

Marginalized elders in Nyíregyháza, Hungary

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Marginalized elders in Hungary

1. Introduction. Size and growth of the population

The elderly population in our country is constantly growing. The proportion of 60 years and older in 1930 was only 9.8 per cent in 1960, 13.8 percent, 19.0 percent in 1990. The current fertility and mortality in 2020 is expected to reach around 25.0 per cent and in 2050 to around 31.0 percent.

One of the causes of the growth of the elderly population is that the mortality improvement in the average life expectancy at birth \rightarrow becomes longer. The people tend to think that this is the only due to aging. In fact, this is a less important reason. The effect of aging is now also reduced, because the mortality rate among men.

The other reason is more important: the elderly population increases because of the low birth rate. As a result there is a smaller proportion of young people due to the increasing proportion of older people. The relationship between the low birth rate and aging needs to be paid attention since this threatens the pension system.

Situation in Hungary

In Hungary every 5th person is over 60, their rate has reached the 20% which means 2 million inhabitants. The number of the elderly people on each 100 children that is the “aging index” is the highest in Pest county, about 145 and it changes from 90 to 145 in every county or region. Generally speaking the aging index of the Hungarian population is between 108 and 110. In the majority of the EU countries this index is worse so Hungary does not belong to the oldest age distribution countries. At the same time it can be emphasized that the Hungarian population is getting older and at the same time reduces in number, the reproduction rate is about 3,2 - 3,5 per thousand. Like in other developed countries in Hungary the “feminization” can be observed that means that at older age more men die than women. The life expectancy shows a great difference between the sexes: in case of men it is 66 and in case of women it is 75. Within the EU countries in the Scandinavian countries these data are the highest: in case of men it is 78-79 and for women it is 79-81. Even in the southern countries the same situation can be found where the life expectancy is almost the same for both sexes. At present Japan has the highest life expectancy, it is 82-82,5 for both sexes.

Our older population can be characterized by heterogeneity: path of life, place of living, family relations, financial situations, health state, activity, and of course education level and creativity are very diversified. Their rates are differ at the different settlements. Within the population the rate of the elderly is higher than the average at the capitol and in bigger towns, almost 25%. Regarding the rates of the sexes in case of the elderly for 1000 men the following number of women can be found: in case of 60-64 years old it is 1295, above the 85 years old it reaches the 2372. The reduction of the population since 1981 has two reasons: 1. The women’s fertility does not reach the productivity level. 2. The mortality circumstances have become worse.

Summarizing the demographical features the followings can be highlighted:

(1) Aging and lessening population, (2) decreasing families, (3) the increasing number of the divorces, (4) reducing number of children, (5) increasing number of women's rate, (6) increasing number of men's mortality, (7) increasing number of women's chronic illnesses, (8) increasing need, (9) increasing regional differences and (10) increasing chance dispersion regarding health and quality of life.

Because of the above mentioned reasons the elderly people of the present age have less children and less grandchildren and they have less siblings and cousins and the family support system have less members and due to the geographical mobility the few members of the family may also scatter geographically and at last but not at least the informal and sensational support reduces and financial support cannot replace it.

The death risk due to chronic, not infectious illnesses is the following: 1. way of living: 40%, 2. environment harm: 15-20%, 3. genetic harm: 20-25%, 4. defectiveness of health services: 15%.

The distribution based on the family situation of the elderly generation is much different from the distribution of the population. The biggest difference can be found within the marriage and the single rates. Only a small fraction of the generation in question lived their life without marriage. At the time of the 1990. census from the elderly men only 3% were unmarried and only 5% of the women had the same state. Till 2001 this rate almost completely equalized at present from 1000 elderly men 40 can be found that have never got married and only 39 women from 1000 have never got married. Three-quarters of the men above 60 are still married, 15% are widowed and 6% are divorced. Among the women – in connection with the higher mortality of men – these number of married is lower (36%) but the number of the widowed is higher (52%). The number of the divorced is a bit higher, it is 8%. One fifth of the elderly educated people have secondary school leaving exam. From the data collected from the different age groups it can be seen that differences between the generations slowly disappear: in the case of the elderly generation the advantage of the men is almost double while in the younger generations the rates are close to each other. From the 60–64 years old 32% of the men and 27% of the women have secondary school leaving exam. The number of the people with higher qualification is little smaller than in the case of the whole generation. The data of the different age groups sign that the tendency that higher number of men have higher education qualification that women slows down.

