

AGEING

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MAJOR FINDINGS

- Demographic ageing is basically determined by two processes, in a way independent from each other, namely by mortality and fertility.
- It is the extremely low fertility of our times that plays a decisive role in the ageing processes of the recent past, i.e., in the negative trends in the age structure.
- Today, every sixth Hungarian person is above 65.
- In international comparison, the Hungarian society does not belong to the oldest societies of the continent, which goes back basically to the unfavourable mortality rates among the middle-aged and the elderly.
- In the past two decades, the life expectancy of old people improved considerably. Between 1990 and 2010, male life expectancy at 65 grew from 12 years to 13.8, and female life expectancy at 65 grew from 15.3 to 17.6 years. The present level of old age life expectancy is, however, far behind the Western European and East Central European levels. In the processes of the recent years there is no indication of a closing up.
- The proportion of old people within the population is the lowest in the northeastern and southwestern parts of the country, as well as in the agglomeration and suburban zones of Budapest and in their adjacent areas.
- Old age is generally considered to begin earlier in the case of women (60.8 years) than in the case of men (63.1 years). The opinion of individuals and social groups can greatly differ as to the beginning of old age. Some people consider themselves old already in their early 60s, while others feel middle-aged even in their late 60s. One third of the age group 65–69 do not feel themselves old.
- Today, old people usually no longer live together with their children and grandchildren in multigenerational families. The older they grow, the more frequently they live alone widowed, in one-person households. It is a slowly spreading phenomenon of late old age that parents and children move in together. According to our estimates, one fifth of old people live together with their children (once again) when they turn eighty.
- The old generation is often together with their children. More than half of parents who do not live with their children have daily personal contact with them, and it is only 15 per cent of old parents who meet their children very rarely, i.e., once a month or even less frequently.
- Being alone is characteristic of old age but in Hungary hardly more than 10 per cent of persons above 65 feel lonely often or permanently.
- Although the situation of old people is considered unfavourable in Hungary as compared to other age groups, their relative drawback is still among the smallest in Europe.

THE DEMOGRAPHIC AGEING OF THE SOCIETY

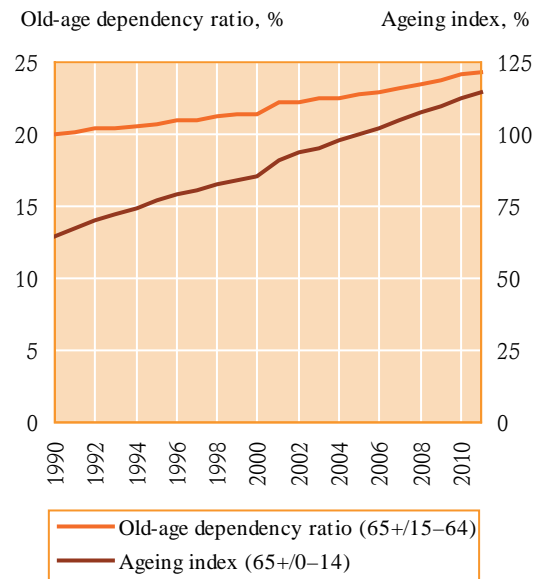
Ageing is a pervasive phenomenon around the world. From demographic point of view, the composition of a society by age is determined by the changes in fertility and mortality, and by the balance of international migration. Fertility influences the size of younger age groups, mortality affects that of the older ones, while the impact of migration is more diffuse but influences mostly the middle-aged generations in a direct way. Due to the lasting decrease of fertility and the steady growth of life expectancy at birth, the age structure of the European societies has changed a lot in the past decades. The most important feature and consequence of this process is the ageing of the population, i.e., the growing rate of the older generations.

There are several indicators to measure ageing as a societal phenomenon. The most general one is the rate of persons aged 65 and over within the population. On the basis of this index the number of old persons in Hungary rose by 300,000 persons between 1990 and 2011 (from 1.37 million to 1.67 million), as a consequence of which the rate of the old was by 3.5 percentage points higher in 2011 than in 1990. The rate of the old age group within the population was 13.2 per cent in 1990, 14.6 per cent in 2001, and 16.7 per cent in 2011. The growth became especially considerable in the past decade.

The old-age dependency ratio and the ageing index are further often used indicators. The former shows the ratio of the age group 65+ as compared to the age group 15–64, while the latter determines the size of the former as compared to that of the age group 0–14. The old-age dependency ratio indicates mostly the actual situation as regards ageing, while the ageing index refers more to the future. Time series for both indices show a monotonous

growth in the given period. The old-age dependency ratio was 20 per cent in 1990, 21.4 per cent in 2000, and 24.4 per cent in 2011, the yearly growth being 0.2 per cent. During this period the yearly growth of the ageing index was around 2.4 per cent. In 1990 it amounted to 64.5 per cent, i.e., approximately 6 old persons fell to 10 children. As a contrast, today over 11 old persons fall to 10 children. Due to the extreme decrease in fertility, the ageing index had grown to 85.5 per cent already by the turn of the millennium, and a few years later in 2005, the proportion of the young and old age groups became balanced. According to the data of the past year, the rate of old persons exceeds that of the juveniles by 10 per cent, their rate being 114.7 per cent (Fig. 1).

