DEMOGRAPHIC PORTRAIT 2009

DEMOGRAPHIC PORTRAIT OF HUNGARY 2009

Report on the Conditions of the Hungarian Population

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PREFACE

Low fertility, ageing, migration, population development and the like are not only basic topics of demography but belong to the most exciting issues of public interest today. These phenomena are studied by many and approached in various ways but are not easily clarified and are sometimes simplified. Having followed discussions in public life, opinions expressed by socio-political decision-makers, having answered questions of the press, and having consulted students interested in the subject the researchers of the Demographic Research Institute of the Hungarian Central Statistical Office have similarly come to this conclusion. It seems that the actual research results are familiar only to the narrow circle of people with inside knowledge, so they do not reach the public and those in the position to form public opinion. Consequently we decided to issue a publication more or less regularly, covering all basic issues of demography in short and easily understandable chapters. The present volume entitled *Demographic Portrait of Hungary 2009* is the first of the scheduled row of these publications.

Informing the general public about population issues they need to know requires approaches and techniques unusual for a researcher. We have to omit references and the strict enumeration of all bibliographical items supporting our statements as well as the extended discussion of relevant theories and methods. The bibliographies at the end of the individual chapters and other contributions of the authors provide further information for those interested in the details. This time our primary aim is, however, to make the basic information about the population issues available for the general public.

We plan to publish a similar report every three years, since although demographic processes are usually slow, our world today is apt to produce abrupt changes. So the intended timing seems justified.

The book covers all major fields of demography. We deal with classical topics like fertility, nuptiality, mortality, ageing, and migration, their basic tendencies and interpretation. As regards items like family policy and retirement the specific Hungarian arrangements are emphasized. The probably most discussed subject of population projection, arousing general interest, is included, also.

The structure of the individual chapters is uniform.

The subjects are discussed consistently in international comparison, as it is indispensable for the better understanding of the characteristically Hungarian phenomena. We find it especially important to compare the Hungarian results not only with those of Western Europe but also with those of the former socialist countries. As regards perspective, we concentrate on recent developments (which speaking demographically means the past two or three years) but in certain cases the introduction of longer preceding periods proved inevitable. We usually referred to the basic tendencies of the two decades since the change of

regimes in 1989-90 and went further back only exceptionally. Besides analyzing the objective data we intended to show the subjective aspects of the changes as well, together with the attitudes, motives, and values of the people concerned.

We analyze population issues mostly in time series, based on statistical correlations. However, this time we omit detailed statistics. The interested public can find them in the population yearbook (*Demográfiai évkönyv*) published by the Hungarian Central Statistical Office (HCSO). The present volume shows only the most important trends illustrated by diagrams.

As it is common in similar volumes, the major findings of the individual chapters are summed up and enumerated at the beginning of each chapter under the heading *Major findings.*

Demography can be considered a 'lucky discipline' of empirical social science as it can rely on a huge number of data, the events representing its fields of interest are highly standardized and can be easily interpreted and compared in international terms. For our present purposes we used three basic sources that are different in character. As regards birth, marriage, divorce, and death we relied on the vital statistics regularly produced and published by the HCSO. The second important source was the census taken every ten years. In the meantime microcensuses fill the gap and help us follow the demographical changes. Our third source is the survey *Turning Points of the Life Course* by the Demographic Research Institute of the HCSO. This investigation enables us to make a dynamic analysis following the changes in the living conditions and values of a certain group of people by collecting data about them every three years. This project is part of the international *Generations and Gender Program* (GGP) that focuses on the causes and consequences of demographic change in Europe using the same methodology. The individual chapters can naturally rely on certain other sources, too. In that case they are duly indicated. The interested public can find the individual surveys and studies in various forms elsewhere, so enumerating them here is not necessary.

We hope that the present publication can meet the demands of the representatives of several fields and professions. It can be useful for decision makers in socio-political matters, researchers, university professors, students, and the press alike. Last but not least, the authors count on the attention of the general public directly affected by both the favourable and the unfavourable aspects of population development.

1.

CHARACTERISTICS OF PARTNERSHIP

Marietta Pongrácz

MAJOR FINDINGS

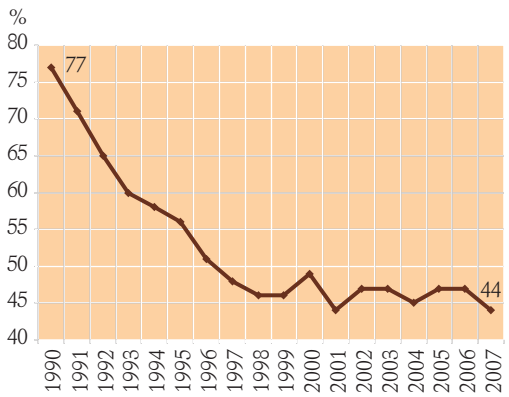
- The willingness to get married diminished significantly by 2007. The number of marriages was nearly 40 per cent lower than in 1990. Mostly those below 25 lagged behind the former data, whereas the number of marriages concluded by those in their thirties slightly increased. The marriages not concluded at a young age cannot be counterbalanced by the increased willingness to get married among older age groups, so the overall number of marriages is still decreasing.
- Due to the changes in the age distribution of the newly married the mean age of the newly wed persons is steadily rising. While in 1990 first brides were 22 years old on an average, in 2007 they got married at the age of 27.5. The average age of men marrying for the first time rose five years in the same interval, from 24.7 to 30.1 years of age.
- The alternative forms of partnership, most of all cohabitation, are steadily gaining ground. However, the rising number of consensual unions does not compensate the decreasing number of marriages, consequently the rate of those living in stable partnership is decreasing, too.
- According to census results the rate of couples living together unmarried rose from 5.1 per cent in 1990 to 11.3 per cent in 2001. The rate of those who tried cohabitation at least once in their lifetime is still higher than that. The data of the demographic survey *Turning Points of the Life Course* reveal that one quarter of all men and women who ever lived in partnership have tried this free type of union involving no legal consequences. In the age group 25–29 the rate of non-marital cohabitation reaches 40 per cent. Later the majority of these unions are legalized and the proportion of cohabiting people in older age groups gradually decreases.
- Public opinion polls reveal that despite the diminishing willingness to get married the prestige of the institution of marriage is invariably high. Marriage is still the most preferred form of partnership.
- The attitude towards cohabitation has, however, changed considerably. A few decades ago non-marital cohabitation was considered deviant but by now it has become a generally accepted form of partnership.

CHANGING FORMS OF PARTNERSHIP

In the period after the change of regimes a marked shift can be observed in the various forms of stable partnership. Marriage tends to lose its exclusivity as a form of lasting union and non-marital forms of partnership tend to be more and more popular and accepted. Cohabitation still does not supplant marriage. Cohabitation preceding marriage (the so-called trial marriage) is ever more frequent, which calls attention to the fact that the two forms of partnership are becoming closely interconnected. Nevertheless, not all instances of cohabitation end in marriage or are intended to, so their spreading is in fact a serious challenge to the established institution. This fact is proved also by the constant fall in the willingness to get married and its uniquely low level, the period of the two world wars excepted.

By 2007 the number of marriages fell by 40 per cent as compared to 1990, and the data showing the changes in the total first marriage rate lead us to still more dramatic conclusions *(Fig. 1)*.

Fig. 1. *Changes of the total first marriage rate for women, 1990–2007*



Source: Demográfiai évkönyv

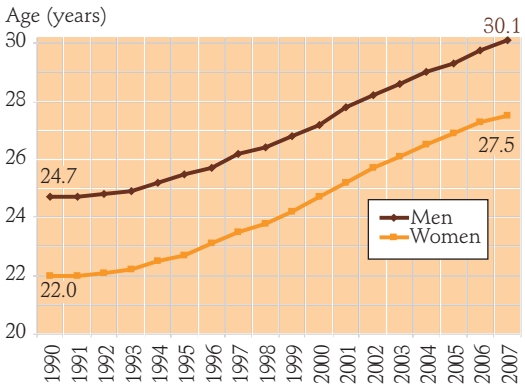
Whereas in the 1960s almost every woman got married at least once in her lifetime and nearly three quarters of them did so even in the 1990s, over half of the women today (56 per cent) are likely to spend their whole life as *de iure* spinsters, postulating the marital habits of the day to be lasting tendencies.

At the same time the age structure of the persons to be married is changing as well. The number of those marrying young, i.e., in their early twenties is steadily decreasing. In the case of women the mode of marriages has shifted from 20–24 to 25–29 years. In the early 1990s 28 per cent of the women about to get married were still teenagers. Today the respective rate is merely 4 per cent. Owing to the changes in the age distribution of the persons about to get married their average age is increasing, also *(Fig. 2)*.

The average age of men and women at their first marriage rose by approximately 5.5 years in the given period.

The timing of first marriage is greatly determined by the person's level of education *(Table 1)*.

Fig. 2. *Average age of men and women at first marriage, 1990–2007*



Source: Demográfiai évkönyv

Table 1. *Distribution of first marriages by age groups and level of education, 2008 (per cent)*

Educational level	Age group							
	–19	20–24	25–29	30–34	35–39	40–49	50–X	Total
Men								
0–7 grades	20.3	29.7	23.4	13.3	3.2	5.1	5.1	100.0
8 grades	7.1	23.7	28.6	24.5	8.4	4.7	3.1	100.0
vocational	0.7	11.4	36.8	35.7	9.9	4.3	1.2	100.0
secondary	0.3	11.5	42.1	33.3	9.3	3.0	0.6	100.0
higher	–	3.3	43.4	39.3	10.3	3.2	0.5	100.0
Total	1.1	10.2	39.8	34.8	9.6	3.5	1.0	100.0
No	327	3,159	12,317	10,767	2,978	1,092	300	30,940
Women								
0–7 grades	49.5	15.0	15.0	6.5	6.5	5.1	2.3	100.0
8 grades	29.5	28.4	21.1	13.3	4.1	2.8	0.8	100.0
vocational	4.3	30.9	37.2	20.3	5.1	1.9	0.2	100.0
secondary	1.9	31.8	40.3	19.7	4.5	1.4	0.5	100.0
higher	–	11.6	55.3	26.6	4.8	1.3	0.3	100.0
Total	4.0	23.0	44.4	22.0	4.7	1.5	0.5	100.0
No	1,254	7,195	13,883	6,884	1,464	479	142	31,301

Source: Central Statistical Office, vital statistic

Men with eight grades of primary school or less still tend to get married early and the majority of women with similar schooling wed in their early twenties. Men and women with higher education mostly get married for the first time at the age of 25 to 29 but nearly 40 per cent of the men and one quarter of the women prolong it still further, to their early thirties. The higher age of university or college graduates at their first marriage is conspicuous even as compared to the early 2000s. Whereas earlier the majority of men got married before they turned 29, the rate of those marrying at thirty or even above thirty-five is growing.

Half as many female university or college graduates get married at the age 20 to 24 now as around the turn of the century, and twice as many postpone marriage to their early thirties. The positive changes in the level of education of young adults and the ever stronger tendency to postpone marriage among those with higher education contribute to the rising average age at first marriage.

The analysis of cohabitation spreading side by side with marriage and even supplanting it is hindered by the lack of full vital statistics. Data on the phenomenon can be collected from census results and representative surveys. According to the 2001 census the rate of those living in cohabitation was 11 per cent, nearly double the respective rate in 1990. The distribution of the types of first partnerships by the year of union formation is highly varied (see *Table 2*).

The data inform us that cohabitation is rocketing among young people and indicate that their first partnership involving cohabitation is more frequenty a non-marital one rather than a legally valid union. The demographic survey entitled *Turning Points*

Table 2. *Distribution of first partnership by the time of union formation*

Period of first union formation	Type of partnership		Total (no.)
	marriage (per cent)	cohabitation (per cent)	
1960–1964	96.9	3.1	873
1965–1969	94.3	5.7	1,163
1970–1974	92.5	7.5	1,294
1975–1979	88.9	11.1	1,301
1980–1984	79.6	20.4	1,166
1985–1989	66.6	33.4	1,047
1990–1994	55.7	44.3	1,054
1995–1999	37.5	62.5	1,004
2000–2004	30.0	70.0	793

Source: Spéder and Kapitány (2007).

of the Life Course suggests that in most cases it is not a final way of life but merely a trial marriage that is eventually legalized.

In close connection with the ever younger age-groups entering cohabitation there came a change also in the distribution of the cohabiting by family status. Whereas earlier (even as late as the early 1990s) unmarried persons living in a free union were mostly divorced or widowed, today this form of partnership is the most popular among bachelors and spinsters. More than half of the cohabiting (57 per cent) are single, one third of them are divorced and one tenth are widowed.

Besides certain objective factors, the choice between marriage and cohabitation is influenced also by the personal attitudes of the partners such as religiosity (see *Table 3*).

Among the persons living in matrimony the rate of those following the teachings of the Church is 10 per cent higher than among cohabiting persons, and the rate of the unreligious among the latter is similarly higher by 10 per cent than among married people.

LIVING APART TOGETHER

Recently, there is an ever growing interest both in Hungary and in Europe in the so-called LAT partnership which is by no means casual but a recognized, exclusive form of partnership in which the partners live in separate households. Living apart can be a conscious, voluntary choice but can be the result of unfavourable circumstances as well, such as distant working places or housing problems.

The survey *Turning Points of the Life Course* for 2008-2009 reveals that about half million adults live in this type of partnership. The majority (300,000 persons) is below thirty. About 100,000 of them are in their thirties and the rest is above forty. As compared with the respective age groups, these figures are lower than those in other parts of Europe.

About half of these relationships can be considered very close and intensive. Fifty per cent of those living apart together meet their partners nearly every day (at least twenty times a month). A quarter of them meet a few times a week (8 to 19 times a month). A quarter of the persons concerned live no farther from their partner's home than a ten-minute ride and four fifth of them (83 per cent) can get there in an hour. This fact indicates that distance does not play a decisive part in establishing LAT partnership in Hungary.

CONDITIONS IN THE REST OF EUROPE

The diversification of the forms of partnership is a tendency in most European countries but the process takes place at a different pace and to a different degree. Prior to the early 1990s the East Central European countries, Hungary included, were charac-

Table 3. *Distribution of married and cohabitant persons by age groups and religiosity (per cent)*

	Total	Age group 18–29	30–39	40–49	50–59	60–69	70–75	No
	Married person							
I am religious and follow the teachings of the Church	17.1	13.0	13.4	12.8	16.9	26.1	35.7	1,551
I am religious in my own way	57.3	57.4	54.7	56.5	60.6	60.2	49.6	5,196
I do not know	4.4	7.8	6.0	4.8	2.9	1.9	1.7	395
I am not religious	20.1	20.0	24.9	25.0	18.4	10.6	12.4	1,819
I do not want to answer	1.0	1.5	0.7	1.0	1.1	1.2	0.6	93
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	9,054
	Cohabiting persons							
I am religious and follow the teachings of the Church	7.0	6.9	5.5	4.0	11.5	21.4	23.5	105
I am religious in my own way	53.8	48.5	56.2	54.2	59.4	63.3	58.8	715
I do not know	6.5	8.1	5.9	6.8	5.5	2.0		86
I am not religious	31.2	35.9	32.1	34.7	23.6	11.2	11.8	414
I do not want to answer	0.5	0.4	0.3	–	–	2.0	5.9	6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	1,326

Source: Turning Points of the Life Course. Demographic survey, DRI 2001. (Author's calculations)

SINGLES

The term *single* pops up in all types of the media ever more frequently nowadays. Being single is a chosen way of life of the younger layers of the middle-aged population (i.e., those in their thirties and forties) in this post-modern world. These people live without a steady partner and their life centres strongly around work, consumption and free-time activities. The precondition of this way of life is affluence as single persons have to create the financial basis of their independent life by themselves. The growing disparities resulting from the transformation of the Hungarian economy and society in the 1990s created a narrow but affluent layer that can afford being single.

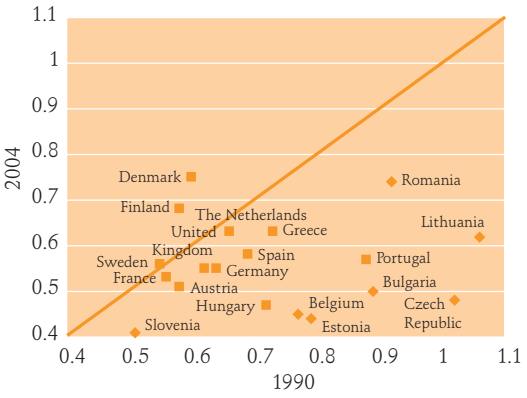
Besides the financial circumstances there is, however, a mental precondition, too: the persons wanting to remain single tend to prefer temporary partnership to the lasting one and want to live free of obligations. Still a mere 5 per cent of the youth considers independent existence ideal. Utasi (2004) shows that remaining single is a conscious choice only for one fifth of those living without a steady partner. The majority just lets it happen, following other objectives and focusing primarily on their career or is single only temporarily having lost their former partner and not having found a new one yet.

terized by a high rate of marriages concluded at a young age unlike Western Europe where this rate was much lower and the age at first marriage much higher.

As a result of the radical decrease in the number of marriages in the past decade and a half the East Central European countries feature the lowest marriage rate in Europe today *(Fig. 3)*.

The downward change was less drastic in Western Europe, and in certain Northern European countries (e.g., in Denmark

Fig. 3. *Total first marriage rate for women in Europe in 1990 and 2004*

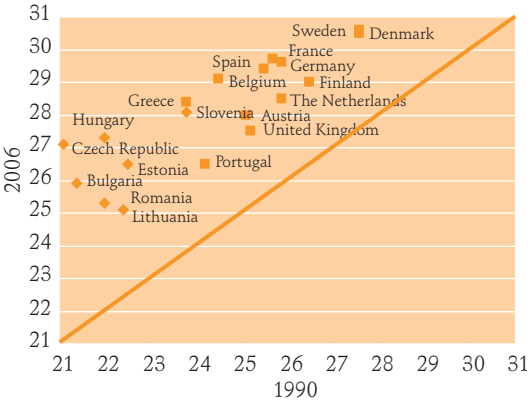


Source: Demográfiai évkönyvek

and Finland) the willingness to get married even increased. Consequently, the East Central European rates tend to reach the initially lower rates in Western and Northern Europe or even drop below them.

In the past decade and a half the average age of women at first marriage has been rising all over Europe *(Fig. 4)*.

Fig. 4. *Average age of women at first marriage in Europe in 1990 and 2006*



Source: Demográfiai évkönyvek

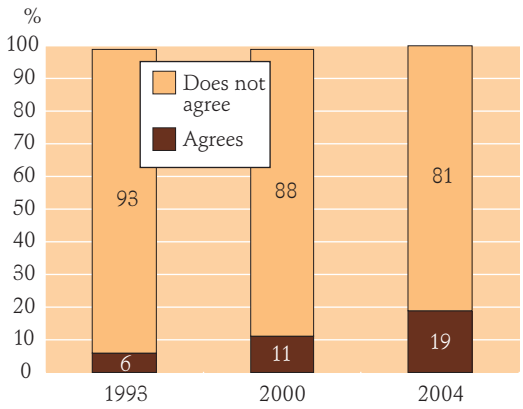
In the East Central European region the rise was unquestionably higher than in the rest of Europe but the traditional differences persisted and the marital patters of the two regions continue to differ. As a result the general tendency is that in Western Europe people usually get married for the first time at a later age but to a greater degree than in most eastern countries.

The spreading of cohabitation is a universal tendency in Europe but there are considerable differences in the degree of its popularity, and in the length and outcome of the relationship. It is highly popular in Northern Europe and is almost exclusive as regards first partnership. Its rate is as high as 30 per cent among those who consider it a final arrangement. As a contrast, in some Southern European countries (Italy, Greece or Cyprus) non-marital unions are less wide-spread and marriages no longer concluded at a definitely young age are generally not preceded by a period of cohabitation. In these countries cohabitation is no real alternative to marriage. Poland, Slovakia and Lithuania show similar tendencies, which indicates that the shared values of the Catholic Church play a great role in influencing marital behaviour. Hungary takes place mid-field. Non-marital union is common mainly in the case of first partnership but the rate of those choosing it as a lasting form of conjugal union is definitely increasing.

THE POPULARITY OF THE INDIVIDUAL FORMS OF PARTNERSHIP

Public opinion polls conducted by the Demographic Research Institute testify that despite the fundamental changes in marital behaviour the institution of marriage is still regarded as something positive *(Fig. 5)*.

Fig. 5. *Distribution of opinions concerning the statement "marriage is an outdated institution" (1993, 2000, 2004)*



Source: Datasurveys by the *Demographic Research Institute* from 1993, 2000, and 2004. (Authors' calculations)

The rate of those who considered marriage outdated did not reach 20 per cent even at the latest date, i.e., the vast majority did not agree with the allegation. However, the rate of the supporters of marriage was gradually decreasing in the decade in question, which can be attributed to the growing popularity of cohabitation.

The increased frequency of non-marital unions brought about a change in the reception of cohabitation in the society. It was not fully rejected in 1991 either but the positive change of public opinion in merely a decade is really remarkable *(Table 4)*.

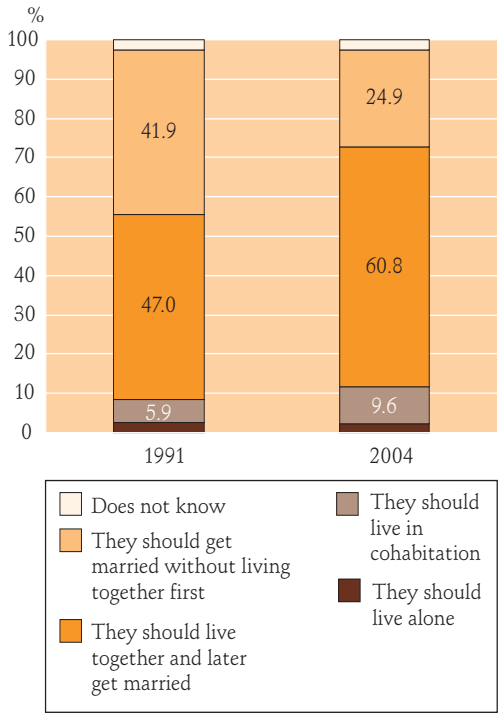
It seems that the past decade and a half brought considerable liberalization as regards the forms of partnership both in practice and in their social reception. Nevertheless, with regard to preferences, liberalization and positive attitudes towards alternative ways of living together cannot or hardly be observed *(Fig. 6)*.

Table 4. *Changes in the social reception of cohabitation, 1991 and 2000*

	Agrees	Does not agree
	(per cent)	
It is socially indifferent whether people get married or live in cohabitation (1991)	25,4	59,5
There is nothing bad in a young couple living together without wanting to get married (2000)	70,7	26,1

Source: Datasurveys conducted by the *Demographic Research* Institute in 1991 and 2000 (authors' calculations)

Fig. 6. *Distribution of opinions about the preferred form of union*
(Answers to the question "What way of life would you recommend to young couples?"), 1991 and 2004



Source: Datasurveys conducted by the *Demographic Research* Institute in 1991 and 2000 (authors' calculations)

It turns out from this that the Hungarian society definitely supports marriage today as it used to do in the past. The only difference lies in the opinion concerning

cohabitation prior to marriage. The rate of those supporting trial marriage followed by a wedding increased considerably in the given period but cohabitation as a final form of union is still not recommended.

Demographic consequences of the changes in partnership

– The proportion of those living with partner or spouse decreases. The drastic drop in the number of marriages is not counterbalanced by the rising number of cohabitations, consequently the number of those living without a steady partner increases. This process is unfavourable both in respect of the social values and the demographic processes.

– Non–marital relations are less stable than marriages, which in turn decreases the stability of families.

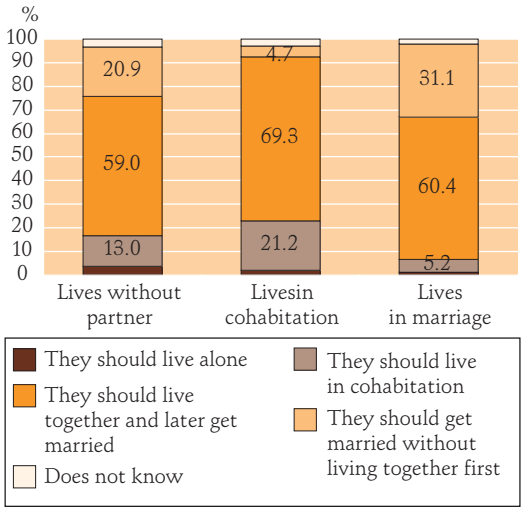
– The growing number of births out of wedlock (see Chapter 3 of the present volume) is the result primarily of the growing rate of cohabitation. Due to the instability of such relations, the number of single–parent families is likely to increase, too.