Marital state, household, social services

According to the 2001 census the majority of the population, 9 million 945 thousand people lived in households. The number of the institutional households was 249 thousand. From the 2 million 82 thousand people who were above 60 only 44 thousand (2% of the generation) received some kind of institutional support.

Economical activity

The majority of the economical not active population are the retired and other supported people (more than 1, 8 million). The significant rate of the inactive people receive pension. The number of the disabled is also high, generally speaking it can be said that one fifth of the population can be treated as inactive.

Stratification of the society of the elderly people

When we examine how the society of elderly people is layered we can follow two methods. The more traditional one is based on the previous profession and rank the retired people into different inactive social groups. The other point of view says that this differentiation cannot be explained by exclusively by work labor features. This view came into being in Hungary at the beginning of the 80s, based on a research called Stratification model. It said that beside the previous work other segments (cultural, income, property, social relations and health) should also be counted and set up different social groups based on analyses of the above mentioned features.

Summary

The social status of the people above 60 depends on their last position before retirement: the better it was the higher the social status is. Being a businessperson does not affect the current situation significantly but it should be emphasized that those who were in a managing sphere had a significantly better status than those who were employees. After the position before retirement the second most important factor is the urbanization factor of the place of living – this can be counted by the number of the inhabitants. The relation is positive in that case as well: those who live in bigger settlements have a higher position in the social rank. The social status of the elderly people also depends on the economical activity of their household: in those households where at least one person (for example a spouse or child) is somehow connected to the labor market have better position than the inactive households. It can also be said that the status of the disability pensioners significantly worse than the traditional retired.

From the demographical features only the age has statistically important affect on the social status: as it could be seen earlier the life conditions of the elderly were much worse than the young population. Taking into consideration the other factors the fact that somebody lives alone or not does not affect the social status.

To sum it up, we can say that present life conditions of the elderly people above 60 mostly depends on their previous work an at least on their demographical features.

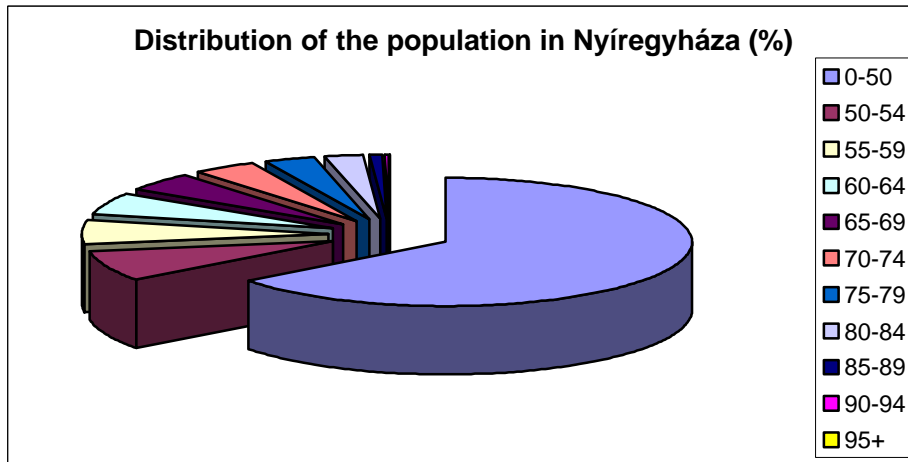
Regarding the mental conditions the differences of social-consuming groups are significant. Almost the half of the upper classes feel themselves very well and only 6% said that their mental health is very bad. The same rates can be found among the middle classes. In the case of the lower classes one fifth have very good and very bad mental state. Among the poor classes there are more people who suffer from any kind of mental illness. Almost 40% have mental illnesses and only one tenth can be treated as healthy from this point of view.

The employment rate of the elderly generation - compare to the EU level – is very low in Hungary. After the economical and political changes of the 90s – since there were not enough work – lots of people became disability pensioners, unemployed or inactive in some way. We can say that life conditions of that group are much worse than the traditional retired people; the number of poor is significantly higher. Based on their housing conditions, consuming ability, cultural activity from the people of above 60 only one fifth belong to the upper or middle classes. The highest number is the (with 46%) the average citizens and based on their

