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# The Services Crises in Rural Areas of the Bulgaria

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## Introduction

Rural regions are an intersection of a multitude of issues that constrain and fragment human development in Bulgaria. These include poverty, discontinued education, poor healthcare access, ethnic segregation, limited business development opportunities, and environmental issues. All these issues are critical to human development both under conceptual and practical terms. Conceptually speaking, the underdevelopment of rural regions falls within the broader context of development disparities, which is central to the concept of human development. Practically, the rural people are at the centre of overall efforts to reduce poverty, improve education and healthcare, and preserve the environment.

## Education and culture in rural regions

Equal rural development requires competitive education. An association of small producers in modern cooperatives, the level of participation in support programmes, the strengthening of the institutions and even the response towards monopolistic pressure all largely depend on the level of information and education of local people.

## Disparities in the scope and quality of the educational system

Enrolment in the first two levels of education has been growing since 2000, with an annual growth of 1-1,5%. The last school year brought a more significant increase, by 2,6 percentage points. If this trend continues, Bulgaria may recover enrolment levels from the beginning of the transition period, at about 90-93% for the various educational levels. Enrolment though is not equally increasing across all regions. The largest gain, by 3,5–4,5%, is observed in the large district centres such as Sofia, Plovdiv and Varna. An encouraging tendency has emerged for enrolment growth in regions with mixed ethnic population, such as the districts of Targovishte (up by 3,44%), Kurdjali (up by 2,77%), Sliven (up by 2,7%), Haskovo (up by 2,4%) and Pazardjik (up by 2,5%). Nevertheless, these regions continue to fall behind areas with a prevalent Bulgarian population and still have lower ranking according to the educational component of the HDI.

Table 1 shows that the common denominator for low enrolment is a combination of rural and ethnic minority population. Typical examples are the districts of Kurdjali, Razgrad and Silistra, which have high percentages of ethnic minority populations and over 50% of rural inhabitants.

*Despite positive changes, the rural population is still less covered by the educational system.* Enrolment rates in the two stages of primary education are of enrolled rural children in the initial and junior high stages of primary education drop out before graduation. By comparison, only 0,3% of urban children fail to complete the initial stage of primary education.

The HDI educational component, however, does not reflect the quality of education. The most recent Organisation for Economic Co-operation and Development (OECD) data pointed out that Bulgaria has lower “reading literacy” indicators than all other Eastern European countries, except for Albania.

Table 1. Enrolment in the first two education levels (%).

District	2003	2002	2001	2000	Change between 2003 – 2002	Share of rural population
<b>Five districts with high enrolment</b>						
Sofia (capital)	100,62	97,07	97,59	94,60	3,55	4,63
Pernik	95,92	93,22	92,69	91,46	2,70	23,85
Kyustendil	94,55	94,19	92,67	92,46	0,36	33,51
Smolyan	94,46	92,81	91,13	91,03	1,65	47,63
Gabrovo	93,89	92,55	91,28	90,53	1,34	20,44
<b>Seven districts with low enrolment</b>						
Kurdjali	87,94	85,18	80,94	78,81	2,77	59,58
Targovishte	87,75	84,31	82,20	82,15	3,44	48,99
Razgrad	87,54	85,83	86,96	86,44	1,71	53,16
Pazardjik	86,13	83,58	83,76	83,51	2,55	42,35
Sofia (district)	84,56	80,18	84,15	83,12	4,38	40,95
Silistra	83,05	81,73	80,01	80,32	1,31	55,24
Sliven	82,78	80,08	79,06	78,14	2,70	33,76
BULGARIA	91,78	89,11	88,68	87,66	2,66	30,39

Source NSI, 2002

The survey suggests that Bulgaria's educational lag is largely due to social disparities that create substantial contrasts in the quality of education. Bulgaria has elite schools that produce International Mathematics Olympic champions, as well as schools with a very poor quality of education. Table 2 reveals that not a single rural child and only 6% of the small town children were able to join the Philosophy Faculty at Sofia University St. Kliment Ohridski in the academic year 2003/04. Comparing these, nearly half of newly enrolled students have graduated secondary schools in Sofia.

