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CHANGES IN THE VILLAGE SOCIAL INFRASTRUCTURE IN THE PROVINCE OF LOWER SILESIA

At the end of the 1980s, a process of economic transformation started in Poland. It included transition from the mandatory division of financial resources to market economy.

The transition was particularly difficult in rural areas, where backward systems of centrally planned economy had dominated. The agricultural sector switched to new planning in 1994 [Hasiński, 1999]. As a result of the changes, the government adopted different attitudes towards problems of villages and agricultural sector. In 2000, the Ministry of Agriculture and Food Industry published its report on economic and social principles for villages, agriculture, and food industry. The Government issued its own *Strategy for Poland*. Both documents described new strategies adopted by the government agencies, and contained the government's policy referring to the agricultural sector. It was based on the principles established by the European Union, and included three interconnected elements: programme for modernisation and structural changes in villages, policy for agricultural development, food, industry and environment, and social policy. The placement of agricultural policy among other forms of political activities, which included rural regional planning, was considered to be logical indeed. Agriculture does not dominate the Polish economy, although 93% of Poland's territory is still agricultural; 38% of the population live in rural areas; agriculture-related work is the third source of income of village dwellers and is listed after hired labour and non-labour income (respectively, 34%, and 35.1%) [Zegar, 2000].

Villages are less and less often associated with agriculture at present and the diversification of work will progress further. It will influence the policy of modernisation and structural changes in villages. In order to solve the problems of multifunctional development in rural areas, citizens must be more active, both as participants of vocational courses and as those who seek advice from different agencies. They have to be able to take better care of their health, and they need an efficient healthcare system.

The perspective of rural development depends, to a great extent, on a better healthcare system which would influence social and economic changes. Both healthcare and educational infrastructures are the basis of proper conditions for creative life in changeable economic conditions.

The social infrastructure includes institutions and mechanisms which provide the basis for education, culture, healthcare, social care, physical fitness, tourism, and recreation. Also, the term itself contains the reference to an organisation of social welfare, protection of natural environment and housing projects. Some scientists exclude personnel policy from the framework of social infrastructure [Kroszel, 1990]. It is, however, difficult to imagine, that institutions have no personnel. Organisations do not function without employees. The majority of analysts, therefore, consider personnel as part of the infrastructure. They assume different points of view, for example, some analysts consider personnel in the context of organisational effectiveness, and other analysts consider personnel in the context of employment conditions or as an element of social infrastructure [Rajkiewicz, 1975]. In our research, we did not consider personnel of educational and healthcare institutions.

Our goal was to analyse organisational changes in the village infrastructure. We considered educational and healthcare facilities, and their equipment. Our analysis included data from the Province of Lower Silesia. The period of time we analysed (from 1989 to 2000), was the period of a big economic and social change. At the end of that period, important reforms were implemented, and they influenced the geographical location of educational and healthcare institutions.

Education

In Poland, primary education is mandatory. Schools in villages and communes integrate local population. The way the schools are equipped influences effects of learning. High standard of learning is conditioned by both the human and material factors.

The 1999 educational reform had three basic goals: 1. Improvement of education in Poland; 2. Democratisation of educational opportunities;

3. Integration of training and developing knowledge, mind, character and physical condition.

33.5% of primary schools in Lower Silesia villages were located in village communes, and 31.1% in town-village communes. There were 542 schools in the rural areas, and that was 52.9% of all the schools in Lower Silesia (Table 1). The figures illustrate the spread of village population. Also, they suggest how big the schools are in different areas.

Table 1. Primary schools and junior high schools in Lower Silesia in 1988 and in 2000

Location	Primary schools				Junior high schools	
	1988 r.		2000 r.			
	Number of schools	Particip. [in%]	Number of schools	Particip. [in%]	Number of schools	Particip. [in%]
Lower Silesia	1,287	100	1,025	100	450	100
Village	769	59.8	542	52.9	142	31.6
City	518	40.2	483	47.1	308	68.4
Schools in village communes	#	#	343	33.5	114	25.3
Schools in town-village including villages towns	#	#	319	31.1	105	23.4
			199	19.4	28	6.3
			120	11.7	77	17.1
Schools in urban communes	#	#	363	35.4	231	51.3

does not apply

Source: our own study, based on GUS statistics of 1988 and 2000.