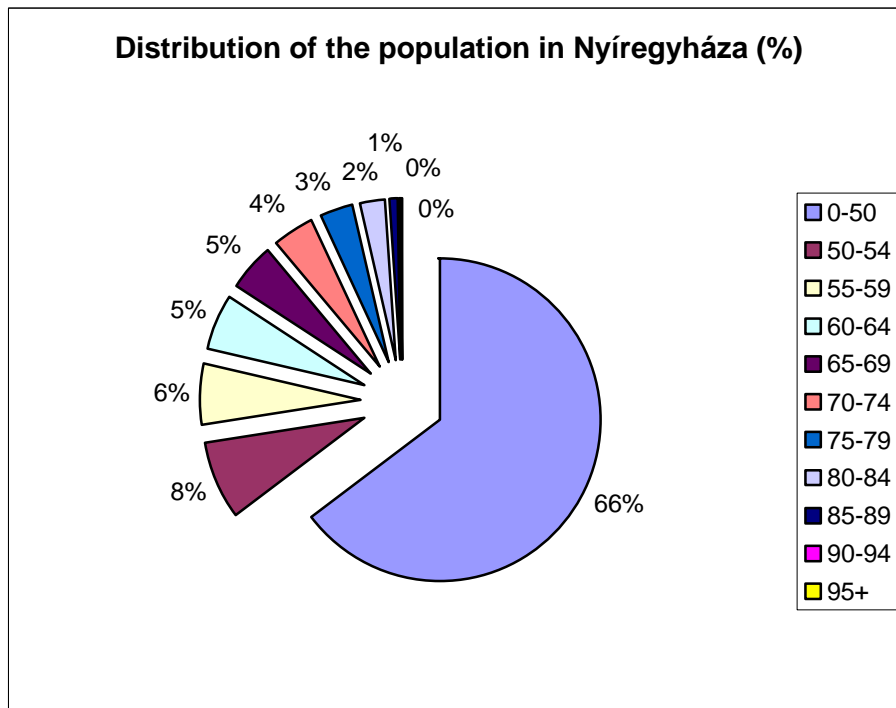
housing conditions they can be separated: good and bad housing conditions. Among the elderly more than 30% can be treated as poor and from that 10% live under very bad housing and financial conditions.

The health state also strongly affects the social status of the elderly people. Among the upper and middle class elderly the number of the lasting ill and disabled people is significantly lower than among the elderly. Regarding the mental health state the differences are more noticeable: among the a lower classes 40% suffer from some kind of mental illness while in the case of the upper classes only one tenth have this problem.

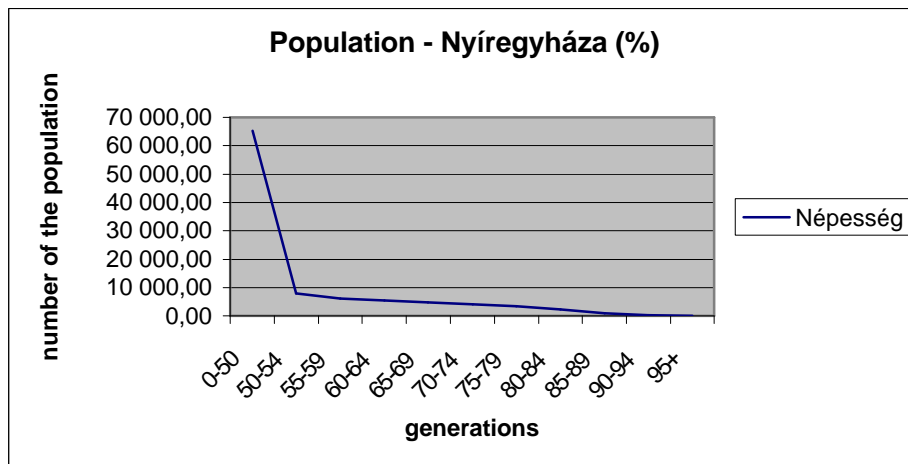
Regional distribution



Distribution of the population in Nyíregyháza (2010)



Distribution of the population in Nyíregyháza (2010)



Population - Nyíregyháza(%)

Regional distribution, housing

The old age by type of settlement is only slightly different from the population of the whole nation. The proportion of older people in Budapest and in the villages are higher than the national average, while the population of towns is rather composed by the younger age. This may be related to the fact that the youth study and find jobs easier in the cities, they settle down and start a family there while the elderly parents live in the villages of their stay.

1.1. Gender, age and marital status

The sex rate and age distribution

The data of the 2001. census show that the 2/5 (38.7%) of 60 years of age and older men and 3/5 (61.3%) are women. The 16.6% of the men and 23.9% of the women (20.4% of the total population) were mature. The gender rate indicator - the number of women per 1000 men - which is 1102 in the case of the whole population – under 15 is 954, between the 15-59 year-olds is 1020, aged 60 and older is 1587. The significant increase in the surplus in the case of the elderly - and only the elderly – developed in the last century. The gender composition of the population moved to the majority of women slowly, with smaller and higher declines.

