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SECURITY DIMENSIONS OF THE CURRENT DEMOGRAPHIC PROBLEMS

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ABSTRACT

These days, demographic problems – especially population growth and its non-military aspect of security belong to the one of the most crucial problems in relation with the global problems of humankind. The problem of the world population belongs to one of the current key global problems of humankind. The fastening increase of the world population is a serious problem of the contemporary world. This problem's gravity was realized by humankind at the beginning of the 60-ties of the 20th century, whereupon demographic development has achieved a great significance since then. The term- population problem- has thus become a subject for many scientific discussions. The population influenced and still influences the functioning of society, therefore great attention to demographic processes was paid in the past and is still being paid even nowadays.

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INTRODUCTION

These days, demographic problems belong to the one of the most crucial problems in relation with the global problems of humankind. The problem of the world population belongs to one of the current key global problems of humankind. The fastening increase of the world population is a serious problem of the contemporary world. This problem's gravity was realized by humankind at the beginning of the 60-ties of the 20th century, whereupon demographic development has achieved a great significance since then. The term- population problem- has thus become a subject for many scientific discussions. The population influenced and still influences the functioning of society, therefore great attention to

demographic processes was paid in the past and is still being paid even nowadays.

At the beginning of the 21st century demographic factors account for a crucial determinant of the global security. Demographic trends influence the security background in many respects. (Terem, 2004) They steadily and dynamically change the formal as well as contextual aspect of it. Some contemporary demographic trends have a specific character, and their diversity is being developed because of the world population's increase. Closer attention, which has been in the recent years given to demographic trends and demographic development in relation with globalization and dynamic changes in the security background, leads to various demographic myths frequently with a political background. (Terem,

2008) The coincidence of various demographic, security-political and economic factors, has developed a few critical, or more exactly to say, catastrophic zones of development in the world. Among them there are first of all a larger part of Sub-Saharan Africa, Middle and South-East Asia. (Lupták, 2005. s. 561-562)

The world demographic development in the 21st century will be characterized and influenced by many demographic factors. Opinions on what problems will be the most significant are differing according to specialists and analytics based on the definition of which problem is the most significant one. In general, it is possible to say, that all these opinions state that the problems are interconnected.

The current world demographic development can be characterized through three main trends: (Vaňo, 2001, pp. 31-35)

Population grows the fastest in the poorest countries that are less capable to fulfill needs and create opportunities for its population

The population growth in the developed countries is decreasing and the population ageing

Countries strongly influenced by the HIV have high mortality and the life expectancy is shortening

The urban growth is progressing mostly in the less developed regions (currently the city population exceeds the rural population for the first time in history)

The increase of refugees because of persecutions in their own countries is an important source of the class of the poor (huge urban agglomerations, refugee camps, slums)

The potential population growths in developed countries will mainly be as a result of immigration

The next part is focused on some of the demographic problems.

POPULATION GROWTH

A qualified decision in the sphere of economy, social affairs, employment, education, health care and the residence building, cannot work without qualified, properly structured, variable and prompt demographic information. The meaning of demographic information is stressed due to the current social situation when the part of social changes is formed by decisive changes in the reproduction behavior of inhabitants. As a result of these changes there are changes in the increase and structure of inhabitants, and the structure of families and households is also being changed. Apart from information about the past and current population development, information about expected development is needed for decision processes. Demographic prognoses are the basis for the contemplation about future social development.

Changes in the sphere of global population's behavior, which have been intensively monitored since the second half of the 20th century especially because of the steep increase of the world population and its irregular spread, are the subject of attention of many scientists as well as world organizations dealing with aspects of social life. Since the population changes have also economic and social effects (Rošteková, 2009), it is evident that in the period of evident population changes there is a need and significant demand for information and data concerning the future development of population and its parameters. The result of such a trend is to find out and predict an expected future development.

In 2003 the UN published a prognosis of the world population, which in contrast to the previous long-term one for the period up to 2150, has a significantly longer time horizon-up to the year 2300. But it is necessary to say that the results for such a long-term horizon have to be taken with very carefully, and as the most probable might be taken considered

results for the period up to the year 2050 (Abrahám, 2008).

The prognosis is based on the finding that the population increase of the developed countries caused by high birth rate has slowed down, and it is proposed that it will be gradually slowing down in the next period. Thus it will approximate to the situation in the highly developed countries of the contemporary time, in which, on the contrary, the prognosis supposes the contemporary low birth rate will be overcome. Similarly, as in highly developed countries, in the third world countries as well, there is an expected increase of average life expectancy (a quicker process in third world countries, but developed countries will keep a certain head start).

In the UN projection the world population is supposed to have 8.92 billion of people by 2050. The world population will reach its maximum in 2075 with 9.22 billion, which will be followed by a slow decrease, and in 2300, the number of world population should be stabilized at 8.97 billion of the planet's population. This prognosis of the increase of population, in other words, the achievement of a particular maximum of the world population is derived from the so called medium or, in other terms, optimal estimation. The justification of the statement concerning the achievement of the world population number at this level comes out from indicators of maximum, or in other terms, a relative year on year increase in the world. While the in-between year population increase at the level of 2.19 % per a year achieved its climax in the year 1963, in the contemporary period this increase is around 1.14 %. At the same time in the year 1989 the maximum in-between year increase of the world population achieved 88 millions of people.

UN experts claim that even a small change in the birth rate population data might cause that the population in 300 years might be completely different. An estimate of nine

billion is therefore only a medium parameter based on the assumption that each family in the world will have two children in average. If the average number of children per a family is one eighth lower, there will be 2.3 billion of people. Though it is impossible to exclude both variants, the UN does not reckon with them.

This tendency of increase, decrease and subsequent increase of people results from assessments of future trends in life indicators. In some countries natality might decrease to an under-increase level, though in some cases for not a long time. There is a possible return to the values of increase after some time, and subsequently life expectancy will probably in some countries have the trend of steady and undisruptive slow increase. So there is an assumption that regions and countries will show the same demographic trends on a long-term horizon, but the particular levels of development will be reached in a different period of time.

More than the global development of inhabitants, it is important to monitor the regional increase of the world population. There live nearly 6, 9 billion of population in the most developed countries of the world. While in these countries there is 1.22 billion – 17.9 % of the world population, in the developing countries there is 5.69 billion that accounts for 82.1 % of the world population. But according to the UN, the prediction of the world population's increase by the year 2050 differs. Globally, there will be an increase approximately of 2, 5 billion, which accounts for the increase circa 40 %. The developed countries (countries of North America, Japan, Europe, Australia and New Zealand) will participate with their increase only by 2 %, and to less extent it will be developed countries (countries of Latin America and the Caribbean, Asia, apart from Japan, Malaysia and Polynesia) with the increase circa 49 %, and to least extent developing countries (most countries of Africa) will participate with the

increase 129 %. The developing countries have in their demographic development "a kind of delay" of 75 years, comparing to developed countries, and the process of demographic revolution should be finished in these countries in the period of 50 years. But this situation will not be a termination of population's increase, but it will require more than 50 more years. It means that a final solution to this problem can be expected in the second half of the 21 century. A very problematic region in the term is Africa wherein the population increase today is 2, 9 %. Another critical part is Latin and South Africa and Asia. South Asia had at the end of the 20th century 2, 2 billion of population, which is the same number as the world population in the year 1950. (Veselá, 2003, s. 163)

A different development is also expected in smaller regions within larger complexes. For instance: (World population to 2300, 2004)

Three African regions - east, middle and West Africa will have reached an unusually high increase comparing to other regions by the year 2100. In case of this region's countries there is an expected increase in the years 2000 - 2050 of more than 200 % (Chad – 282 %, Uganda – 250 %, Congo – 245 %, Somalia – 240 %, Mali – 230 %).

