteers from different fields in spontaneous campaigns that are usually responses to current politi-

cal events. The #metoo (#jztudi) project enables women to share their experiences with sexual and other forms of gender violence and works as a platform for seeking help. And since sharing stories is not enough to prevent institutional violence, they started, together with other NGOs (Association SOS Help-line/Društvo SOS telefon, Ključ Association – Centre for fight against trafficking in human beings/Društvo Ključ – center za boj proti trgovini z ljudmi, Association for Nonviolent Communication/Društvo za nenasilno komunikacijo, Peace Institute/Mirovni Inštitut) the ongoing 'YesMeansYes' (JaPomeniJa) campaign to change the law and redefine the crime of rape according to the Yes Means Yes model. Their most successful campaign was in 2019 against the abolition of the work allowance for those who do not earn the minimum wage with their jobs. In cooperation with other organisations like the Association of Free Trade Unions of Slovenia (Zveza svobodnih sindikatov Slovenije), CNVOS, the Counselling Office for Workers (Delavska svetovalnica), the Slovenian Association of Friends of Youth (Zveza prijateljev mladine Slovenije) and the Youth Trade Union Mladi Plus (Sindikat Mladi plus) they managed to stop this measure, which would have been especially harmful for poor families and single mothers. The 8th of March Institute is currently the most visible feminist organisation working to raise awareness about women's issues and focusing on initiatives that deal primarily with changing legislation in favour of women. The group is closely associated with and supported by the political party the Left (Levica).

The party was formed after the riots in 2012 and was originally called the Initiative for Democratic Socialism (Iniciativa za demokratični socializem). The party's programme addresses numerous women's and other gender issues, but the party's greatest stumbling block is lack of staff and an expert committee that could focus on these guidelines and policies and that could make more concrete proposals. However, it is true that the Left supports the above-mentioned NGOs' initiatives and has been active in following their programme. Among other things, the Left tried to change the discriminatory legislation regarding the ban on biomedical assisted reproduction for single women. The ban forces women to seek treatment abroad, which is therefore available only to single women with an accommodated economic situation (Levica

2020). Other than that the Left has presented the amendment to the Value Added Tax Act, the main purpose of which was to lower the VAT rate for women's sanitary products (sanitary pads, daily pads, reusable sanitary pads, menstrual cups), since they are a necessity not a luxury, which women need at least once a month and represent a higher basic cost of living (Levica 2016). Both of those initiatives were unsuccessful since they lacked wider public support which proved to be crucial in other cases.

On the other hand, the National Assembly of Slovenia adopted the Left's proposal for the Minimum Wage Act in December 2018. The act stipulates that all benefits (such as food and commuting allowances) will be excluded from the statutorily mandated wage rates as of 2020 and will have to be paid additionally, which in effect means that minimum wage increases. It also regulates that the minimum wage must be at least 20 % above the calculated minimum living expenses. Furthermore, the Left proposed lifting the census for financial social assistance to EUR 400, a proposal which was accepted.

In the campaign for the elections to the European Parliament in 2019, the Left also supported shortening the work week from 40 to 35 hours. This year, the Slovene National Assembly supported its legislative proposal in favour of closing stores on Sundays, which was based on the initiative of the Trade Union of Retail Workers of Slovenia and gained support from Janez Janša's right wing government (although largely due to its association with the Church). In addition to work-free Sundays and holidays, they also demand higher salaries, lower workloads on workers in individual stores and a larger number of employees in individual trade companies. The amendment that entered into force on 24 October 2020 disables retailers from opening on Sundays and holidays, with the exception of stores with a sales area of up to 200 square meters at petrol stations, border crossings, ports, airports, railway and bus stations, and in hospitals. The remaining smaller stores with an area of up to 200 square meters may also be open on Sundays and public holidays if the work is carried out by owners or their representatives, as well as high school students, students or pensioners. The problem is that the law regulating store closure on Sundays is not linked to the Employment Relationships Act so most people employed in retail still need to work on Sundays, only now they do it in warehouses, deliveries, online retail, etc. Although these measures

and initiatives are not explicitly feminist or aimed at women specifically, they have a large impact both on employed women and those who rely on welfare support.