Marital status

The marital status distribution of the older generations is different from the total population. This is partly due to the fact that within the 60 and older age group only few people can be found who have never been married (the rate of 4% of unmarried men and 3.9% of unmarried women). Thus, 75% of the state of the 60-year old men and was married in 2001, 15% were widowed, and only 6% were divorced. The total population compared to the elderly deviation can be seen because of the very bad mortality of the men. Within women the proportion of unmarried marital status is much lower than in the case of men (only 36%), while 52% widowed which is very high. This number of the widowed increases rapidly, at the age of 80 and older 4/5 of the women are widowed.

2. Health state of the elderly generation

2.1. Life expectancy

Since 1965 life expectancy reduced, average life expectancy was shortened by nearly three years (in 1994 it was 64,8 years), female mortality improvement was stopped (in case of some adult age groups it deteriorated) and at birth, average life expectancy in the last years of high remains about the same level (74,7 years in 1994).

2.2. An aging population - demographic perspectives

The aging population is associated with social and demographic problems in the past decades have become the center of interest around the world. According the United Nations' World's "Aging population - 1950 to 2050" published in 2000 36-37 % of the population are the people above 60. This should effect the economic development, labor markets and the generational transfers. In addition, other social impacts should be taken into account, like family composition, the coexistence of forms, health care, and public life and political behavior (eg, elections, evolution) because they will not left untouched. It can be said that, in the older age groups, the number and proportion of long-term growth directly affects the co-generation, which is the basis of the functioning of the society.

The general characteristic of the aging process in Europe is also common in Hungary. In the recent years within the about 10 million population the 14 years old and younger age groups are continuously reducing and the proportion of older working age is increasing but the rate of the 60 years or older are increasing in even higher quantities. These rates are resulting from the number of births and deaths, the role of external migration - at least until now - in Hungary was not important. Looking back fifty years the youngest and oldest age groups shifted significantly, the aging index (the relative proportion of the 65 years and older and the 14-year-old youths) has increased greatly.

While the aging population and the deterioration of the age structure have negative social effects, the phenomenon of longer life is very positive. This is especially true for those countries - which include, unfortunately, Hungary - where the average life expectancy at birth is low, overall, slightly more than 70 years and it is below 70 years for men. In Hungary, those men who have their 60th birthday can expect only slightly more than 15 years, meanwhile the similar aged women may expect about 20 more years, and this very bad mortality has only modestly increased in the last twenty years (for men and 0.71, the women, 1.72 years). However, over the last twenty years, since 1980, about 600 thousand people were added to the number of people aged 60 and older. Social solidarity requires that the younger generation give a special care to those people who are now one fifth of the total population.

3. Health state

A subjective assessment of health status

The question often arises as to what extent a realistic picture can be of what people themselves think about their health. Today, the medical profession and the research have also recognized that "self-reports" are the most complete information for the population's health characteristics. The question, for example, that "do you have a health problem, illness that

make obstacles in the activities of daily routine" – is also about those who do not visit health care institutions, but they often suffer from various health problems. On the other hand, it is not uncommon for someone that by regular supervision of doctors and taking medicines a well-maintained chronic illness let him/her do the every day activities. According to the survey of The Population Research Institute in 2002, the above question was asked of 18-75 year old men and women in the national sample. About one-third of all respondents reported that their health problems made the everyday activities difficult. This complaint is more frequent among older people.

In Hungary, the turning point is the 50 and 60 years of age: from the age of 60 they already are in the majority, who have difficulties in performing the everyday activities due to health problems. If we take a look at the answers of the "oldest" age group the difference is remarkable between men and women: 42% of the men and only 28% of the women feel themselves right and in good condition. One reason can be that the elderly women who are over 70 significantly live alone in a one-person household, so that daily activities (supplying themselves and the household) mean lots of load meanwhile it is easier for the men who live with their wife and younger family members. It is understandable therefore elderly women have more problems than men of similar age. Taking medicines regularly are consistent with what has been said: 50 years of age in both men and women are the majority among those who take medicines regularly.