In Asian regions there is an expected steeper increase in the West, a slower one in the East (Oman – 218 %, Saudi Arabia – 185 %, Pakistan – 138 %, Nepal – 110 %, India – 58 %, Bangladesh – 57 %). By the year 2100 Asia will be 2.2 times more populated than Africa, comparing to today's number 4.5 on the side of Asia.

Latin America and the Caribbean, as the most homogenous regions, will follow relatively parallel trends in natality and probable life expectancy (Paraguay – 155 %, Nicaragua – 122 %). North America as the only region will not reach the so called under the increase-level value by the year 2050, mainly due to migration.

Europe similarly as Asia means accounts for a higher increase in the West, and a lower one in the East. Eastern Europe stands out with its low values of life expectancy, and even in long-term predictions, it will not reach the level of other regions. (http://www.nationmaster.com/graph/peo_pro_pop_gro-people-projected-population-growth)

At present more than 60 % of the world population (3.8 billion) lives in Asia, while in China and India there lives together 37 % of the world population (2.5 billion), following by Africa with 14 % (1 billion), Europe with 11 % (731 mil.), North America with 8 % (514 mil.), South America with 5.3 % (371 mil.) and Australia and Oceania with 0.3 % (21 mil.). (http://www.nationmaster.com/graph/peo_pro_pop_gro-people-projected-population-growth).

Approximately 4.83 billion of the world population, which accounts for 70.5 %, today lives in 20 countries of the world. In the European Union there live more than 501 millions of people, which accounts for only 7.4 % of the world population.

In case of the most populated countries of the world, it is possible to see significant differences from the future point of view. In the year 2050 there will be a population increase in, first of all, less developed countries of the world. The most significant change will occur in the first position wherein India will get its position. That means that in the period of 100 years (1950 – 2050), there will be the most significant absolute increase of population; more than 1.3 billion of the population.

From the prognosis point of view, there is an assumption that life expectancy will steadily increase without a top limit, influenced mainly by the situation in a country. By the year of 2100 the age will vary between 66 and 97 years, and by the year 2300 between 87 up to unbelievable 106 years.

The population increase will naturally influence the ratio between the population and

its life space. The density of population will keep on rising and its irregular structure in space, which will be in 2100 in average between 3, 6 of citizens per km² in Australia up to 540 citizens per km² in Micronesia. The most densely populated country will probably be Bangladesh with 200 people per km².

One of the most crucial trends of the future is aging of population. While in 2000 the world age average was 26 years, in the year 2100 it will be 44 years, and in the year 2300 it will be about more than 48 years. Also within the period of the years 2100 and 2300 there is an expected rise of population over the age of 65 in even more than one-third (from 24 % to 32 %), the number of population aged over 80 and more will increase twice as many (from 8.5 % to 17 %) and the number of people aged 100 will multiply 9 times (from 0.2 % to 1.8 %). Unbelievably, in the year 2000 there was world average retirement age 65 years, which meant that retired persons will enjoy their own fully deserved retirement period of life for only more than 2 weeks. If the average age for retirement time did not change by the year 2300, we would be in retirement period of life for 31 years in average.

Interestingly, the period of countries demographic development is also called as a demographic window. This period is characterized by the fact the number of children and youngsters under the age of 15 does not exceed 30 %, and the number of people over 65 years and more does not reach 15 % of the whole population. As a result in the period of 30-40 years, the people at the productive age are becoming a dominant part of population. This situation will be typical, e.g. in Africa approximately around the year 2045 or later. In difference to Europe that appeared in the demographic window before the year 1950, and at present the so called third age is coming to existence here dominated by old people.

In the results of the UN prognosis by the year 2050 there is stated that differences

in population dynamics between less and more developed countries will continue. At the present time the population of more developed world regions is rising at the rate of 1.46 % per a year. It is still true that the least developed countries, according to the UN, experience the fastest rise- even 2.4 % per a year. These tendencies of increase will continue by the year 2050. As a result, the scale of more developed countries population, now about 1.2 billion will slightly change in the next short-time future period. Negative oscillations might be caused by natality that should be maintained at the under-increase level and thus will cause that 30 developed world countries will become smaller as for the number of population in the middle of this century. For instance, in case of Japan it will be 14 % of the population, in Italy 22 %, in Bulgaria, Russia or in Ukraine, there will be a decrease from 30 to 50 % of population.

Less developed countries might expect an increase in the number of population from 4.9 billion in the year 2000 up to 7.7 billion in 2050. The biggest increase will occur in less developed countries, whereby the population in the countries like Burkina Faso, Mali, Niger, Somalia and Yemen will increase even four times

According to prognoses the international migration is not supposed to significantly change. (Bolečková, M. 2010) More developed countries might in the next 50 years annually expect 2 millions of immigrants. Traditional recipients are supposed to be the United States of America, Germany, Canada, Great Britain and Australia. Most frequently immigrants will come from China, Mexico, India, Philippines and Indonesia.

In 2000 the most populated world countries were China, India and USA. By the end of the year 2050 the leading position should be definitely taken by India. The other countries such as Indonesia, Brasilia and Russia will be replaced by new extremely

populated countries such as Pakistan and Nigeria.

According to conclusions of the UN prognoses results that demographic changes to great extent influence and will influence the lives of individuals, but also countries and regions. Demographic determinants such as natality, mortality and migration can have influence on the position of states in the international system. Because the population number is considered as a power attribute of a given state, it is possible that some power configurations might change in the future, strategic players' position might be changed in the regions, and demographic balance will be disrupted.

The first change of demographic balance as a cause of conflicts and wars' escalations was also pointed to by Samuel P. Huntington. In his book "The Clash of Civilizations" is stated: "The significant rise of one group provokes political, economic and social pressure on the groups. Even more important is the fact that it provokes military pressure on groups which are demographically less dynamic". (Huntington, S.P. 2001)

In order to find effective steps towards optimal demographic situation, not only states' citizens, but also their governmental policies, international community, are supposed to participate in a way of coordination.

Most prognoses concerning the development of population are in accord with the fact that the number of world population is stabilizing and population processes will represent only a simple reproduction. Unsolved questions represent time and magnitude of this stabilization. If the population's rise terminates from the quantitative point of view, it does not mean that its qualitative rise will stop as well. In contrary, it is assumed that there will be an increase in the quality of general education, professional preparation (Kalický, J., Hitka, M.