Fig. 1. Ageing index and old-age dependency ratio, 1990–2011



Source: KSH (HCSO) vital statistics (Demográfiai táblázó), authors' calculations.

As a consequence of the ageing of the population and the improving life expectancy

of older generations, it became necessary to subdivide the age group 65+. Three age groups are generally distinguished, namely that of the young elderly aged 65–75, that of the older elderly aged 75–85, and that of the oldest elderly aged 85+.

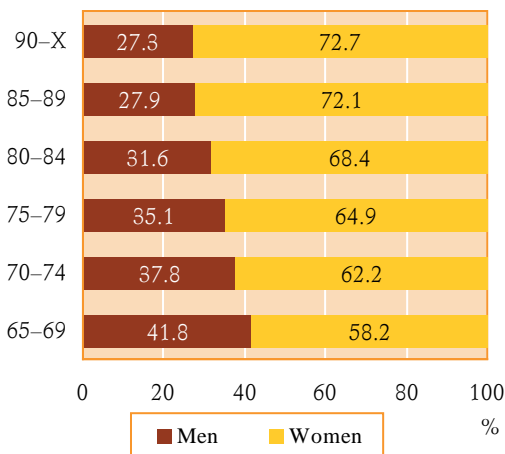
Table 1. Population number in different old age groups in 1990, 2001, and 2011

Age groups	1990	2001	2011
65–75	797,450	899,645	930,540
75–85	489,013	448,338	570,836
85+	87,459	119,832	169,759
Total	1,373,922	1,467,815	1,671,135

Source: KSH (HCSO) vital statistics (Demográfiai táblázó), authors' calculations.

Between 1990 and 2011 the size of all the three grew considerably. That of the highest age group nearly doubled, while that of the other two grew by 16 per cent each (Table 1).

Fig. 2. Distribution of old generations by sex, January 1, 2011



Source: KSH (HCSO) vital statistics (Demográfiai táblázó), authors' calculations.

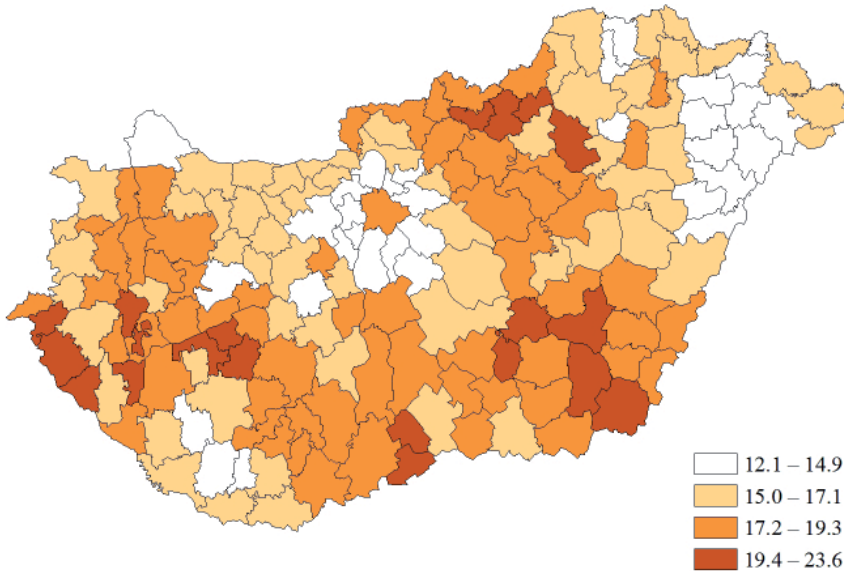
The rate of women within the old generations is higher due to their better chances for longevity, and the differences are getting ever more marked in higher age groups. In 2011, about three women fell to two men in the age group 65–69, while in the age group 85+ the rate of women to men was already 4 to 1 (Fig. 2).

REGIONAL DIFFERENCES IN HUNGARY

The regional distribution of old age groups (65+) divides the country into three regions with younger age structure, and some areas where the rate of the elderly is higher. Our map tries to illustrate this distinct spatial structure. The rate of the older age groups is low in the northeastern and southwestern parts of the country, and in the agglomeration zones surrounding Budapest. In these regions, fertility is higher but life expectancy is not necessarily higher than elsewhere. Whereas in regions around the capital life expectancy at birth is high, in Northeastern and Southwestern Hungary it is the lowest in the country.

Similarly to macro-data, regional ones also support the fact that fertility has the highest impact on the age structure. It has to be noted here that the capital with its 18.6 per cent is around the middle in the rank of subregions. So Budapest does not belong to the most ageing regions of the country as expected (Fig. 3).

Fig 3. The rate of persons 65+ within the population, 2011



Source: KSH (HCSO) vital statistics (Demográfiai táblázó), authors' calculations.