In the cultural sphere, the most prominent organisations are the festivals the City of Women – Association for the Promotion of Women in Culture (Mesto žensk 1996), International Feminist and Queer Festival Red Dawns (Feministični in queerovski festival Rdeče zore 2003) and Lesbian Neighbourhood (Lezbična četrt 2012). These are the only Ljubljana festivals aimed at promoting politically engaged women artists, activists and researchers, and they persistently promote women in culture. In addition, they are actively educating new generations of feminists who will be involved either in the non-governmental or governmental sector in various ways and will have the opportunity to change the way they operate. Organising cultural events is always a struggle for space and money, so it is important to mention that after 25 years of existence, the City of Women Festival is one of the most well-funded cultural projects in the Municipality of Ljubljana and takes place at several locations, including other cities in Slovenia. Since its beginnings, it has grown into a ten- to fifteen-day festival that hosts between forty to sixty women artists, theorists and activists every year.

Other prominent NGOs and groups crucial for mainstreaming feminism and fighting for women's and LGBTIQ+ rights in Slovenia are the Peace Institute (Mirovni inštitut, since 1991), Legebitra (1998), Women's Lobby (Ženski lobi 2009) and many others. To name just a few others: ŠKUC Association (Zveza ŠKUC), Feminist reading group Delfinke, Transfeminist Initiative TransAkcija Institute (Zavod Transfeministična Inicijativa TransAkcija), Pride Parade Association (Društvo Parada ponosa), Lesbian Feminist University (Lezbično-feministična univerza), Kvartir Association (Društvo Kvartir), Revolting Women Social Workers (Vstajniške socialne delavke), ČIPke Initiative (Inicijativa ČIPke), Group for the Integration of Migrant Women into the Community (Skupina za vključevanje migrantk v skupnost), Vita Activa Association (Društvo za uveljavljanje enakosti in pluralnosti Vita Activa), Afkors group (Anarho-feministična queer orto-radikalna skupina), Association for Nonviolent Communication (Društvo za nenasilno komunikacijo), Women's Counselling Centre (Ženska svetovalnica), etc.

The biggest issue that actors on the left face are the long-lasting formalisation, bureaucratisation and professionalisation of the diversified non-governmental sector. The institutionalisation of feminist and leftist groups has established a certain degree of competitiveness among them, which is evident today in their fragmentation and in the growing number of organisations that often fight the same struggles, but separately. The capitalist state exerts constant pressure on NGOs to take on the role of the state in caring for citizens and their plights, while also raising public awareness and supporting women or other marginalised groups in breaking through the human rights legal system. Since the 2012 austerity and the subsequent mass protests, questions of class, the position of women workers and feminism have returned to NGOs and other activist groups, but unfortunately the power of these organisations is still quite limited.

### 3.2 Recommended Strategies and Policies

In the final section, we will formulate some general and concrete recommendations based on the findings of this and other documents we analysed. First, we will provide policy recommendations, aimed at parties, government institutions and other political actors, which are grouped by broader topics covered above. Second, we will offer our proposals for leftist and feminist organisations to promote greater inclusiveness and equality both internally and externally.

#### POLICY RECOMMENDATIONS

To achieve a higher degree of equality between men and women, the structural sources of injustice and exploitation need to be recognised and addressed. While we believe that those are inextricably linked to capitalist social formations, and therefore ultimately cannot be solved within the confines of the current system, there are numerous measures that can improve the lives of women and other marginalised groups but also provide a basis for future struggles, especially in view of an impending second global economic crisis caused by the COVID-19 outbreak. In the context of Slovenia, the last recession resulted mainly in severe cuts to the welfare state,

which have affected women the most. To relieve the effects of past austerity measures and to prevent the disproportionate effects of future crises on women, we believe that political actors in Slovenia should press for the government to work towards the goals and objectives outlined below. Although the list is far from complete, some of our recommendations are to:

### **Labour and social protection**

- limit part-time work and other forms of precarious work in favour of full-time employment, in particular by stopping the incentives for mothers to work part-time and instead offering better childcare infrastructure;
- systematically pursue the goal of eliminating wage inequalities between men and women, starting with reliable data collection that takes into account both vertical and horizontal segregation;
- adopt policies that recognise and value women's domestic labour and encourage a more equal distribution of chores and child or elderly care between men and women, for example, by providing additional paid leave for people with caring responsibilities;
- improve protection against discrimination in the labour market and in the workplace, improve monitoring and procedures for workplace harassment and abuse;
- implement active employment policies that target economically vulnerable groups of women (younger women, older women, single mothers, migrant women, etc.). Instead of forcing them into voluntary or low-paid work, the government should provide better training and enable the unemployed to gain qualifications for higher-qualified professions;
- completely reorganise welfare benefits: the child allowance should be a separate, universal (although progressively determined) right, the same goes for kindergarten subsidies and scholarships which should not decrease the amount of social assistance;

- increase the minimum cost of living to reflect people's actual material needs, thus also raising the amount of welfare benefits;
- raise the minimum pension base and establish different conditions of retirement for men and women to reflect the years of childrearing and housekeeping they perform throughout their lives;
- establish a universal minimum pension instead of welfare benefits for those who do not meet the conditions for retirement, and reintroduce the pension supplement for those with the lowest pensions regardless of retirement status;
- keep the amount of parental allowance at 100% of their salary for one year,
- improve the system of enforcing alimony payment for separated parents and increase the resources of the maintenance fund;

### **Healthcare, childcare and care of the elderly**

- begin a strategically planned expansion of the network of gynaecological teams at the primary level and increase financial resources for the field of women's reproductive health;
- increase the frequency of regular ob-gyn examinations covered by insurance from every three years to yearly;
- legalise artificial insemination for single women and lesbian couples;
- abolish taxation on female sanitary products or, preferably, provide them free of charge through insurance;
- provide free basic healthcare to refugees, non-citizens, etc.;
- improve the accessibility of homes for the elderly by increasing their number through investment in the construction of new ones (instead of concessions to private providers) and lowering their prices;
- address the burdens and concerns of current users, suppliers and workers in long-term elderly care;



- invest in the construction of new kindergartens and improve the existing infrastructure;
- offer institutional childcare in the afternoons or evenings for people who work different hours;
- increase kindergarten subsidies and make childcare free-of-charge for the second child and all subsequent children;

### **State institutions and NGOs**

- immediately re-establish the Office of Equal Opportunities as an independent institution with ample funding that will conduct surveys on the status and rights of women and minorities, provide funding for NGOs and coordinate their activities;
- establish comprehensive and systematic collection of data and statistics broken down by gender in all fields of life, with regular updates and analyses of trends;
- examine all fiscal and budgetary decisions of the state from a gender perspective before implementation to avoid structural discrimination (gender-sensitive budgeting);
- increase funding for NGOs to cover the entire costs of their core programmes; priority should be given to long-term projects (five years or more);
- provide adequate and comprehensive training for government, judiciary and police employees working in the field of women's rights;
- establish an integrated strategy to eliminate all forms of discrimination;

### **Violence against women**

- establish a unified system of documentation and statistics that include data by gender;
- regularly perform national surveys on the issue and analyse trends through time, and examine the effectiveness of implemented measures;

- increase funding for state- and NGO-managed shelters, maternal homes and counselling centres to enable more capacities, more employees with better training and quality programmes;
- provide long-term accommodation and employment programmes for victims of domestic violence who are economically dependent on violent partners;
- establish a monitoring and assistance framework that follows up on victims and takes into account their personal situation, including poverty, mental health, disabilities, addiction, etc.;
- establish training for police and judiciary specialists and health workers on how to work with victims of violence;
- provide non-citizens and refugees with same rights and services as citizens;

### Minorities

- recognise Roma women as a particularly vulnerable groups and establish programmes to encourage their education and improve their access to healthcare;
- recognise disabled women as a particularly vulnerable group and include them when creating policies that would increase employment and provide sufficient income;
- start collecting data on the material position of LGBTQ+ people to better understand how broader socio-economic changes affect them;
- legalise marriage and adoption for same-sex couples;
- provide systematic training and education on LGBTQ+ rights to combat discrimination
- start the reform of the International Classification of Diseases 11 (ICD 11), which no longer considers being transgender a mental illness;

- develop laws and legal procedures which would implement legal gender recognition.