Table 2. Students admitted to the Philosophy Faculty of Sofia University "St. Kliment Ohridski" for the academic years 2002/03 and 2003/04.

Type of settlements	2002-2003		2003-2004	
	Number of students enrolled	(%)	Number of students enrolled	(%)
Sofia	223	54,4	255	49,2
Large district city	25	6,1	99	19,1
City over 30,000	125	30,5	133	25,7
Small town	36	8,8	31	6,0
Village	1	0,2	-	-
Total	410	100	518	100

Source: Sofia University St. Kliment Ohridski, 2003.

The unequal access to quality education is a key issue for rural development. Data confirm observations of the lower education quality in villages as compared to cities. Although the public expenses for a rural student are higher, rural people estimate that the quality of their education is poorer. For instance, 38,7% of the rural parents believe that their children receive a lower quality education than the country average. This feeling is shared by 21,6% of small town dwellers, 10,5% of district centre residents and only 2,3% of the citizens Sofia. *While 93,6% of Sofia parents wish that their children had university education, this is only true for 86,3% of district city dwellers and 71,6% of rural people. This perpetuates a circle of educational inequality and limits the chances of rural children for competitive careers and employment.*

### Linking education with the labour market

Very few Bulgarian children receive education associated with agricultural professions, and they are more often from towns than from villages. Only 3,8% of the rural children have a specialization, associated with agriculture versus 4,4% nationally, 6,3% in small towns and 7,2% in Sofia. Similarly, 9% of rural parents would like their children to benefit of higher education, in agriculture and forestry, whereas 25,9% would prefer other university specialties outside these sectors.

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Overall, only 16,3% of the parents would like their children to benefit of secondary or higher education associated with agriculture and the food industry. Such plans are most popular among the Turkish community, where 10,5% prefer their children to study in agricultural technical schools.

The young people have a preference for information sciences and foreign languages (particularly English), which implies orientation away from the professions in agriculture and forest management. Small town residents show a relatively strong interest in higher education connected with agriculture (11,1%).

They choose specialties such as food industry (2,3%) and agronomy (2,0%) that can be practiced in towns as well as villages. Again, this highlights the potential of the small towns to animate the development of rural regions.

**Table 3. What kind of education does your child need? (answers associated with agriculture and the food industry).**

"YES" answers	Place of residence				
	Total (%)	Villages (%)	Towns (%)	District centre (%)	Sofia (%)
Higher education in the food industry	2,3	1,3	2,3	4,2	0,7
Higher education in agronomy	1,6	2,0	2,0	1,2	0,0
Higher education in forest management	0,7	0,7	1,3	0,0	0,0
Higher education in zoo technology	0,6	1,0	0,3	0,3	0,7
Higher education in agricultural economics	1,2	1,0	1,3	1,8	0,7
Other higher education related to agriculture	2,4	3,0	3,9	1,8	0,0
<b>Agricultural education total</b>	<b>8,80</b>	<b>9,00</b>	<b>11,10</b>	<b>9,30</b>	<b>2,10</b>
Agricultural technical school	2,2	4,5	2,0	0,6	0,0
Technical school for the food industry	0,9	0,3	1,3	0,9	0,7
Other secondary specialized education related to agriculture	1,3	2,5	0,3	1,2	0,0
<b>In agriculture total</b>	<b>13,20</b>	<b>16,30</b>	<b>14,70</b>	<b>12,00</b>	<b>2,80</b>

Source: UNDP/ASA, 2003.

On the whole, the education that young people wish to and ultimately receive does not match the current labour market.

Current data show that agricultural professions are stigmatized. Rural parents wish their children would have a different future, away from the prospects of working the land, even if this is supported by university education. Employment in agriculture is not regarded as a success but rather as a temporary resort when no other jobs are available. From the perspective of rural economic diversification, this is good news as young people do not want to be engaged in agriculture.