2006, s. 43-49), population's health, living and cultural level. The top limit of population quantity is in many prognoses different, but it frequently comes out from the potential of the Earth's natural resources represented by arable land.

More prognoses state a various size of arable land that is needed for the life of individuals, which means that various numbers of the top multitude limit, e.g. the American standard is 2000 m² of arable land, i.e. 40 – 50 billion of inhabitants. According to Japanese standard it is only 680 m² of arable land, which accounts for top limit of 157 billion of people.

THE POPULATION AGEING

One of the important contemporary problems requiring a priority attention because of its temporary and future repercussions on individual countries is the decrease of population and the related problems of the population ageing. Population ageing is frequently mentioned at present. Contemporarily, it is the global demographic process and in the future it will "probably be a most prominent feature of the population behavior". (Rychtaříková, 2002, pp. 43-46)

The population ageing is one of the main features of the current population development that has a future irreversible impact. The intensity and importance of this process is prominent in the global scale mainly in the last century. The population ageing is causally connected to the demographic transition and its conclusion in the more developed part of the world. Economic and social consequences of ageing are not required to especially mention. The era when the ratio of children and pensioners will change is coming. It will be the era when the social traditions, habits and norms will have to change. This is one of the main reasons to devote considerable attention to this phenomenon. (Bleha, Vaňo, 2007, pp. 62-80)

The population ageing is not a worldwide problem yet, it concerns mostly world developed countries. On the other hand, it is a known fact that the population ageing in developing countries will culminate in few decades and will be more dramatic as the current population ageing in the developed world. In the developed countries, the population ageing is caused by the prolonged human life and the decrease of natality. This trend is resulting from many factors that are related to the modernization of the society which caused the decrease in fertility and natality. The health care improvement resulted in the prolonged life expectancy and a better health condition of the population. The science advance prolonged the average life expectancy which is the main reason for the population ageing.

Since the decrease in natality, the share of older and the old people in the population are growing. In the developed countries, the process of ageing advanced to such an extent that it became one of the most important social issues. The population ageing does not have only prognostic character but represents a considerable worldwide economic problem that lies in the ever decreasing amount of the actively working population participating in the financial situation of state budgets and on the other hand the ever increasing amount of pensioners which increases the strain on health and social services as well. This can result in the threatened industry performance and thus essential changes in the social, health and pensionary system are required, similarly to changes in the politics of employment. The ageing influences the life cycle of individuals and their family behavior. The situation is even more complicated mainly since the ever growing social progress will result in the decrease of the population growth in the developing countries, the developed countries will have to search for external sources for the improvement of their situation and in coming decades will have to change

the reproductive behavior of their population based on the value system of population. (Vaňo, 2001, p. 35)

Populations throughout the world are becoming older. The phenomenon, typical for developed countries, is becoming a fact for less developed countries. Till 2050, 1.2 billion from the overall 1.5 billion of population above 65 years of age will be in countries nowadays described as less developed. This phenomenon will greatly influence the health and socio-economic development of countries throughout the planet.

Currently, developed countries understand the need for the governments to find solutions to this issue addressing the whole society, resulting in creation of environment suitable for the ageing society while sustaining the economical development of states. These priorities were declared by representatives of 159 countries at the Second UN World Assembly on Aging in Madrid in 2002. (<http://www.un.org/esa/socdev/ageing/waa/>)

In 2004, the estimated world population of people older than 65 was 461 million which is an increase of 10.3 million since 2003. The population ageing is usually imputed on developed countries of Europe and North America that currently have the highest percentage of older people in the world and till the half of the 21st century, the number of grandparents will exceed the number of their grandchildren (children up to 18 years of age) to put it figuratively. Even the less developed countries are witnessing the decrease in the natural population growth similarly to developed countries and thus there is an estimate of the increased numbers of older people.

The "oldest" country in the world is supposed to be Italy since 25% (2004) of its population is comprised of old people. Apart from Japan, the first 20 places are taken by European countries this being the reason that Europe is considered as a continent where this problem is the most prominent. In comparison with

Europe, the USA are still relatively well based on the generation of the so called baby boom (born in 1946-64) that did not reach the pension age, yet. These people will influence the ageing in the near future. Till 2030, there is an estimate for the doubled increase in countries of Asia, Latin America and the Caribbean. Even the population of old people is ageing¹ and up to 18% is comprised of people above 80 years of age. More than a half of them are living in only 6 countries of the world: China, the USA, India, Japan, Germany and Russia. ²

The answer for the question of what is causing the population ageing on the planet is a whole collection of factors. One of the most important one is the decrease in natality since the lower number results in less young people and a proportional increase of older people.

From the long-term demographic development perspective in the context of the population ageing indicators showing the long-term trends in fertility and natality are used for such projections. The overall fertility – the fertility index stands for the average number of children a single female gives birth to in her whole life. The level of sustainment of the population stability is based on 2.1 children. It is logical that a population with higher natality has the projection of a lower proportion of older people, and vice versa.

Fertility is currently in range of 1.1 – 1.7 for industrially developed countries, in the case of developing countries fertility reaches the values even higher than 7. The natality indicator is also significantly different for developed and developing countries. In the first case it reaches values of 10-15 and in the case of developing countries it is 30-40.

In the developed countries the fertility (the average number of children of a single female) and natality (the number of newborns for a 1000 inhabitants) decreased significantly which resulted in changed relative amounts of the overall world population. Differences between developed and developing countries in both these factors are significant and will in the future add to ever deepening demographic division between these countries.

The decrease in fertility and natality in the present reaches in some developed countries alarming figures. The danger of such a rapid decrease is clearer from the long-term demographic projections and repercussions of such a population development on the future generations and the future demographic structure of the society. These consequences are visible from estimates of the evolution of the amount of population for some countries till 2050. As examples for expected demographic changes can be given Japan and Germany that till the half of the century with abundance of the current population growth can lose up to 14% of their population. In the case of Italy and Hungary the estimated decrease is 25% and in case of Russia, Georgia and the Ukraine it is even 30-40%. The situation is not favorable even for Slovakia that according to these estimates would enter the second half of the century with the population decreased by 13% compared to the current state.