– Married couples tend to have more children than unmarried ones. The decreasing willingness to get married and the spread of cohabitation may contribute to lower fertility rates, anyway.

– The close correlation between family status, mortality, and life expectancy is a statistical fact. Married people are in the most favourable position in this respect, coming before unregistered couples. In other words, cohabitation is not equal in value with marriage as regards the couple's life expectancy, either.

Strangely enough, it is not popular even among the persons concerned, i.e., among those living in cohabitation. The majority of this group supports the idea of marriage, also, though most of them recommend cohabitation first *(Fig. 7)*.

Fig. 7. *Distribution of opinions about the preferred form of union*
(Answers to the question "What way of life would you recommend to young couples?" by the type of union of the respondents), 2004



Source: Turning Points of the Life Course. Demographic survey, DRI 2004. (Authors' calculations)

The rate of those dissatisfied with their own form of partnership is surprisingly low. It is probable, however, that dissatisfaction is merely apparent since the majority of cohabiting people does not consider their current way of life final and plan to get married the way they consider ideal, i.e., following a period of cohabitation.

To sum up, it can be established that in parallel with the decrease in the willingness to get married non-marital cohabitation is becoming ever more frequent especially among young couples. However, this shift of attitudes does not question the hegemony of marriage as the preferred way of life held ideal by the majority. At the same time it can be expected that due to the growing tolerance of the society the share of temporary or permanent non-marital unions will be increasing in the future, which does

not augur well as regards demographic phenomena like fertility, divorce, the rate of single-parent families, etc.

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2.

DIVORCE

Erzsébet Földházi

MAJOR FINDINGS

- The number of marriages dropped by half between 1980 and 2007, namely from 80,331 to 40,842. At the same time the number of divorces decreased to a much smaller degree, from 27,797 to 25,160.
- The total divorce rate which is an estimate of marriages ending in divorce steadily increased after 1990. In 2007 it was 0.45, which means that almost half of the marriages concluded in 2007 are likely to break up.
- The age of divorcees is also rising. In 2007 the average age of women at the time of divorce was 38 years and that of men was 41.
- The average duration of dissolved marriages is rising, too. In 2007 couples divorced after a marriage of 12.5 years on average. The rate of divorces following a long period of marriage increases. Whereas in 2001 4.5 per cent of the marriages lasting 15 to 19 years ended in divorce, the respective rate was 5.5 per cent in 2004 and 6.5 per cent in 2007.
- In about 60 per cent of the dissolved families there are minor children. In 2007 one third of them had one child, one fifth of them had two, and seven per cent of them had three or more.
- The most frequently mentioned subjective cause of divorce among women is disaffection, followed by alcoholism, cheating, and a new relationship on the part of the partner. With the exception of alcoholism the first three causes are the same for men. Extreme workload is fourth in the row.
- Divorce is more frequent in the case of couples who got married very early, lived together prior to the marriage, have no children, and are not religious.
- Adult children of divorced parents marry earlier, more often cohabit with their future spouse prior to the marriage, and are more likely to divorce than those growing up in intact families.
- Thirty per cent of the adult Hungarian population consider marriage to be a lifelong relationship that cannot be dissolved. Nearly three quarters of them agree with the necessity to dissolve unhappy marriages even if the couple has children.

MARRIAGE AND DIVORCE

Divorce is the legal dissolution or annulment of marriage by a valid decision of a judge. However, the number of divorces does not give a full picture of dissolved marriages since several couples end their marriage merely by separation. Consequently the instability of marriages can be underestimated if judged exclusively by the number of divorces.

In the past decades partnership underwent a considerable change as to its varieties. Cohabitation became more and more frequent and the number of marriages decreased. A general description of union disruption deals both with marriages and cohabitations. The present article examines, however, the disruption only of marriages by divorce, mainly because there are no comprehensive statistical data for consensual unions. It is still worth mentioning that the duration of cohabitations is generally shorter than that of marriages and cohabiting couples have less children than married ones.

The past near three decades witnessed dramatic changes as regards marriage. In 1980 over 80,000 marriages were concluded but by 2007 this number decreased almost by half. Before the early 1990s the decrease was fairly fast, from then on its pace became slower and was at times wavering but the downward trend remained considerable.

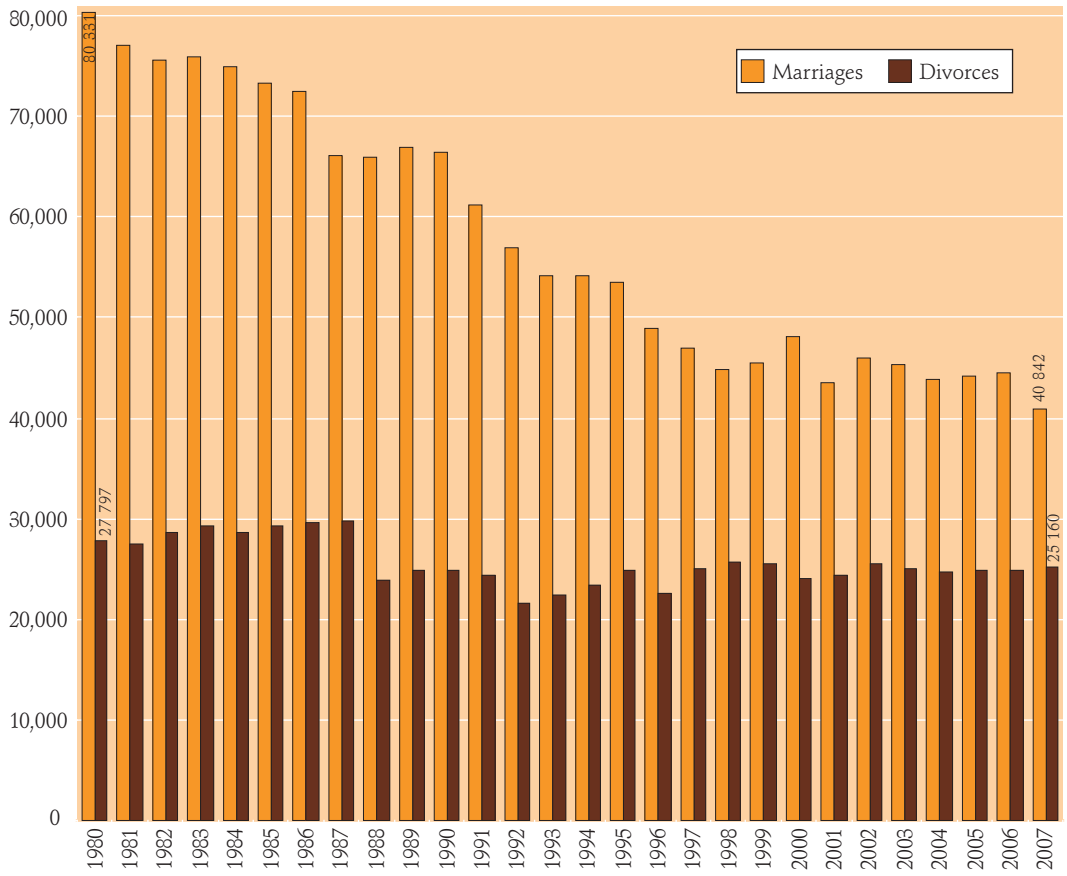
The number of divorces was slowly increasing till 1987 and approached 30,000. In 1988 there was a sudden decrease and the number of dissolved marriages fell by 6000, primarily due to the changes in the rules of law. Family law was namely amended in 1986 and divorce suits were rendered more rigorous. Compulsory conciliatory proceedings were introduced with the aim of preventing thoughtless divorces. At the same time the falling number of divorces could be attributed also to the fact that, hearing the rumours about the prospective legal changes, in the previous years several couples wanting to get divorced anyway sued for the dissolution of their marriage earlier than planned. But the number of divorces never reached the peak of 1987 again until 2007. It has to be taken into account, however, that the number of marriages fell, too *(Fig. 1)*.

Between the late 1970s and 2007 more marriages were terminated each year either by divorce or by death than were concluded.

The frequency of divorce is measured by various rates. The total divorce rate takes into account both the number and the duration of marriages, eliminating by this the bias resulting from the changes of these factors year by year. This rate compares the number of divorces granted in a given calendar year to the number of marriages concluded in the same year, and on the basis of the divorce rate by the duration of the marriage it estimates the percentage of the marriages most probably ending in divorce. In 1990 this rate was 31 per cent but in 2007 it was already 45 per cent, which means that almost half of the couples end up before the divorce court. The rate of marriages ending in divorce almost steadily increased during the discussed period with small drops in 1992, 1996, and 2000. The rate did not change between 2002 and 2004, and rose again between 2005 and 2007 *(Fig. 2)*.

Besides the growing social acceptance of divorce and its becoming easier as a legal procedure the growing rate can be attributed also to the fact that couples today expect their marriage to fulfil primarily their

Fig. 1. *The number of marriages and divorces in 1980–2007*



Source: KSH Demográfiai évkönyv for 2000–2007

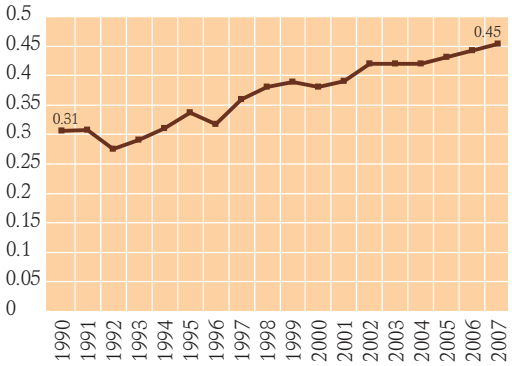
emotional needs and are apt to break up once these needs are not fulfilled.

The total divorce rate is the best indicator of the frequency of divorce in international comparison *(Table 1.)*

In Hungary the number of dissolved marriages was above the European average for a long period, but in recent years the divorce rate is more around the average. With a few exceptions, all countries witnessed a rising divorce rate between 1990 and 2004. Divorce is the most frequent in the Scandinavian countries (Denmark, Finland, Sweden, and Norway), whereas it is traditionally low in the southern countries (Italy, Spain, Portugal, Romania, Bulgaria, and Cyprus) and in Poland.

The situation in East Central Europe is varied. The frequency and dynamics of divorces differs from country to country. The willingness to get divorced is low in Poland and Romania but whereas in Poland it was growing towards the end of the period, in Romania it remained on the same level. The total divorce rate of Slovakia is moderately high and shows an upward tendency. The divorce rate is high both in Hungary and the Czech Republic but whereas it was

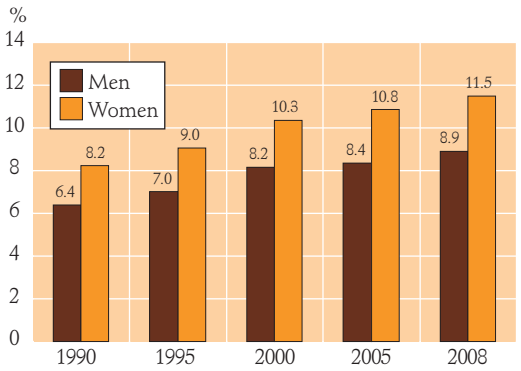
Fig. 2. *Total divorce rate, 1990–2007*



steadily rising in the former, it is increasing at an accelerating speed in the latter, from 41 to 49 per cent between 2000 and 2004. The disparity is caused by the differences in economic development, the different degree of religiosity, and the variances in the legal regulation of divorce.

The distribution of the population by marital status is determined most of all by the rate of marriages and divorces but it is influenced by the rate of those entering widowhood and that of remarriages, too. Between 1990 and 2008 the rate of divorcees in the population was steadily growing, that of divorced women always preceding that of divorced men *(Fig. 3)*.

Fig. 3. *The rate of divorced persons within the total population by sex, 1990–2008*



Source: KSH Demográfiai évkönyv for 2000–2007

Table 1. *Total divorce rates in some European countries, 1990, 1995, 2000, and 2004*

	1990	1995	2000	2004
Austria	0.33	0.38	0.43	0.46
Belgium	0.31	0.55	0.45	0.56*
Bulgaria	0.17	0.18	0.21	0.31
Cyprus	0.07	0.15	0.21	0.24
the Czech Republic	0.38	0.38	0.41	0.49
Denmark	0.44	0.41	0.45	0.47
Estonia	0.46	0.66	0.47	ND
Finland	0.42	0.48	0.51	0.50
France	0.32	0.36	0.38	ND
Germany	0.29	0.33	0.41	0.46
Greece	0.12	0.15	ND	ND
Hungary	**0.31**	**0.34**	**0.38**	**0.42**
Italy	0.08	0.07	0.12**	ND
Latvia	0.44	0.35	0.34	0.36
Lithuania	ND	0.30	0.39	0.45
Luxembourg	0.36	0.33	0.47	0.49
The Netherlands	0.30	0.36	0.38	0.35
Norway	0.43	0.45	0.45	0.49
Poland	0.15	0.14	0.17	0.23
Portugal	0.12	0.16	0.26	0.33
Romania	0.19	0.20	0.19	0.21*
Russia	0.40	0.50	ND	ND
Spain	0.10	0.15	ND	ND
Slovakia	ND	ND	0.27	0.33
Slovenia	0.15	0.14	0.21	0.25
Sweden	0.44	0.52	0.55	0.52
United Kingdom	0.37	0.40	ND	ND

ND = no data available
* = data from 2003, **= data from 2001

Source: KSH Demográfiai évkönyv 2007, EUROSTAT

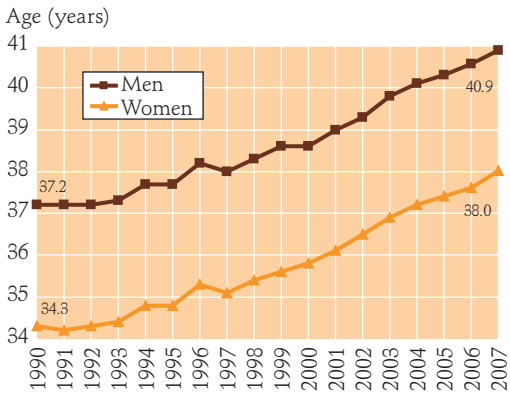
The rate of divorced men in the given period rose from 6.4 to 8.9 per cent, while that of divorced women rose from 8.2 to 11.5 per cent, so the rise is one and a half times as big in both cases. Divorced men remarry more frequently than divorced women. One of the causes of this phenomenon is that due to the higher mortality of

men in higher age groups there are more females than males. To be divorced does not necessarily mean that a person does not have a partner since divorced persons often prefer cohabitation to another marriage.

DISSOLVED MARRIAGES

Following a stagnation between 1990 and 1993, the mean age of just divorced persons has been steadily increasing. From 2000 onwards the increase has been even more abrupt than before for both women and men (Fig. 4).

Fig. 4. *Average age of divorced men and women at the time of divorce, 1990–2007*

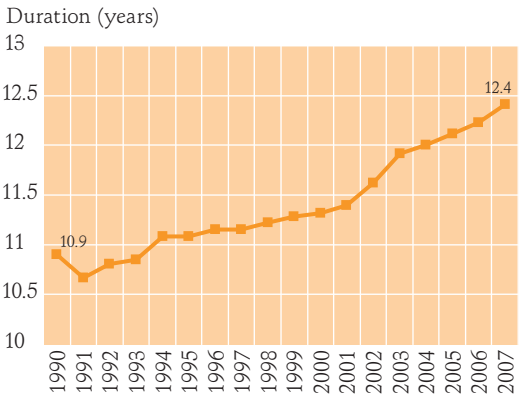


Source: KSH Demográfiai évkönyvek for 2000–2007

The average age of men at the time of divorce in the period in question rose from 37.2 to 40.9 years, while that of women from 34.3 to 38 years. The difference of age between divorced spouses remained almost constant, about three years. The process is almost identical with the rising age of those getting married with the exception that the latter rose faster before 2000 than the average age at divorce (see also Chapter 1). The rising age at divorce can be attributed to the fact that the number of divorces was growing among the middle-aged and the elderly, while it was decreasing among those under thirty.

With the exception of 1991, the average duration of dissolved marriages increased steadily in the period in question, from 10.9 years in 1990 to 12.3 years in 2007 *(Fig. 5)*.

Fig. 5. *Average duration of marriage at the time of divorce, 1990–2007*



Source: KSH Demográfiai évkönyv for 2000-2007

The increase accelerated in the years 1991–1994, and 2001-2003, followed in each case by a moderate rise.

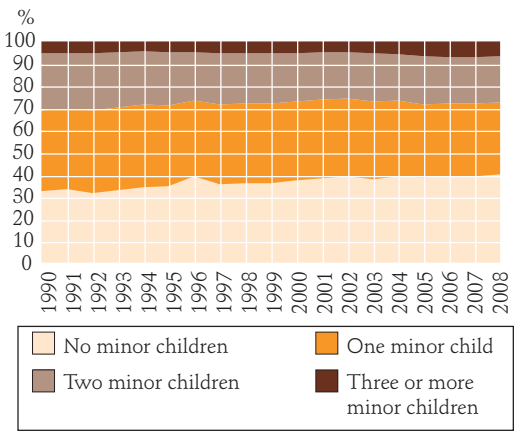
While the number of divorces wavered between 21,6oo and 25,500 between 1990 and 1996 and remained somewhere between 24,000 and 25,000 each year from 1997 onwards, the rate of marriages dissolved within 20 years in a given calender year rose from 27 to 38 per cent, and there was a rise also in the average duration of marriages at the time of divorce, too. The latter phenomenon followed from the fact that the rate of short marriages lasting no longer than five years was decreasing and later stagnating after 1997, while the rate of longer ones at the time of divorce almost steadily increased *(Table 2)*.

Table 2. *Percentage of marriages ended by divorce within 5, 10, 15, and 20 years, 1990–2007*

Calendar year	Duration of marriage (years)			
	0–4	5–9	10–14	15–19
1990	9.9	8.0	5.4	3.7
1991	10.4	8.1	5.1	3.6
1992	8.9	7.5	4.8	3.3
1993	9.4	8.0	5.0	3.5
1994	9.9	8.4	5.4	3.8
1995	10.5	9.5	5.8	4.2
1996	9.9	8.7	5.4	3.5
1997	10.7	10.2	6.4	4.3
1998	11.7	10.5	6.6	4.4
1999	11.7	11.0	6.8	4.5
2000	11.1	10.6	6.8	4.2
2001	11.5	10.9	7.1	4.5
2002	11.7	11.6	7.6	5.0
2003	10.8	11.4	8.1	5.4
2004	10.9	11.2	8.2	5.5
2005	10.7	11.6	8.7	5.8
2006	10.8	11.8	8.7	6.1
2007	10.9	11.9	8.9	6.5

Source: KSH Demográfiai évkönyv for 2000–2007

Fig. 6. *Distribution of divorces by the number of common minor children, 1990–2008*



Source: KSH Demográfiai évkönyvek for 2000-2007

The dissolution of a marriage bears down hard on the children born to the couple during the years spent together. Cases of divorce with minor children are specially important to examine. The rate of such divorces fell from 67 to 60 per cent between 1990 and 2008 *(Fig. 6)*.

The rate of those with one minor child fell from 36 to 32 per cent and that of those with two minor children fell from 26 to 21 per cent. However, the percentage of those with three or more children rose slightly from 5.3 to 6.7 per cent.

The rising share of couples with no children at the time of divorce follows from the fact that the age at the birth of the first child is increasing, so several couples get divorced before the birth of their first child.

CAUSES OF AND ATTITUDES CONCERNING DIVORCE

The causes leading to the dissolution of marriages are discussed here first from the point of view of the persons concerned then from a macro-level perspective taking into account demographic, economic and social aspects.

It is not easy to disclose the personal causes also because husbands and wives often view the dissolution of their marriages from different perspectives and attribute it to different causes.

In the 1980s most divorced women mentioned alcoholism as the main reason for the divorce. Its rate was conspicuously high among the causes. By the 1990s emotional problems and disaffection had preceded alcoholism and prevailed in 2000, too. Then came infidelity, a new relationship on the part of the partner, and financial problems. Violence in connection with alcoholism

Table 3. *Important factors leading to divorce, 2001/2002*

What kind of role does it play in divorce	Rate of mentioning it as an important cause (per cent)*			
	Women		Men	
lack of attention, lack of love	38.1	(1)	19.3	(3)
alcoholism of former spouse	36.0	(2)	5.6	(15)
infidelity of former spouse	34.8	(3)	26.9	(1)
new relationship of former spouse	31.7	(4)	26.6	(2)
wastefulness of former spouse	27.2	(5)	12.7	(8)
financial problems	26.0	(6)	13.6	(6)
personal habits, excentricities of former partner	24.1	(7)	14.2	(5)
sexual problems	16.4	(8)	12.7	(9)
physical violence	15.4	(9)	1.8	(21)
problems with friends or acquaintances of former spouse	13.4	(10)	10.2	(10)
differences of opinion as to the way of bringing up children	12.4	(11)	7.5	(13)
problems with the family of former spouse	12.3	(12)	13.2	(7)
division of labour within the family	12.2	(13)	5.3	(17)
extensive workload, extreme working hours of former spouse	11.9	(14)	8.5	(12)
great difference of incomes	9.1	(15)	5.6	(16)
extensive workload, extreme working hours of respondent	7.5	(16)	14.5	(4)
differences as regards the timing and number of children	6.0	(17)	6.0	(14)
difficulties arising from building or reconstruction of home	5.8	(18)	2.9	(19)
differences in moral, religious and/or political issues	5.6	(19)	4.6	(18)
new relationship on the part of the respondent	5.6	(20)	10.1	(11)
differences in taste (e.g., inner decoration, clothing)	5.0	(21)	2.7	(20)

*= The figures in brackets show order of frequency

Source: Családi együttélés című adatfelvétel a 2000-ben elváltak körében (Survey on family life among persons divorced in 2000) (KSH NKI, 2002/2003)

was specified as an important reason for the divorce by 15 per cent of the women *(Table 3)*.

he factors mentioned by men as important in the dissolution of their marriage were far less numerous than the ones mentioned by women and the order of frequency was different, too. From their point of view the infidelity and the new relationship of the spouse featured as an important cause in most cases. The lack of attention and love came in third. With the exception of alcoholism the first four factors were therefore the same, which means that the fulfilment of emotional needs in the marriage is important for men as well. The fourth most frequently mentioned reason of divorce for men was, however, their own extreme workload, which was far less important for women.

Besides personal reasons the demographic, social, and economic factors influencing divorce are similarly important to know. From among men and women aged 18 to 75[1] and interviewed in 2001 those individuals were more likely to get

[1] First wave of *Turning Points of the Life Course,* demographic panel survey. For more details see dpa.demografia.hu

THE IMPACT OF DIVORCE ON ADULT CHILDREN

The negative impact of divorce on children is extensively discussed in international literature, especially as regards the years immediately preceding and following divorce. However, children of divorced parents seem to be affected by the consequences of their parents' divorce all their lives.

In the early 1980s and 1990s there were surveys in Hungary in which adult children of divorced parents were asked mostly about their demographic behaviour and their relationship with their parents.

The results revealed that this group got married earlier and after a shorter acquaintance than others. They lived in cohabitation prior to their marriage to a much greater degree than the average, and brides coming from disrupted families were more often pregnant or had children already than the average. They usually started their sexual life earlier and had more partners, which led to a greater rate of abortions. Children of divorced parents leave the parental house earlier, primarily due to the fact that they establish partnerships at a younger age than those living in intact families. They are usually suspicious of the institution of marriage and live more often in cohabitation. The rate of the ever divorced is similarly higher among them. All these effects are still more frequent in the case of girls whose parents got divorced when they were 7 to 13 years old.

The emotional relationship with the parents are weaker in the case of the group in question, especially with the father, since it is mainly the father who no longer lives with the family after divorce.

Source: Kamarás (1997)

divorced from their first marriage whose parents were similarly divorced, who got married at a very young age, and who had lived in cohabitation with their future spouse prior to their marriage. The risk of divorce is higher also for those who have children born out of wedlock and for those without children. Religious people dissolve their marriage less frequently but there is a growing tendency to get divorced also among them as divorce gets increasingly accepted by the society. Divorce takes place most frequently in the first years of marriage and the risk diminishes after the seventh year spent in marriage.