*On the other hand, modern agriculture can hardly be developed without trained specialists.*

*The relatively strong interest in agricultural professions among people from small towns holds a certain potential in this respect. Vocational training and not only in agriculture, needs stronger regional specialization.*

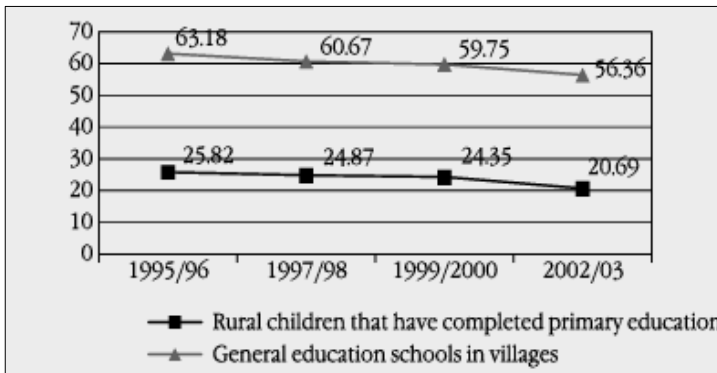
*Regional development policies should be decentralized in order to accommodate local educational needs and capacities. Crucial links must be supported between vocational education and local and regional businesses. It serves to enhance student qualifications and their chances to find employment on the local labour market.*

Granting larger financial independence to vocational schools through tax incentives for independent business activities may be taken into consideration. Such practices will encourage school management efforts to pursue closer interaction with local businesses.

**The debate on closing schools**

NSI data indicate that the number of general education schools in Bulgaria decreased from 3.289 in 1995/96 to 2.720 in 2002/03. Villages have experienced the most dramatic decrease of the number of general schools. Figure 1 shows that in 1995/96 villages accommodated 63,18% of all general education schools in Bulgaria as compared to 56,36% in 2002/03. The completion rate for primary education in villages closely follows the dynamics of school closing. This indicates that the downsizing of the school network corresponds to the local demographic processes without narrowing the coverage of primary education in Bulgarian villages. Closing schools would be a problem, if completion rates dropped more than the share of closing rural schools. It would mean that there are rural children that do not have schools to go to. The decreasing numbers of rural children, however, generally correspond to the numbers of the closing schools. Figure 1 reveals that the restructuring of the school network has instead produced a (marginally) positive effect on educational coverage. In 2002/03, the share of general education schools in villages diminished by 6,82 percentage points as compared to 1995/96, whereas the share of children completing primary education decreased by 5,13 percentage points.

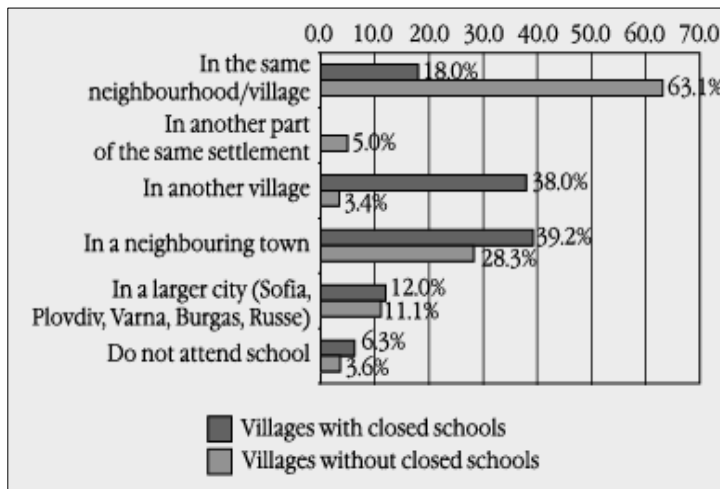
School closing and subsequent relocation to new schools have ambiguous implications for children. On one hand, "moving to a new school" leads to higher attendance and lowers dropout rates. Relocating children due to school closing brings up "regular class attendance" from 84% to 90,8% and reduces the share of dropouts (from the new school) by about 3,2 percentage points. This can be attributed to better material facilities and higher educational quality in the new schools. On the other hand, relocation results in worse personal performance and discipline of children in the new school, and increases the number of unjustified absences. Such absences may actually increase due to involved travel. Commuting leaves less time to children for out-of-class activities and creates additional costs to their families. Parents point out that monthly expenses related to school relocation have increased on average by BGN 30.