Whether there are or there are no health problems of elderly people, after a certain age the limitations due to the "biological aging" should be considered. It is an important issue for their family and relatives how older people, at the age of 70-75 can look after themselves. According to the CSO (Central Statistical Office) earlier (in 1999) in this age group more than 65% had difficulties with lifting 10-12 kg, or squat, kneel, among the aged 80 and over the vast majority found it difficult to climb 10 steps or walk 2 kms. For the oldest age group only 30-50% had no difficulty in the self-bathing, showering, washing and dressing up. There are many problems associated with this age group for activities outside the home, for example shopping or managing daily affairs which can be contributed to visual problems as well: for example recognition of friends across the road. For the most of the people over the age of 80 these are problematic.

4. Illnesses

Illnesses at old age, disabilities

The elderly often need medical treatment, commonly sent to a specialist (outpatient clinics, hospitals, ambulances) and they are more often treated in hospital. According to figures of 2001 data in case of 100 people per year of hospital admissions was 22.0, but the proportion of 65-74 year olds was 37.0 and for the 75-year-olds and older people are 50.2. One-third of the patients who were treated in hospitals were elderly people. In hospitals and clinics in some departments (eg, cardiology, surgery, gynecology, ear, nose and throat, ophthalmology etc) the 20% of the patients are 65 and older. This generation turn to a specialist two to three times a year. The health status of elderly people is determined by especially the heart and vascular diseases, after the age of 65 after a majority of older people affected by these diseases. Among these the high blood pressure is the leading: doctors have reported that 50.1% of the men over 65 years and 52% of the women suffer from this disease. Other significant diseases are circulatory diseases, diabetes and the eye and its appendages disorders.

Injuries, poisoning and certain other consequences of external causes. The elderly often suffer from an accident. In 2001, 10.8% of the 65 year old men and 12.5% of the women of similar were concerned. By the age increase the rate of injury also increases. Injuries are more common among women, the cause of osteoporosis is due to the high number of fractures. Unfortunately the health care reports, summaries based on reports, statistics, are not suitable for determining the accumulation of various diseases. Experimental data can only be that "the problem is often not alone", meaning that a person over a certain age suffer from two or three diseases. Finally it is worth reviewing the different proportions of older people living with disabilities. The majority of disabled people are from the age group 60 and above.

5. Way of life. The elderly way of life, everyday activity

The older (60-75 years) age groups and lifestyles of the elderly people can be approached from different perspectives.

Among these, the first question is almost self-evident that after the economically active life how and what activities can fill the amount of time. Perhaps even more important area for the search term that people are freed from work can find regular, almost daily repetitive tasks and commitments which can offer a kind of rhythm every day, keep them active and can make them feel useful. Finally, the way of life can be characterized from the standpoint of how older people are able to satisfy such needs and desires that make the days meaningful and recharging.

Main activities done every day

What kind of activities fill the 24hour? This can be answered by "Time-scale tests". The time-based observations give information about the activities of the men and women between the age of 15-74.

Regular, almost daily activities

The men and women and different age groups have significant differences in the regular activities. Domestic work is among the elderly is typically "female" activity meanwhile the household work, repair, maintenance are "masculine" tasks. Women are more active in their grandchildren supervision, patient care, or care in someone else's, while men like dealing with public affairs. As time goes by in the case of both sexes and almost all of the tasks are reducing. Interesting data that mostly in the case of women they have less task because the grandparents are not able to help in the household and at the same time the grandchildren grow up and less help is required. The same is true for nursing: the families are not likely to entrust their relatives who are over 70 with this kind activity.

The main features of well-being in old age

Neither for the families nor for the society can be indifferent how the "third age" is spent. Turning inward, solitary, among worries, pessimistic can be one way but they can also blend into the society as a whole. The most important component of well-being is the circumstances

of living. At the time of the survey, in 2002 about 43% of the 60-75 year-olds, felt their living conditions have deteriorated since 1990. (It was 32% among the 18-59 year-olds.)

The older is the 60-75 year age group the higher is the proportion of those who "often feel lonely": it is 23.7% at the age of 60-64 years and 26.7% at the age of 65-69 and it is 36.0% at the age of 70-75. This depressing feeling even is more likely at the age of 75 and above. Their well-being is also affected by how healthy they feel themselves. Whose health problems impend their daily activities are less satisfied with the progress of their lives, and what is the saddest, more often suffer from loneliness as well. The old have rather pessimistic picture of the future.

6. Using health services

In the elderly households about 10% of total expenditure was spent on health and personal care expenditures in 2002. A significant proportion (57-62%) is the medicine costs. In 11% of elderly households there is a dependent person and 63% of them take medicines regularly.