INTERNATIONAL COMPARISON

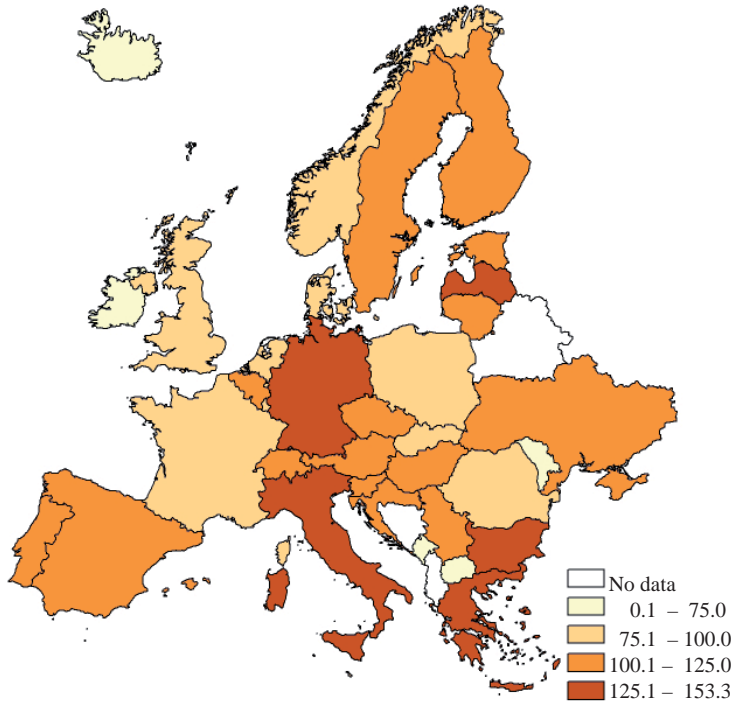
In Hungary, the rate of the old population (65 and over) is lower than the EU average. In 2010 the respective rate of the EU27 was 17.4 per cent, whereas that of Hungary was 16.6 per cent. The rate of the old population was higher than the EU average in Germany (20.7 per cent), in Italy (20.2 per cent), in Greece (18.9 per cent), and in Sweden (18.1 per cent).

With view to the median age Hungary does not belong to the oldest societies of the EU. In 2010 this figure was 39.8 years in Hungary, while the EU average was 40.9. The values for Germany (44.2), Italy (43.1), Austria and Greece (41.7) are the highest in the EU (Demography Report 2010).

As a contrast, the ageing index showing the rate of the youngest and the oldest

generations is already more unfavourable as compared to the EU average (111.3 per cent) due to the extremely low fertility in Hungary. We were in group last but one as regards the most unfavourable rates among age groups in the EU. The Hungarian figure (112.6 per cent) was, at the same time, similar to that of several countries in the region. It was, in fact, identical with that of Croatia, Serbia, and the Ukraine, and did not differ much from that of Austria, either. In the East Central European region the Slovak (80%) and the Polish value (89.3%) lagged much behind the former ones. All this reinforces what can be inferred from the map, namely that countries on highly different economic levels can produce very similar age composition, which goes back to various demographic processes (Fig. 4).

Fig 4. *The ageing index in Europe, 2010*



Source: Eurostat, authors' calculations.

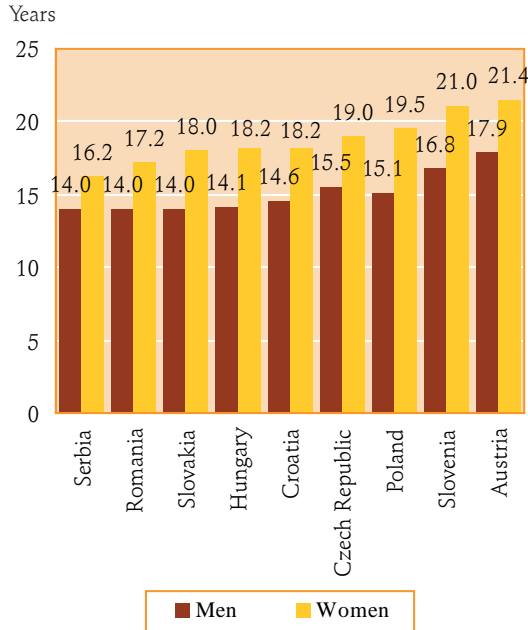
The other source of the indicators of ageing is the life table. The most generally used index is life expectancy at different ages, in our case for those aged 65. The international comparison supports the fact that old age mortality in Hungary falls behind the Austrian and Slovenian figures (these countries following the West European pattern) and lags also behind the two other Visegrád states (the Czech Republic and Poland) (Fig. 5). Hungarian life expectancy at old ages differs from Austria less than life expectancy at birth, which goes back basically, though not exclusively, to the highly unfavourable mortality of the middle-aged population. Life expectancy at old ages increased in Hungary for both sexes in the past twenty years.

The shocking events during the transition period did not affect them and the improvement proved to be steady. The pace of the change was, however, not unprecedented. In the same period, the majority of the West European countries and even some of the former socialist ones (the Czech Republic and Poland) witnessed a still more dynamic improvement. Although the probability of surviving improved for both sexes, Hungary did not really close up as regards life expectancy at old ages. In the case of women, between 1990 and 2010, the growth of life expectancy at 65 was slightly higher in Hungary (2.4 years) than in the case of men (1.8 years).. In the early 1990s, less than six out of ten men lived to be 65,

while in 2010 already over two thirds of them managed to survive (67.8 per cent).

years among men and from 77.6 to 81.5 years among women (Table 2).

Fig. 5. Life expectancy at 65 in Hungary and in some selected countries by sex, 2010*



Note: The data for Romania are from 2009.
Source: Eurostat.