**Figure 1. Relative share of general education schools in villages and rural completion rates in primary education (%)** (source: NSI).

Some children, however, do not change schools after their former school has closed down. At a national level, 6,3% (figure 2) of the children from settlements with closed schools do not attend school, as compared to 3,6% in the places where no schools were

closed. Relocated children study in schools with better facilities.



**Figure 2. Where rural children study** (source: UNDP/ASA, 2003).

In the new school, they use computers more often (33,3% of the relocated children, over 29,3% of the non-relocated students) and have more access to specialized classrooms and laboratories (4,52 on average in the new school versus 3,94 in the previous school).

*School closing in smaller villages may improve class attendance of the relocated children and may guarantee better*

*objective conditions for a higher quality of education. At the same time this requires children to adapt to the new teaching and psychological environments, as well as funds to cover travel expenses. Lack of money for commuting to another school may undermine enrolment, as some of the children may drop out altogether. Restructuring the school network will be a difficult process if decisions are not locally discussed and in accordance with teachers, school boards, parents and children. Changes of any kind will be too risky if they are implemented without the participation of those that will be affected.*

### Rural versus urban values

The perceptions about villages and rural people may either promote or hinder equitable development. A consequence of the rural depopulation is the broken link with the Bulgarian system of values. Rural values are inseparable from and perhaps dominant in the Bulgarian national identity. Despite the countries in Western Europe, villages were the main territorial unit of Bulgaria almost until the end of the 19<sup>th</sup> century (Castellain, 2002).

The opinion poll confirms the diverse public perceptions of the Bulgarian rural life since Bulgaria's independence and during the interwar period (1878–1941). The Bulgarian village was perceived as the cradle of “national traditions,” the source of “values and hard work” and of “strong, indestructible forces, which have preserved Bulgarian identity” (Petkanov, 1994). On the other hand, the village was also seen as a “primitive,” “backward” and “conservative” environment that prevented the processes of modernization.

These polar opinions concerning villages and rural people are still valid today. According to the opinion poll, at a national level, people agree that rural people are hard-working, hospitable, support traditions, and that the Bulgarian village is the symbol of Bulgarian roots. The poll suggests that people disagree with the statement that rural people are dependent. Generally, the public attitudes perceive Bulgarian villages as “areas of unharmed nature and traditional Bulgarian values”. These perceptions come from Bulgarian classical ethnography and romantic literature. Such cultural stereotypes dissuade negative perceptions according to which rural people are disorganized, thrifty and gullible

#### Box 1. City and small town lifestyles: a culture of poverty.

According to data, village people see an occupation in agriculture more as a lifestyle than a business. Time distribution in the rural lifestyle leaves almost no time for self-study, culture, or hobbies. The share of expenses for leisure and education in villages is more than 2,5 times smaller as compared to cities.

This fact predetermines a way of life where securing food and basic necessities come first, with a diminished consumption of all other things. Systematic care for one's health is not a priority. Cultural consumption is limited to mass culture products, with precedence given to the so-called soap-operas, television entertainment programmes and popular music (Bulgarian pop/folk). In terms of possessing remote control televisions, rural residents marginally fall behind urban dwellers with 64,1% as compared to the national average of 77,6%. A larger proportion of rural residents (15,7%) possess satellite dishes as compared to the national average (7,9%). Such a lifestyle can partially be explained by the more advanced age of village inhabitants. Young people strive to have more private time and to adopt the urban, “modern” consumption patterns. Many characteristic features of rural lifestyle are common not only in villages but also among urban dwellers, particularly in the small towns. That warrants inference of the so-called “culture of poverty” – a peculiar mindset and lifestyle associated with the daily survival as well as the minimization of needs and social expectation. This lifestyle perpetuates low social self-esteem and passive survival strategies (Stefanov, 1999). Therefore rural development policies should largely be seen as policies to overcome poverty and development disparities rather than to solve specific rural problems.