7. Housing conditions

Housing conditions of the elderly and durable consumer goods supply

The old age group spend more time in the house, move less, so for their the quality of life it does matter what size is their home, and its comfort and facilities. It is also known that this generation is no longer in the "accumulation" phase, but indeed their home itself is their largest capital formation, and the conditions are more or less considered definitive. Of older people is rarely change their places of residence. In the capital city, Budapest, 85% of the elderly households are owners of their home as in the capital of several of the elderly rent a home or live in a flat as a relative while in villages, almost 98% are owner of the home.

The supplement of the households with durable goods took many years to develop, so do not depend solely on the current income. The level of supplement of course, is also affected by the demand. The refrigerator, washing machine and color TV can be found everywhere. The difference between younger and older households is that the younger prefer a more modern equipment and the elderly prefer for example traditional washing machines especially in smaller towns and villages. Even more noticeable is the using of microwave oven and - understandably – the usage of the personal computer.

Living conditions

60% of the older people live in blocks of flats, of which 50% are on the 2nd floor or above, so for them it can be difficult to access to the flat. According to the elderly 43% of them live under poor condition (the majority live in blocks of flats), so their living condition is medium or worse. We note that in the blocks of flats there is elevator which may help.

In Hungary, more and more public offices and buildings can be reached by disabled people in order to help trouble-free administration. In Nyíregyháza the obstacle-free public buildings rate is 36%.

8. Material resources and poverty

The income situation of elderly people and their living standards cause many problems. In the public opinion it is mostly simplified that the elderly and the pensioners are poor. However,

the retired families had an average income in 1982, did not remain significantly behind the national average, even it was than the unskilled, semi-skilled workers, agricultural workers and office workers. This is a consequence of that since 1962 the income of pensioner households has been approaching the national average.

The incomes of the elderly

The statistical data and the professional literature show that under the communist regime, before one or two decades before the changing of the regime, in the 1970s and 1980s becoming pensioner meant to be poor as well. After the 90s this situation changed a little. Till 2000s the number of the pensioners who belonged to the poorest class group reduced significantly. But this “improvement” is very relative. In case of the whole society the tendency was that the living conditions became worse but the living conditions of the elderly did not change as seriously as the rest of the society. At that time the unemployment rate was very high meanwhile the pensioners had a regular income. If we take a closer look on the 2002 data we can see that the average income of the elderly per person was 2% higher than the average income.

9. The elderly economical activities and employment

The number of the active population at the first half of the 90s reduced with 1.500 000 and the unemployment rate was high. The changing appeared in all classes but the among the people over 50 a great reduction could be observed.

During the 2001 census – in comparison with the 1996 census – the number of the active population rose a little (to 4,1 million). Within this the employment number rose (to about 3,7 million), and the number of the unemployment reduced.

At the people over 60 and above the reduction of the economical activity can be observed though among the 65–69 years old moreover in the case of the people above 70 some employment and economical activity can be seen. But in generally speaking it can be observed that those people who become retired virtually disappear from the labor market. The reason can be the elderly people (not only the pensioners but those who are close the retirement age) are not needed by the employee. Based on the 2002 research done by the CSO the active people who are around 46 would like to retire because as retired they have a bigger chance to find a job. But these expectations did not come true.

10. Relations

10.1 Personal relations

In the life of the elderly people's lives the fundamental problem is the loneliness. After retiring and the reduction of the mobility the relations with colleagues and friends become loose, and the contact with relatives living further away become weaker. Even more problematic for older people if the wife/husband dies and is left alone in the home. The proportion of people living alone increases with age, and especially common among older women. The elderly women are often lonely due to demographic reasons: the women live longer for about 9 years than men, and her husband usually a few years older than she, so the widowed divorced men may find easier for themselves a new spouse than the widowed and divorced in women. It may also be a problem that older women have generally lower pensions than men, so that the widowhood means that the income is reduced.

10. 2. Family relations

Older people have severe problems including deterioration. The physical health decline is parallel with the increased mental health problems.

These symptoms are demonstrably more common in the elderly population than in the average population.

The surveys examining relationships between children and elderly people have shown that adult children undertake great efforts in order to financially support elderly parents, care for them and maintain close personal relationships, even if they live far away from them. Older people can find themselves in a very serious situation when there is no living children, or if their children do not live in Hungary.

11. National Strategy for the elderly

In Hungary, the National Strategy accepted in 2009 is to address the development of the situation of the elderly.

One aim of this strategy is to ask the population under 30 to take more significant part in the improvement of the elderly life so the judgment of the elderly can be improved as well.

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