¹ Note.: In general the “*older people*” are supposed to be people above 65 years of age and the category of the “*oldest old*” comprises of population older than 85 years of age. In: <http://www.prb.org/pdf05/60.1GlobalAging.pdf>

² <http://www.prb.org/pdf05/60.1GlobalAging.pdf>

Range	Country	Population in thousands		Difference in thousands	%
		2000	2050		
1	Russia	145 491	104 258	- 41 233	- 28,3
2	Ukraine	49 568	29 959	- 19 609	- 39,6
3	Japan	127 096	109 220	- 17 876	- 14,1
4	Italy	57 530	42 962	- 14 568	- 25,3
5	Germany	82 017	70 805	- 11 212	- 13,7
6	Spain	39 910	31 282	- 8 629	- 21,6
7	Poland	38 605	33 370	- 5 235	- 13,6
8	Romania	22 438	18 150	- 4 288	- 19,1
9	Bulgaria	7 949	4 531	- 3 419	- 43,0
10	Hungary	9 968	7 486	- 2 481	- 24,9
11	Georgia	5 262	6 219	- 2 043	- 38,8
12	Belarus	10 187	8 305	- 1 882	- 18,5
13	Czech rep.	10 272	8 249	- 1 842	- 17,9
14	Austria	8 080	6 452	- 1 628	- 20,1
15	Greece	10 610	8 983	- 1 627	- 15,3
16	Switzerland	7 170	5 607	- 1 563	- 21,8
17	Yugoslavia	10 552	9 030	- 1 522	- 14,4
18	Sweden	8 842	7 777	- 1 066	- 12,1
19	Portugal	10 016	9 006	- 1 010	- 10,1
20	Kazakhstan	16 172	15 302	- 871	- 5,4
21	Slovakia	5 399	4 674	- 724	- 13,4
22	Moldavia	4 295	3 577	- 718	- 16,7
23	Latvia	3 696	2 989	- 707	- 19,1
24	Lithuania	2 421	1 744	- 677	- 28,0
25	Belgium	10 249	9 583	- 667	- 6,5
26	Estonia	1 393	752	- 642	- 46,1
27	Armenia	3 787	3 150	- 637	- 16,8
28	Slovenia	1 988	1 527	- 461	- 23,2

Table: Countries with the highest estimated decrease of population till 2050 Source: KABÁT, L. 2003. Základné determinanty svetovej demografickej situácie v prvej polovici 21. storočia. In: Acta oeconomica et informatica 1/2003, Nitra, Slovaca Universitas Agriculturae Nitriae, 2003, p.

Regardless to the balance of the worldwide population evolution it is important to pay attention to its regional and national aspects. Many developed countries will be confronted in the coming decades with important problems and consequences of their negative demographic development. According to official sources of the European Union in the coming decades it will be necessary to create conditions for influx of approximately 1.5-1.9 million of immigrant annually to ensure the social and demographic stability of this region.³ This way only is possible to prevent a possible collapse of the social and health care network in this region. (Kabát, 2003, p. 3)

The problem of the low natality in the developed countries is a frequently discussed issue. There are two levels of a possible solution to this problem. The first, vehemently but with a little effect supported by the majority of conservative groups of population and political parties is based on the support of measures to increase the level of domestic natality. Countries are starting to actively create and support the family "population" politics. This is not a new measure; after the First World War, France decimated by the war started to award medals to women – "model citizens" for giving birth. Regardless the fact that France has one of the highest fertility index – 1.98 (Slovakia, together with Poland, has one of the lowest fertility index of the EU –

³ One of the possibilities to balance the negative demographic development of the European population resulting from the decrease of the natural population growth is the already mentioned immigration. In 1950, the population of Europe constituted approximately 12% of the world population; the current estimate is that in 2050 it will be only 4%. To maintain the demographic stability of the European region and with the current population decrease there will be a need to balance this "interruption" with hundreds of million of immigrants. It is estimated that in 1995-2050 it will be approximately 700 million of immigrants mostly from Africa and Asia. This can result in the fact that based on such a massive immigration by 2200 Europe can be a considerably "blacker" continent. (Treanor, 2007)

1.25) it strongly supports the family politics. In 2005, the Prime Minister Dominique de Villepin declared the government support of families with the goal of three children per family. He argued for a significant financial aid mainly after the birth of the third child; other measures for fulfillment of this goal, not only in France, are significant tax reductions for young families, child care services (building of nurseries, kindergartens that are either subsidized or free of charge, parental leaves, harmonizing occupation with child raising, as well as the politics of repeated integration of parents into the work life after such leave – e.g. Sweden).

The second approach to the problem solution is based in the liberalization of immigration policy and in creation of social conditions for its actual realization. The current situation in Europe in regard to this approach is not uniformed and relatively sensitive, as can be seen by the recent examples. (Hoscheková, 2010).

Another important factor is lowering of the mortality rate, mostly newborn and child mortality, thanks to improvement and availability of the public health care and many programs focused on lowering of the sickness rate.

At last but not at least, the population ageing is caused by the extension of the life expectancy. In some countries this has been doubled in the 20th century. This growth has been the most prominent in 1900-1950 when in some Western countries the length was extended by up to 20 years. Virtually all countries are registering an uninterrupted growth with only a few exceptions in the Latin America and Africa caused mainly by the influx of death rate caused the HIV/AIDS.

The worldwide average life length, according to the UN report, increased from 47 years of age during 1950-1955 to 68 years of age in 2005-2010. According to the UN Secretary-General Pan Ki-Mun report, people live longer

because of a better nourishment and hygiene as well as because of the improvement in the health care mainly through vaccination and medication of infectious disease and parasites. Especially, the number of children and younger people deaths is lowered. However, the older people still die because of non-transmitted chronic and degenerative disease like cancer, diabetes, respiratory and heart disease. The report urges governments to create preventive measures against these phenomena. Among them is the fight against overweight, physical inactivity, alcohol and tobacco use. Overall, the number of deaths for over 60 years of age increased from 26% in 1950-1955 to 54% in 2005-2010. (<http://dnes.atlas.sk/pauza/udalosti/640871/pri-emerna-dlзка-zivota-prudko-stupla>)

All these demographic changes are resulting in the population ageing, huge differences in the age structure in developed as well as developing countries. There also is the question of the so called depopulation, a phenomenon that was not paid enough attention to. It is the decrease of the overall population in some countries.

One of the reasons of the growing depopulation is the current trends in mortality. The World Health Organization (WHO) report (Colin D. Mathers, Doris Ma Fat, Mie Inoue, Chalapati Rao, and Alan D. Lopez, 2005, pp. 171–177) concerning the global research of trends in mortality shows the increase of mortality connected to disease even in some technologically developed countries. At the same time, differences in the life expectancy and mortality between the developed and developing countries are increasing. Data on the average life length in the Western world are far away from such data on developing countries, mainly Africa.