Although the changing attitudes concerning marriage and divorce indicate the current state of public opinion, the various groups of society can differ greatly in their judgements.

In 2008 less than one third of the population considered marriage a lifelong relationship. Nearly 45 per cent of those above 60 and 26-27 per cent of the younger generations. Seventy-one per cent supported the dissolution of unhappy marriages, with more women than men among them. Nearly 90 per cent of the population considered the presence of both parents necessary for raising a happy child *(Table 4)*.

Public opinion was fairly uniform in this question irrespective of age and sex. Elderly people are traditionally pro-marriage but the dissolution of unhappy marriages is generally accepted. The idea is supported by more women than men in tune with the fact that nearly three quarters of all divorce proceedings are initiated by women.

Table 4. *Agreement with the statements below by age-group and sex, 2008*

	Men	Women	–39	40–49	60–	Total
			(per cent)			
Marriage is a life-long relationship that cannot be dissolved.	33.3	30.3	26.1	26.6	44.7	31.7
It is better to dissolve an unhappy marriage even if the couple has children.	67.8	74.0	70.2	73.2	69.9	71.2
A child needs both parents to grow up happily.	90.3	89.2	87.4	89.5	92.8	89.7

Source: Turning Points of the Life Course, 3rd wave. Demographic panel survey conducted by the Demographic Research Institute, 2008. (Authors' calculations)

HOME PAGES

www.demografia.hu – Central Statistical Office, Demographic Research Institute
www.ksh.hu – Central Statistical Office
http://www.demografia.hu/adat_valas.html - Questionnaire of the research programme *Családi együttélés* (Family life); sample and weighting; basic distributions
dpa.demografia.hu – Demographic panel survey *NKI Életünk fordulópontjai* (Demographic Research Institute, Turning Points of the Life Course)

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3.

FERTILITY

Balázs Kapitány–Zsolt Spéder

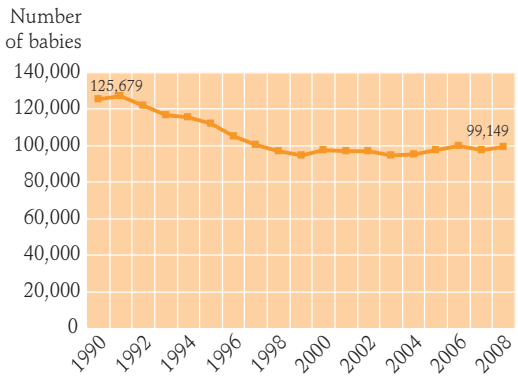
MAJOR FINDINGS

- In 2009 fertility in Hungary was among the lowest in Europe, in fact in the whole world.
- Low fertility is, however, not a typically Hungarian phenomenon as all former socialist countries experience an incomparably low level of fertility today. The difference is, however, that while other countries witness a certain rise in fertility in the past few years, in Hungary it is still stagnating.
- The smaller number of children following the change of regimes goes back considerably to the fact that women in their reproductive years postpone childbearing to a later age than the former generations.
- The key factors contributing to the postponement of childbearing are the longer period of education, the shift in the forms of partnerships, the decreasing popularity of marriage, and the difficulties of making an independent livelihood. The personal values underwent a great change, too, namely the realization of individual targets in life overshadows other, more traditional ones.
- The rate of those with two children is expected to decrease in the future, just like that of those remaining without a child, while the rate of those with one child or three children is likely to increase.
- Owing to the spread of cohabitation two fifths of the newborn will arrive out of wedlock.
- Young couples still plan to have more than two children on average but only one third of them can fulfil their plans in the planned period.
- It can be an important target of social and family policy to facilitate the realization of these couples' plans.

AN OVERVIEW OF THE SITUATION

In 1990 and 1991 there were still 126,000 children born in Hungary but the number of births was steadily decreasing in the years 1991-1998. Since then it has been considerably stable, resulting in 95-100,000 children each year. The year 2009 is likely to fall in this category, too *(Fig. 1)*.

Fig. 1. *The number of live births in Hungary, 1990–2008*



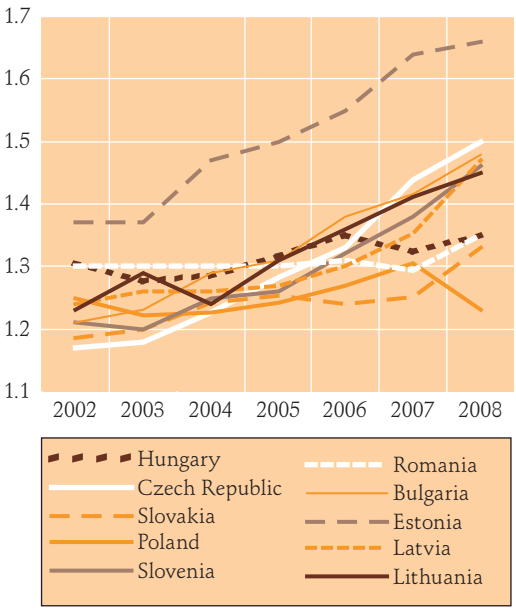
Source: Vital statistics, Hungarian Central Statistical Office

The seeming stability covers incessant changes. Similarly to the conditions in the rest of Europe and the neighbouring countries the tendencies of childbearing underwent a considerable change in Hungary, too, and the proportion of reproductive age groups within the society has changed.

To interpret the yearly number of newborn babies below 100,000 it has to be taken into account that the so-called total fertility rate (TFR) should be higher than 2 in order to reproduce the generation of the parents. In 1990 the total fertility rate was 1.84, i.e., the lag was still a mere 10 per cent. Following the drop in fertility in Hungary in the mid-1990s this rate was regularly between 1.27 and 1.36, which means that fertility is permanently lower by one third than the level necessary for the reproduction of the population.

According to the data from 2008 Hungary is among the countries featuring the lowest fertility rate in Europe and the world. Among the 27 countries of the European Union Hungary shares the 24th place with Romania. A lower level of fertility can be observed only in Slovakia and Poland. Making it simple, Europe can be divided into three distinct regions as regards fertility. The countries of Northern and Northwestern Europe do not have serious problems concerning fertility. With the exception of Luxembourg the TFR is around 1.8 or higher (in France and Ireland above 2). The lowest rates can be found in Central Europe, while most of the southern states show a fertility rate around 1.4 (Map 1).

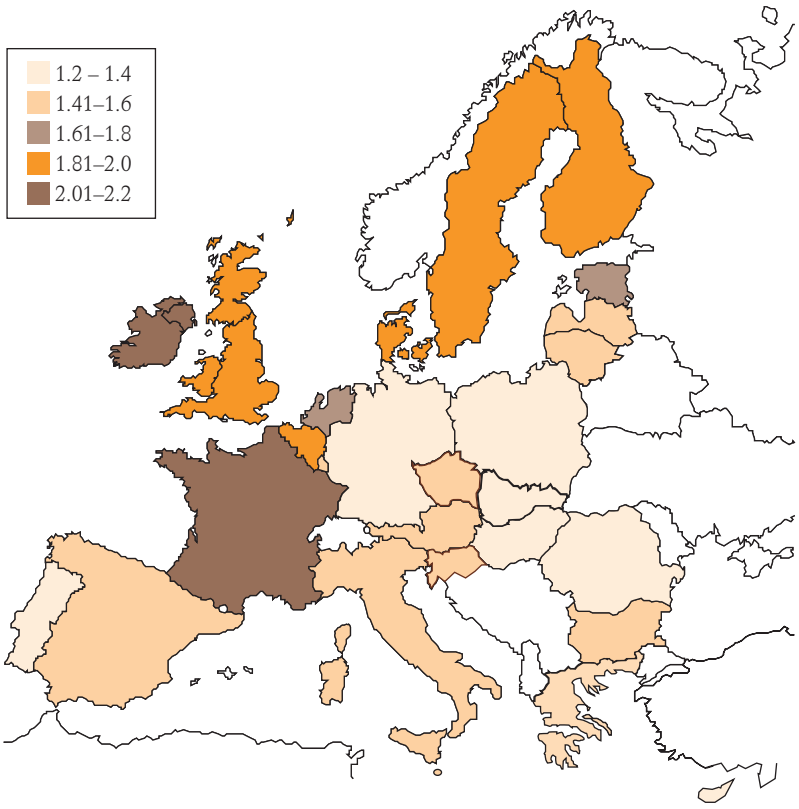
Fig. 2. *Total fertility rate (TFR) in ten new member states of the European Union, 2002–2008*



Source: EUROSTAT

Map 1. *Total fertility rate (TFR) in the individual countries of the European Union (EU 27), 2008*

Austria	1.41
Belgium	1.82
Bulgaria	1.48
Cyprus	1.39
Czech Republic	1.50
Denmark	1.89
United Kingdom	1.94
Estonia	1.66
Finland	1.85
France	2.02
Greece	1.45
Holland	1.77
Ireland	2.03
Poland	1.23
Latvia	1.45
Lithuania	1.47
Luxembourg	1.61
Hungary	1.35
Malta	1.43
Germany	1.37
Italy	1.41
Portugal	1.37
Romania	1.35
Spain	1.46
Sweden	1.91
Slovakia	1.33
Slovenia	1.46



Source: EUROSTAT, 2009

The present, even in international comparison extremely low number of children in Hungary goes back to the fact that the rise in fertility characterizing other countries of Europe with similarly low fertility rates did not come about in this country. The first years of the new millennium witnessed namely a steady rise in fertility in the ten new East Central European members of the European Union that used to have very low fertility rates *(Fig. 2)*.

Hungary still occupied a relatively favourable position among the new member states of the EU in 2002 with its birth rate similar to the present one but the same rate is much below the average today. Consequently, the situation of the 1990s, namely that despite its periodic decreases fertility in Hungary was somewhat higher than that of the other former socialist countries joining the European Union never repeated itself.

THE INCREASING MEAN AGE AT CHILDBIRTH AND THE CHANGING FAMILY SETTING

The decreasing fertility rates after the fall of communism in the whole East Central European region go back primarily to the fact that the former pattern to have children

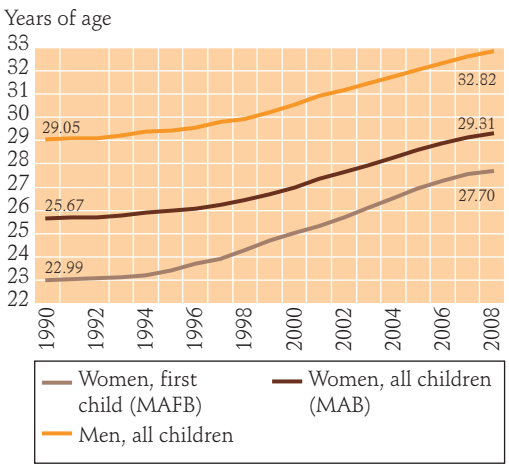
young stopped to exist and an ever growing number of women followed the West European example of postponing the birth of their first child to their late twenties or early thirties. Due to this abrupt shift in the timing of the first child the number of babies fell considerably as compared to earlier years. As a conseqence of postponement TFR decreased greatly in the given years. Postponement of childbirth comes, however, up to biological difficulties, so it could be hoped that children planned but postponed would eventually be born, anyway.

The replacement of the missing number of children began, however, only in half of the countries concerned (Czech Republic, Estonia, Bulgaria, etc., see *Fig. 2*), and being a new phenomenon, its causes cannot be specified yet. It is especially surprising that the rise did not even begin in Hungary. Demographers calculated, namely, that the numerous generation born around 1975 (the so-called Ratkó[1] grandchildren), having reached their thirties, would start to have the children they postponed while in their twenties.

The significant shift in timing that took place within a short period is illustrated by the fact that while in 1990 over three quarters of the women giving birth for the first time were under 25, the respective rate is hardly over one quarter today. A formerly quite general social phenomenon, i.e., childbirth in one's early twenties has thus become a rarity. Side by side with the change in the behavioural patterns the people's views about the timing of children have changed as well. A mother in her early twenties is considered definitely young both by public opinion in general and by the members of her own age-group. The demographic survey *Turning Points of the Life Course* for the years 2008-2009 shows that only 16 per cent of the age group 20-24 thinks that first children should be born before the mother turns 25.

The easiest indicator of the ageing of parents is the mean age (mostly of women) at the birth of their first child *(Fig. 3)* (MAFB; MAB).

Fig. 3. *Mean age of women and men at the birth of their children, 1990–2008*



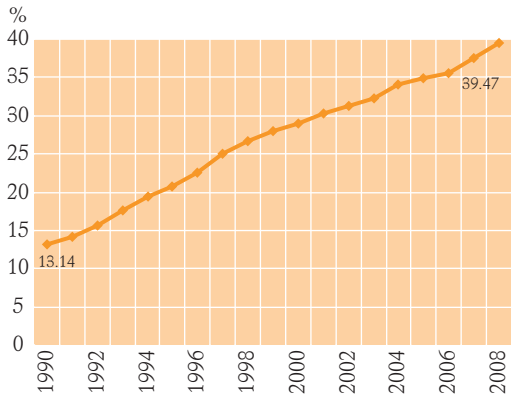
Source: Vital statistics, Hungarian Central Statistical Office–Demographic Research Institute

The mean age of women at the time of the birth of their first child rose by five years, from 23 to 28 in the period 1990-2008. Taking all children into consideration we can establish that the mean age of the parents at child-birth increased by four years, that of the women from 26 to 30 and that of the men from 29 to 33. The tendency accelerated in the second half of the 1990s and continues steadily, though there was a slight slackening in the past two years. The slowing down of postponement was, however, not accompanied by the expected rise in fertility.

[1] Ratkó Anna was Minister of Health in the early 1950s, who introduced a ban of abortions and even introduced a 'childlessness tax' (translator's note).

Another basic change is that in harmony with the tendencies in the rest of Europe the rate of having children out of wedlock increased greatly, namely from 13 per cent in 1990 to nearly 40 per cent in 2008 *(Fig. 4.)*

Fig. 4. *Rate of births out of wedlock in Hungary, 1990–2008*



Source: Vital statistics, Hungarian Central Statistical Office – Demographic Research Institute

Although the number of births did not change in the past ten years, the number of intramarital births decreased from 109,000 in 1990 to 75,000 in 1998 and is expected to drop to about 60,000 in 2009. At the same time, the number of children born out of wedlock became nearly two and a half times as high as at the beginning of the period. Having children out of wedlock shows a characteristic social distribution. In 2007 over two thirds of new mothers with at best eight grades of primary school were unmarried at the time of the birth of their children, while among those with university or college degree this rate was only 17 per cent (see *Demográfiai évkönyv, 2007*).

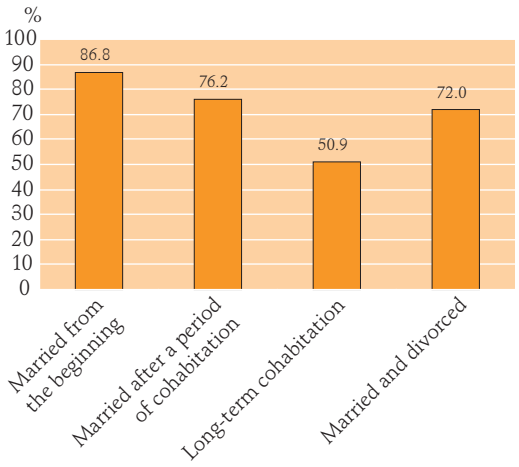
The heavily growing number of extramarital births is a result of two processes. Firstly, the rate of children conceived out of wedlock is increasing. Secondly, children conceived out of wedlock are born out of wedlock in higher numbers and in increasing proportions, too, compared to the previous period. This means that parents do not consider the legitimation of their children before their birth as important as earlier.

The spread of extramarital births is in connection also with the shift in the types of partnership. Not so much with the growing number of single-parent families than with the growing popularity of cohabitation (see Chapter 1 of the present volume). According to the researchers' estimates not quite one third of children born out of wedlock today arrive in single-parent families (lacking fathers). Two thirds of them have parents living in a lasting partnership though in a usually less stable one than marriage.

The transformation of partnership is, however, not indifferent as regards fertility. The postponement and the decreasing number of marriages, as well as the growing popularity of cohabitation and the increasing instability of partnership leave their marks on the number of offsprings, too. The lack of a suitable partner is naturally an obstacle in the way of having children. Two thirds of childless persons in the age group 30-34 do not have stable partners. The course of partnerships is not indifferent, either. Examining the first five years of partnerships it can be established that the greatest risk of having children can be observed in the case of those who get married right at the time of moving in together. This group is followed by those who get married after a longer period of cohabitation, and those living permanently in cohabitation are the least likely to have children *(Fig. 5)*.

It is naturally not easy to find the reasons and foresee the consequences. It is a well-known fact that prior to 1990 many

Fig. 5. *The risk of having children in the first five years of partnership (percentage of those with children).**



*= Comprehensive data for all unions formed between 1970 and 1999.

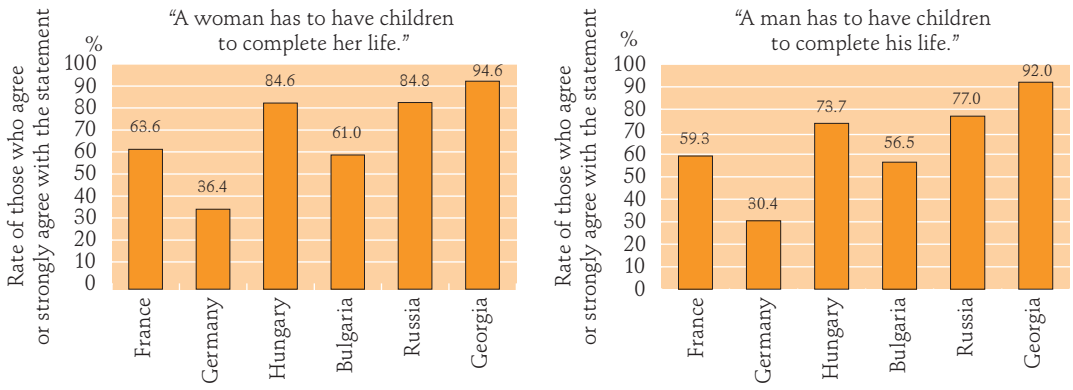
Source: Turning Points of the Life Course, Demographic Research Institute. (Authors' calculations)

couples got married just because the baby was on the way (so-called shot-gun marriages). Today this is a much less frequent phenomenon, though not quite negligible. It seems, however, that the shift among the forms of partnership played an important role in the decrease of fertility rates.

Data referring to the number of children reveal that the predominant family model of the 1980s, i.e., a couple with two children, is losing its significance. Although final results can be obtained only about the age groups above 45, it can be rightly presumed that the rate of childless women and those with one child only will grow among women in their thirties to day, while the rate of those with three or more children will not decrease or can even rise slightly. Due to the growing tendency of relationships to disintegrate, the rate of women with two children by different fathers is likely to increase in the future.

The change of values considerably contributes to the trends concerning the number of children. According to some authors individualism and the desire for autonomy, while according to others hedonism are responsible for the change. A great number of studies prove the role of values and norms in a person's decision about childbearing. It is important to note that the decisive majority of the Hungarian population considers children as important and indispensable assets of life, as proved by the *Generation and Gender Survey*

Fig. 6. *Rate of persons agreeing with allegations as to female and male gender roles in six European countries, 2001–2005*



Source: Gender and Generation Survey, the authors' calculations

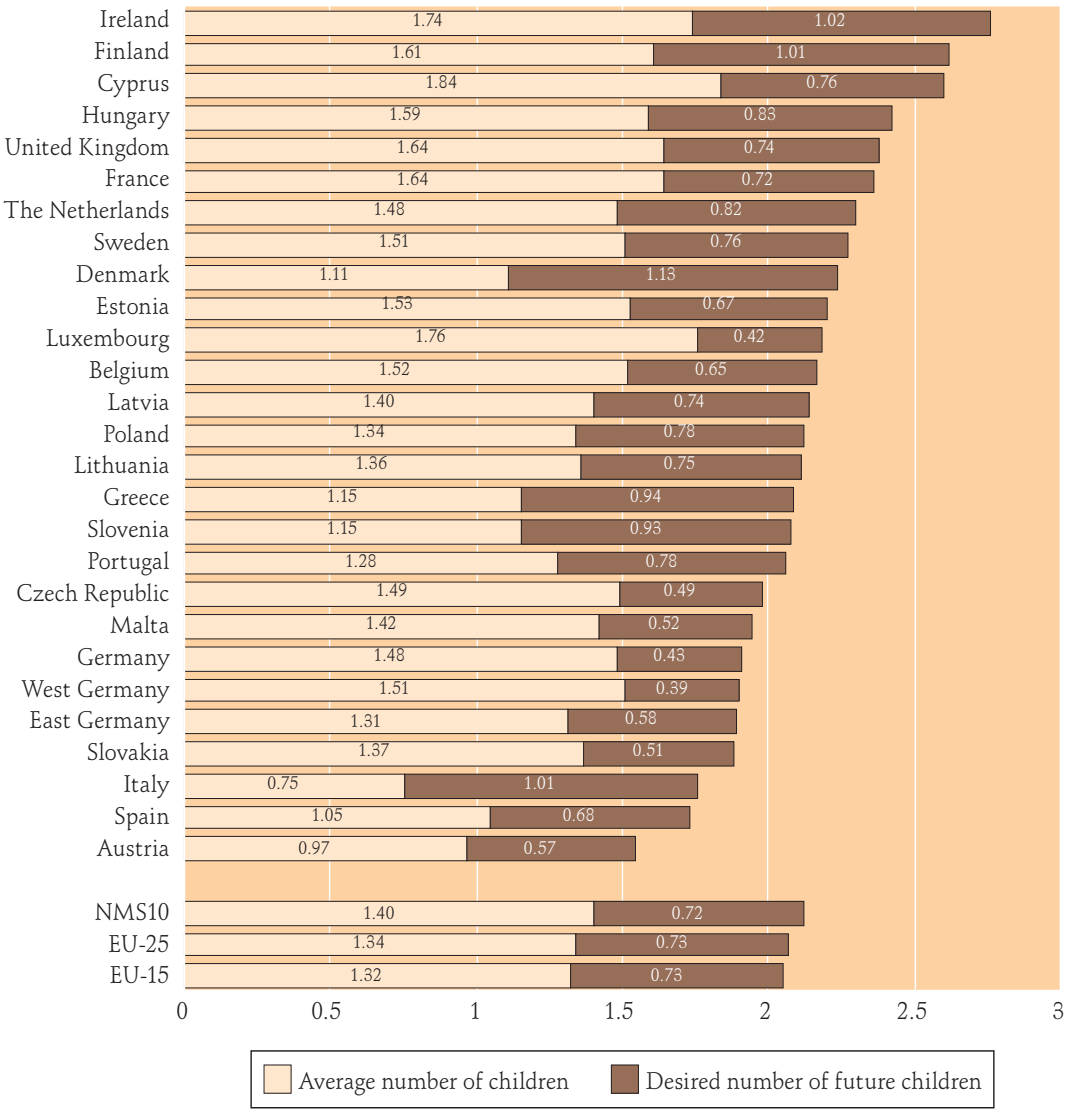
that asked people whether they consider children indispensable for a perfect life *(Fig. 6)*.

In most countries people (more women than men) consider children as inseparable parts of life. In Hungary, the proportion of people holding this opinion is higher than the average.

PLANS AND FACTS

In order to understand decreasing fertility we have to take into consideration the individual plans and desires. In a modern democratic society demographic policy aims at facilitating the birth of all desired children.

Fig. 7. *Average number of children and total number of desired children in the countries of the European Union (EU 25) among women of 25–39 years of age*

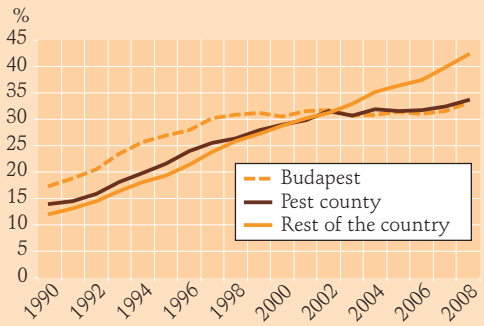


Source: Testa, 2007, p. 364.

BUDAPEST AND THE REST OF THE COUNTRY. SOMETHING HAS CHANGED.