There were 126 pupils in an average primary school in village communes, and, in general, 119 pupils in rural areas. The figures were 3 times smaller than those for towns (334). More than 50% of schools in village areas were primary schools, but there were only 28.6% Lower Silesian pupils in those schools (Table 2). The number of schools in different communes differed. In the Commune of Długoleka, there were 12 schools, in Kłodzko 11, and there was only one school in other 14 communes.

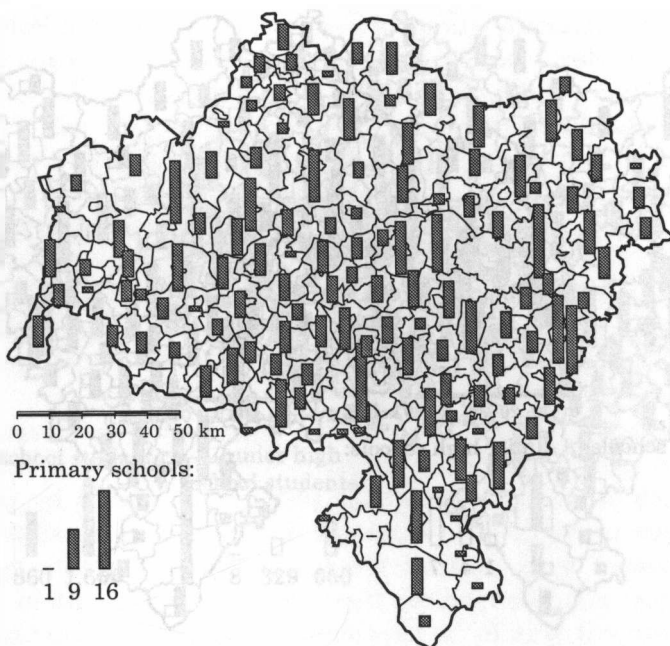
In 1988, there were 1,287 primary schools in Lower Silesia, 768 of which were located in villages [Noyszewska, 1996]. From 1988 to 2000, every fifth school was closed (Map 1, 3). In villages, 30% of schools were closed, in cities, only 7%. Usually, school buildings are still used by educational institutions, and as training facilities. Some schools re-opened as junior high

Table 2. Primary and junior high school students in Lower Silesia in 1988 and 2000

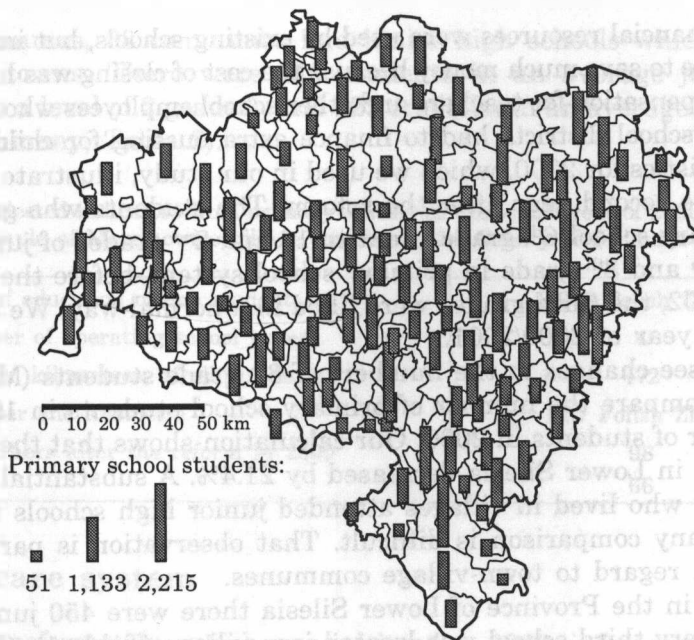
Location	Primary school students						Junior high school students		
	1988			2000					
	No.	[%]	Average No. per school	No.	[%]	Average No. per school	No.	[%]	Average No. per school
Lower Silesia	398,029	100	309	225,843	100	220	87,189	100	194
Village	99,934	25.1	130	64,517	28.6	119	16,700	19.2	117
Town	298,095	74.9	575	161,326	71.4	334	70,489	80.8	229
Schools in village communes	#	#	#	43,414	19.2	126	14,054	16.1	123
Schools in town-village communes				62,666	27.8	196	23,448	26.9	223
Including:									
villages	#	#	#	21,103	9.4	106	2,646	3.0	95
towns				41,563	18.4	346	20,802	23.9	270
Schools in urban communes	#	#	#	119,763	53.0	330	49,687	57.0	215