Source: NHDR team, 2003.

The average national values given by the poll, however, conceal the opposing perceptions between urban and rural residents. Rural people perceive themselves as hard-working and see villages as the symbol of Bulgarian national identity. Nevertheless, such rural characteristics are far less convincing for people of Sofia. Rural people perceive their life as difficult (4,26), while Sofia residents see it as a healthy lifestyle.

The cultural opposition between rural and urban unfolds within the context of modern versus traditional. Within this framework, village dwellers cannot be modern even if they wish to, because modernity is associated primarily with urban lifestyles. Limited opportunities of interaction between rural and urban culture strengthen the differences between these respective value systems, thereby making the change not only difficult but also unwelcome. Those who want to change have one single option, to reshape their cultural identity, which means to leave the village.

Another factor for the stigmatization of rural cultural identity is the retreat of the cultural institutions from the villages, coupled with the penetration of cable and satellite television. Rural culture can only emerge from its inferior perception, seen as less important than the urban culture, through mutual interaction and understanding between both cultures. This can happen when rural folklore steps beyond its museum identity and when urban culture (mainly through new technologies) reaches out to modernize the rural lifestyle.

An alternative for change comes from the Chitalishte, which are local civic centres with an enormous potential and social and cultural significance. They can not only restore a positive rural identity but can also introduce modern culture in villages that usually tends to be seen as reserved urban territory.

*The Chitalishte can assume some general education functions of the closed schools, for instance, the computer training. By doing this, they can reclaim their traditional role of enlightenment centres, charged with a new social task towards community development.*

## Healthcare in Rural Regions. Health Status

Development disparities in rural regions are associated with a lower healthcare status as compared to cities. Rural people not only have a shorter lifespan but also suffer from more diseases as compared to urban people.

People from villages and small towns suffer from more diseases except incidences of heart attacks, strokes and certain typically urban chronic diseases. Especially high are the indicators for kinetic problems and other illnesses associated with physical labour (limb cramps, disk hernia etc.) (World Bank, 2002). Health issues such as maternal and child death rate are more prevalent in rural areas (UNDP, 2003). Table 4 indicates that such health issues have about a one-third higher incidence in rural regions than in urban regions.

Table 4. Self-assessment of illnesses (%).

Type of affection	Place of residence			
	Villages (%)	Small towns (%)	District centres (%)	Sofia (%)
Diabetes mellitus	4,2	7,5	4,2	4,7
Lung problems	10,7	10,8	7,9	6,7
Pains in the arm/hand	30,1	22,9	18,2	12,7
Pains in the leg/foot	38,1	35,0	25,4	28,7
Disk hernia	10,0	10,8	9,1	6,0
Hearing problems	9,3	9,2	7,4	3,3
Sight problems	23,5	25,4	21,7	10,0
High blood pressure	31,8	33,8	28,6	26,7
Stroke (insult)	2,4	5,4	2,2	0,7
Myocardial infarction	1,7	1,3	2,0	3,3
Another heart problem	10,7	11,3	10,3	9,3
Another chronic disease	17,6	18,3	15,5	19,3

Source: Ministry of Health/ASA 2002.

Cancer and tuberculosis are exceptions where a nearly identical incidence is exhibited in rural and urban regions. Another exception is syphilis, which is more characteristic in the cities. Over the past two decades, the prevalence of cancer has alarmingly increased all over the country.