#### RECOMMENDATIONS FOR LEFT-WING AND FEMINIST ORGANISATIONS

As mentioned above, groups and organisations on the left in Slovenia mostly recognise that issues of class, labour and social rights are linked to those of identity and discrimination. However, due to their fragmentation and specialisation, they are often unable to articulate demands that refer to broader, systemic frameworks and are limited to narrow objectives. We think that cooperation and coordination within wide coalitions, such as those that mobilised, for example, around issues of LGBTIQ+ rights in the past, is one of the best strategies for further action. On the other hand, especially within leftist organisations that do not deal exclusively with gender issues, there are still many internal difficulties for women to engage in political activities on the same level as their male counterparts. Therefore, some of our suggestions are:

- for left-wing organisations and parties, it is crucial to establish so-called women's or gender sections with no membership restrictions based on gender;
- carry out continuous training and inclusion of women and other gender minorities in all positions within organisations and be careful not to limit them to dealing only with issues regarding gender;
- educate all members on issues of gender equality and feminism;
- adapt meetings and other activities to women's schedules, especially those with children, and provide childcare during those times to enable their attendance;
- link the equal opportunities agenda to other topics and connect with other organisations that are not vocal on gender equality issues;
- form formal organisational structures or platforms for cooperation between the civil society sector, independent non-governmental women's and LGBTIQ+ organisations and the state;

- cooperate with trade unions, especially in sectors that mainly employ women, and help organise worker's struggles around their issues, establish or revive women's sections within unions;
- focus on economic and institutional gender violence;
- include class perspective in future research and activities.



As we have tried to show, solving the economic crisis of 2008 in Slovenia, just like in many countries across Europe, effectively meant transferring the burdens of the crisis onto the shoulders of workers, the socially vulnerable, pensioners and youth. The crisis and anti-crisis measures, like the shrinking of social security, reduced availability of public services and an increasing precarisation of labour, affected men and women disproportionately, with women suffering deteriorating conditions in their roles as employees, mothers and caregivers, reducing the extent of gender equality that had been achieved before the crisis.

In this publication, we aimed to highlight some of the most prominent changes, reforms and trends that influenced the lives of women as well as other marginalised social groups. We outlined how the recession and austerity measures decreased economic security among women in the labour market through labour reforms and the far-reaching reform of welfare benefits that significantly decreased their access to social security. We also pointed out how persistent problems within the provision of public services, such as insufficient funding and lack of investment in infrastructure, were exacerbated by austerity, with devastating consequences for the users of these services and the workers providing them, both of whom are mainly women. The costs of austerity were not only material but also affected the overall position of women, reinforcing the patriarchal structures and ideology that are the basis for discrimination, harassment and violence. All of this also affects women from minority groups, LGBTQ+ people, migrant women and women with disabilities, often by multiplying these various forms of oppression or disadvantage.

Today, during the global COVID-19 pandemic, we are facing another crisis, possibly worse than the previous one. It is too soon to say exactly

how it will play out and how governments around the world will respond to it. For now, the main approach of the Slovenian government was not to introduce cuts but to provide aid to companies and individuals in the form of loans, subsidies and direct cash assistance. Even so, this has been done in a highly selective manner, often leaving the already underprivileged groups (for example, students, single-parent families, the self-employed) with next to nothing. Already in May, the Slovenian government abolished financing for programmes in the field of gender equality by withdrawing the public tender for projects for equality between women and men due to a temporary budget freeze. Similarly, many women (and men) employed in the cultural sphere have been left without income due the fact that the Ministry of Culture has practically frozen all its activities and payments. At the same time, the government has been silently introducing measures within the 'anti-corona packages' that have nothing to do with curbing the health crisis, such as purchasing weapons for the army or limiting the activities of environmental NGOs. With rising unemployment and many businesses collapsing, combined with the extremely conservative, nationalist government, a turn to austerity is almost inevitable, and it is only a question of what form it will take. Combined with the still felt effects of the previous crisis, the social costs could be devastating.