does not apply

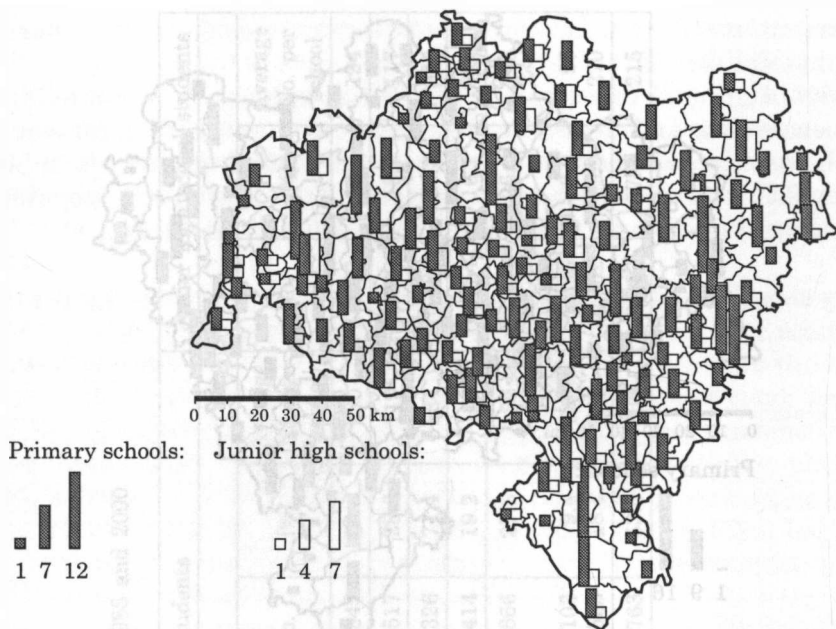
Source: our own study based on GUS statistics of 1988 and 2000.



Map 1. Primary schools in Lower Silesian villages in 1988



Map 2. Primary school pupils in Lower Silesia in 1988



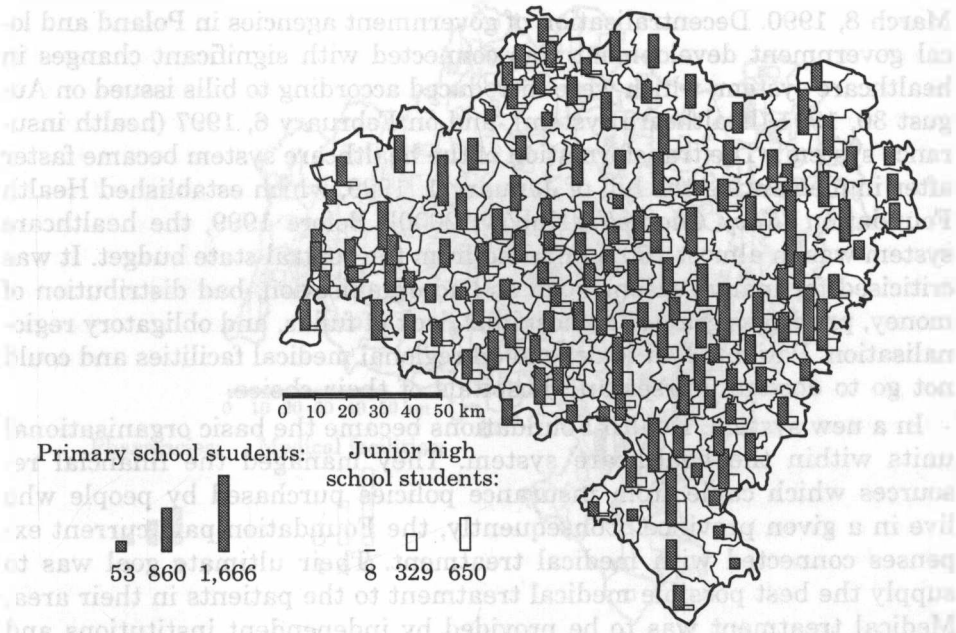
Map 3. Primary and junior high schools in village and town-village communes in Lower Silesia in 2000

schools. Financial resources were used by existing schools, but institutions were unable to save much money because the cost of closing was high (it included compensation for teachers and other school employees who lost their jobs). Also, school districts had to finance extra bussing for children.