On the basis of the mortality table, the median age at death grew from 68.1 to 72.2

THE BOUNDARIES OF OLD AGE

Whereas becoming 18 brings with it new rights and duties for the individual, indicating the beginning of adulthood, the beginning of old age is much more difficult to determine. However, it has to be established that the ageing of the society is obvious no matter which year we choose concerning the demographic ageing of the society. It might influence only the degree of ageing. It will be obviously more marked if we draw the line at 60 than it would be if we drew it at 70 or 75. The proportion of the old will undoubtedly grow, anyway.

In order to determine the starting point of old age we may seek out a time when the state of health starts to deteriorate dramatically or the key events in the second half of the life course, e.g., retirement, becoming a grandparent, etc., that indicate a fundamental change in our social roles. To our knowledge, there is no age that could be objectively determined as such a starting point when health starts to deteriorate for everyone and to the same degree (see later). However, the

Table 2. Life expectancy in old age in Hungary

Categories	Men			Women		
	1990	2000	2010	1990	2000	2010
Life expectancy at age 65 (years)	11.99	12.49	13.81	15.26	16.17	17.62
Persons living up to 65 (percent)	57.30	60.82	67.81	79.23	81.93	85.12
Median age at death (years)	68.10	69.52	72.24	77.55	78.82	81.45

Source: KSH 1995, KSH 2001, KSH 2011, Authors' calculations.

above-mentioned key events generally occur at a much earlier age than 65. According to the retrospective data of the ESS, women became grandmothers in the past decade in their late forties (at 47 on average) and retired at 57 (Cf. Fig. 6). The respective age for men was 50 for grandparenthood and 59 for retirement. (Fig. 6 shows as a reference the age 65 used in demographic calculations and life expectancy which can denote the end of old age.)

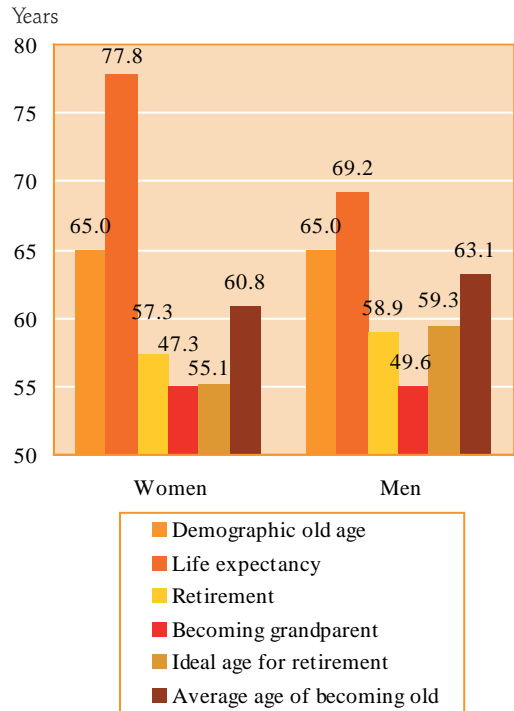
Referring to the persons involved for clues can be the solution as the sense of being old should develop parallel with the above-mentioned key events of one's life. The changes in our social status and state of health make us realize that we are old and, conversely, our sense of old age influences our activities, affecting, in turn, the individual ageing process. In the followings, we are going to examine two such boundaries of old age putting the following questions: a) at what age does the Hungarian population think old age begins, and b) what generation do the respondents consider themselves to belong to (middle-aged or old). (See text in frame.)

In 2006 public opinion held that on average the beginning of old age for women was 60.8 years and for men 63.1 years (Fig. 6). Both ages are higher than the average age at retirement or at becoming a grandparent and is near the 65 years used in demographic analyses as the beginning of old age. The chart shows also the age considered by the public as ideal for retirement which is 4 to 5 years less than the average age considered as the beginning of old age.

To sum up, there are no objective criteria of old age but conventions, the institutional system (the pension scheme), the labour market, the general well-being of the society (life expectancy), and cultural traditions

all influence our ideas about when old age begins.

Fig. 6. The boundaries of old age among men and women by various criteria, Hungary



Source: authors' calculations, vital statistics, ESS for 2006 and 2008.

STATE OF HEALTH OF THE ELDERLY

It is a commonplace that our health status deteriorates with age, the number of chronic illnesses grows, we visit our doctors more often, and take ever more kinds of medicine.

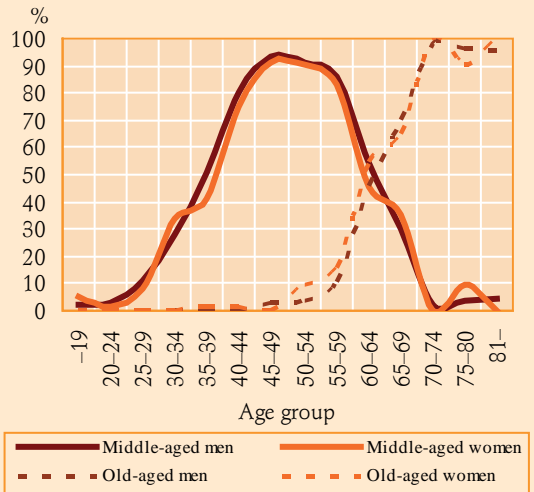
DO PERSONS AGED 60 CONSIDER THEMSELVES OLD?