It is our hope that the issues and recommendations in this publication will provide insights that can be utilised in future struggles, especially since the next economic crisis will likely again disproportionately affect women. We realize that some of the problems will be completely transformed or exacerbated and will thus call for different strategies. For example, the issue of domestic violence is becoming critical in times of lockdown and quarantine. At the time of writing, in the past week alone, there have been two murders within families in Slovenia. The long-term physical and psychological effects of social isolation will likely only be apparent some time later. On the other hand, some of the aspects of the current health crisis are a direct or indirect consequence of the previous one. One prominent example is the situation in healthcare and long-term care for the elderly, which reveals just how chronically underfunded and understaffed it has been in the past year, putting immense pressure on medical and care workers currently working in horrible conditions.

Now, more than ever, it is becoming clear that radically different approaches are required if we are to overcome social and economic inequalities. Feminist and left actors in Slovenia must continue to work with women's interests in mind and for gender equality to be put into the focus of governmental decisions and policies. Only in this way can we achieve, in the long term, the possibility for a better future for everyone.



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## About the authors

**Anamarija Šiša** (1991) is a young researcher at the Research Centre for the Terminology of Social Sciences and Journalism and a teaching assistant and a PhD student at the Chair of Media Studies at the Faculty for Social Sciences (University of Ljubljana, Slovenia). She obtained her MA degree in 2018 from the Faculty of Arts in Ljubljana. She co-creates the radio show Sektor Ž on Radio Študent. Anamarija writes about feminism, new media and technology.

**Antonija Todić** (1992) is a junior researcher at the Institute for Ethnic Studies and a PhD student of Sociology of Culture at the Faculty of Arts of the University in Ljubljana. She also works as a translator in the field of social sciences, the humanities and art. In 2019, she translated the book *In the Name of Women's Rights* by Sara Farris. She is also currently an active member of the feminist section of the party Levica (the Left) and co-creates the feminist radio show Sektor Ž. Her interests are feminism, social reproduction and care work, migration and technology.

# AUSTERITY, GENDER INEQUALITY AND FEMINISM AFTER THE CRISIS

## AUTHOR

Anamarija Šiša and Antonija Todić

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European Working Group on Feminism of Rosa-Luxemburg-Stiftung  
[Vera Bartolomé, Ioanna Maitani, Ada Charlotte Regelman, Mareike Post, Nelia Vak-  
hovska, Elena Bezrukova, Ksenija Forca, Joanna Gwiazdecka, Alexandra Wischnewski,  
Johanna Bussemer, Dorit Riethmüller]

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## EDITOR

Ksenija Forca

## RESPONSIBLE FOR PUBLICATION

Dorit Riethmüller

## LEKTORAT

Ellison Moorehead

## LAYOUT

Eriñli Arapoglou

## GRAPHIC

Marie Geisler

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**H**ow do savings policies affect gender roles in the family? Who takes responsibility for raising and caring for both young and old when the state ceases to provide support? Where do women go when there are no crisis centres available for victims of domestic violence? Who will look after unwanted children if abortion is ruled illegal?

Since the 2007 financial crisis many countries have been enacting harsh austerity measures. In Southern Europe and Ireland, this austerity was largely dictated by the EU and the IMF. In Eastern Europe, on the other hand, it was the pressure to succeed placed on the EU new member states and their desire to gain rapid integration into the European economic market which compelled respective governments to accept tight budgets.

Accession candidates such as Serbia and neighbouring states like Ukraine subjugated themselves in anticipatory obedience to the EU and its demands, in order to avoid endangering progress towards membership and further rapprochement.

Whatever the individual case may be – the mantra of saving money for the sake of balanced budgets, improved competitiveness, and debt avoidance has devastating consequences on women's working and living conditions as well as gender relations more generally.

Under the title "Austerity, Gender Inequality and Feminism after the Crisis" the Rosa-Luxemburg-Stiftung" commissioned national studies on the effects of austerity on women.

The authors depict a topography of what effects the European austerity diktat has had on gender relations, and formulate demands for a left-wing feminist politics rooted in social justice and gender equality.

This Paper is part of a compilation of studies from different European countries. You can find all of them here: [www.rosalux.de/austerity](http://www.rosalux.de/austerity).