The statistics for 2000, which we used in our study, illustrate the situation in the second year after the reform. The students who graduated from primary school 6th grade, went to 1st and 2nd grades of junior high schools (7th and 8th grade in primary school system, before the reform). In 2001/2002, the third grades were filled in a normal way. We analysed the school year of 2000/2001.

We can see changes in the numbers of 8th grade students (Map 2, 4), when we compare the number of primary school students in 1988 with the number of students in 2000. Our calculation shows that the number of students in Lower Silesia decreased by 21.4%. A substantial number of students who lived in villages attended junior high schools in cities, therefore, any comparison is difficult. That observation is particularly accurate in regard to town-village communes.

In 2000, in the Province of Lower Silesia there were 450 junior high schools. Every third school was located in a village (Table 1). Of 79 vil-



Map 4. Students in primary and junior high schools in village and town-village communes in Lower Silesia in 2000

lage communes, 33 communes had junior high schools which were located in towns. There were 117 students in an average junior high school (on a level of 2 grades), and 229 students in an average city school (twice as many, Table 2).

Table 3. Selected indicators from primary schools in the school year of 2000/2001, based on the example of Marcinowice village commune, the County of Świdnica

The cost of education of one student	3.948 Polish Zlotys
The number of operating school buses	4
Distance, in kilometres, of all bus lines	472
The cost per one kilometre	1.87 Polish Zlotys
No. of teachers after the reform in 2000	98
in 2001	66

Healthcare system

The transformation, which was initiated in 1989, influenced the healthcare system in Poland. It was based on a decree which was issued on

March 8, 1990. Decentralisation of government agencies in Poland and local government development was connected with significant changes in healthcare system, which were introduced according to bills issued on August 30, 1991 (healthcare system), and on February 6, 1997 (health insurance system). The transformation of the healthcare system became faster after implementing the bill of January 1, 1999, which established Health Foundation (*Kasy Chorych*) [Kubów, 2000]. Before 1999, the healthcare system was in almost 100% financed from the central state budget. It was criticised for many reasons such as bad organisation, bad distribution of money, privileges granted to hospitals, lack of funds, and obligatory regionalisation. Patients had to depend on regional medical facilities and could not go to doctors, nurses and hospitals of their choice.

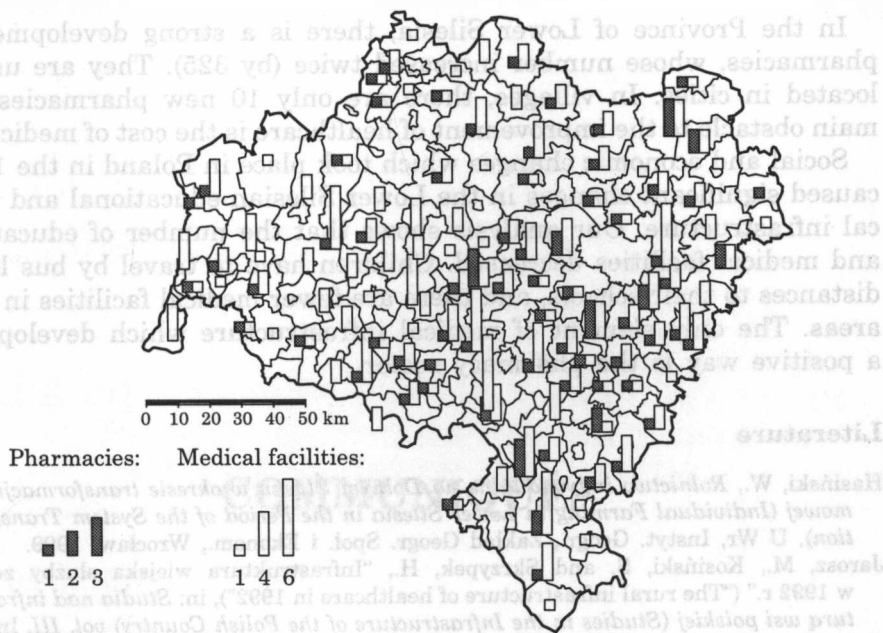
In a new system, Health Foundations became the basic organisational units within the healthcare system. They managed the financial resources which came from insurance policies purchased by people who live in a given province. Consequently, the Foundation paid current expenses connected with medical treatment. Their ultimate goal was to supply the best possible medical treatment to the patients in their area. Medical treatment was to be provided by independent institutions and professionals (doctors, nurses). Medical facilities which were usually owned by regional governments as hospitals, specialising in certain treatment, are usually owned by government administrative units.