In the course of preparing the European Social Survey for 2008, a novel method was applied in establishing to what age group or generation the respondents considered themselves to belong, which made an alternative analysis of subjective ageing possible. Instead of age groups, the respondents were supposed to find a box for themselves out of nine boxes standing side by side and grouped in threes with labels 'young', 'middle-aged', and 'old'. Comparing the choices with the actual age of the persons involved, one can establish how unified the self-consciousness of the individual generations is.

This type of examination based on the sense of belonging to a particular age group leads us to the conclusion that ageing is a process that is realized by the individuals at different points in their lives, depending on their self-estimation and sense of identity. For example, half of those in the age group 60–64 considered themselves middle-aged, while the other half considered themselves old (Fig D1). What is more, over half of those in the age group 65–69 similarly take themselves to be middle-aged and it is only in the category 70+ that people uniformly see themselves as old (Fig. D1). It can be established that the sense of being old develops according to the above mentioned categories of old age. (The age group 65–69 is the first where the majority of the respondents consider themselves old and the phenomenon becomes general only in that of persons aged 70+.) It is worth noting that at the average retirement age the majority of the respondents consider themselves middle-aged.

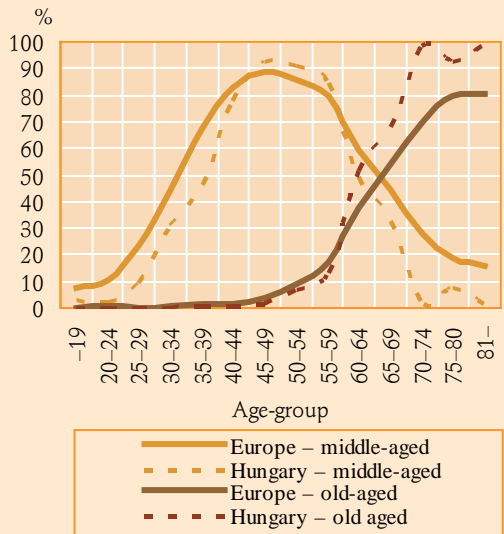
The sense of old age in the Hungarian population differs from the European average. Although both in Europe and in Hungary it is the persons at their late fifties who start to see themselves old, in Europe the process ends at a later date or does not end at all and a quarter of those aged 70–74 still consider themselves middle-aged (Fig. D2).

Fig. D1. Self-estimation of various age groups (to what extent they consider themselves old or middle-aged)^{a)} by sex, in Hungary



Source: authors' calculations, ESS 2008.

Fig. D2. Self-estimation of various age groups (to what extent they consider themselves old or middle-aged) in Europe (weighted by population size) and in Hungary



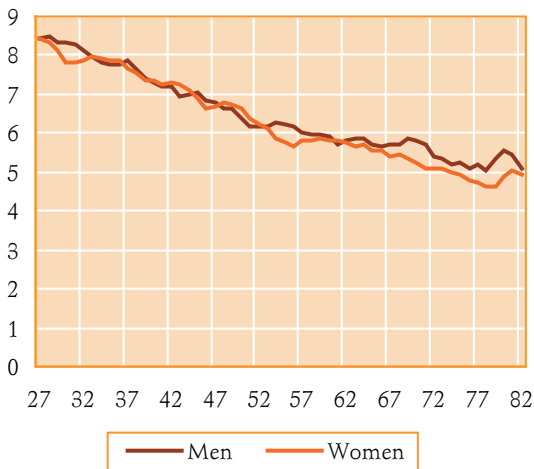
Source: authors' calculations, ESS 2008.

^{a)} Respondents had a choice of 9 sub-categories under the labels 'young', 'middle-aged', and 'old'.

Fig. 7 shows this gradual process by age as perceived by the people themselves (subjective health status). They were supposed to rate their satisfaction with their health on an 11-grade scale. Although we are aware of the shortcomings of this type of rating, several analyses prove a strong correlation of individual perceptions and the persons' state of health diagnosed by doctors. In reality, at a given time, a person has or has not a certain illness, therefore it seems we witness no gradual but binary status change (sick or not). However we all know that the human body wears off gradually, and the signs of different diseases occur more and more frequently. Concerning sex differences, we cannot identify significant differences in subjective health status by age.

Another variable measuring health status and the quality of life is the rate of „persons

Fig. 7. Degree of being satisfied* with health (subjective health status) by age and sex, 2008



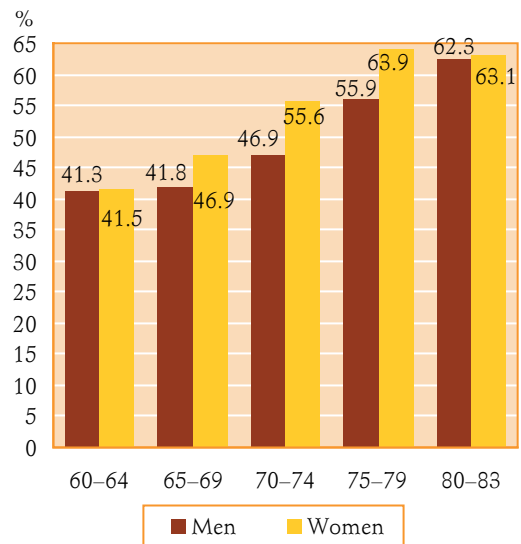
* Average of answers given on a scale of 11 (0 = totally dissatisfied, 10 = fully satisfied), based on three-year moving averages.