Indicators of fertility reveal that a shift has recently taken place in this respect. In Budapest the rate of extramarital births has been traditionally high, much above the national average. In the second half of the 1990s it was already about 30 per cent. This rate seems to stagnate in the capital in the past few years just like in the surrounding area where it reached this level around the turn of the millennium. In the rest of the country the rate of children born out of wedlock is, however, steadily increasing and the average of nearly all counties is considerably higher today than that of Budapest and its vicinity. In 2008 at least half of the children were born out of wedlock in 48 statistical sub-regions (LAU1-level) of the country. A rate below 25 per cent could be observed only in certain "elite" districts of the capital populated mostly by people with higher education, in two high-status suburban sub-regions (Budaörs and Pilisvörösvár), and in the territories bordering Austria.

Fig. 9. Rate of births out of wedlock, 1990–2008



Source: Vital statistics, Hungarian Central Statistical Office

Should those in their reproductive years not want to raise as many children as are necessary to avoid the irreversible ageing of the society, politics would not be in the position to change individual plans. In Hungary the situation is, however, different as there is a considerable discrepancy between desires as to the number of future children and the possibility of their realization. The total number of desired children indicating personal plans considerably surpasses the actual number of children and is over 2, which would be sufficient for keeping the population on level. Consequently the main cause of low fertility in Hungary is not that the age groups concerned do not want children but that they cannot fulfil their plans as to the size of their future family.

Why is it important to realize this fact? One of the outstanding results of demographic surveys in Europe in the past decade is that low fertility in the individual countries came about by different numbers of desired children. In the years since the turn of the millennium certain countries experienced an abrupt decrease in the number of desired children, far greater than the actual decrease of fertility. Plans for less than two children could be first detected in the German-speaking countries. The Eurobarometer for 2005 indicates that at that time there were already nine EU member states in which the total number of desired children remained below 2 *(Fig. 7)*. Hungary does not belong to them.

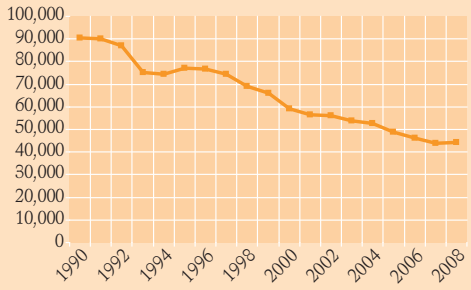
Finding the reason of the failure to fulfil these plans would help us find a solution to the problem or at least find out measures to help couples having the desired number of children.

Our surveys reveal that only 29 per cent of those wanting to have children within three years could realize their goals between 2002 and 2005 in Hungary. The majority had to postpone having children in that period and some (about one fifth of

INDUCED ABORTION

The lasting and considerable decrease in the number of induced abortions in Hungary is one of the few welcome facts as regards demographic processes. While in 1990 over 90,000 abortions were performed, the number dropped to 44,000 in 2008. The degree of the decrease was different in the various groups of society. It was the greatest in the case of very young and elderly women, while in the case of those in their twenties it was smaller than the average. Whereas in the early 1990s over 60 per cent of the induces abortions was performed for married women, today this rate is hardly over 30 per cent. There are regional differences as well. Abortion is especially frequent in Northern Hungary (Nógrád, Heves, and Borsod-Abaúj-Zemplén counties) where both unemployment and the rate of the Roma population are equally high.

Fig. 10. *Abortions in Hungary, 1990–2008*



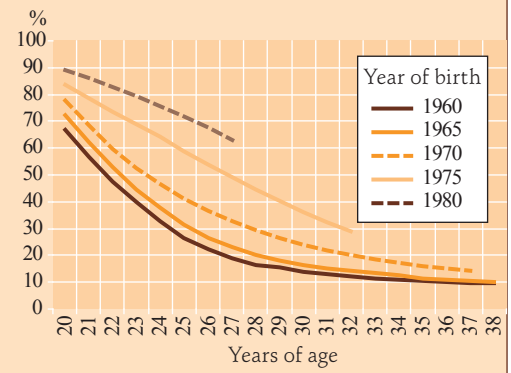
Source: Vital statistics, Hungarian Central Statistical Office

CHILDLESSNESS

Public opinion and demographers are equally interested in the degree of childlessness within the society. The rate of childlessness among women due to biological reasons (infecundity) is about 4 to 5 per cent. There are still countries where much more women renounce motherhood. For example, in the United States their rate is around 20 per cent, and in Germany about 30 per cent. The excess rate beyond the one justified by biological reasons is partly due to a conscious personal choice, partly to the passive acceptance of the circumstances ("I ran out of time", "it just happened so", etc.).

Although conscious childlessness is not seriously wide-spread in Hungary, the data clearly indicate that among persons in their thirties today the rate of childlessness will rise significantly as compared to earlier generations. As soon as childlessness gets conspicuous on a social level, public opinion is likely to change as regards family and children, which will certainly influence the life of families with children, too.

Fig. 11. *The rate of childless women in some birth cohorts*

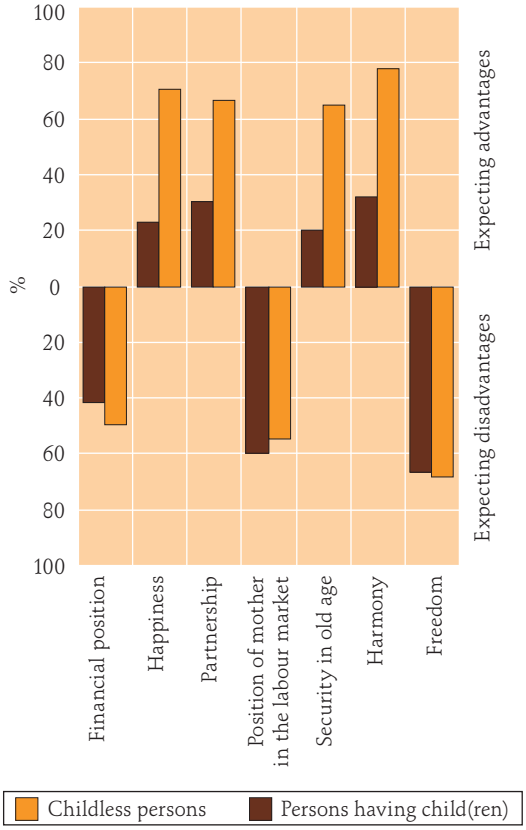


Source: Fertility database, 1995-2005. (Author's calculations)

the concerned) gave it up altogether. Those who succeeded in having children as desired were different from the others in several respects.

There are demographic, social, and institutional preconditions of having the desired number of children. The fact that older age groups fail to have children more

Fig. 8. *Rate of persons with or without children expecting predominantly advantages or disadvantages from the birth of a child by various aspects of life, 2004–2005*



Source: Tourning points of the Life Course, Demographic Research Institute. (Authors calculations)

often can presumably be explained by biological factors, too. It is important, therefore, to call attention to the possible result of postponing children too long, namely to the possibility of the final cancellation of parenthood. As becoming a parent with the birth of the first child brings about the most fundamental change is a person's life as compared to his/her earlier years, it is not by chance that the realization of the plans of childless people is more uncertain than those of people who already have child(ren). Having children is a decision for life resulting in irreversible changes that closes doors (especially for women) and at the same time opens up new possibilities. The key of success is a stable partnership. Those who live in a LAT partnership (See Chapter 1) realize their plans much less frequently than those living in cohabitation, and people living in cohabitation similarly less frequently than married couples.

Viewing things from socio-political points of view it is especially exciting to reveal what institutional and behavioural factors interfere with the fulfilment of reproductive plans or facilitate their realization. Research results confirm the assumption that the childcare system and the conditions of the labour market play an important part in all that. However, the labour market and the highly complicated Hungarian system of family support do not have a similar influence on all women. Their impact is different as regards the various groups of women by social layers and family types.[2]

To put it simply, as a result of this differentiating effect working women with low incomes realize their reproductive plans to a much greater degree than others. For them the childcare fee (GYED)(see Chapter 4 of the present volume) is a good substitute for their income, which is favourable for them. As a contrast, among those with a higher income GYED is not enough to compensate for the loss suffered by leaving the labour market (opportunity cost).

At the same time, among mothers receiving maternity benefits it is the group

[2] See also Spéder Zs. and Kapitány B. (2007), *Gyermekek: vágyak és tények. Dinamikus termékenységi elemzések* (Children. Desires and facts. Dynamic fertility analyses). *Turning Points of the Life Course. Working Papers, 6* (Budapest: Demographic Research Institute)

of those with higher education and higher positions in society who are more likely to be able to afford having the second or even the third child, most probably due similarly to reasons going back to the labour market and the childcare system. But as soon as mothers go back to work once the period of childcare allowances is over, the risk of the realization of their future plans for more children decreases considerably. Mothers, namely, think twice before leaving the labour market again as it is more difficult to get back every time. In other words, if the second child is not born while the mother is still on maternity leave with the first one, it is less likely to come into the world at all. Consequently, the labour market and the childcare system play a great part in the fact that the average number of children born to mothers in the medium layers of society with moderate incomes has been rapidly decreasing since 1990 and is the lowest today (characteristically one child only), while the upper layers are getting polarized. The rate of upper-layer women without children or with several children is growing and that of those with one child is falling. (The rate of women with higher education having a single child decreased from 28.3 per cent in 1990 to 23.8 per cent in 2005.) It can be established that in many cases the labour market hinders the realization of reproductive plans and is the most unfavourable as regards the prospective second child and children of higher order of women with average education or educated below the average.

The above research results are in tune with the answers to the question about the consequences of the birth of a(nother) child on the financial conditions of the family, on the employment of the mother, on the possibility of bringing decisions freely or on the happiness of the family among others. *Fig. 8* shows the rate of majority answers. Figures above the horizontal dividing line indicate the dominance of positive consequences, while the ones below the line indicate that of negative ones. For example, 68.3 per cent of childless people expect the deterioration of their financial position. (The opinions of persons with or without children are presented separately.)

The opinions are fairly uniforms as to the advantages and disadvantages of having a new baby. People mostly expect the child to give them happiness, harmony, and security for their old age, at the same time they are aware of the growing financial burdens and the greater limitations as to the mothers' employment and freedom.

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4.
CHILDCARE AND EMPLOYMENT

Zsuzsa Blaskó

MAJOR FINDINGS

- Direct financial benefits play a great part in the family support system of Hungary. All families with small children (children younger than three) get some kind of financial aid or subsidy related to the birth and the raising of children, i.e., the TGYÁS (pregnancy and confinement benefit), the GYES (childcare allowance), and the GYED (childcare fee).[1*] The family allowance is due until the child turns eighteen and constitutes a considerable portion of the families' income, especially in the case of less well-to-do parents.
- Hungary belongs to those countries that motivate parents to take care of their small children at home by granting a long maternity leave and childcare allowances like GYES and GYED, making it possible for mothers to stay at home with their children for three years. At the same time, the capacity of the infants' nurseries is very low. Although they are free to do so, few women take up paid work before their child gets three.
- The system basically unchanged for several decades was considerably modified by an amendment of law in the summer of 2009, according to which mothers having children after April, 2010 would only be allowed to stay at home for two years.
- When the youngest child gets three and the mother (re)enters the labour market, she is certain to find it very difficult to reconcile work and her duties in the family. She might even have difficulties with going back to work again. Part-time employment is very rare in Hungary and employees usually do not have a say in their working hours.
- Although fathers are similarly entitled to receive most of the benefits, only few of them make use of the possibility, consequently children are mostly taken care of by their mothers.

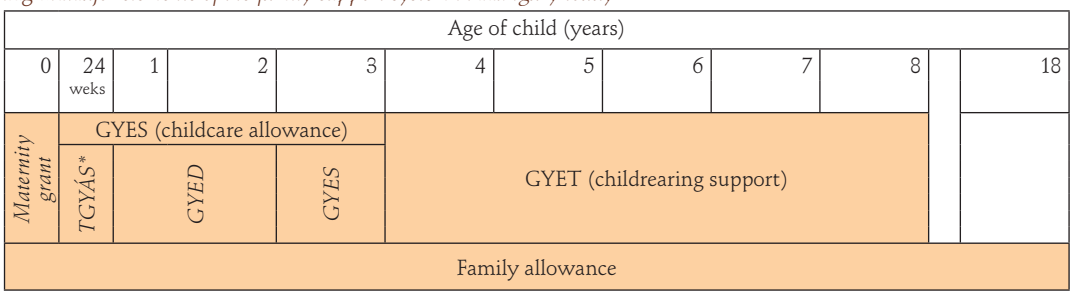
[1] Hungarian acronyms.

CHILDCARE BENEFITS AND PARENTAL LEAVE

The system of allowances attached to the birth of a child is fairly complex in Hungary *(Fig. 1)*.

It contains both single payments like the maternity grant and regular benefits like TGYÁS, GYES, GYED, and GYET. Among the regular allowances there are some that are due by civic right and some that are linked with insurance. These are not merely financial benefits, they also create insurance relations, making it possible for mothers to stay at home and remain insured. The longest additional income for the families is the family allowance which is due automatically after children.

Fig 1. *Major elements of the family support system in Hungary today*



* TGYÁS (maternity and confinement benefit), GYED (childcare fee), GYES (childcare allowance)

Maternity grant is a sum paid on the occasion of the birth of a child and is due by civic right. Its primary aim is to compensate for the expenses of the family in that period and amounts to 225 per cent of the lowest sum of the old-age pension at the time when the child is born. In 2009 it was 64,125 forints.

If the mother did not work prior to the birth of the child, she is entitled to *childcare allowance* (GYES) until the child turns three. It generates insurance relations as well. Prior to January 1, 2008 the sum increased each year to follow inflation. Since then it has been 28,500 forints per month. After the child's second year of age GYES can be granted also to the father or even to the grandparents but only few of them choose to stay at home with the child.

In the first year the person receiving GYES is not allowed to do paid work but after that he/she can be gainfully employed without limitation. This is a considerable step forward encouraging parents to work. Prior to 2004 parents receiving GYES were, namely, not allowed to work until the child became one and a half years old and between 2004 and 2006 they were allowed to work four hours a day at a workplace or unlimited hours at home. Working parallel with GYES still remained a rare phenomenon until 2005.[2]

Ever since its introduction in 1967, GYES – in addition to a certain sum of money – has granted mothers three years to spend with their children at home, qualifying as an employment, which was at that time exceptional worldwide. The conditions of the allowance have changed several times since then but its duration is still one of the long-

[2] A survey in the first half of the 2000s revealed that it amounted to a mere 5 per cent (see Bálint – Köllő, 2007).

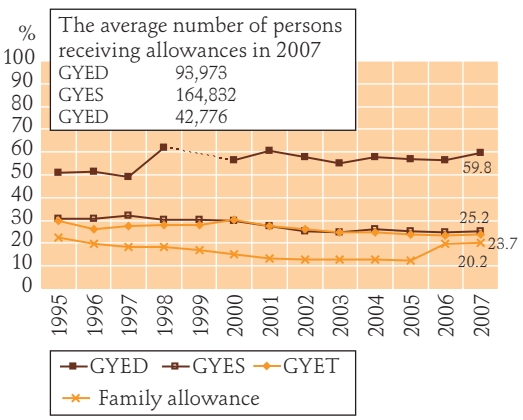
est in Europe. This changed in the wake of the amendment passed in July, 2009 that reduced the period of GYES to two years beginning with children born after April 30, 2010.

Mothers who had social insurance prior to giving birth can take a maternity leave of 24 weeks in the course of which they receive TGYÁS *(pregnancy and confinement benefit)* amounting to 70 per cent of their pro rata average income of the previous year. When this period is over, either parent ensured prior to the birth of the child can receive GYED (childcare fee) until the child gets two. The fee amounts to 70 per cent of the average income of the parent in the previous calendar year but cannot exceed than 70 per cent of double the minimum wage. During the period of TGYÁS and GYED the parent concerned is considered to be on leave, and not allowed to work. When the child turns two the parent taking care of it is entitled to receive GYES for the remaining third year just as those unemployed before the birth of their child. During that period the parent concerned is protected against dismissal.

Parents having at least three children have been entitled to GYET *(childrearing support)* since 1993. This allowance is received automatically from the third year of the youngest child to its eighth. It amounts to the smallest sum of old-age pension, which is at present (in the case of entitlements beginning with January 1, 2008) 28,500 forints per month. Parents receiving GYET can work only four hours a day except when working at home.

Family allowance is the benefit affecting the life of most families, more than any other form of monetary family support. It is due to families by civic right after every child. The sum depends on the number of children, on the type of the family (single-parent or two-parent), and the children's state of health. It increases every year. Usually, it lasts to the end of compulsory school attendance, i.e., the completed 18th year of age. Due to the accelerating inflation after the change of regimes it lost much of its real value, which was in part counterbalanced in January, 2006 when the earlier regular childprotection benefit and a certain tax relief became incorporated into the family allowance. The allowance nearly doubled. In 2009 two-parent families with one child received 12,200 forints, while families with three or more children received 16,000 forints per child per month. A single parent with one child got 13,700 forints and a single parent with three or more children got 17,000 per child (*Fig. 2*). shows the size of the various forms of di-

Fig. 2. *Childcare allowances as compared to net average incomes (per cent), 1995–2007**



* GYED was repealed in 1995 with the introduction of the economic restrictions called 'Bokros package' after the current minister of finance but was reintroduced in 2000.

Source: Central Statistical Office database, author's calculations, http://www.ksh.hu

rect financial family support as compared to the average incomes.

In January, 2009 family allowance remained unchanged, similarly to GYES, and is not planned to increase in 2010, either. Its role in the families' income is reflected by the fact that in 2007 it amounted to an average 9 per cent of the total income of families with children (see Gábos, 2008), which is a high rate in international comparison.

The family tax relief has been changed several times since the introduction of the personal income tax in 1988. At present it is due only to families with three or more children below a certain level of income and amounts to 4,000 forints per month per child.

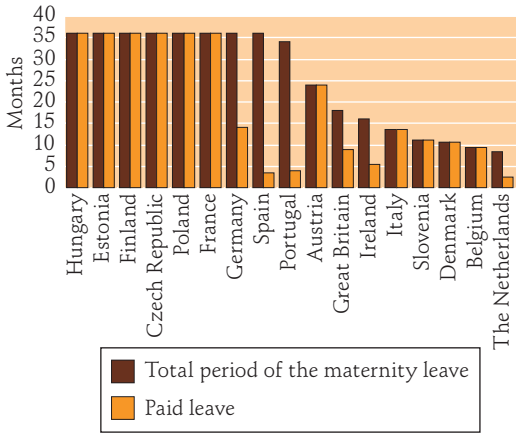
Up to recently the subsidized housing loan and the home-building grant (the so-called SZOCPOL, a sum not to be refunded) was a still larger financial contribution to the housing conditions of families having children. The grant depended on the number of children and it was higher for second and third children. In July 2009 the Bajnai government suspended the system of housing support functioning basically unchanged since 2000. The system of interest subsity was restarted in October based on new conditions.

Further forms of financial support not dealt with here in detail are the support paid for new-born babies, the regular child protection allowance and the extraordinary child protection benefit.

The international comparison of benefits and leaves granted in connection with the birth of a child is extremely difficult, if not impossible, due to the great variety of the systems applied. It is still a fact established by every attempt at comparison that the present Hungarian system is among the generous ones as regards the length of the time spent at home, its ability to compensate paid work (in the case of GYED), and the universality of the provision (in the case of GYES).

Fig. 3 shows the period granted for mothers (or fathers) as a leave from work following the birth of their children and the period of the individual forms of supplementary income. It can be seen here that Hungary belongs to the countries (Estonia, Finland, the Czech Republic, and Poland) that maintain a system of family support encouraging parents to stay at home for a long time, i.e., three years. France has a special arrangement as parents get there a long leave with financial subsidies only from the second child. Germany, Spain, and Portugal grant long leaves but only limited subsidies for a short period. In several other countries of the EU the leave is much shorter. For those at the end of the list it is less than a year.

Fig. 3. *Maternity leave in some countries of the European Union, 2008*



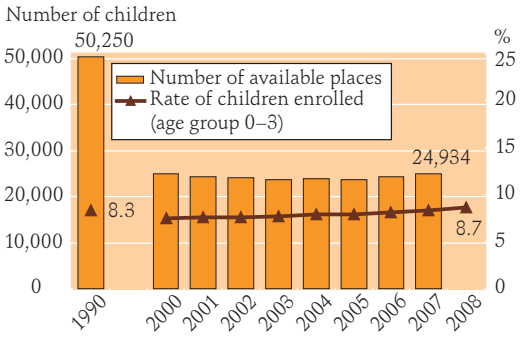
Source: Moss–Korintus (2008)

CHILDCARE INSTITUTIONS

The availability of institutionalized child care greatly determines the timing of the parent's return to the labour market after the birth of a child. In Hungary the primary from of institutions for children under three years of age are the infants' nurseries. Children can be admitted when they are twenty weeks old but (partly due to the timing of the termination of GYED) they are enrolled mostly when they turn two. Several of them remain even after their third year of age.

The number of infants' nurseries, consequently the number of children they can admit decreased radically after the change of regimes. By 2004 their capacity fell to half of that in 1990 *(Fig. 4)*.

Fig. 4. *Capacity of infants' nurseries and the rate of children enrolled from the age group 0–3, 1990–2008.*



Source: Unpublished data, Central Statistical Office

After that the infants' nurseries maintained by workplaces were closed together with several municipal ones. The number of children in the age group fell to a much smaller degree, which led to overcrowding at the still existing institutions. As a consequence the rate of children going to infants' nurseries has remained relatively unchanged since the change of regimes, around 8 per cent. The measure of overcrowding and the rate of those provided for shows territorial discrepancies in the country. Conditions are the most favourable in the region of Central Hungary and much worse in the northern part of the country.

The average of 8 per cent is much below the respective rate in most European countries. In Denmark it is 70 per cent, in the Netherlands 50 per cent, in France, Sweden, and Belgium above 40 per cent (OECD data, see *Fig. 5*).

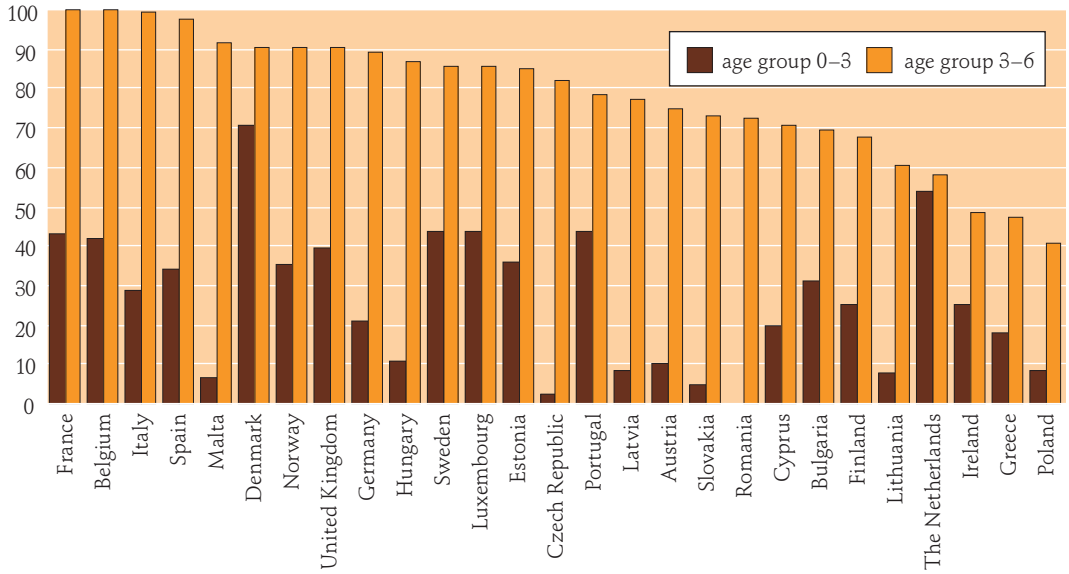
The rate of children cared for at infants' nurseries is similarly low or even lower in the Czech Republic, Lithuania, Austria, Slovakia, Poland, and Latvia.

Comparing the data of Figs. 5 and 2 we can conclude that the countries of Europe follow two basic models with several varieties. The Scandinavian model lets mothers stay away from the labour market only for a relatively short time but there are enough institutions that can take care of most children in the age group 0-3. As a contrast, the majority of the East European countries, Hungary included, offers a longer leave and smaller institutional capacity, encouraging mothers to stay at home with their children.