Child and maternal death rate in rural areas is particularly alarming. In 2001, maternal death rate reached 25,5 cases (per 100.000 live births) in rural areas as compared to 16,5 in urban areas. Maternal death rate in EU member states is about four times lower than in

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Bulgaria (5,1 per 100.000 live births in 2000). In 2001, deaths among rural children, under one year old (18,2 per 1.000), were about six times higher as compared to those of urban children (12,9 per 1.000). There are significant regional disparities: in 2001 the most disturbing indicators were registered in the districts of Sliven (29,6 per 1.000), Montana (23,2 per 1.000), Razgrad (22,0 per 1.000) and Dobrich (21,5 per 1.000). These regions have relatively high concentrations of rural people and generally rank at the lower end of the list according to the UNDP Human Development Index (HDI) (UNDP, 2002). Additionally, the same districts have dense ethnic populations. The convergence of the rural and the ethnic factors is particularly critical for both child and maternal death rate. A child has almost three times better chance for survival if born in Sofia, where infant mortality is already close to the EU targets (7,6 per 1.000) (UNDP, 2003).

**Table 5. Socially important diseases in towns and villages.**

Indicators	1990	1995	1999	2000	2001
Child death rate for the 0-5 age group per 1.000 live births	18,7	19,0	17,8	15,8	17,0
In towns	17,2	17,3	15,9	14,4	15,0
In villages	22,2	23,0	22,5	19,1	22,1
Infant mortality (children deceased before 1 year of age) per 1.000 live births	14,8	14,8	14,6	13,3	14,4
In towns	13,8	14,0	13,4	12,4	12,9
In villages	17,1	16,7	17,6	15,5	18,2
Perinatal death rate (still-born + dead before the 6 th day) per 1.000 live births	11,1	11,8	12,9	12,2	12,3
In towns	10,8	11,5	12,3	11,3	11,6
In villages	11,7	12,6	14,6	14,3	14,2
Maternal death rate (women deceased during pregnancy and childbirth) per 100.000 births	20,9	13,9	23,5	17,6	19,1
In towns	16,2	15,9	25,1	15,2	16,5
In villages	32,0	9,30	19,6	23,9	25,5
Tuberculosis incidence (new cases per 100.000 people)	25,9	40,5	45,5	41,0	48,8
In towns	24,4	39,6	46,7	42,7	48,3
In villages	28,9	42,4	42,7	37,4	49,9
Syphilis incidence per 100.000 people	4,40	20,2	32,3	19,4	18,7
In towns	5,30	22,6	35,1	21,2	19,8
In villages	2,70	14,9	26,3	15,7	16,2

Source: NSI, 2002.

Existing attitudes and practices reveal a need to improve healthcare and environmental culture in rural areas. People from the larger cities and especially Sofia have higher hygienic requirements. Despite such hygienic concerns, 25,3% of Sofia dwellers have bought unprocessed milk from dairy farmers who apparently produce milk within the capital's borders. A change of such consumer behaviour and improvement in consumer culture may also change the habits and hygienic standards of producers. Of equal significance is exercising control over and charging penalties for poor hygienic standards.

*Rural health levels are much lower than those in urban regions. Child and maternal death rate rates indicate the extent of rural isolation from the overall social support and healthcare networks in Bulgaria.*

### **The impact of introducing family doctors in the villages**

The recently introduced system of general practitioners (GP) is appropriate for relatively small settlements and towns, where these doctors are less "anonymous" and psychologically more accessible than in Sofia. The new system has improved, to a certain degree, the mechanisms for access to healthcare in villages as compared to larger settlements. Prior to the introduction of GPs people in the large towns had the "territorial" advantage of being closer to centralized hospitals and polyclinics, while the new system attempts at least to guarantee similar access levels.

In practice, however, family doctors are less accessible in villages than in the cities. Data indicate that GPs are available only 2,5 days a week in composite villages, as compared to seven days in Sofia. Only 60,6% of the respondents know to whom to turn, if their family doctor is unavailable.