Source: author's calculations, Turning Points of the Life Course (demographic survey of the Demographic Research Institute, HCSO), 3rd wave, 2008.

hindered in their everyday activities by an illness”, the changes of which show a similar picture as the rate of the hindered persons is steadily growing. This variable points out the changing rhythm of the growth of problems by age and by gender (Fig. 8). Although the rate of persons suffering from such hindrances is high already among those in their early 60s (about 40 per cent), a serious deterioration can be seen in this respect after a person turns 70. Hardly over one third of very old people is not hindered in their everyday activities.

So it seems that in Hungary today, a considerable decay in the people's quality of life can be observed after they had turned 70. The lower rate of men among those suffering from hindrances in their lives may be due to their higher mortality as a factor of selection.

Fig. 8. Persons hindered in their everyday activities by health problems, illnesses, disabilities by age groups and sex, 2008



Source: author's calculations, Turning Points of the Life Course (demographic survey of the Demographic Research Institute, HCSO), 3rd wave, 2008.

CHANGES IN THE STRUCTURE OF FAMILIES, FAMILY RELATIONS

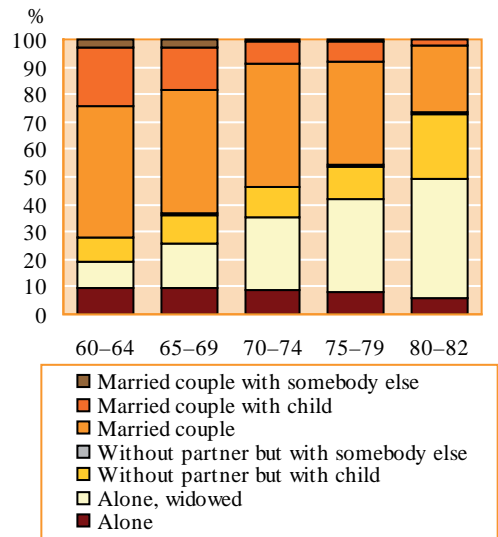
Although the most intensive changes take place in family relations in early adulthood (finding a partner, having children, etc.), old age is similarly exposed to several changes in the family. These transitions in old age have a unique quality in that whereas changes in young age are mostly voluntary or intentional, those in old age are more or less independent of the person's will. What is more, the perspectives of young and old as to the past and the future are also different.

Family structure in old age is determined by three major social processes: a) children's leaving home, b) old people becoming widowed, and c) lone old aged people moving in together with their children again. The fourth role, that of a grandparent, can generally be interpreted today as part of a wider family structure. Children leave home usually when parents are middle-aged but the process can stretch into early old age. Whereas over half of the persons aged 45–49 (55 per cent) lives with their spouse and children, this rate is only one third (33.5 per cent) in the next age group (cf. Fig. 9). As a result of these changes, households consisting only of the original couple come about ('empty nests'). Just as the postponement of having children increases the rate of young couples living by themselves, increasing life expectancy similarly leads to a longer period of old-age partnership. According to data from 2008, over one third (36 per cent) of persons aged 65–69 and hardly less than one quarter (22.9) of those in the age group 75–79 live together with their partners. Due to the relatively unfavourable Hungarian level of mortality, many people become widowed already in their sixties (Fig. 9). A quarter (24.1 per cent) of the people aged 65–69, and half of the age group 75–79 (45 per cent) are widowed and

live alone. Although the rate of those getting divorced after twenty years is growing (Cf. Chapter 2: Divorce), the primary cause of being alone in old age is the partner's death. It is a slowly spreading phenomenon in late old age that parents move in together with one of their children. Whereas hardly over one tenth (10.4 per cent) of old people in their late seventies live together with their children, this rate for those around the turn of their eighties is already one fifth (20.9 per cent).

As a result of the lower life expectancy of men, the one-person households coming about after the death of the partner mostly consist of women, and it is usually women who live together with their children once again in late old age (24.6 per cent). Very old men live the most frequently in couple-type households. (57.5 per cent of those aged 70–74). (Data by sex is not shown.)

Fig. 9. Distribution of old age groups by types of household, 2008



Source: authors' calculations, Turning Points of the Life Course (demographic survey, Demographic Research Institute, HCSO), 3rd wave, 2008.

Table 3. Some features of first partnerships among persons above 60, 2008–2009

What happened with the first marriage ^c	Age groups				
	60–64	65–69	70–74	75–79	80–82
Still lives in first marriage	57	52	44	37	21
Divorced	23	21	17	19	13
Widowed	20	27	39	44	60
Total, %	100	100	100	100	100
n=	870	727	574	488	210

Source: authors' calculations, Turning Points of the Life Course (demographic survey, Demographic Research Institute, HCSO), 3rd wave, 2008.

The family structure of old people is naturally formed by the changes in their life courses. It is worth examining how frequently old persons (65+) experienced the key life course events. These are generations in which marriage was still universal. In 2009, 97 per cent of persons above 60 had got married earlier in their lives. Most of them still lived in marriage (57 per cent of those aged 60–64 and 37 per cent of those aged 75–79, cf. Table 3). The majority of first marriages came to an end not as a consequence of divorce but due to the death of one of the partners.