The period of the leave and the institutional background being interdependent, it follows from the planned shortening of GYES from 2010 that a considerable expansion of the institutional basis of child care will be needed. Realising this need, the amendment containing the changes as regards the future of GYES invites the government to introduce a bill to remedy this problem before October 15, 2009.

Although non-parental chidcare for children under the age of 3 is mostly provided by infants' nurseries, recently there is a growing number of alternative solutions as well.

Fig. 5. *The rate of children attending childcare institutions in the countries of the European Union, 2006*



Source: OECD Family Database, http://www.oecd.org

Whereas in 2005 there were still no more than 78 family nurseries (private day-care centres in family dimensions), in 2009 there were already 260. These institutions take care of 5 to 7 children in a family atmosphere either in the home of the nurse or elsewhere.

Most family nurseries operate in the capital and in the Central Hungarian region. This is presumably because parents in these institutions have to pay a fee unlike at the theoretically free public nurseries. This is because family nurseries receive less per capita entitlement (state support) than the municipal institutions and the contribution of the local authorities is not regular, either, but depends on individual arrangements. Consequently, family nurseries can exist only where parents can afford paying for them. In 2007 as few as 1448 children attended family nurseries.[3]

[3] Recently there are groups for children under 3 also at kindergartens, too, but no national data are available for the number of children there.

In contrast with children under three, those in the age group 3 to school age have a fairly wide-spread network of childcare institutions in Hungary. According to OECD data 86.9 per cent of the age group 3-6 attended kindergartens or nursery schools in 2006. This is still less than in France, Italy, and Spain, but is basically identical with the degree of attendance in the Scandinavian countries, Germany or Great Britain. From among the former socialist countries similarly favourable conditions can be found only in Estonia, the Czech Republic, and Lithuania (see Fig. 5.).

Although the national average shows a positive picture, there are territorial and social disparities in this respect, too. Children are obliged to attend pre-school only after the age of five, so those below five can be turned down with reference to a lack of capacity, while the inflexible opening hours and the long summer holidays cause difficulties to the parents of those admitted.

FAMILY POLICY AND FERTILITY, LABOUR MARKET AND FERTILITY

Researchers have found both in Hungary and abroad that family policy including the system of childcare leave can have a great impact on fertility. The various surveys unanimously concluded that direct financial benefits encourage people to have children, whereas their reduction leads to a decrease in the number of children. This statement equally refers to family allowances, maternity allowances, and to tax reliefs depending on the number of children, though it has to be admitted that not every system is equally effective. France is a positive example with its system of supporting only second and further children by a long and heavily subsidized maternity leave.

It has also been shown that sometimes not even a considerable increase of benefit leads to a really notable increase of fertility. The long-time effects of certain types of benefits are similarly unclear. Researchers point out that they may not lead to an actual rise of fertility, only to the earlier birth of the planned children. It is similarly not clear how long the maternity leave and how high the amount of the financial support needs to be in order to maximize demographic benefits. The fact that countries with the highest female employment, such as Sweden, can often boast of the most favourable level of fertility turns the attention of researchers to the impact of measures intended to harmonize family life and employment. Surveys in this field show that individual measures cannot bring about positive changes in the number of children. A complex transformation of the social and economic environment encouraging mothers to go back to work is needed for that. Its elements could be a not too long but well-paid maternity leave; affordable, available, and high-quality infants' nurseries; increased participation of men in household and childcare activities; and labour conditions like flextime, teleworking, part time, etc., that can help harmonizing family and employment.

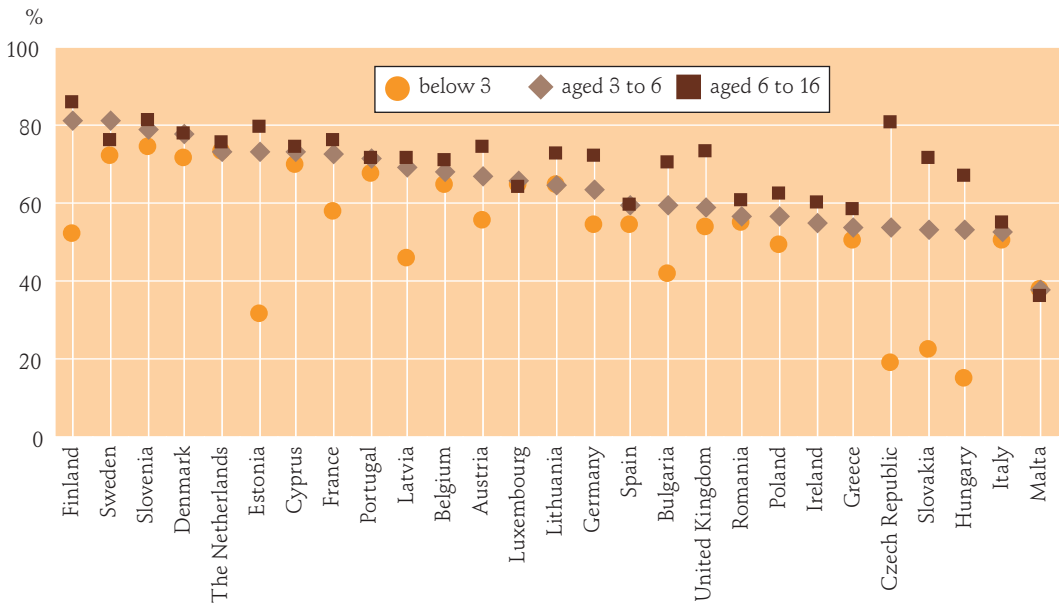
CONDITIONS OF THE LABOUR MARKET

Whereas in 27 EU-countries 72.8 per cent of men between 15 and 64 and 59.1 per cent of women in the same age group were employed in 2008 on average, the respective rate in Hungary was merely 63.0 per cent for men and 50.6 per cent for women.[4] In the case of men the difference was due to causes resulting from conditions on the labour market, i.e., the high rate of persons receiving pension-type provisions and inactive due to other causes (see Chapter 8 of the present volume), while in the case of women the low level of employment could be explained to a high degree by the great number of mothers raising their children at home.

Since the mid-20th century, the dominant type of family in Hungary has been the one with two wage-earners, consequently women leave the labour market only for a certain period after the birth of their children. The predominance of this model was, however, shaken by the changes of the labour market after the change of regimes. The appearance of large-scale unemployment and the spread of alternative forms of inactivity in the early 1990s was really dramatic. The level of employment has, however, been fairly stable since the second half of the 1990s. In 2007 in 44 per cent of two-parent families with children aged 0 to 14 both parents were employed. The rate of those with only one working

[4] See EUROSTAT. http://epp.eurostat.ec.europa.eu

Fig. 6. *The rate of employed mothers by the age of their youngest child in the countries of the European Union, 2007*



Source: OECD Family Database, http://www.oecd.org

parent was the same, but in every tenth family with children both parents were unemployed. Sixty-one per cent of single mothers had paid work in 2007.[5]

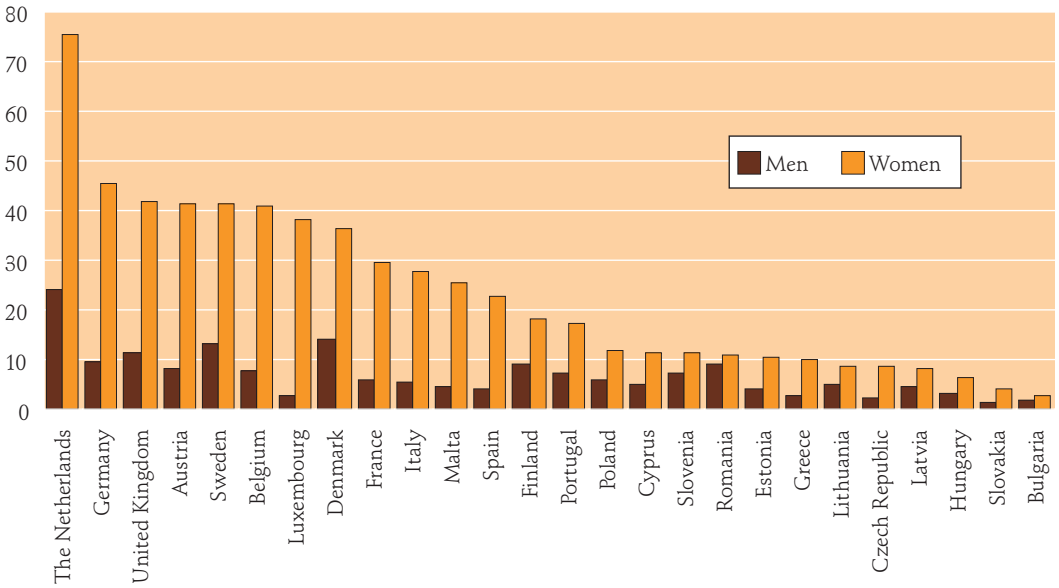
In the case of women the most frequent cause of the suspension of work is the birth of a child when they resort to the various forms of maternity leave. In most cases they make full use of the three years granted for them. According to Bálint and Köllő (2007) mothers with more than one child kept away from the labour market for 4.7 years in average between 1997 and 2005. *Fig. 6* compares the situation in Hungary to that in the other countries of the European Union and shows that Hungary is the last in Europe (lagging even behind Slovakia and the Czech Republic) with its 15 per cent as regards the rate of employment among women with children below 3 years of age. At the same time the rate of working women having children aged 3 to 5 or older is not below the European average. The low rate of mothers with children aged 3 to 5 is partly due to the fact that several mothers no longer receiving GYES have difficulties with returning to the labour market. The so-called START-PLUSZ programme introduced in 2007 aims to remedy this problem by granting allowances to employers of such mothers.

Another peculiarity of the employment of parents in Hungary is the low rate of those working part time. In Western Europe, especially in the northern countries this is the classic way of reconciling family and work, mostly for women. Whereas in 2008 an average of 31.1 per cent of the working women worked part time in the 27 EU countries, in Hungary this rate was merely 6.2 per cent.[6] It is not known, however, what percentage of all women working part time are

[5] EULFS http://www.oecd.org

[6] EUROSTAT. http://epp.eurostat.ec.europa.eu

Fig. 7. *Rate of part-time workers in percentage of all employees in the countries of the European Union, 2008*



Source: EUROSTAT http://epp.eurostat.ec.europa.eu

mothers with small children. In Hungary most women (and men) work 40-45 hours a week, a mere 5 per cent of the employed work less, and 5 per cent works more than that (EULFS). The low rate of part-time employment in Hungary goes back to various interdependent reasons such as high fixed expenditure burdening the employed (e.g., commuting) and high wage costs burdening the employers *(Fig. 7)*.

Working parents are entitled to certain reductions of working hours. However, in Hungary they do not make everyday life easier but offer help mainly in extraordinary situations. Additional holidays and sick leaves for the duration of the child's illness belong to this category. Families are free to decide which parent should make use of the possibility. Fathers are granted an extra five days' leave in the first two months after their baby is born.

Besides the reduction of worktime granted by law employers can help their employees in harmonizing their family duties and their gainful activities in many ways. Comparable international data are available as to flextime showing that out of 21 EU member states Hungary has the highest rate (85 per cent) of employed people whose worktime is determined fully by the employers, i.e., who have no say in the timing of their work at all. In Scandinavia the respective rate is 40 to 60 per cent, in Austria about 56 per cent. Several former socialist countries feature more favourable conditions than Hungary in this respect. In the Czech Republic this rate is 72 per cent, in Slovakia 77 per cent, and is similarly low in Latvia and Lithuania, too *(Fig. 8)*.

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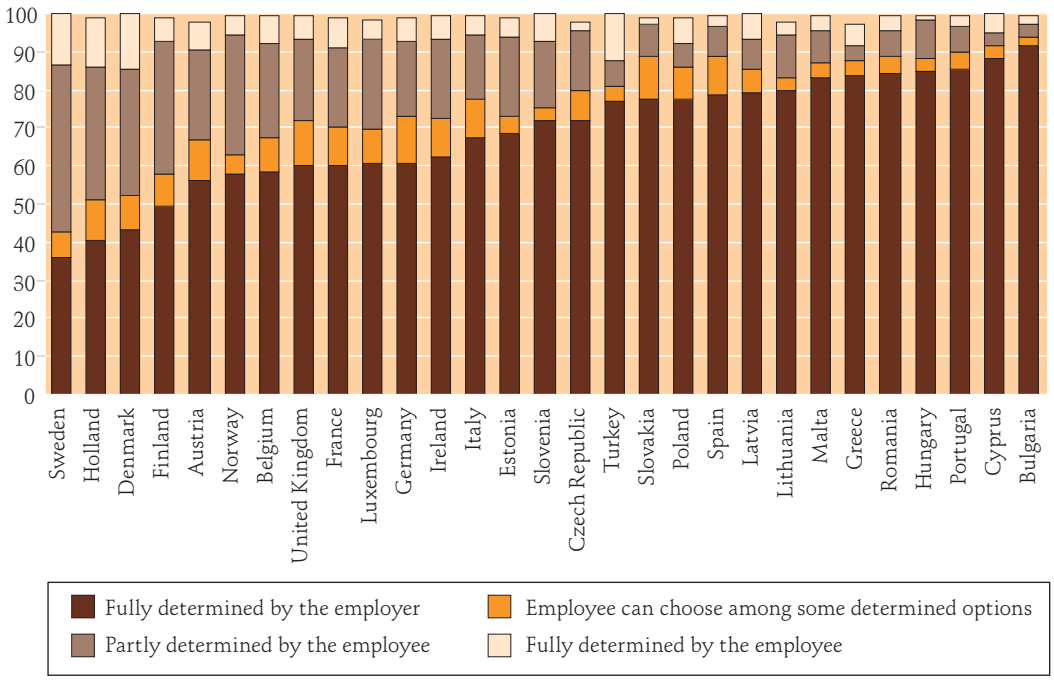
Fig. 8. *Possibility for employees to determine their worktime in the countries of the European Union and Turkey*



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5.

SOCIAL DISPARITIES IN MORTALITY

Katalin Kovács–Péter Őri

MAJOR FINDINGS

- Mortality in Hungary had been traditionally unfavourable as compared to Western or Northern Europe but this disadvantage decreased considerably by the 1960s. Later the handicap became greater once again. In the 1990s mortality deteriorated further due to the economic and social transformation of the country starting in 1989.
- The nadir fell between the years 1992 and 1994 when the economic and social impact of the transformation was the most severe (unemployment, inflation). From the late 1990s some improvement could be observed that was faster at first but later slackened.
- At present both male and female mortality can be considered very high in international comparison. This is true not only in comparison with the countries of Northern, Western or Southern Europe but also within the East Central European region. Disregarding the successor states of the former Soviet Union, male mortality is the highest in Hungary, while female mortality is between the Czech–Polish and Bulgarian–Romanian figures. With respect to age groups and gender, the mortality of middle-aged men is the worst of all.
- Within the territory of Hungary mortality is particularly high in the northern and north-eastern counties, as well as in those of southern Transdanubia.
- Differences are great among persons on different levels of education and they have become still greater since 1989.
- The disadvantage of the lowest layers of society increases as regards their state of health and mortality. Mortality is especially high among those groups of society that have fallen behind and become marginalized. Their handicap is steadily growing as compared to the majority of the Hungarian society.
- The mortality crisis following the change of regimes affected primarily men and persons of low social status. Since then the relative position of the latter has deteriorated further. The increasing social differences of mortality are still more conspicuous also among women, even though they have a higher life expectancy than men.
- Social differences of mortality are especially great in the former socialist countries, and Hungary's example is striking even among them.
- The reduction of mortality in general is impossible without diminishing the mortality differences among the various layers of the society resulting from social inequalities.

FACTS IN RETROSPECT AND IN INTERNATIONAL COMPARISON

As compared to the developed parts of Europe, Hungarian mortality shows unfavourable trends also in historical perspective. Our relative conditions have not improved as regards life expectancy at birth and healthy life expectancy. It is, however, important to note that our disadvantage considerably decreased until the early 1960s. While in the early 20th century we were about 7 and 9 years behind the European average (females and males examined separately), by 1960 the difference dropped to six month and one year, respectively. Afterwards the mortality of men started to increase again in all socialist countries, Hungary included, and that of women decreased only very slowly, even stagnating for certain periods. The phenomenon went back to the unparalleled deterioration in the mortality rate of middle-aged men. The improvement of mortality in Western Europe beginning with the 1970s did not take place in Hungary for a long time to come. As a consequence, life expectancy at birth in the years around the turn of regimes lagged behind the European average by 6.4 and 4.8 years, and behind that of the neighbouring Austria by 7.3 and 5.3 years (Figs 1 and 2).

The life expectancy of Hungarian males at birth (66.4 years) was not conspicuously disadvantageous in 1970[1] yet. Although in the United Kingdom, Italy and Bulgaria it was 68-69 years already at that time, several other European countries stood on the same level with Hungary and only few of them (e.g. present-day Latvia and Russia) had 1 to 3 years lower male life expectancy.

[1] 1970 was the first year for which we have data suitable for a detailed international comparison.

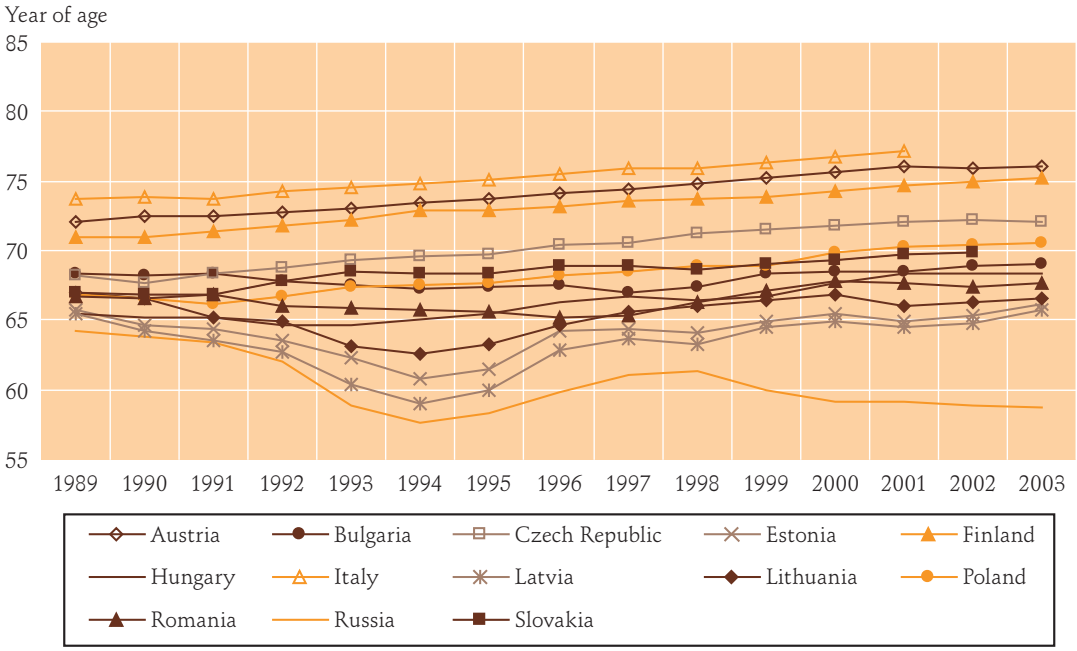
In the decade and a half after 1970 the life expectancy of the male Hungarian population decreased by a year and a half. The second half of the 1980s was characterized by an improvement of one year, but this achievement was destroyed by the mortality crisis in the early 1990s when the life expectancy at birth for males in Hungary sank below 65 years. Improvement began in 1994 and has been slow but steady ever since then. Today Hungarian men can expect to live more than 68 years in average.

A transitional decrease in the length of life took place in several countries, though not to the same degree and not at the same time. Life expectancy in Latvia and Lithuania shows similar tendencies as in Hungary, though the starting point was much higher. In 1993–94 the Baltic states experienced a particularly severe crisis in mortality during which the male life expectancy at birth fell to 60-63 years. The nadir was, however, followed by a dynamic rise of life expectancy there and today it is over 65. The mortality crisis was especially severe in Russia. In Romania male life expectancy decreased between 1970 and 1990, mainly in the 1980s. The nadir was in 1996–97, followed by a slow improvement.

In the Czech Republic and in Poland male life expectancy at birth did not drop in the 1970s and 1980s. It stagnated around 67 years. There was no considerable decrease in the early 1990s, either. Male life expectancy increased in both countries after 1991. The increase was more dynamic in the Czech Republic, nearly reaching 74 years, while the result was about 71 years in Poland. The development in Slovakia was similar to that in Poland, though there was a minor mortality crisis around 1990, pushing down life expectancy by one year.

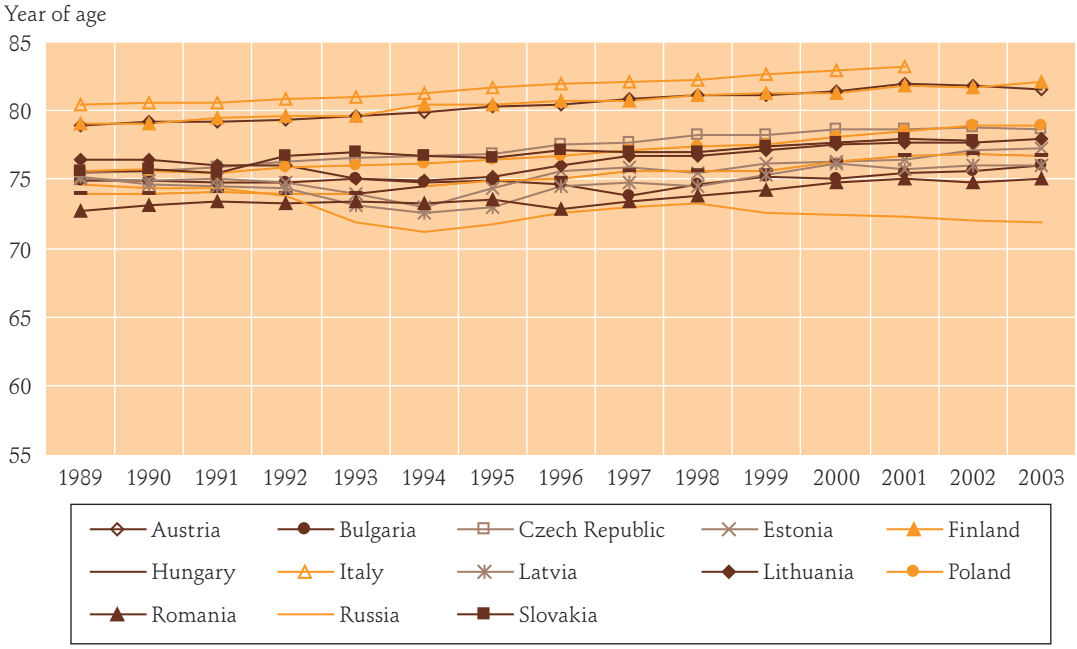
In the western, southern, and northern

Fig. 1. *Male life expectancy at birth in selected European countries, 1989–2003*



Source: http://data.euro.who.int/hfadb/

Fig. 2. *Female life expectancy at birth in selected European countries, 1989–2003*



Source: http://data.euro.who.int/hfadb/

countries of Europe male life expectancy has been growing dynamically since 1970, though at a different pace. In the mid-2000s it was somewhere between 76 and 78 years.

The generally known fact of high male mortality in Hungary being in the limelight, unreasonably little attention is paid to female mortality. In 1970 female life expectancy at birth was 73 to 75 years in the countries of Europe. There were only two exceptions among the countries shown in Figure 2, namely the 72 years of the Hungarian and the 70 years of the Romanian female population. In the course of the 1980s Russia joined the group of countries with rather low female life expectancy.