A very specific example of the decrease of age, ageing and the “die out” of the population is Russia. In contrast to the general trend of the prolonging of the age and the decrease of mortality in developed countries and an

assumed population growth, the average life length in Russia was decreased by 4 years in the last 40 years – a similar problem can be seen in other 40 countries. Since 1993, the natural decrease of population in Russia is approximately 0.7-0.9 million inhabitants. In 1992-2000 the country has “lost” 3.5 million inhabitants. In 27 of Russian regions the mortality exceeds natality 2-3 times. The general trend in this country is the “super” mortality of population in the productive age, concerning mostly the male population (80%). In Russia, the increase in mortality is connected to cardiovascular disease and alcohol.⁴ In 2000, only 58% of males reached the average age of 60 years of age. By the mid-1990, the average life expectancy in Russia was 57 years of age for males and 70 years of age for females. This current and negative situation was addressed in 2001 by at the time President of the Russian Federation Vladimir Putin, who stated that this negative demographic development in the country is one of the key problems and requires an immediate and priority solution. Apart from the government, many state departments were dealing with this problem. (Sokolov, 2001, pp. 54-57) As observed in 2010 by the Vice-Prime Minister Alexander Žukov, the average life length in Russia (male and female together) has increased in the last 5 years by 4 years. In 2004, its level was 65.5 years of age. The average life length for

⁴ Problems with alcoholism are negatively influencing the demographic situation in Russia – alcoholism was the direct cause of 3.2% of deaths in 2007 and indirectly it often leads to cardiovascular disease, that according to same years statistics caused 57% of all deaths. Alcoholism is often a cause for violent deaths which level is high in Russia – 2% suicides, 1.9% traffic accidents and 1.2% murders from all the deaths in 2007. Alcohol is often the cause of family dissolution – the main pillar of the society or nation. The fight against alcohol, violence, the reform of the traffic infrastructure can positively influence the demographic situation. (JOVIČEVIĆ, R. 2010. *Demografia Ruska sa zlepšuje*. In: http://www.chelemendik.sk/Demografia_Ruska_sa_zlepsuje_507288898.html, cit. 27.6.2010)

males is 62 years of age and for females 74 years of age, at present, this length is still lower than that in the developed countries, however, it is better than during the “Yeltsin’s democracy”. By sustaining these tendencies, and bearing in mind the positive segment of immigration, there is an assumption that the gradual process of depopulation will stop. Žukov emphasized that the state has an important role in the increase of the average age of 75 years of age in the country by 2020. He also stressed that the demographic situation in Russia was managed to stabilize in 2009. The population by the end of this year was approximately 142 million. (Rastie priemerná délka života. 2010)

A similar situation concerning the negative demographic development is in China as well. The current population development realized in the country in agreement with one child

policy can cause some threats for China in economic and social sphere. The country is troubled by the problem of the population ageing and its impact on the society. The demographic threat is connected to a massive growth of productive and mainly post-productive groups of population on one side, and a decreasing share of pre-productive population on the other side caused by the one child policy.

The society will change in an alarming rate to an older population. In 2010 – 2050 the population in China will increase by 275 million of people older than 60 years of age. Their share on the overall population in 2050 will be 31%, while in 2010 it was 12.3%. The share of population older than 80 years of age will be 7%, while in 2010 this share was 1.4% (see table).

AGE GROUP	1950	1980	1990	2000	2010	2025	2050
0 – 14	182,8	348,3	324,1	325,8	269,4	262,4	216,4
15 – 59	321,4	560,2	721,3	814,6	918,2	905,7	7603
60 +	40,8	72,5	96,6	126,5	166,5	285	440,4
80 +	1,5	4,2	7,5	11,6	19,3	32,3	101,4
OVERALL	545	981	1 142	1 267	1 354	1 453	1 417

Table: Development of the population in China (in million – the middle variant)

Source: UN, Population division: World Population Prospects: The 2008 Revision. New York

China is the country where the working society grew most rapidly in the last 30 years. Nowadays, it will change into the country will the fastest decrease of population in the world. The growing share of post-productive population is starting to create a strong pressure in the social and pensionary system.⁵ Nowadays, state employees are one

of the few that have right for state pension and a health care coverage. Seven out of ten

⁵ The annual increase of the pensionary insurance is 55 billion dollars – this branch increases by 20% annually. A fast growth of the private sector and reform of the capital markets could support needs of those who are able to spend their finances nowadays. The state needs its own pensionary system. The current problem is that the basic Chinese pensionary system includes claims of already

closed factories. According to the World Bank report the payments for its past employees almost a half of its current income. China is getting old and its current pensionary system is facing a collapse. Politicians are contemplating changes, including a fully financed scheme for cities that would be built on individual payments. They are further contemplating a change of policy for the countryside. More than 90% of old people in the countryside does not receive pension. They are supported by their children that have to travel for work. The state pensionary system is covering only urban communities and not the country communities. The new pensionary policy for the countryside will position it on the level of urban communities. In. Relácia World Business, TA3, 15.9.2010

Chinese does not have such security – mainly the countryside population. These, when old and sick can rely only on their own savings or help of the family.

In 2050 China will have more pensioners than the USA and more than 100 million of Chinese will be older than 80 years of age. The number of the productive population in China will start to decrease in 2015, this being the direct result of the one child policy of the Chinese government.

This will have a massive impact on the competitiveness of China, not mentioning its ability to finance social measures. Nowadays, China is the third largest economy in the world and the income per capita rose since 1970 ten times. Contrary to other ageing countries, China experiences these changes in time when its population is still poor – 100 million Chinese are still living on less than one dollar per day. The way to tackle this demographic change will impact the prosperity and stability of the country. What are the possibilities? There is the demand to cancel the

controversial rules on the number of children, which would increase the generation of tax payers the economy is dependent on. This is a problem from the short-term perspective, since these children will not work for the next 20 years and the population will be in a serious situation and the state will have larger expenses. (Relácia World Business, TA3, 15.9.2010)

HIV/AIDS PROBLEMS

The World Health Organization report concerning the global research on mortality trends shows the increase in mortality connected to disease in less developed countries and even in some technologically developed countries. At the same time, the differences in the life length between developing and developed world are deepening. The average age length data of developed countries are significantly different from those of the developing countries, mostly Africa. (Kath, Shkolnikov, David, 2005)

Region	Adults & children living with HIV/AIDS	Adults & children newly infected	AIDS-related deaths in adults & children
Sub-Saharan Africa	22,5 million	1,8 million	1,3 million
North Africa & Middle East	460 000	75 000	24 000
South and South-East Asia	4,1 million	270 000	260 000
East Asia	770 000	82 000	36 000
Oceania	57 000	4 500	1 400
Central & South America	1,4 million	92 000	58 000
Caribbean	240 000	17 000	12 000
Eastern Europe & Central Asia	1,4 million	130 000	76 000
North America	1,5 million	70 000	26 000
Western & Central Europe	820 000	31 000	8 500
Global Total	33,3 million	2,6 million	1,8 million

Table: Global HIV and AIDS estimates, end of 2009
Source: <http://www.avert.org/worldstats.htm>

The advancement in the health care and the quality of life result in the increase of the

average life length and the decrease of the mortality rate worldwide. The influences of

many mortal diseases, mainly the HIV, cause the shortening of the average life length and increase the mortality rate thus creating the global mortality divergence.

The HIV infection and linked AIDS disease is the most present day grave infectious disease worldwide. This disease is an actual epidemic in many countries, or even a pandemic. Bearing in mind that regions affected by this epidemic are mostly developing countries which existence is even without this factor on the margin of survival, the results are tragic and many time worse than imaginable.