Since in these cohorts the age at first marriage among women was around 20, those who are now in their late sixties or early seventies have been living with their spouses for 40 to 50 years on average, which is a stretch of time spanning nearly two generations. Those who got divorced, left their partners after 13 years on average.

It is a generally held view that the degree of being satisfied with marriage (i.e., happiness) fluctuates over the time spent in partnership. Only longitudinal panel surveys make a really deep analysis of this problem possible. As there is no such survey for old people, we can examine only whether old people are more satisfied with their partnerships than younger ones. Our data reveal that the degree of satisfaction with the partnership does not

decrease with old age. (However, the fact that the average is 8.5 or 9 on a scale of 10 and the rate of divorces are high indicates that when answering this question the respondents living in partnership tended to say what they thought was expected of them.)

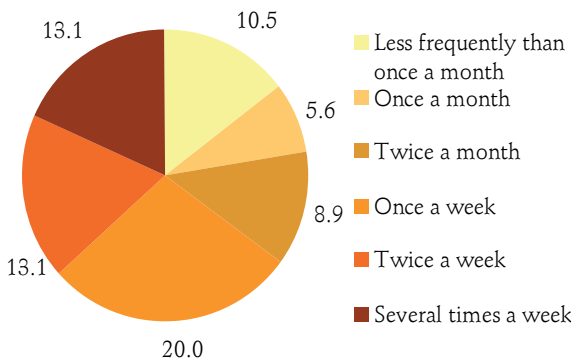
In the course of surveying the family relations of the elderly, it is worth while paying attention not only to couples living together or with children but also to children living apart and their relationship with their parents since the majority of children do not live with their old parents. Viewing things from the aspect of the elderly, the survey *Turning Points of the Life Course* for 2008 reveals that almost nine tenths of the persons above 60 involved (91.6 per cent) had children, and 85.2 per cent had children who lived apart. The majority (68.1 per cent) lived apart from all their children, and 17.1 per cent had children who lived with them and others who lived apart. A minority (6.4 per cent) had only such children who lived together with them.

Although the relationship of parents and children can be assessed from several aspects, the *Turning Points of the Life Course* 'measured' two aspects systematically, namely, the frequency of meetings in person and satisfaction with the relationship with the child (on a scale of 11). The latter can

not be analyzed in detail as the values were invariably near the maximum (9.1 in average) meaning that all respondents above 60 valued their relationship with their children as being almost excellent and marked one of the upper higher figures (8, 9, or 10) on the scale. A real difference could be seen only by sex, men being less satisfied with their children living apart than women. The other variant (the frequency of meetings in person) gives more information about the relationship of children and their elderly parents.

One third of parents (29 per cent) meets their children daily, a quarter of them (26.1) at least once a week. One tenth meet them very rarely (less frequently than once a month). This means that over half of parents living apart from their children are in daily personal contact with at least one child and only 15 per cent meet their children very rarely (once a month or even less frequently than that). Personal contacts are basically determined by distance, consequently the fact that half of the children live in the same settlement as their parents make frequent contacts possible.

Fig. 10. Contacts of parents and children living apart (frequency of meetings, per cent)



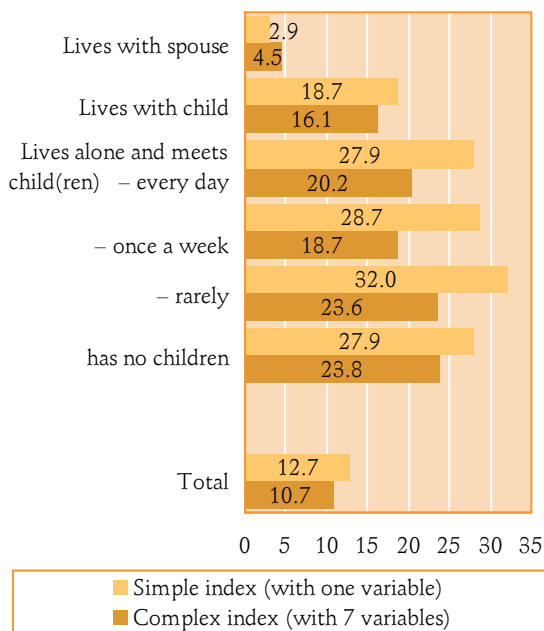
Source: authors' calculations, Turning Points of the Life Course (demographic survey, Demographic Research Institute, HCSO), 3rd wave, 2008.

Family relations, contacts with the immediate and wider family undoubtedly play a key role in the well-being, mental and physical health, and self-esteem of the older generations. The role of family relations can be measured by comparing them with simple and complex indicators of loneliness. In the *Turning Points of the Life Course*, we measured various aspects and manifestations of loneliness by answers to seven statements. Just one of them ("last week I felt lonely") is enough to characterize the situation of the respondents but the complex state of loneliness can be introduced in a still more tinged way by the index containing the answers to all the seven questions.¹

Hardly more than one tenth of persons above 65 felt often or always lonely and on the basis of the complex index a similar portion of the population (10.7 per cent) can be considered lonely. No matter which indicator is used, the number of lonely persons rises with age, as expected. Nearly twice as many people are lonely among those aged 80–82 than among those aged 60–64. It is certainly not age in itself but the changing family relations that contribute to loneliness among the elderly. As long as they live in marriage or partnership, only an insignificant portion (3 to 5 per cent) considered themselves lonely. It is not surprising that lonely people live mostly alone. But to what extent is living together with children (moving in once again) or daily contacts with children able to fill the void that comes about when a person loses his/her partner? In short, to a very small extent. Although there is difference between the loneliness of those who live with their children and who have very rare personal contacts with them, this difference is smaller than expected.