In the early 1990s the mortality crisis greatly influenced the female mortality of the Baltic states and Russia, too. Later there was a decrease in female life expectancy in Bulgaria as well. Then came an improvement in all former socialist countries except for Russia, reaching a life expectancy of 76–78 years in Romania, Bulgaria, Latvia, Lithuania, Estonia, Hungary, and Slovakia, and even 79 years in Poland and

Table 1. *Major indicators of mortality in Hungary, 1990–2008*

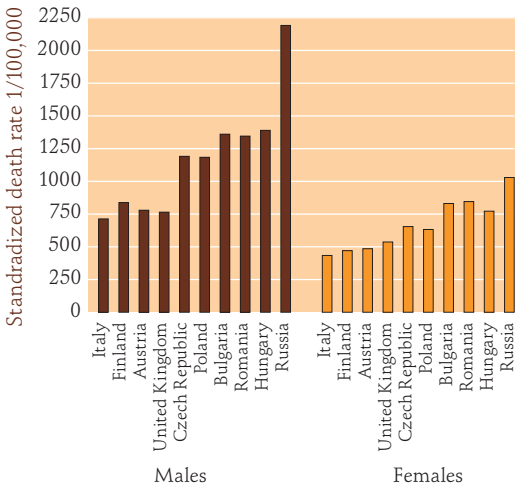
	Men			Women			Total		
	Number of death	Crude death rate (per 1000 persons)	Life expectancy	Number of death	Crude death rate (per 1000 persons)	Life expectancy	Crude death rate	Standardized death rate (a)	Standardized death rate (b)
							(per 1000 persons)		
1990	76,936	15.5	65.13	68,724	12.8	73.71	14.1	14.0	12.6
1991	76,762	15.5	65.02	68,051	12.6	73.83	14.0	13.9	..
1992	79,633	16.1	64.55	69,148	12.9	73.73	14.4	14.2	..
1993	80,498	16.3	64.53	69,746	13.0	73.81	14.6	14.3	..
1994	78,654	16.0	64.84	68,235	12.8	73.23	14.3	13.8	..
1995	77,344	15.8	65.25	68,087	12.8	74.50	14.2	13.6	..
1996	74,827	15.4	66.06	68,303	12.8	74.70	14.0	13.3	..
1997	73,278	15.1	66.35	66,156	12.5	75.08	13.7	13.0	..
1998	74,300	15.4	66.14	66,570	12.6	75.18	13.9	13.1	..
1999	74,641	15.5	66.32	68,569	13.0	75.13	14.2	13.2	..
2000	70,475	14.5	67.11	65,126	12.2	75.59	13.5	12.4	10.7
2001	68,389	14.1	68.15	63,794	11.9	76.46	13.0	11.4	10.4
2002	68,837	14.3	68.26	63,996	12.0	76.56	13.1	11.4	10.3
2003	70,016	14.6	68.29	65,807	12.4	76.53	13.4	11.6	10.5
2004	68,381	14.3	68.59	64,111	12.1	76.91	13.1	11.2	10.1
2005	69,781	14.6	68.56	65,951	12.4	76.93	13.5	11.2	10.2
2006	67,851	14.2	69.03	63,752	12.1	77.35	13.1	10.7	9.7
2007	68,241	14.3	69.19	64,697	12.2	77.34	13.2	10.7	9.6
2008	66,269	13.9	69.79	63,758	12.1	77.76	13.0	10.3	9.3

(a) Death rate standardized to the age distribution of the Hungarian population in 1990.
(b) Death rate standardized to the age distribution of the European population.

Source: KSH Demográfiai évkönyv 2000. Történeti adatsorok, KSH Demográfiai évkönyv 2000, KSH Demográfiai Évkönyv 2008

the Czech Republic. As a contrast, in the western countries where there were no regressions from 1970 in this respect, female life expectancy at birth had grown to be 82–84 years by the mid-2000s (Fig.2).

Fig. 3. *Standardized death rate in selected European countries, 2005–2007*



Examining the tendencies in Hungary in more detail, we can establish that following 1989 life expectancy dropped below 65 years between 1992 and 1995 and returned to the level of 1989 only by 1997. Since then there has been a slow improvement in this field. The standardized death rate, another indicator of mortality, shows similar tendencies. Owing to the fast ageing of the population crude death rates do not reflect the changes in mortality properly *(Table 1)*.

However, standardized death rates for the years 2000–2008 show considerable improvement with respect to mortality, in harmony with the changes in life expectancy. The results produced by the various methods of standardization may differ slightly but the fact that an improvement of about 10-15 per cent took place in the given period is indisputable.

Despite the significant improvement, Hungarian mortality remained high in the past few years compared to the whole of Europe and within the region, as well. *(Fig. 3)*.

As regards recent developments in Hungary, male mortality was the highest in the region in 2005–2007, though that of Bulgaria and Romania was only slightly better. Mortality in the Czech Republic and Poland is lower by about 10 per cent. The mortality of Hungarian, Bulgarian, and Romanian men is nearly twice as high as that of men living in Western and Southern Europe but is much lower than that of Russian males.

As regards female mortality in Hungary, conditions seem to be slightly more favourable in the past few years, though the Hungarian value is still higher than female mortality in some other countries of the region like the Czech Republic and Poland. The Hungarian figures fall between the Polish–Czech and Romanian–Bulgarian ones and are nearly 80 per cent higher than the mortality of Italian and nearly 60 per cent higher than that of Austrian women.

AGE-SPECIFIC MORTALITY

The level of mortality in the various age groups can be illustrated by age-specific death rates *(Table 2)*.

Table 2 indicates that our unfavourable position among the EU member states is valid for all examined age groups and for both sexes. As regards infant mortality the situation in Hungary is worse than in Western and Southern Europe and even as compared to the Czech Republic. In this respect we are on the same level as Poland, but much ahead of the Southeast European former socialist states or Russia. At

Table 2. *Age-specific mortality rates in selected European countries, 2005–2007 averages*

Age group	–1		1–44		45–64		65+	
	Males	Females	Males	Females	Males	Females	Males	Females
	(Death per 100,000 persons by sex and age group)							
Italy	410	324	65	44	526	273	4,459	2,820
Finland	309	229	99	42	795	341	4,894	3,009
Austria	403	323	70	30	664	330	4,618	3,099
United Kingdom	545	442	76	40	595	381	4,604	4,690
Czech Republic	387	265	90	40	1,012	437	6,145	4,168
Poland	679	539	137	46	1,383	519	6,478	4,007
Bulgaria (2002)	1,458	1,233	146	68	1,499	605	8,093	6,004
Romania	1,351	1,060	141	61	1,460	599	6,975	5,089
Hungary	724	548	142	63	1,803	685	7,470	4,876
Russia	1,847	1,369	1,530	940	1,667	940	1,814	1,325

Source: http://data.euro.who.int/hfadmdb/

the same time it cannot be forgotten that the improvement of infant mortality was a real success story in the course of the 20th century. This is the only age group where mortality is constantly decreasing. For example, in the 1980s and 1990s it reached half of the earlier level.

In the case of children and young adults (age group 1–44) the relative situation in Hungary is more unfavourable, but not worse than in Bulgaria or Romania (or Poland in the case of males). In the age group 45–64 both male and female mortality is already below the level not only of Poland but also of Bulgaria and Romania. It is, therefore, obvious that our low life expectancy on regional level is due primarily to the very high mortality of the middle-aged population, both male and female. The relative situation of women above 65 is a bit more favourable as their mortality rate is lower than that of Romanian and Bulgarian women of the same age group. Male mortality is, however, very high in this age group, too, falling short only of the Russian and the Bulgarian figures.

REGIONAL DIFFERENCES IN MORTALITY WITHIN HUNGARY

While Hungary dropped increasingly behind Western Europe and the countries of the East Central European region with better results as regards average mortality, the disparities among the regions within the country were gradually increasing. Taken men and women together, in 1990 the difference in life expectancy at birth between the counties with the lowest and the highest values was 2.8 years, while in 2005 it was already 3.8 years. Despite the considerable differences within Budapest itself, the population of the capital has enjoyed much higher life expectancy than people in other cities for a long time, to say nothing of villages. As compared to life expectancies in other cities and towns the capital's advantage grew from 0.2 year in 1990 to 1.1 in 2005. As compared to villages it grew from 1.5 to 2.5 years *(Table 3)*.

Table 3. *Life expectancy at birth by counties and settlement types*

	Life expectancy at birth		
	1990	2000	2005
Counties			
Borsod-Abaúj-Zemplén	68.1	70.2	70.2
Szabolcs-Szatmár	68.3	70.0	71.3
Nógrád	69.4	70.7	72.2
Somogy	69.2	70.7	72.0
Komárom-Esztergom	68.4	70.7	72.0
Heves	70.2	71.4	72.2
Jász-Nagykun-Szolnok	69.4	71.2	72.0
Hajdú-Bihar	69.7	71.3	72.6
Bács-Kiskun	68.7	70.8	72.3
Baranya	69.2	71.2	72.8
Békés	70.1	71.4	72.4
Pest*	68.6	71.0	73.1
Vas	70.0	71.9	73.1
Csongrád	70.1	71.5	73.0
Tolna	69.6	71.0	73.1
Fejér	69.5	72.2	73.0
Veszprém	70.6	71.9	73.3
Zala	70.2	71.9	73.4
Győr-Sopron	70.9	72.6	74.0
Settlement types			
Budapest	70.1	72.3	74.1
Town	69.9	71.7	73.0
Villages	68.6	70.5	71.6

* Budapest included.

Source: Klinger A. (2007)

Every region has experienced an increase in life expectancy since the change of regimes but the relative position of the individual counties underwent several changes. There are distinct groups of 'losers' and 'winners'. In the counties Borsod-Abaúj-Zemplén, Szabolcs-Szatmár, Nógrád, Somogy, Komárom-Esztergom, Heves, and Jász-Nagykun-Szolnok the level of mortality is far above the national average today. This fact goes back mostly to the deterioration of the relative situation, in some cases to stagnation (Somogy County), and occasionally, like in the case of Komárom-Esztergom County to the improvement of the relative situation. As mentioned before, Budapest is in a far better situation as regards mortality than the national average. Improvement is considerable in the counties Pest, Csongrád, and Bács-Kiskun. Most counties of Transdanubia have similarly preserved their relatively favourable level. The regional differences in mortality reflect the differences in the social composition of the population of the individual counties, in the employment opportunities, in the standard of living, in infrastructure, and in the availability and quality of health care.

SOCIAL DIFFERENCES OF MORTALITY AND THE POPULATION'S STATE OF HEALTH

One of the most important factors of social status is a person's level of education. This was emphatically so in Hungary in the past decades just like in other countries. The differences in mortality and the people's state of health are directly linked with the level of education as learning may include knowledge about health, the early diagnosis and management of disease, as well as a better orientation in the system of health-care. Even more importantly, the higher level of education has an indirect impact on health, also, through higher incomes and jobs less detrimental to the state of health.

In the years around 1989, male life expectancy at 30 was 5.5 years higher in the

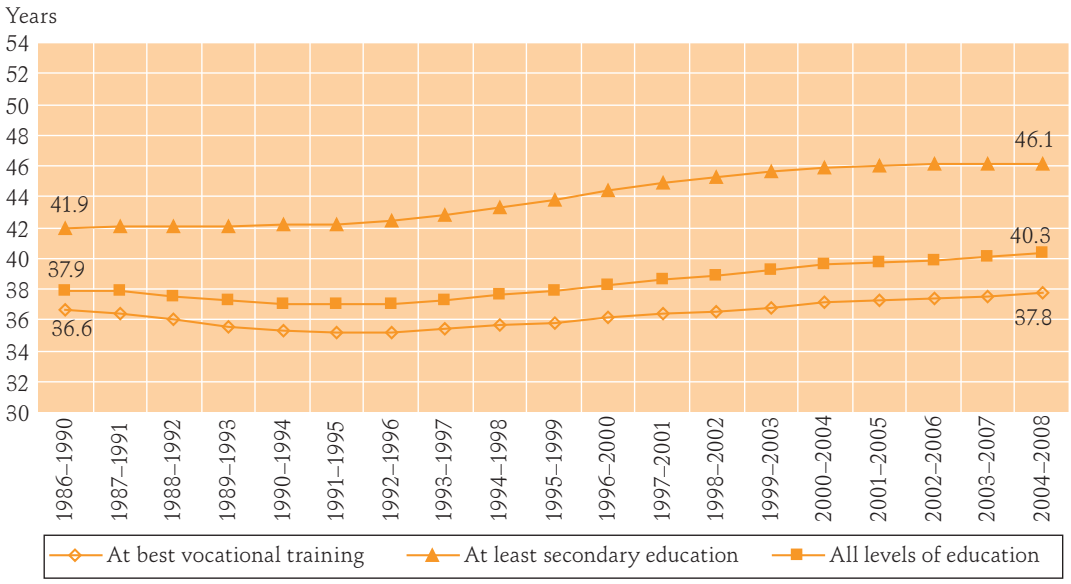
group with at least secondary education than in that of those with less. At the time of the mortality crisis following the change of regimes the mortality of better educated men stagnated, while that of those with lower education deteriorated further, so the difference between them increased, reaching 8.5 years in the 1990s. In the second half of the 1990s life expectancy improved on each level of education but the differences remained. During the 2000s mortality for those with a higher education seemed to stagnate, while for the less educated persons it seemed to be decreasing. Thus the difference between the life expectancy of the two groups in the mid-2000s was 8 years *(Fig. 4)*.

The difference in life expectancy between the better educated and less educated groups of the female population around 1989 was 2 years. During the mortality crisis the mortality of women with a lower level of education did not improve, while that of better educated women decreased. In the second half of the 1990s the situation of the former group started to improve as well, but much more slowly than that of better educated women. As regards life expectancy at 30 the difference had risen to 5 years. In the 2000s the improvement stopped in the group with higher education and continued in the other, so the difference dropped to 4.2 years *(Fig. 5)*.

In the course of the 2000s, among persons above 30 – including both men and women – the group with a higher level of education increased in number and in proportion as well, becoming by this socially less selected. This is the primary cause of the stagnation of its life expectancy. The differences of mortality by the level of education are still great and can be considered high also in international comparison.

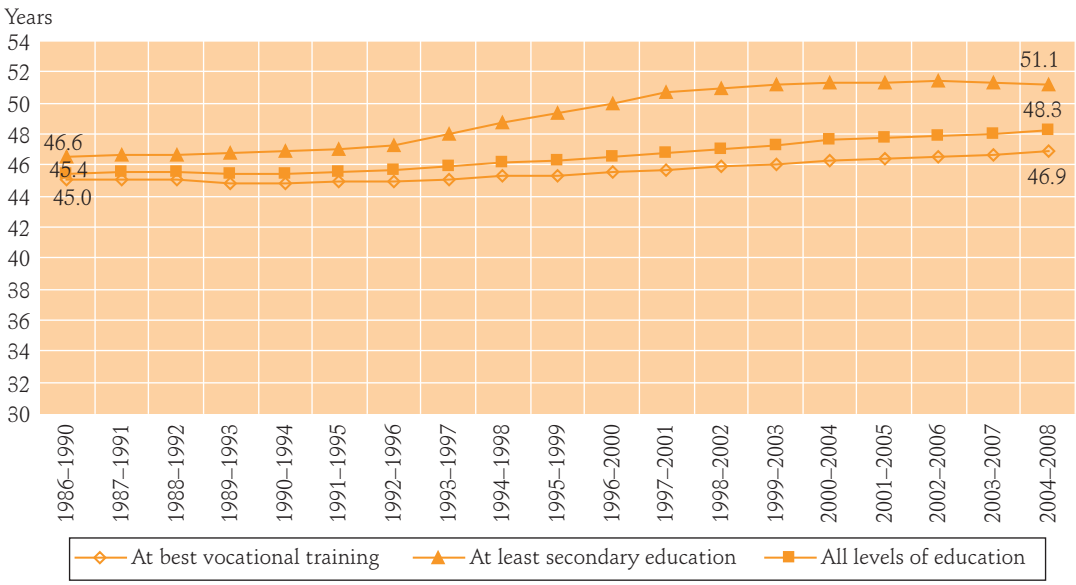
Occupation is another important aspect of social status. Social inequalities due to occupation are demonstrated here by

Fig. 4. *Male life expectancy at 30 by educational level, 1986–2008 (four-year moving averages)*



Source: Hablicsek and Kovács (2007)

Fig. 5. *Female life expectancy at 30 by educational level, 1986–2008 (four-year moving averages)*



Source: Hablicsek and Kovács (2007)

Table 4. *Standardized mortality ratios by socio-occupational groups, %*

Occupational group					Manual workers compared to non-manual workers (%)
	Agricultural labourers	Other manual workers	Non-manual workers	Total population	
Standardized mortality ratio					
Males					
1989/90	103	104	83	100	125
2000/01	110	106	69	100	157
2004/05	164	107	59	100	196
Females					
1989/90	98	102	94	100	107
2000/01	105	103	79	100	132
2004/05	158	104	68	100	159

Source: Klinger (2007)

standardized mortality ratios, more exactly, standardized mortality rates compared to the national average. The examination of the groups of agricultural labourers, other manual workers, and intellectuals reveals that around 1990 mortality in the two former groups was only 25 per cent higher than in the latter, while in 2005 the difference was nearly 100 per cent. Besides the growing inequality in mortality, the changes in the situation of the agricultural labourers calls attention also to the fact that certain, mainly smaller groups and ones decreasing in numbers became

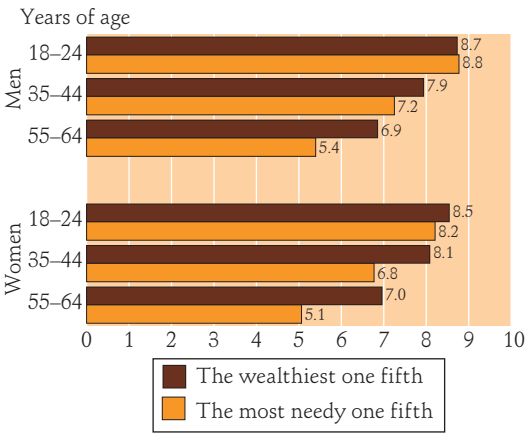
increasingly marginalized with respect to their state of health and life expectancy. In 2004–2005 mortality among agricultural labourers was 50 per cent higher than among other manual workers (both for men and women), whose mortality level was high anyway.

No data of mortality are available by other important aspects of a person's social position but the differences in the subjective evaluation of health status are well known owing to various surveys. Self-rated health shows similar social differences when viewed by education and income as mortality. Examining self-rated health by the differences of income we can find that the less well-to-do consider their state of health much worse than those living in plenty. At the same time it has to be noted that these differences come about gradually during the life course. Among young adults the difference in the assessment of health by the level of income is insignificant. Assessing health on a scale ranging from 0 to 10, the difference between the most needy one fifth and the richest one fifth of the population is merely 0.7 in the case of women aged 35-44, while it is 1.3 among men in the same age group. Among those aged 55–64 the difference is 1.5 and nearly 2 as regards women and men, resp. *(Fig. 6)*.

In higher age groups the difference is slightly smaller, but does not cease to exist. The changes are obviously linked with the fact that the damages to health going back to poverty add up during the life course since people needy at the time of the survey were presumably, though not necessarily, poor in earlier phases of their lives as well. To sum up, the poorest one fifth of the middle-aged population is about twenty years 'older' as regards their health status than the one fifth living under the best financial circumstances.

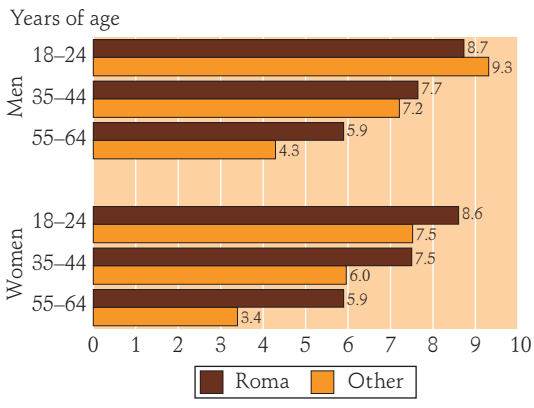
The disadvantages of the Roma population as regards their level of education, their position on the labour market and their income are reflected in their health as well. Roma men aged 18 to 24 still assess

Fig. 6. *Self-rated health by income quintiles, 2001 (scale 0–10)*



Source: NKI Életünk fordulópontjai demográfiai adatfelvétel, 2001 (Demographic Research Institute, *Turning Points of the Life Course,* demographic datasurvey, 2001). (Authors' calculations)

Fig. 7. *Self-rated health by ethnicity, 2001 (scale 0–10)*



Source: NKI Életünk fordulópontjai demográfiai adatfelvétel, 2001 (Demographic Research Institute, *Turning Points of the Life Course,* demographic datasurvey, 2001). (Authors' calculations)

their physical condition to be better than non-Roma males of the same age group *(Fig. 7)*.

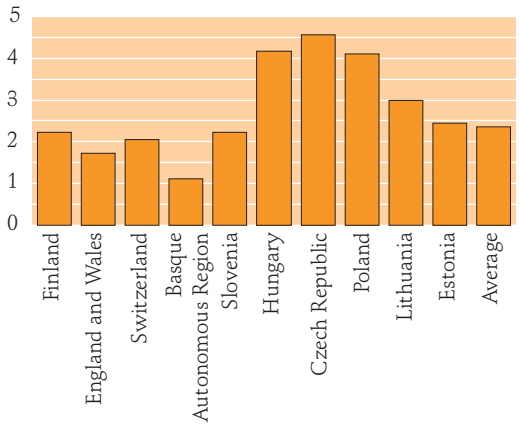
Among men between 35 and 44 years of age the disadvantage of the Roma is already present but is still relatively small. Inequality becomes, however, really high in the case of the age group 55–64.

Roma women have a worse opinion about their own health already in younger age groups. Health assessment of those aged 18 to 24 is more than one point lower than that of non-Roma women in the same age group. In the case of the age group 55–64 the difference is already 2.5 points.

SOCIAL DIFFERENCES IN LIFE EXPECTANCY IN INTERNATIONAL COMPARISON

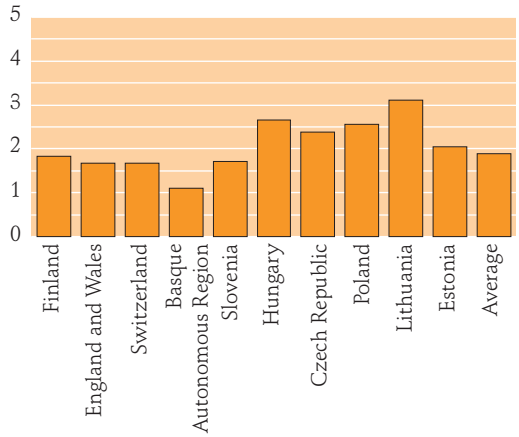
The international analysis of inequalities in mortality comes up to various difficulties. The conditions of the individual social groups can be best compared by the level of education. Analysing international mortality inequalities we have to use an indicator which is able to take into account both the different levels of mortality of the educational groups in the countries compared and the differing size of these groups. The latest comprehensive survey of Europe compared mortality in the group having at least secondary education and in the one of those on a lower educational level on the basis of the so-called relative index of inequality (Figs 8 and 9).

Fig. 8. *Mortality inequalities by the relative index of inequality for men in European populations around 2000*



Source: http://survey.erasmusmc.nl/eurothine_final_report_complete.zip

Fig. 9. *Mortality inequalities by the relative index of inequality for women in European populations around 2000*



Source: http://survey.erasmusmc.nl/eurothine_final_report_complete.zip

Just like the high level of mortality, the great differences in the mortality both of men and women proved system specific as they are characteristic of the former socialist countries of Europe. Hungary is above the average even among the members of this group as regards social differences of mortality. Consequently, the extremely unfavourable mortality level of Hungary can be improved only by diminishing the social differences in mortality, in other words, the social differences themselves.

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6.

CAUSE-SPECIFIC MORTALITY

Katalin Kovács–Péter Őri

MAJOR FINDINGS

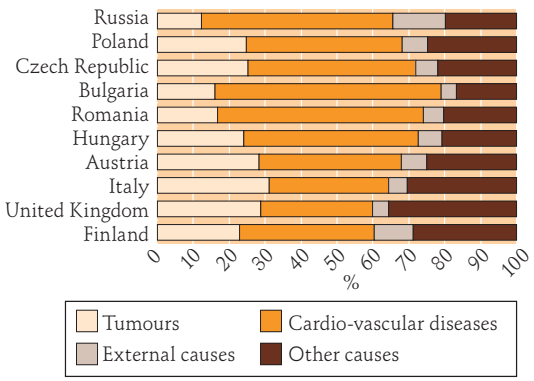
- Similarly to most countries of Europe, most deaths in Hungary are caused by diseases of the circulatory system. However, a considerable improvement can be observed in this field and the decrease of overall mortality in the past decades, which has been demonstrated in the previous chapter, goes back primarily to the diminishing of cardiovascular mortality. Nevertheless, cardiovascular mortality is still very unfavourable in international comparison.
- Social inequalities in mortality are similarly due mostly to social inequalities in cardiovascular mortality.
- As regards deaths from malignant tumours there was only a very slight improvement in the past two decades. In international comparison the situation in Hungary qualifies as deteriorating. It can even be called striking as regards cancers of the respiratory system.
- Mortality from infectious diseases has undergone favourable changes in Hungary but the overall weight of this cause of death is fairly small today.
- In the case of external causes of death improvement is conspicuous. As regards suicide, homicide, and accidental death the position of Hungary among the countries of Europe is not too favourable but in Eastern European comparison it is not too bad, and the tendencies are encouraging.
- The level of mortality connectable with the two most well-known risk factors, i.e., alcoholism and smoking is very high in Hungary.
- The Hungarian population did not follow the changes that had taken place in Western Europe in life-style and did not come nearer the traditionally healthier dietary habits of Southern Europe, either. In fact, the way of life is not fully a matter of choice in that it is influenced by numerous social factors such as the standard of living, working conditions, and environment.