AIDS epidemic⁶ is probably the most devastating in the history of the mankind. Although, it was first diagnosed around 1980, till the end of 2008 more than 25 million people succumbed to it. According to present statistics by the UNAIDS, in 2008 there were on average 33.5 million of people infected by HIV/AIDS. At the same time, another 2.7 million of people, including adults and children, were infected in that year. (UNAIDS, 2009) Women represent 50% of people living with HIV/AIDS in the world, but their needs concerning the reproductive health and family planning, safe birth and breastfeeding are often ignored. Almost every region is threatened and whereas in some areas it is possible the moderate the spread of the disease, elsewhere it is increasing. (AIDS Epidemie. Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health

Organization (WHO), December 2005.)

As time advances there are changes not only in the occurrence as such but in certain structural changes as well. In the beginning of the occurrence of the HIV/AIDS the mainly affected groups were urban population, men with relatively higher income; currently the epidemic is shifting from urban areas to countryside. At present, a great share of HIV/AIDS population live in the rural areas and the huge majority is extremely poor and the disease concerns women ever often.

The WHO estimates that 10% of new HIV infections worldwide is connected to the drug use and less than 5% of intravenous drug users worldwide has the access to effective prevention of HIV, its treatment and care.

Up to 95% of infected population lives in the Sub-Saharan Africa, Eastern Europe or in Asia. AIDS cause higher mortality than any other disease in the Sub-Saharan Africa with more than 67% of infected people living there. In the Republic of South Africa, there is the biggest number of infected people, approximately 5.7 million. The highest share of the HIV infections are in Botswana – almost 39% of the adult population, Zimbabwe – 34%, Swaziland - 33% and Lesotho – 31%. In some regions of Africa the rate of infected people is several tens of per cents. (Lupták, 2005, p. 572)

⁶ Note.: AIDS as the syndrome of the immune deficiency is caused by the human immunodeficiency virus (HIV) that is transmitted via blood and blood products, male semen and female vaginal secretion and breast milk. The most frequent transmission is through unprotected sexual intercourse with a HIV positive partner, blood transfusion or manipulation with infected blood or blood products, mother to child transmission during the pregnancy or breastfeeding. The virus cannot survive out of human fluids and cannot penetrate undamaged skin. The cause of death is not the virus per se but the accompanying diseases that the body is unable to cope with because of the immunodeficiency.

In:

http://www.wilo.ore/Dublic/english/Drotecün%av/aids/code/lanEuaees/liiv_a4_e.pdf 13.03.2007

Country	HIV occurrence in population of 15-49 years of age (%), by the end of 2003
Swaziland	38,8
Botswana	37,3
Lesotho	28,9
Zimbabwe	24,6
South Africa	21,5
Namibia	21,3
Zambia	16,5
Malawi	14,2
Central African republic	13,5
Mozambique	12,2

Table: HIV occurrence in population in the most affected African countries

Source: UNAIDS. 2004 Report on the global AIDS epidemic. UNDP. Human Development Report 2005

Countries of the Eastern Europe and the countries of the former Soviet Union⁷, southern and southeastern part of Asia, China and India⁸ have to face the arrival of this new threat. These regions specifically are considered to be new epicenters of the disease explosion. Moreover, this problem is only dealt with marginally in these countries. On the other hand, the rate of infection is not decreased in the countries of the Western Europe and North America, mainly as the result of migration. The ever-increase of new cases of HIV infection is quickened by the illegal immigration from Africa, or the women trafficking from the former Soviet Union. (Dobřík, Hoscheková, 2009). Africa is the home for two thirds of all HIV infected people. Since, only one per cent of all African will get tested for the HIV, the risk of an infected person being among illegal aliens is relatively significant. (AIDS: stále přítomný! 2007)

⁷ According the UNAIDS in 2008: e.g, in Russia there is approximately 1 million infected (1.2% per adult in the country) and in the Ukraine 450 000 (1.6%) and Estonia 9 900 (1.3%).

⁸ India estimates around 2.4 million, China around 700 000 case of AIDS including adults and children. (UNAIDS/WHO 2008, In: <http://www.who.int/hiv>)

The EuroHIV center report for 2005 shows that 215 510 people have been infected in 1998 – 2005 in the European Union and 646 142 people have been infected by HIV in the European region of the World Health Organization (WHO).

As the World Health Organization (WHO) warns, the crisis connected to AIDS is not forefended in Europe; the situation is problematic especially in the East of the continent. The biggest rate of HIV infection out of all European countries has the Ukraine that follows the overall trend of the neighboring countries and the Central Asia.

With 100 000 new cases of HIV infection annually the whole Europe records the highest proportional growth all over the world, as stated by the leader of the HIV/AIDS program for the Europe-Central Asia region under the WHO Martin Donoghoe at the international conference in AIDS in 2010 in Vienna. The Western Europe records around 20 000 new infections annually, the number in the Eastern Europe is 80 000 and is ever-growing. Only in the Ukraine, there is 15 000 new infections annually. In the Central Europe, there are 15 people out of million infected by HIV, in Western Europe it is 72 people and in the

Eastern Europe it is 179 people. In 2008, the last year with complete data, in the Eastern Europe and the Central Asia, there lived 1.5 million people infected by HIV what is an 66% increase compared to year 2001. In the Western and Central Europe, the most common way of transmission is the unprotected sexual intercourse, in the Eastern Europe; it is the intravenous drug use. Only 23% of Eastern European patients – the smallest number in the world – have the access to antiretroviral care. The reason for the spread of the infection is the non-existent prevention programs for drug users. (AIDS: Krízovou oblasťou v Európe je východ, predovšetkým Ukrajina)

The AIDS infection is the fourth most common cause of death in the world. In 2008 the UNAIDS (the Joint United Nations Programme on HIV/AIDS) estimated that 2.0 million of adults and children died because of this disease, 1.4 million in the Sub-Saharan Africa. The number of diseases connected to AIDS has grown as well. It is mainly tuberculosis that is the most common cause of death for people infected by HIV. Tuberculosis (TBC) catalyzes the HIV to AIDS progress and 90% of HIV positive people die because of TBC within a couple of months since developing active symptoms of TBC, this is mainly caused by the missing appropriate treatment which leads to the fact that TBC is estimated to be the cause of one third of all AIDS deaths. According to U.S. Global Health Policy the number of TBC cases by HIV positive cases in the world is approximately 1.4 million. The largest rate is in the Republic of South Africa – 340 000, India – 130 000 and Nigeria – 120 000.

(<http://www.globalhealthfacts.org/topic.jsp?i=20&srt=2>) The high mortality rate is connected to malaria as well, since it infects a huge number of people and the HIV virus decreases the effectiveness of its treatment.

Almost 70% of all infected in the Sub-Saharan Africa are women. The highest death rate is in

the Swaziland, South Africa and Zimbabwe. (Koník, 2008) Africa has the highest rate of teenage pregnancies and the lowest rate of girls finishing the basic school. These girls, orphaned and poor after their parents' deaths are forced to use sex in an incredibly early age to keep them, their siblings and many times their children alive. The Sub-Saharan Africa has thanks to AIDS around 14 million orphans. Orphaned girls have a worse position since their position in the African society is lower and are more vulnerable to sexual abuse and are more likely to be infected by HIV than boys.