¹ The seven elements of the complex indicator are the following: You felt a) that no one could cheer you up; b) depressed; c) that your life was a failure; d) frightened; e) lonely; f) sad; g) like crying/actually cried.

Fig. 11. Loneliness of people aged 65+ living in different family relations, based on the simple and the complex index of loneliness, 2008



Source: authors' calculations, Turning Points of the Life Course (demographic survey, Demographic Research Institute, HCSO), 3rd wave, 2008.

It becomes obvious from the chart that persons living with their children are less lonely than those who live apart from them but there are no considerable differences among them by the frequency of their contacts with their children. However, further points of view need to be included but it can be safely established that loneliness following from losing one's partner can be counterbalanced only partly by closeness with the children.

THE IMAGE AND RELATIVE SITUATION OF OLD PEOPLE IN THE SOCIETY

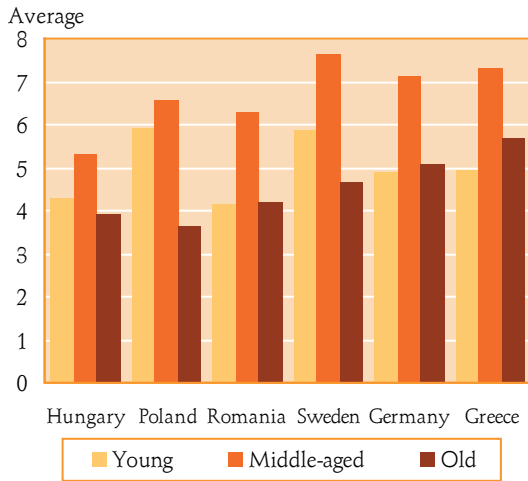
The image we form in our minds about the various social categories, with the old people among them, becomes part of our daily

actions, approaches, decisions and by this, it actively contributes to the changes in the situation of a given social group. According to earlier studies, the views of the society about old people has improved to a certain degree (cf. Demographic Portrait, 2009). This time let us focus on the approach to the elderly in international comparison. The ESS survey of 2008 put the question where the respondents would put people in their seventies on a scale of 11. The answers give an overview both of the objective situation of old people (e.g., their financial situation) and their social recognition (their prestige). To make it simple, we focused on six selected countries relevant for a comparison with Hungary and ranked the countries according to the social recognition of the elderly (people in their seventies) (cf. Fig. 12). The social status of old people seems to be the best in Southern Europe (Greece) and in Western Europe (Germany), whereas it is the worst in the former socialist countries with Hungarian people aged 70 among them. However, in order to understand the social prestige of the elderly within the society it is important to take into consideration that of the young (those in their twenties) and the middle-aged (those in their forties), too. We have to compare the societal evaluation of the elderly with that of the young and the middle-aged generations.

In Hungary, the social recognition of old people is low in European comparison (the third lowest among the 25 countries). Furthermore, Hungary is among the countries where the status of the old is considered the be lower than that of the young. This is characteristic of the former socialist countries but the relative recognition of young and old is similar in the Scandinavian countries, too. At the same time, it cannot be left out of consideration that the respondents of the survey held the social status of all age groups low, which means that the disadvantage of the old as compared to the middle-aged is among the smallest in Hungary in European

comparison. So while the status of the old is regarded as bad as compared to other age groups, their relative disadvantage is among the smallest in Europe.

Fig. 12. Views on the social status of persons aged 20, 40, and 70 in six European countries, 2008



Source: authors' calculations, ESS data survey, 2008.

KSH (1995), *Területi halandósági táblák 1988–1994* (Regional mortality tables, 1988–1994), Budapest: KSH.
 KSH (2001), *A halandóság földrajzi különbségei Magyarországon 2000* (Territorial differences of mortality in Hungary 2000). Budapest: KSH.
 KSH (2011), *A halandóság földrajzi különbségei Magyarországon 2010* (Territorial differences of mortality in Hungary, 2010), Budapest: KSH.
 KSH (HCSO) vital statistics: http://www.ksh.hu/nepesseg_nepmozgalom

REFERENCES
AND FURTHER READINGS

Beets, G. and Miltényi, K. (eds.) (2000), *Population ageing in Hungary and the Netherlands. A European perspective* Thela Thesis: Amsterdam.
 Daróczi, E. (2007), *Ageing and Health in the Transition Countries of Europe. The Case of Hungary*. DRI Working Papers on Population, Family and Welfare, No. 9. Budapest: Demographic Research Institute.
 Demography Report 2010. *Older, more numerous and diverse Europeans*. Luxembourg: Publications Office of the European Union, 2011, pp. 180.
 Eurostat: <http://epp.eurostat.ec.europa.eu/portal/page/portal/population/introduction>
http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search-_database