Mortality in Hungary can be considered very high in European comparison, even compared to that in the former socialist countries of East Central Europe. The causes of this phenomenon have been extensively debated. The present chapter aims to contribute to finding an answer by analyzing mortality by cause of death.

The distribution of deaths by major groups of causes is very similar in the countries of Europe. Almost two thirds of all deaths are caused by the so-called degenerative illnesses (diseases of the circulatory system and cancers). Mortality in Hungary can be considered typical from this respect *(Fig. 1)*.

The differences in these proportions between the individual countries can be attributed partly to the differences in the weight of the individual causes of death within the mortality of a given country, partly to the 'competition' thereof. It is obvious that if the share of a cause of death diminishes within the population, that of other ones will inevitably grow. This depends partly on the sequence of risks in the life course. Traffic accidents having a great share among the external causes of death represent a greater risk in younger age-groups than degenerative diseases. Within this latter group cardio-vascular diseases appear at a younger age than most tumours.

Fig. 1. *Distribution of mortality by major causes of death in selected European countries, averages for the years 2005–2007 (percentages)*



Source: Authors' calculations based on the European Detailed Mortality Database.

In Hungary the importance of death from external causes (suicide, homicide, and accidents) is smaller than in Finland or Russia and corresponds to the proportions observed in the countries of Central Europe (Austria, Poland, and the Czech Republic).

The share of cardiovascular mortality is much lower in Hungary than in Bulgaria and Romania but significantly higher than in Italy, the United Kingdom or Germany. At the same time, while the latter countries are successful in the prevention and treatment of illnesses of the circulatory system as a result of a different way of life and nutrition and of a more effective health care, their percentage of deaths from tumours is substantially higher than in Hungary. Where cardio-vascular diseases present themselves early and the chances of survival are low, the rate of death from cancers is relatively lower.

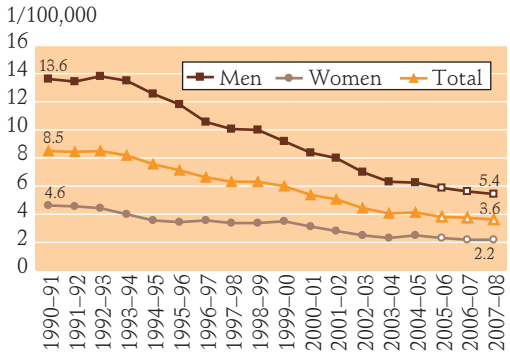
The actual weight and trend of the individual diseases can be judged by the development and comparison of the standardized death rates.

INFECTIOUS DISEASES

In the course of the epidemiological transition the role of the infectious diseases in mortality became insignificant in most developed countries.

Following the economic and political turn of 1989 in Hungary, mortality due to infectious diseases decreased, to a higher

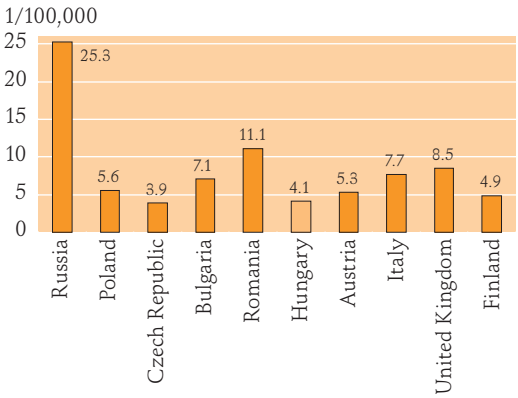
Fig. 2. *Mortality due to infectious diseases in Hungary, 1990–2008**
(standardized death rate, 2-year moving averages)



* The way of data collection on the causes of death changed in Hungary in 2005, so there is no unambiguous continuity among the data referring to certain causes of death. This fact is shown on all the affected diagrams to come. If necessary, we evaluate trends prior to and following that date separately.

Source: Authors' own calculations based on the KSH vital statistics *(Demográfiai táblázó)*.

Fig. 3. *Mortality due to infectious diseases in selected European countries, 2005–2007 (standardized mortality rate, averages of the three years)*



Source: Authors' calculations based on the *European Detailed Mortality Database*

degree in the case of men than in the case of women, diminishing the difference between the two sexes in this respect *(Fig. 2)*.

This is the only major cause-of-death group in which mortality in Hungary can be considered favourable in international comparison.

With respect to mortality due to infectious diseases Hungary (together with the Czech Republic) is in a favourable situation not only as compared to the former socialist states but as compared to several countries of Western and Southern Europe, as well, and even precedes Finland representing Northern Europe, and the neighbouring Austria, too *(Fig. 3)*.

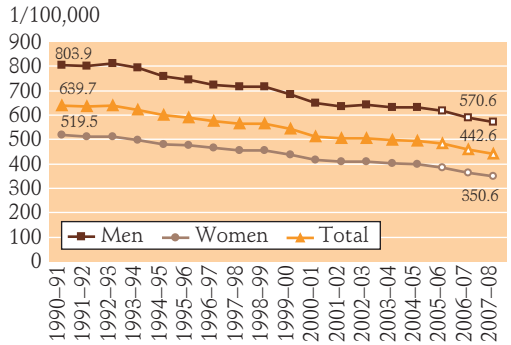
This fact can be attributed to several factors like the climate, the density of the population, the mobility of the people and hence that of the pathogenes, social differences, the use of health services, and the effectiveness of the health care system in prevention, fast reaction, correct diagnosis and treatment. The major cause of our favourable position as compared to Western European and several Eastern European countries is, however, that the level of AIDS mortality is remarkably low in European comparison, i.e., Hungary has avoided large-scale infection with HIV so far. It has to be emphasized, however, that AIDS in a European context represents a very small section in mortality and its absence can, therefore, not in fluence the otherwise high rate of Hungary.

DISEASES OF THE CIRCULATORY SYSTEM

Nearly half of all deaths in Hungary are caused by cardio-vascular diseases. This is by far the most important major cause-of-death group, its weight is almost hundred times as big as that of the infectious diseases, which – it is important to note – is the result of the epidemiological transition that took place in the wake of modernization.

The level of cardio-vascular mortality remained high in Northern and Western Europe even in the mid-20th century, whereas in Southern Europe it was traditionally low. The considerable improvement of adult and old-age mortality was, however, due to developments in this field in the 1970s and 1980s (cardio-vascular revolution), in the course of which mortality resulting from illnesses of the circulatory system dropped to half or even to one third of the former level in Northern and Western Europe. The improvement was slightly smaller in Southern Europe where the base level had been better in the first place. Besides the improvement of health care, a great role was played in this by the changes in the population's life style (by the spread of a health-conscious approach involving a change in the diet and more physical exercise).

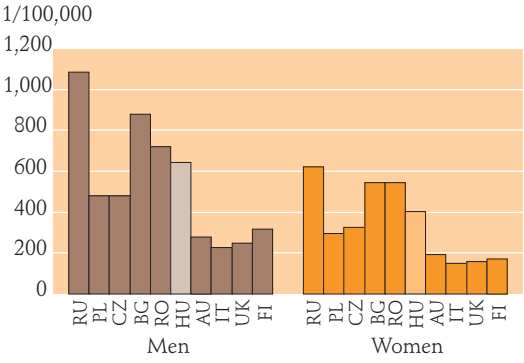
Fig. 4. *Cardiovascular mortality in Hungary, 1990-2008 (standardized death rate, 2-year moving averages)*



Source: Authors' calculations based on HCSO vital statistics

Examining Hungarian trends in the past nearly two decades more closely we can find that a considerable improvement of about 20 per cent has taken place in the cardiovascular mortality of both sexes, mostly beginning with the second half of the 1990s, and the process has not stopped yet. It can be attributed partly to the changes in the population's life style, but even more to the improvement of health care. The noticeable decline in general mortality can also be attributed first of all to the diminishing trend of cardiovascular mortality (see Chapter 5 of the present volume). In other words, the cardiovascular revolution reached Hungary, too, though one or two decades later than most Western and Northern European countries. The starting point is naturally not irrelevant. Consequently the evaluation of the present situation cannot rest merely on the favourable trends but has to be based on comparisons within the region and with other European countries *(Fig. 5)*.

Fig. 5. *Cardiovascular mortality in selected countries of Europe, 2005–2007 (standardized death rate, averages of the three years)*



Source: Authors' calculations based on the *European Detailed Mortality Database*

The Southern European and certain West European countries can boast of the best results as regards cardiovascular mortality, while Russia, Bulgaria and Romania are in the worst situation in this respect. Conditions in the Czech Republic and Poland are much more favourable, although their rate of mortality is still double the Italian level for both sexes.

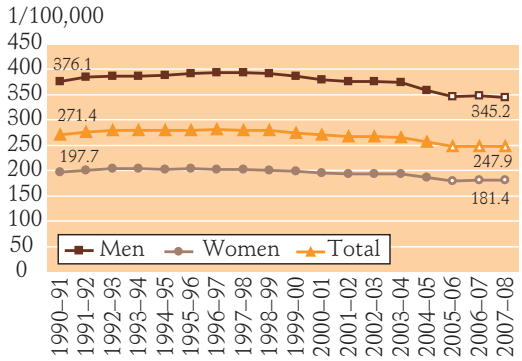
As a result of the recent improvements Hungary stands between the Czech–Polish

and Bulgarian–Romanian levels in the case of both men and women. The rate of women is much lower than that of men but is lagging behind the countries with more favourable conditions to the same degree.

CANCERS

Cancers constitute the second most important major cause-of-death group. Cancer mortality slightly increased in the first half of the 1990s, mostly among men, but a slow decrease could be observed around the turn of the 2000s in both sexes *(Fig. 6)*.

Fig. 6. *Cancer mortality in Hungary, 1990–2008 (standardized mortality rate, 2-year moving averages)*



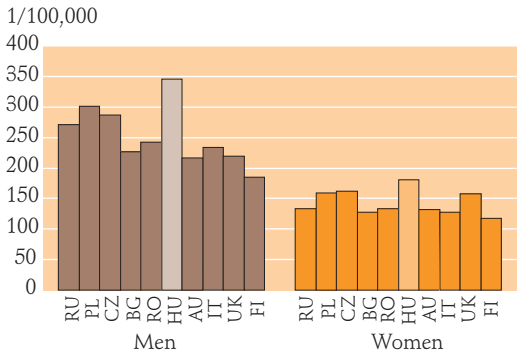
Source: Authors' calculations based on KSH vital statistics *(Demográfiai táblázó)*

However, in the past few years no further signs of improvement could be observed.

Mortality due to malignant neoplasm in Hungary is extremely dramatic today in European comparison *(Fig. 7)*.

It is higher than in any country examined both for men and women. It must be noted, however, that it is only slightly lower in the Czech Republic and Poland. The tragic Hungarian cancer mortality level is to a great extent due to the extremely great

Fig. 7. *Cancer mortality in selected countries of Europe, 2005-2007 (standardized mortality rate, averages of the three years)*



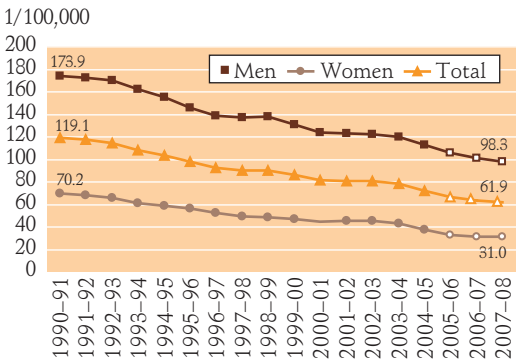
Source: Authors' calculations based on the *European Detailed Mortality Database*

number of deaths from cancers of the respiratory system, which calls attention primarily to the role of smoking.

EXTERNAL CAUSES OF DEATH

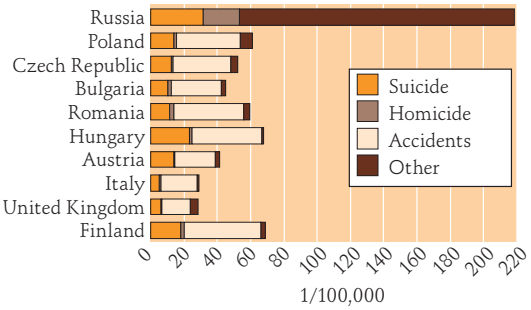
Mortality due to external causes of death (suicide, homicide, accidents) has decreased considerably in Hungary in both sexes since 1990 (by 30 and 50 per cent, resp.) (Fig. 8).

Fig. 8. *Mortality due to external causes in Hungary, 1990-2008 (standardized death rate, 2-year moving averages)*



Source: Authors' calculations based on KSH vital statistics *(Demográfiai táblázó)*

Fig. 9. *Major groups of external causes of death in selected European countries, 2005-2007 (standardized death rate, averages of the three years)*



Source: Authors' calculations based on the European *Detailed Mortality Database*

The pattern of the former socialist countries and the countries of Western Europe do not differ sharply in this respect *(Fig. 9)*.

The rates of mortality due to external causes in Hungary, Finland, and Poland, or those in Austria and Bulgaria are very similar. A considerable portion (about the quarter) of accidents is made up of traffic accidents, influenced by the level of motorization in a given country, by the technical condition of the vehicles, and by the morale of those on the road. As regards suicide, the sociological approach maintains that its level is determined by the reconcilability of social norms and the person's ability to follow them, as well as by the traditional patterns of solving problems. This may be the cause of the similarities in suicide rates of otherwise highly different countries like, e.g., Hungary and Finland.

In Hungary mortality due to external causes is high in European comparison but not really striking. Although suicide is still alarmingly frequent, the suicide rate differs from that of other European countries to a smaller degree than earlier.

As regards homicide, the Hungarian rate fits among the rates of the other European countries, though belongs to the higher ones (together with Bulgaria, Romania, and Finland shown in Fig. 9). Its tendency is fast improving, also.

THE ROLE OF SOME MAJOR FACTORS OF MORTALITY

In the analysis by causes of death certain groups of illnesses have an outstanding role as they may offer valuable information for the understanding of mortality conditions and their background. There are, namely, certain groups of illnesses that point to certain elements of lifestyle that are detrimental to health (e.g., smoking and alcohol consumption) and refer to the role of health care. The degree of mortality due to lung cancer indicates the role of smoking, while chronic liver diseases (e.g., liver cirrhosis) indicate the role of alcohol in mortality.

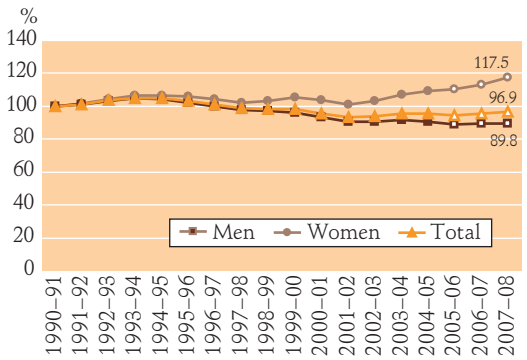
The efficiency of health care in a broad sense is reflected in the data of avoidable mortality. The latest approaches in research examine avoidable mortality in three distinct groups. The first one is that of *treatable diseases* that can be used as indicator of the efficiency of medicine. The group is made up of diseases that can be cured in a given country, with the available means of the local health care, with an average expenditure, and mostly by routine procedures (e.g., appendicitis and asthma). The group of *preventable mortality* is an indicator mostly of the efficiency of preventive medicine and consists of diseases that can be prevented by screening and vaccination (e.g., cervical cancer and breast cancer).

Ischemic heart diseases are a distinct group in themselves as they are influenced by several inseparable factors of a person's way of life and the efficiency of primary and secondary prevention.

Mortality connected with smoking grew in the early 1990s as compared to 1990 but this growing rate can be attributed to the smoking habits of earlier decades and air pollution resulting from industry and traffic. In the second half of the 1990s a decrease can be observed in the case of both sexes, then the rate of men increased slightly, and later stagnated. In the case of women, however, mortality due to smoking increased heavily during the 2000s, which calls attention to the growing popularity of smoking among women *(Fig. 10)*.

Mortality connectable to smoking reflects earlier data of the epidemics of smoking. (According to the most wide-spread opinion among researchers it refers to conditions about two decades earlier.) Consequently this type of mortality would remain high for a long time even if smoking could be repressed.

Fig. 10. *Mortality due to causes connected with smoking in Hungary, 1990–2008 (standardized mortality ratio, moving averages by two years. 1990/91=100)*

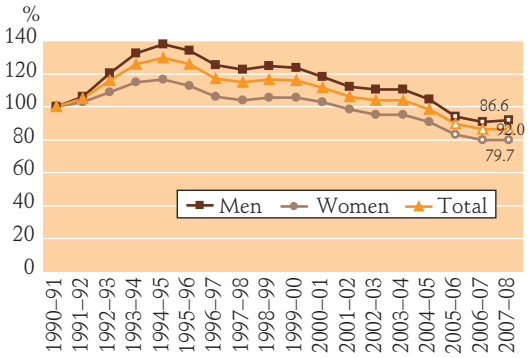


Source: Authors' calculations based on the KSH vital statistics *(Demográfiai táblázó)*

Mortality connectable with alcohol consumption strongly increased (by 40 per cent for men and by 20 per cent for women) during the economic and social crisis after 1989 in Hungary. From the mid-1990s this rate started to decrease at a varying pace. Recent data still indicate stagnation in this respect both as regards men and women *(Fig. 11)*.

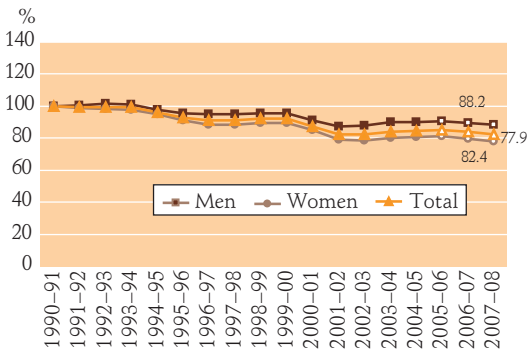
Fig. 12 shows the changes of treatable and preventable mortality taken together.

Fig. 11. *Mortality due to causes connectable with alcohol consumption in Hungary, 1990–2008 (standardized mortality rate, 2-year moving averages, 1990/91=100)*



Source: Authors' calculations based on KSH vital statistics *(Demográfiai táblázó)*

Fig. 12. *Avoidable mortality in Hungary, 1990–98 (standardized mortality ratio, 2-year moving averages, 1990/91=100)*



Source: Authors' calculations based on KSH vital statistics *(Demográfiai táblázó)*

Table 1. *Cause-specific mortality rates connectable with alcohol consumption. smoking and the role of health care. 2000–2002*

Countries	Mortality from chronic liver disease and cirrhosis (1)		Mortality from lung cancer in the age group 5–64 (1)		Treatable mortality (2)		Preventable mortality (2)		Mortality from ischemic heart disease (2)	
	Standardized mortality ratio. 1/100.000									
	Men	Women	Men	Women	Men	Women	Women	Women	Women	Women
Russia	ND	ND	67.1	6.7	ND	ND	ND	ND	ND	ND
Poland	23.9	7.3	72.0	20.9	135.5	102.6	124.4	27.2	130.3	37.6
Czech Republic	25.3	8.9	58.7	16.0	125.1	95.7	109.4	28.4	129.0	45.9
Bulgaria	25.5	5.9	60.9	9.5	220.0	154.7	90.1	17.6	140.1	54.8
Romania	55.9	25.7	69.5	12.6	274.6	203.6	145.1	43.7	164.1	71.7
Hungary	71.0	22.6	99.7	35.3	178.4	125.0	201.1	59.1	168.2	65.6
Austria	23.4	7.2	37.5	35.3	70.1	63.1	81.0	26.5	80.7	26.5
Italy	ND	ND	ND	ND	60.2	59.9	83.7	20.6	48.6	13.9
United Kingdom	14.6	7.5	28.9	18.9	71.2	74.1	60.4	30.7	96.4	33.5
Finland	26.0	9.6	25.0	9.6	69.2	57.5	61.4	19.4	111.6	26.9
Position of Hungary (3)	4/38	4/38	1/41	1/41	4/20	3/20	1/20	1/20	5/20	5/20

ND: no data

Source: (1) *Atlas of Health in Europe.* 2nd ed.. 2008. WHO (2008)
2) C. Newey. E. Nolte. M. MacKee. and E. Mossialos. *Avoidable Mortality in the Enlarged European Union.* (The data refer to the years 2000-2002.)
(3) Place 1 is considered the worst among the countries examined here. For example. as regards mortality caused by lung cancer Hungary ranks first in both sexes (1/41). which means that out of the 41 countries providing information on mortality from lung cancer the rate is the highest in Hungary.

Table 2. *Major risk factors of mortality in 2005*

Countries	Proportion of smoking adults		Proportion of overweight adults		Proportion of obese adults		Yearly alcohol consumption (litre, in pure alcohol)
	%						
	Men	Women	Men	Women	Men	Women	
Russia	61.3	15.0	ND	ND	ND	ND	8.9
Poland	37.0	23.0	ND	ND	ND	ND	6.7
Czech Republic	31.1	20.1	56.7	57.4	13.7	16.3	13.7
Bulgaria	43.8	23.0	50.1	42.3	11.3	13.5	5.0
Romania	33.2	10.3	45.8	38.1	7.7	9.5	7.4
Hungary	36.9	24.6	58.9	49.5	17.1	18.2	11.6
Austria	27.3	19.4	57.7	43.3	12.8	13.4	10.5
Italy	29.2	17.2	45.8	33.6	7.4	8.9	7.6
United Kingdom	26.0	23.0	ND	ND	ND	ND	9.3
Finland	24.4	18.9	55.5	41.3	14.6	14.1	8.2
Position of Hungary (1)	23/47	8/47	4/25	1/25	4/25	5/25	4/48

ND: no data

Source: Atlas of Health in Europe, 2008, WHO (2008)
(1) Place 1 counts as the worst among the countries involved.

A definite decrease can be observed in this field, especially in the years around the turn of the millennium.[1] It is probable that in this case the decrease of mortality was due to the improvement of medical technology and the growing availability of newly developed drugs rather than to the improvement of the environmental factors and the changes in the patients' life style.

Let us now examine the level of mortality connectable with alcohol consumption and from smoking, then treatable, preventable, and ischemic heart disease mortality in international comparison *(Table 1)*.

Table 2 will show the level of risk factors linked with these cause-of-death groups.

Hungarian male mortality connected with extensive alcohol consumption is the highest in Europe if we leave Russia (about which no data are available) out of consideration. In the case of women the situation is worse only in Romania. The Hungarian level is stunning also from a wider international perspective: Hungary is fourth from the bottom on a list of 38 countries. The level of the corresponding mortality rate of Romania is the only one comparable to that of Hungary. It is similarly surprising that mortality indicating excessive alcohol consumption is much higher in Hungary than what could be expected on the basis of the amount of alcohol consumed by the relevant international data *(Table 2)*.

Alcohol consumption in the Czech Republic is higher than in Hungary, and that of Austria and Germany is not much less, either. Mortality due to chronic liver disease and liver cirrhosis is still three times as high in Hungary as in these countries. In this respect attention has to be called to the role of illegally produced, bad quality alcoholic drinks.

The situation is similar in the case of adult mortality from lung cancer. In this respect the position of Hungary is even worse than that of Russia. In Hungary the rate of smoking women is high, too, though this phenomenon is not unique. The case is similar in Bulgaria, Poland, and the United Kingdom. As regards Hungary, it cannot, however, be established how great a role air pollution, i.e., the effect of industrialization in the previous decades plays in mortality from lung cancer.