In rural areas, there are medical centres, clinics and pharmacies which belong to healthcare infrastructure [Jarosz, Kosiński and Skrzypek, 1996]. As a result of the reform, the number of medical centres significantly decreased in rural areas, but there was a small increase in the number of pharmacies. From 1988 to 2000, the number of medical centres and clinics decreased from 868 to 584. The decrease was proportional both in villages and in cities, therefore, the percentage participation was basically the same. As the result of changes, however, the availability of healthcare worsened in villages (Table 4, Maps 5, 6).

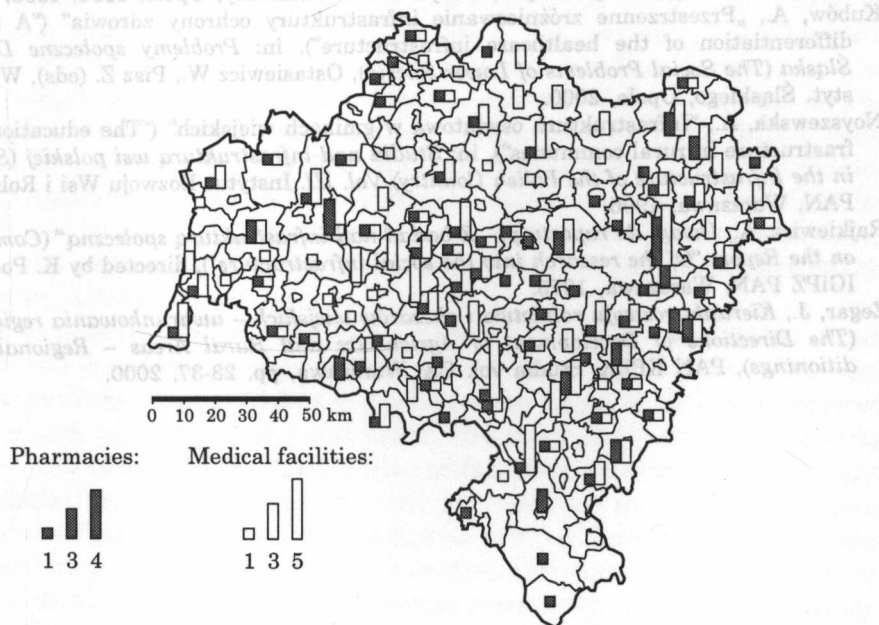
Table 4. Healthcare infrastructure in Lower Silesia from 1988 to 2000

	Medical centres and clinics				Pharmacies			
	1988		2000		1988		2000	
	No.	[%]	No.	[%]	No.	[%]	No.	[%]
Total	868	100	584	100	360	100	685	100
Villages	227	26.1	168	28.8	86	23.9	96	14.0
Cities	641	73.9	416	71.2	274	76.1	589	86.0

Source: our own study, based on GUS data of 1989 and 2000.



Map 5. Medical facilities and pharmacies in village communes in 1988



Map 6. Medical facilities and pharmacies in village, and town-village communes in Lower Silesia in 2000

In the Province of Lower Silesia, there is a strong development of pharmacies, whose number increased twice (by 325). They are usually located in cities. In villages, there are only 10 new pharmacies. The main obstacle to the improvement of healthcare is the cost of medicines.

Social and economic changes which took place in Poland in the 1990's caused significant changes in the Lower Silesian educational and medical infrastructure. Our analysis shows that the number of educational and medical facilities decreased. Children have to travel by bus longer distances to their schools, and there are fewer medical facilities in rural areas. The only element of medical infrastructure which developed in a positive way is the pharmacy sector.

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