A specific situation is in Asia, mostly China, India and Indonesia and Vietnam as these are considered as new disease explosions. Many Chinese, estimated approximately one million of poor agricultural workers, have been infected by the HIV in 1990 through transfusions of contaminated blood in the Che-nan province. In China, the HIV transmission was caused by 25% by the blood transfusion and intravenous drug use by 44%. Regardless of considerable flaws in the area of systematic data collection on the disease, it is easy to identify the relation between the spread of HIV/AIDS, higher mortality and the decreasing average life length.

The epidemic considerably lowered the improvement in the survival of newborns or the estimated life length that are the main indicators of social and economic development. In the less developed countries, the mortality rate between children under 5 years of age is considerably lower if without HIV. Without the immediate care, the amount of children infected during the birth would die before reaching the first year and approximately 60% before reaching 5 years of age. According to the UN the child mortality increased in the Republic of South Africa from 62 to 74 per 1000 children in the last 10 years (1990-2000), this rate would be around 43 per 1000 children without the HIV infection.

The disease is manifested in the average life length in countries strongly influenced by the disease. In the Sub-Saharan Africa, there is a distinction between the male and female average life length reversed to regular order. Since women are infected more often and in larger rates, it is manifested in lower numbers of the average women age. (World Population Prospects ..., 2006)

The population growth would surely decrease. For example in the most affected Republic of South Africa the population of 48.8 million in 2008 will only increase by one million in 15 years, in standard conditions it would reach 63 million of inhabitants.

Based on the example of the Republic of South Africa, it is possible to see the probable tendencies in demography of other countries with high HIV infection occurrence. There is an estimate that there will be less children born because of the casualties and the low natality between HIV positive women. Many children will die during childhood because of HIV and other affiliated diseases. The adult population will decrease because of casualties, mainly in women of 30-40 years of age and men past 40 years of age which will result in changed age structure of the population. The long incubation period of the virus, the biggest number of casualties is estimated in 10 years, after the HIV will reach its highest rate of occurrence. (Lamptey, Johnson and Khan, 2006)

The infection has a huge impact in the personal, family and social life. Countries with the high rate of infected people the impact is even on the economic development and political stability. (*Leading the Way: USAID Responds to HIV/AIDS*. U.S. Agency for International Development (USAID), Washington 2001)

The operating expenses are increasing; the productivity of labor and financial dealing is decreased. There is the increase in the expenses on the health care, care of the sick and orphaned. In the case of the Republic of

South Africa the expenses for the AIDS treatment in the 2003/2004 budget increased by 86% to the previous fiscal year.

The line of epidemic varies in different countries, HIV primarily impacts the young generation mainly between 25-45 years of age, thus the part of population that is reproductively and economic active.

According to N. Antošová (Antošová, 2006, pp. 34-36) the spread of HIV/AIDS has far-reaching and society-wide consequences:

The relation between the poverty and HIV/AIDS. On one hand, the poverty leads to a more frequent occurrence of the infection (financial inaccessibility of protective measures, lower education and worse access to information, inadequate nourishment and reduced immunity of organism, worse living conditions, and risky sexual behavior); on the other hand it results in lower work involvement of people infected with HIV/AIDS which results in poverty. This further leads to a worsened health condition of the infected (based on the inadequate nourishment and health care) and to death. Since the most frequent AIDS occurrence is among people in the productive age, 15-50 years of age, this economically impacts families with an infected member. From the economic perspective this leads to the increase in health care, higher sickness rate and lowered productivity of labor.

A considerable increase in mortality and decrease in the average life length

Dissolution of families caused by the death of one or more members, resulting in approximately 14 million of orphans. (17.5 million of children under 18 years of age) In the Sub-Saharan Africa, with more than 80%, approximately 9% of children under 15 years lost one or both parents. From the regional occurrence, the highest number is in the Republic of South Africa – 1.4 million, Nigeria and Uganda – 1.2 million and Zimbabwe – 1.0 million in 2007. (<http://www.globalhealthfacts.org/topic.jsp?i=8&srt=2>) Many of these children are also HIV

positive. Since the death of parents occurs in very early age of children the information, experience and values transmission is threatened. Parents that have died ahead of their time are unable to provide their children with adequate life experience knowledge and practices needed for survival. The changed structure of families increases the index of economic dependency of households. The result of poverty, death in the family, women are often forced to prostitution which increases the risk of infection and spread of the disease.

Impact on the health care increases the infection occurrence between the health workers (in Malawi and Zambia, there is documented a 5-6 time increase of sickness rate and mortality among health workers)

Lowering of school attendance. This is the reason for establishment of special schools in these regions focused on the basic knowledge and farming technology. The school attendance is used as a prevention of child labor, criminality and creation of socio-pathological phenomena. A considerable problem connected to the school attendance is the infection among school teachers in Africa. In Zimbabwe, up to 19% of male teachers and 29% of female teachers is infected by HIV.

Related to the HIV/AIDS problem are other problems that have either direct or indirect impact on this disease. The occurrence and spread of the disease is mainly connected to the rural character of the environment. It is stated that approximately 80% of population living in the most affected regions is dependent on agriculture as the main source of livelihood. AIDS impacts mostly the availability and quality of the work force in agriculture. The sickness of a family member usually forces the family into critical situation which influences the agricultural productivity, etc. There are programs supporting such families. The adequate nourishment is an

important factor that lowers the probability of infection and improves the condition of sick people. That is the reason for many strategies connected to HIV/AIDS focused in improvement of agricultural systems and production of a better quality grocery.

Other problems of this disease are connected to prevention and cultural obstacles in the fight against it. The prevention of the spread of the disease is based on a number of activities. Mostly, it is the realization of the seriousness of this disease and use of all appropriate protection measures. An important role is of the quality of the health care (decrease of the infection during the provision of the health care) and mainly because of the probability of transmission of the disease from an infected person to a healthy one in higher if the person is suffering from other sexually transmitted disease, or has weakened immune system.

Another important part is the education about risks of HIV/AIDS connected to the possibilities of prevention. Critical is the availability (even financial) of protective measures. Another important role is that of cultural obstacles present in many countries. Those are mostly religious and cleansing rituals connected to the sexual intercourse. It is shown, that even if the knowledge on the disease, the availability of protection and knowledge of risks and consequences of this disease, these factors are huge obstacles in prevention of the epidemic.