Rural people are also disadvantaged by living far from emergency medical assistance (EMA). Data established that district city dwellers live closest to EMA centres (2,8 km) versus in villages (14,4 km) and in Sofia (5,5 km). For this reason, rural residents very rarely resort to EMA.

Table 6. On the whole, the introduction of family doctors: (% by location).

Indicators	Place of residence			
	Villages (%)	Small towns (%)	District centres (%)	Sofia (%)
Improved healthcare	27,0	31,9	31,7	20,1
Did not change healthcare	53,5	48,9	49,9	52,1
Deteriorated healthcare	19,5	19,1	18,4	27,8

Source: Ministry of Health/ASA, 2002.

A major difficulty for family doctors, particularly in villages, is the large number of patients with chronic diseases (tables 4, 5). In more than half of the attended cases, GPs see a limited number of patients with chronic diseases. One of the main reasons for this is the concentration of elderly people in the villages. At the end of 2002, people over 65 years old accounted for 25,26% of the population in the villages as compared to 13,44% in the cities and 17,03% at a national average. Territorially, the districts of Vidin, Montana, Lovech, Gabrovo, Pernik, Kyustendil and Pleven have the highest share of population over 65 years old, representing more than 20% of total inhabitants.

The time allocated to filling out documents and other paperwork is another serious issue for rural healthcare, taking up one-quarter of the overall time that GPs dedicate to examining a patient. Yet, the GPs do little to better organize patient visits. Data from patients indicate that only 9,% of family doctors have personally requested to see the patient.

The need to increase the number of referrals for a specialist examination is genuine but it should not be exaggerated.

Data point out that only 3,2% of patients did not see a specialist due to the lack of referrals for free medical examinations. According to various surveys, in 2002, the need for referrals did not exceed available resources by more than 10%. A more pressing institutional issue for primary healthcare is the continuous lack of a computer based information system. It would minimize bureaucratic and tardy relations with the Regional Health Insurance Funds and would reduce the document processing time during patient examinations.

**Box 2. Project for restructuring rural health services.**

This World Bank project has a significant contribution to improving healthcare services in rural regions. By providing equipment and training, the project stimulates the creation of new medical practices in Bulgarian villages. Before joining the project, more than 55% of doctors working in the supported villages used to practice outside rural healthcare services. Electrocardiograph equipment provided under the project has reduced the necessity for specialist referrals. Only 20% of supported GPs refer patients with heart problems for specialist examination compared to 61,9% of unsupported family doctors.

Source: International Department of the Ministry of Health, 2002.

*Rural healthcare cannot be expected to be of the same quality as in the cities. The distance from specialized hospitals, health centres and emergency medical assistance cannot be compensated through improved health measures alone.*

*Caring for elderly people in small towns and villages requires joint efforts of the health and social institutions. The network of social patronage, medical assistance homes and other contemporary social and medical aid for elderly people needs to be developed, especially for single elderly people in the villages.*



## Conclusions

Despite the positive trends in enrolment, the scope and quality of education in villages remains lower than in the cities.

Agricultural professions and rural cultural identity are generally stigmatized. Vocational training (not only in agriculture) should be more closely associated with local business capacities.

Vocational education policies should be decentralized in order to accommodate local opportunities for economic diversification. Granting larger financial independence to vocational schools may be considered, as well.

The Chitalishte hold the institutional potential for change in the educational and social sector as they could grow from local cultural centres into community institutions based on citizen participation. They may also assume some general education functions, such as computer training, thereby making up for reducing the school network.

School closing in smaller villages may improve class attendance of the relocated children by providing better material conditions and higher education quality. At the same time this requires children to adapt to new teaching and psychological environments, as well as funds to cover their travel expenses. The decisions for closing the schools must be made with the involvement of local school boards, parents and children.

Rural health levels are much lower than those in urban regions. Child and maternal death rate rates indicate the extent of rural isolation from the overall social support and healthcare networks in Bulgaria.

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