In the process of the worldwide prevention it is important to uphold and secure human rights with the focus on gender equality, decrease of discrimination and protection of the most threatened groups of population. It is important to create an appropriate environment for infected people to provide integration into society and prevention of the risk of spread of the disease. It is important, mainly in developing countries, to destroy myths about this disease, awake a general interest and provide people with enough

information to protect themselves. The inclusion of all parts of society and institutions on the local or international level resulting in the adequate amount of finances needed for prevention and care. The research and development of new preventive technologies of this disease has to be a priority as well. (http://data.unaids.org/publications/irc-pub06/jc1165-intensif_hiv-newstyle_en.pdf)

REFERENCES

1. ABRHÁM, J. 2008. *Komparatívni ekonomika EÚ*. Nakladateľství MAC. 2008. ISBN: 978-8086-783-34-5
2. *AIDS, tehotenstvo, bieda: pasca pre Afriku*, SME, 14. 6. 2005, In: <http://zaujímavosti.sme.sk/c/2257923/aids-tehotenstvo-bieda-pasca-pre-afriku.html#ixzz0yO0PE5Jr>
3. *AIDS: Krízovou oblasťou v Európe je východ, predovšetkým Ukrajina*. In: <http://primar.sme.sk/c/5474384/aids-krizovou-oblastou-v-europe-je-vychod-predovsetkym-ukrajina.html#ixzz0yRdsLg00>, 28. 7. 2010
4. *AIDS: stále prítomný!* 13.04.2007 In: <http://www.euractiv.sk/zdravotnictvo/clanok/aids-stale-pritomny>
5. ANTOŠOVÁ, N. 2006. *Globální problémy lidstva*. Ostrava: Vysoká škola báňská – Technická univerzita Ostrava, 2006, ISBN 80-248-1048-4
6. BLEHA, B., VAŇO, B. 2007. Niektoré teoretické a metodologické aspekty populačnej politiky a náčrt jej koncepcie pre Slovenskú republiku. In: *Sociológia* 39(1), 2007, ISSN 0049-1225
7. BOLEČEKOVÁ, M. 2010. *Perspektívy migračnej politiky Európskej únie*. In: *MIGRÁCIA – PRÍLEŽITOSŤ, VÝZVA A HROZBA*. Zborník príspevkov z konferencií a seminárov Národného konventu a Európskej únie 2009. Bratislava: Ševt, 2010, ISBN 978-80-8106-020-5
8. Bolečeková, *Migračná politika*: Banská Bystrica: UMB FPVaMV, 2010, ISBN 978-80-557-0044-1
9. DOBRÍK, M., HOSCHEKOVÁ, D. 2009. *Nelegálna migrácia ako jedno z vážnych bezpečnostných rizík*. In SRB, Vladimír, HIRTLOVÁ, Petra (eds.). *Menšiny a integrujúci se Evropa*. Kolín : Nezávislé centrum pro studium politiky, 2009. ISBN 978-80-86879-23-9, pp. 60 – 70.
10. HOSCHEKOVÁ, D. 2010. *Hľadanie európskej identity pre ďalšie smerovanie EÚ*. In: *Podoby demokracie na začiatku 21. storočia*: Evropská unie a svět. Kolín : Nezávislé centrum pro studium politiky, ISBN 80-86879-27-7, pp. 99-110
11. HUNTINGTON, S. P. 2001. *Střet civilizací*; Praha: Rybka Publishers, 2001, ISBN 80-86182-49-5, 447 p.
12. KABÁT, L. 2003. Základné determinanty svetovej demografickej situácie v prvej polovici 21. storočia. In: *Acta oeconomica et informatica* 1/2003, Nitra, Slovaca Universitas Agriculturae Nitriae, 2003
13. KALICKÝ, J., HITKA, M.: Analýza motivácie v čase. *Časopis Fórum manažéra*. 4/2006. pp. 43-49. ISSN 1336-7773.
14. KATH, M., SHKOLNIKOV, L., DAVID, A. 2005. World Mortality 1950-2000: divergence replaces convergence from the late 1980s. In: *Bulletin of the World Health Organization*, marec 2005
15. KONÍK, J. 2008. *Veľký zabijak HIV je trochu slabší* In: <http://www.sme.sk/c/3998712/velky-zabijak-hiv-je-trochu-slabsi.html#ixzz0yNyNH5FR>
16. LAMPTEY, P.R., JOHNSON, J.L., and KHAN, M. 2006. *The Global Challenge of HIV and AIDS*, Population Bulletin 61, no. 1, Washington, DC: Population Reference Bureau, 2006, ISSN 0032-468X
17. LUPTÁK, Ľ. 2005. Demografické faktory a zmeny v globálnom bezpečnostnom prostredí. In: TARASOVIČ, V., ONDREJCSÁK, R., LUPTÁK, Ľ. *Panoráma globálneho bezpečnostného prostredia 2004-2005*. Bratislava: Inštitút bezpečnostných a obranných štúdií. Ministerstva obrany SR, 2005, ISBN 80-88842-84-0
18. MATHERS, Colin D. - FAT, Doris Ma - INOUE, Mie - Chalapati RAO - LOPEZ, Alan D. 2005. *Counting the dead and what they died from: an assessment of the global status of cause of death data*. Bull World Health Organ. 2005 March; 83(3): 171-177. In: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2624200/>
19. *Rastie priemerná dĺžka života*. In: <http://slovak.ruvr.ru/2010/01/22/3787879.html>, 22.1.2010
20. ROŠTEKOVÁ, M. *Transformácia vzťahov Európskej únie s krajinami Maghrebu, Energetický sektor*, Banská Bystrica, FPVaMV, UMB, 2009.

21. RYCHTAŘÍKOVÁ, L. 2002. Úspěšné starnutí - leitmotiv 21. století. In: *Demografie*, roč. 44, č. 1, ISSN 1801-2914
22. SOKOLOV, D. 2001. *Demography. THE THIRD DEMOGRAPHIC TRANSITION*. In: <http://dlib.eastview.com/browse/doc/3497317>
23. TEREM, P. 2004. « Globalisation and its Environmental Dimension », In Vladimír Baar & Tadeusz Siwek (ed.), *Globalisation and its Geopolitical, Cultural, Economic and Ecological Context*, University of Ostrava, 2004, ISBN 80-7368-022-X.
24. TEREM, P. 2008. « Limited Reserves of Drinking Water and Questions of Environmental Security », In Vladimír Baar & Tadeusz Siwek (Eds.) *Globalisation and Its Impact on Localities*, Ostrava, Ostravská Universita 2008, ISBN 978-80-7368-452-5.
25. TREANOR, P. 2007. ALL 10 MILLION EUROPEANS. In: <http://web.inter.nl.net/users/Paul.Treanor/nohumans.html>, cit. 29.6.2010
26. UNAIDS 2009, November, In: <http://www.avert.org/worldstats.htm>
27. VAŇO, B. 2001. *Populačný vývoj ľudstva*. In: Slovensko 2015, Inštitút pre verejné otázky, Bratislava, p. 35
28. VESELÁ, J. 2003. Pedagogicko-demografický pohľad na aktuálnu otázku preľidnenosti sveta. In: *Scientific papers of the University of Pardubice. Series D Faculty of Economics and Administration*. 8, 2003, ISSN 1211-555X
29. *World Population Prospects: The 2004 Revision*, Population Division of the Department of Economic and Social Affairs of the United Nations, New York 2006
30. *World population to 2300*. Department of Economic and Social Affairs, ST/ESA/SER.A/236, United Nations 2004. In: <http://www.un.org/esa/population/publications/longrange2/WorldPop2300final.pdf>

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