As regards treatable and preventable causes of death, and mortality due to ischemic heart disease distinct Eastern (post-socialist) and Western patterns can be observed.

In the case of treatable causes of death the position of Hungary is slightly better than that of Bulgaria and Romania but worse than that of Poland and the Czech Republic, reflecting the quality and availability of health care in these countries.

Preventable mortality and deaths from ischemic heart disease in Hungary, i.e., the causes of death depending on the population's life style, indicate an unfavourable position within the Eastern European region (without Russia). There is a sharp contrast with Italy and just a scarcely smaller one with Austria. In the case of ischemic heart diseases, mortality among Romanian women is the only one that is higher than that in Hungary. Interestingly, our positions as regards smoking and registered alcohol consumption are not the worst in the region. Other risk factors have to be taken into account here, as well as the joint impact of all factors. As Table 2 indicates, the rate of overweight adult males in Hungary

[1] The indicator applied here differs slightly from the one used in international literature and does not contain deaths due to heart disease. Taking these into account would make the tendency even more marked.

is similar to that in beer-drinking nations like the Austrians and the Czechs with a better level of mortality but the rate of obesity is the highest in Hungary. This fact goes back to the favourable changes in the diet and in the general life style in other countries of Europe in the past decades and to the backwardness of Hungary in this respect. It is, however, obvious that the adoption of the Mediterranean diet, of the Western European habits of eating and leisure activities or exercise is not merely a matter of decision. Chapter 5 of the present volume reveals that two fifths of the Hungarian population, namely the most well-to-do layers, follow these cultural patterns and show mortality resembling the western pattern, too. The greater part of the population, lacking information and struggling defencelessly with financial problems is much more helpless and has no choice but living a life that leads to diseases and early death.

SOCIAL DIFFERENCES BY MAJOR CAUSE-OF-DEATH GROUPS

There are few international data available regarding the role of the various causes of mortality in the inequalities observable in overall mortality. It is, however, possible to compare the most serious mortality problem of the Hungarian society, namely the mortality of the middle-aged between 1990 and 2000 with those of three other countries with similar political, social, and economic background, namely with those of Poland, Lithuania, and Estonia. In addition, the data make it possible to evaluate the changes in inequalities over the last two decades.

In Hungary, male mortality due to infectious diseases decreased in the given period on all levels of education. The tendencies of Poland are similar but the ones in Estonia and Lithuania are different. In the latter two countries mortality due to infectious diseases increased considerably in the years after the change of regimes, especially among men with lower levels of education.

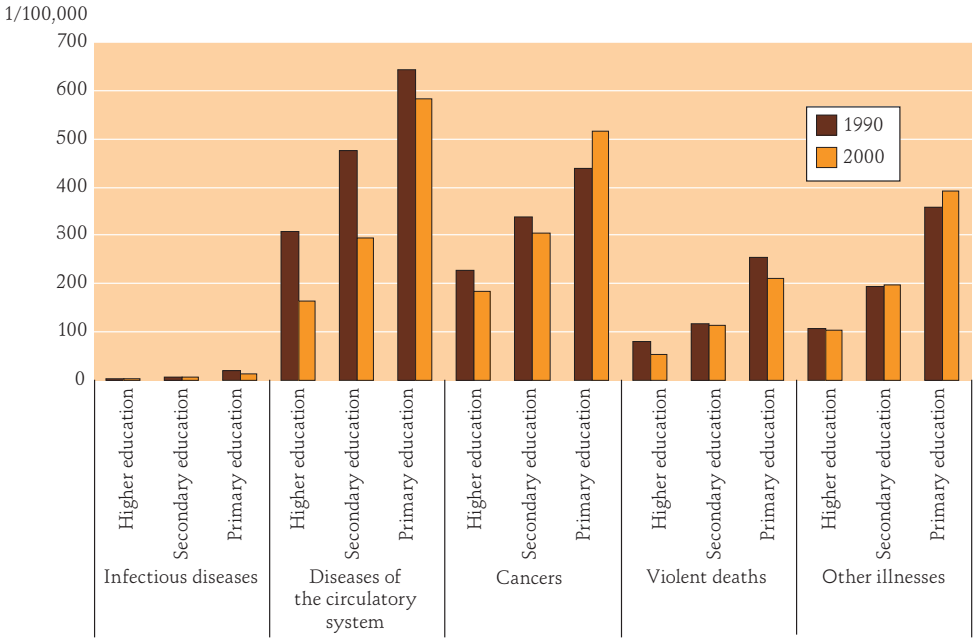
Similarly to the general level of mortality, its social inequalities are also shaped by the particularities of cardiovascular mortality. Cardiovascular mortality in Hungary decreased in all educational groups but not to the same degree. Since favourable changes were more significant among those with higher education, the differences grew larger in this respect *(Fig. 13)*.

In Poland a similar decrease can be observed as regards the diseases of the circulatory system for all educational groups, which is a more favourable trend than the Hungarian one. In the Baltic states the processes developed in the opposite direction. Mortality from circulatory diseases decreased only in the group with higher levels of education but increased among the less qualified.

As regards mortality from cancers, its rate decreased in Estonia and Poland in all the three educational groups, whereas in Lithuania it rose slightly among the less educated, while in Hungary the increase was considerable in the same group *(Fig. 13)* Consequently, both the unfavourable level of Hungarian mortality and the large social differences in mortality are influenced by cancer mortality (especially mortality from lung cancer).

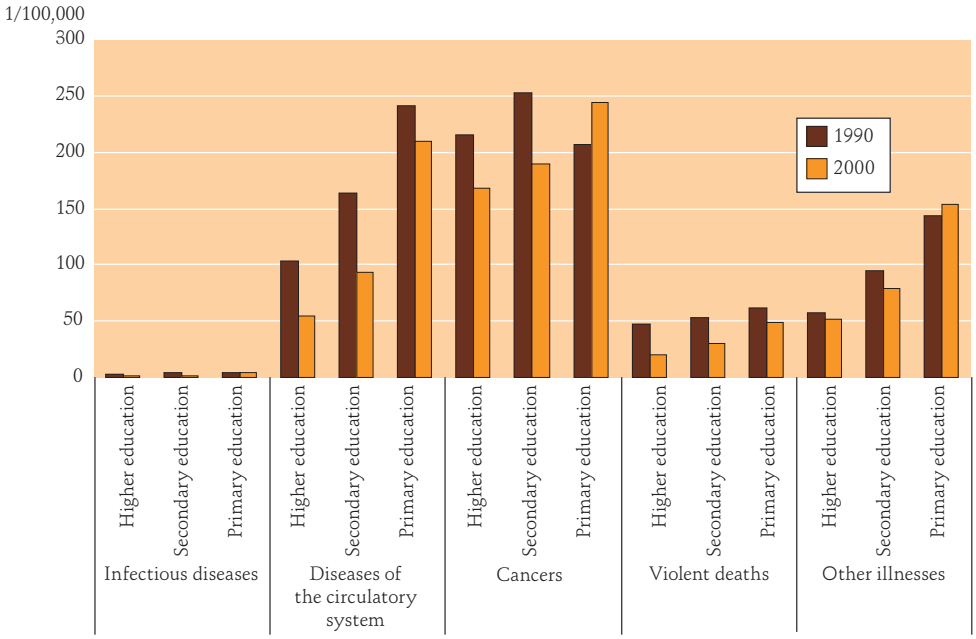
With respect to mortality due to external causes both the level and the social differences in this cause-of-death group show a relatively favourable picture for Hungary. Whereas in Estonia and Lithuania these

Fig. 13. *Mortality of Hungarian men aged 35–64 by level of education and by major cause-of-death groups around 1990 and 2000 (standardized mortality rates)*



Source: Leinsalu, M. et al. (2009)

Fig. 14. *Mortality of Hungarian women aged 35–64 by education and by major cause-of-death groups in Hungary around 1990 and 2000 (standardized mortality rates)*



Source: Leinsalu, M. et al. (2009)

causes of death represent a considerable portion of mortality, especially among less educated persons, and the social differences are growing, too, in Hungary and in Poland external mortality is low and the social differences are diminishing, though violent death among men on a low level of education today is still double the level of men with higher qualification *(Fig. 13)*.

The tendencies among women are basically the same, though at much lower levels of mortality. Special attention has to be paid to the slow decrease of mortality due to circulatory diseases and the increasing mortality from cancers among less educated women *(Fig. 14)*.

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7.
AGEING

Judit Monostori

MAJOR FINDINGS

- The ageing of the society, i.e., the growing rate of the older generations is one of the decisive social phenomena of the past few decades. The rate of the age group 65+ will grow at a still greater pace in the decades to come, though with minor fluctuations. By 2050 nearly 30 per cent of the Hungarian population will be 65 or more.
- Demographic ageing is a consequence of low fertility and the increase of life expectancy. These two factors are the causes also of the fact that in the past few decades the ageing index was the most dynamically growing one, indicating the ratio of the older generations in comparison to that of children. In 2009 the number of elderly people over 65 was 110 per hundred persons belonging to the age group 1-14.
- Life expectancy at birth in the case of Hungarian men and women lags behind the European average. The prospects of men are especially unfavourable. In 2008 male life expectancy at birth was 69.8 years. The position of women is much more favourable, their life expectancy having been 77.8 years in the same year.
- Life expectancy is highly differentiated not only by sex but also by social strata. A person's occupation and level of education similarly strongly determine his/her life expectancy. Those with higher education and intellectual occupations can expect to live much longer than people with lower education and doing manual work. Differences by social strata are much more marked in the case of men than in the case of women.
- One third of the population over 65 lives alone, and 43 per cent of the age group live with their spouses or partners, just the two of them. It is not common today for more generations to live under the same roof. Those who do so live together under the pressure of circumstances rather than by their own free choice.
- The loosening of intergenerational ties is reflected also by the fact that the number of those supporting their children, parents or other relatives living in separate households with money or by other means is fast decreasing, i.e. the rate of those taking part in the transfer between households is decreasing.
- It is well known that the state of health of the Hungarian population is bad, especially as regards the older generations. In 2004 55 per cent of the age group 65-78 reported having health problems that put a check on their everyday activities.
- The image of the older generations within the society is controversial. In certain respects younger generations can be called more tolerant with the elderly than they used to be, while in others the social recognition of the latter is slackening. Young people feel that the elderly wish to interfere with their lives to a smaller extent (which is probably the subjective reflection of the actual processes), at the same time the job experience of the elderly has been devaluated.

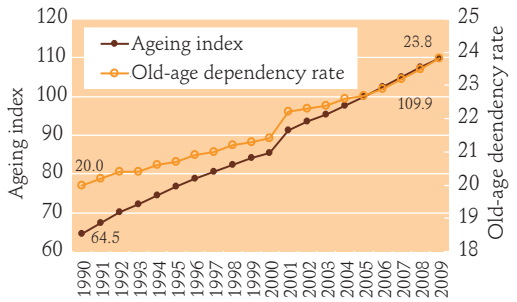
THE AGEING OF THE SOCIETY

As a result of low fertility and increased longevity the age structure of the European societies underwent a considerable change in the past decades. The rate of the older generations within the society has been increasing. The phenomenon is so conspicuous that due to the increase in the duration of human life and the subsequent rise of the retirement age 65 years are considered the lower margin of old age in several respects instead of 60.[1] The results of the survey conducted in the early 2000s[2] also testify that no matter which age group is interviewed, the members of the Hungarian society tend to consider 65 years as the lower limit of old age.

The ageing of the society is a well-documented phenomenon both in Hungary and in the rest of Europe. In 1990 the population 65+ constituted 13.2 per cent of the society. By 2009 the rate has grown to 16.4 per cent. By 2050 population projection predicts 29.4 per cent and by 2060 31.9 per cent for Hungary, which rate is similar to the aggregated figures for the European Union. In 2008 the rate of the population over 65 was 17.1 in the 27 EU-countries, which is expected to rise to 28.8 per cent by 2050 and to 30 per cent by 2060.

The indicators of the ageing process are the old-age dependency ratio and the ageing index. The former expresses the rate of the age group 65+ as compared to the age group 15-64, while the latter determines the percentage of the old generation as compared to the number of the age group 0-14. Both indices showed a strongly rising tendency in the past decades. In 1990 the old-age dependency ratio was 20 per cent, while in 2009 23.8 per cent. The ageing index grows even more dynamically (from 64.5 to 109.9 per cent), which is due to the extremely low fertility, consequently the considerably lower rate of children within the population *(Fig. 1)*.

Fig. 1. *Ageing index and old-age dependency rate, 1990–2009*



Source: Demográfiai évkönyv

Due to the different mortality of men and women the rate of the latter is invariably higher in all age groups over 65. The difference in the number of the two sexes is ever greater with every higher age group *(Fig. 2)*.

As it has been mentioned before, the ageing of a society is in connection with low fertility and increased longevity. This latter phenomenon is naturally positive but it has to be added, however, that life expectancy in Hungary lags much behind the European average, especially as regards men. In 2006 male life expectancy was 75.8 years in the 27 EU member states, whereas in Hungary

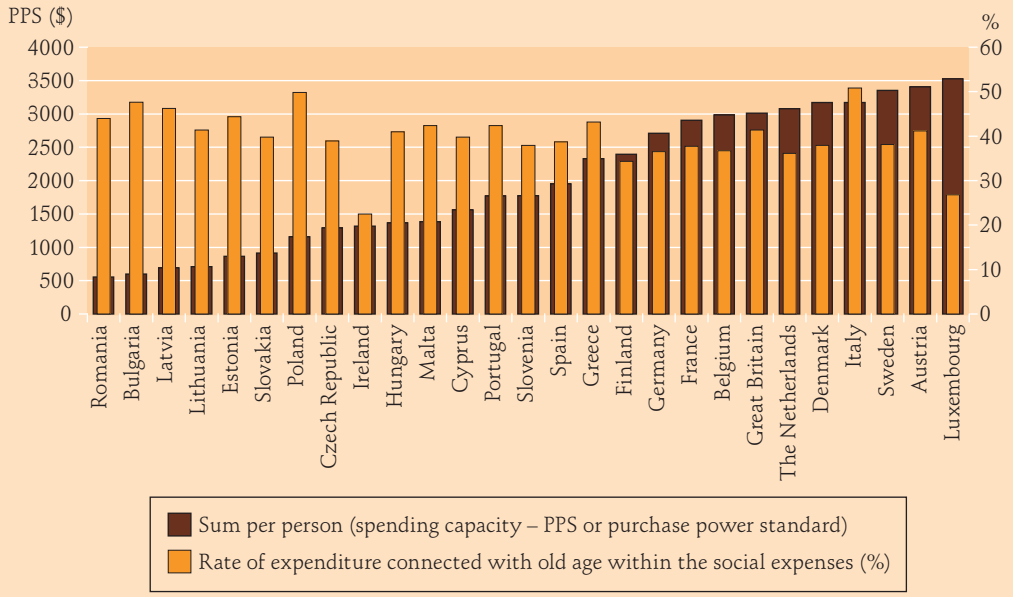
[1] This is the cause of the fact that the present chapter similarly determines the lower margin of old age once as 60 years, once as 65. The majority of international studies uses the latter age limit, while Hungarian publications and researches use both.

[2] First wave of the demographic survey 'Turning Points of the Life Course' carried out by Demographic Research Institute in 2001: 'From what age is someone considered old?'

SOCIAL EXPENSES IN CONNECTION WITH OLD AGE

The ageing of a society is often mentioned in sociopolitical discussions with respect to the financial burdens of old age. It is of vital importance also as regards the sustainability of the pension system. In the countries of Europe the largest group of social expenses is the one connected with old age. In 2006 it amounted to 40 per cent of the total expenditure in the 27 EU member states on average. This rate was the highest in Italy and Poland, and the lowest in Ireland and Luxembourg. The relevant Hungarian rate corresponds to the European average. The differences are even more marked in absolute figures. The amount invested in one citizen in connection with ageing is the highest in Luxembourg and Austria, and the smallest in Romania and Bulgaria. Hungarian investments amount to approximately half of the EU average.

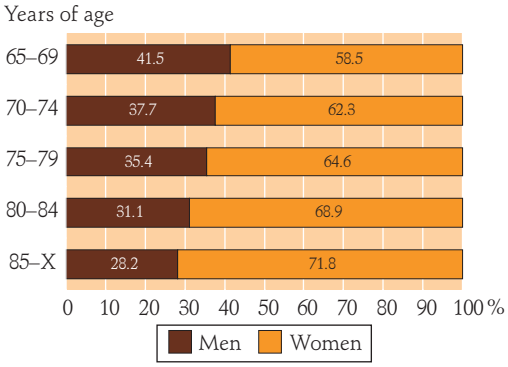
Social expenditure in connection with old age, 2006



Source: EUROSTAT, ESSPROSS data. http://epp.eurostat.ec.europa.eu/portal/page/ portal/living_conditions_and_social_protection/data/main_tables. Downloaded on September 7, 2009.

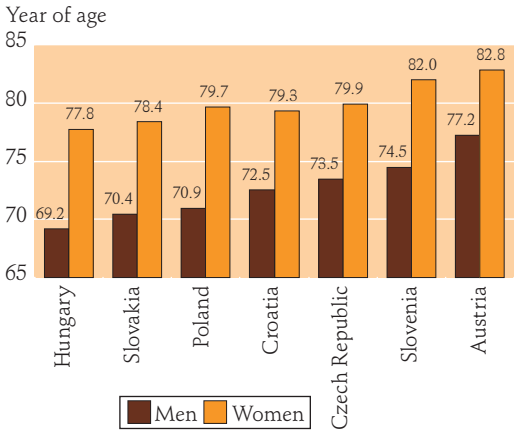
it was only 69.2 years. This means that Hungarian men can expect to live 6 years less than the EU average. In the case of women the difference is smaller. The average of the 27 EU states is 82.0 years, while in Hungary it is 77.8. The male population of Hungary precedes only the three Baltic states in this respect. The life expectancy of men in Bulgaria and Romania is similar to the Hungarian figure. Women in the countries with the lowest figures for men can similarly expect the shortest life among the women of the EU. The Hungarian figures are unfavourable not only as compared to all EU states but also as compared to the neighbouring countries or the countries of the post-socialist transition *(Fig. 3)*. (See also Chapter 5 of the present volume.)

Fig. 2. *The rate of men and women in the population 65+, 2008*



Source: KSH vital statistics, January-December, 2008. http://www.ksh.hu

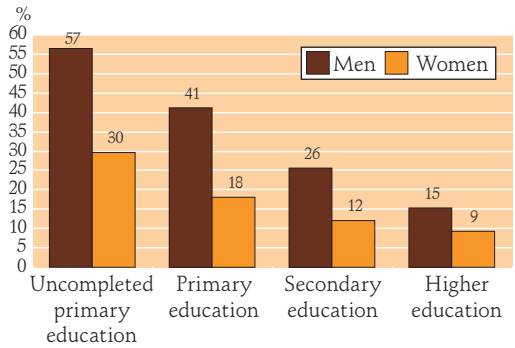
Fig. 3. *Life expectancy at birth in some European countries, 2006*



Source: EUROSTAT. http://epp.eurostat.ec.europa.eu/portal/page/portal/ population/ data/ main_tables

Life expectancy is differentiated also by social status, as reflected for example by the differences in the probability of death between the ages of 30 and 65 by the level of education. This indicator is especially important from our present point of view as it expresses the rate of those not living long enough to reach even the lowest limit of old age. Differences are considerable also among women, but among men they are downright dramatic. Based on the data on mortality in the five years between 2000 and 2004, 57 per cent of 30-year-old men not having finished primary school cannot expect to turn 65. The same rate is 41 per cent for those with primary education, 26 per cent for those with secondary education, and 15 per cent for those with higher education *(Fig. 4)*.

Fig. 4. *Probability of death between the ages of 30 and 65 by level of education, 2000–2004 (%)*

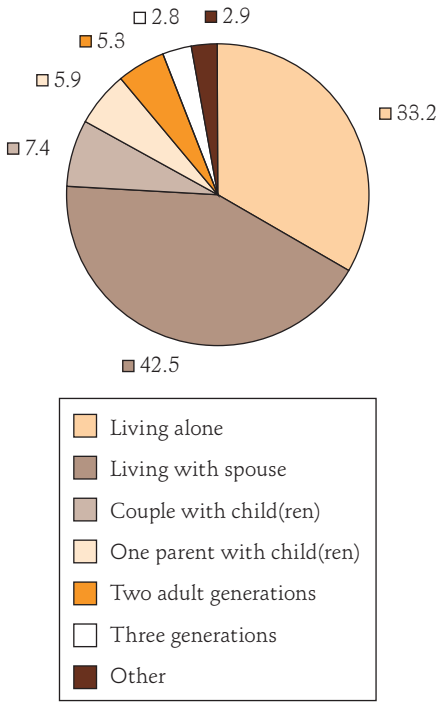


Source: Hablicsek L. and Kovács K. (2007)

FAMILY AND OTHER RELATIONS OF THE ELDERLY

Old age is a part of the life course that is characterized by special household structures. Children have already left the parental home and have started their own families. In certain age groups even the grandchildren have begun to start families of their own. As a result, the population aged 65+ typically lives in one-person households or the elderly couples live together by themselves. In 2004 one third of the age group in question lived alone and over 40 per cent lived with their spouses. Another characteristic feature of the household structure is that there are hardly any households (a mere 3 per cent) with three generations *(Fig. 5)*.

Fig. 5. *Distribution of the population aged 65-78 by type of household, 2004 (%)*



Source: Demographic Research Institute, Turning points of the life course, demographic survey, 2004. (Author's calculations.)

It has to be noted that three-generation households and ones with two adult generations are most commonly involuntary forms of coexistence. Research has proved that the lack of financial means and the dissolution of marriages, i.e., families plays a decisive role in keeping younger generations in the same household with the older ones or in the return of the young to the home of their parents.

The situation of the elderly is determined not only by the persons they live with but also by their relationship with their children and grandchildren living separately. Only 10 per cent of the age group 65+ remained childless. The rate of those with one child is 28 per cent, that of those with two children is 42 per cent, and that of those with three or more children is 20 per cent. Taking only this fact into account, the potential family network would be much wider than what would follow from the structure of households. Eighty-three per cent of the age group 65+ have grandchildren, too, whose supervision is a popular activity among them. (Source: *Turning points of the life course, demographic survey, 2004.*)

The existing family network does, however, not mean automatically that the elderly generations can realize their family relations. The links between the generations became looser in the past decades. An indicator of this fact is that the transfer of goods among the households has decreased. The results of the Time Use Survey reveal that in 1986 only 18 per cent of the households where the head of the family was 60 to 69 years old did neither receive nor give financial or non-financial support. By 2000 this rate had grown to 30 per cent. A setback could be observed also in those house-

Table 1. *The rate of households the members of which do not participate in the transfer between households, 1986 and 2000 (%)*

Age group	Budapest		County seats		Other towns		Villages		Total	
	1986	2000	1986	2000	1986	2000	1986	2000	1986	2000
60–69	27.5	47.2	20.7	32.3	13.2	26.1	16.0	22.9	18.4	30.2
70–x	33.3	46.8	33.6	31.4	24.7	28.0	19.2	22.3	25.2	30.8

Source: Bocz J. and Harcsa I. (2001

Table 2. *Loneliness among elderly people living alone by the number of their children, 2004 (%)*

Do you often feel lonely?	Number of children born to the person				Total
	0	1	2	3 or more	
Not at all	26.0	29.0	24.6	22.5	25.7
Rarely	21.8	17.3	19.1	24.4	20.0
Often	21.8	24.5	26.9	29.0	25.7
Always	28.8	28.8	29.0	24.2	28.0
Does not know	1.6	0.4	0.4	0.0	0.5
Total	100.0	100.0	100.0	100.0	100.0

Source: Demographic Research Institute, Turning Points of the Life Course, demographic survey, 2004. (Author's calculations.)

Remark: The number of children is not identical with the number of living children. Also foster children can play the role of children by blood in the life of the older generations. Interpreting the data above, it has to be taken into account.

holds where the head of the family was 70+, though to a smaller degree. In 1986 one quarter of them was left out of the co-operation between households, whereas by 2000 this rate had risen to one third. The change was considerable especially among Budapest residents *(Table 1)*.

The loosening of the ties with children living outside the household probably plays a role in that childless elderly people do not feel much more lonely than those having child or children *(Table 2)*.

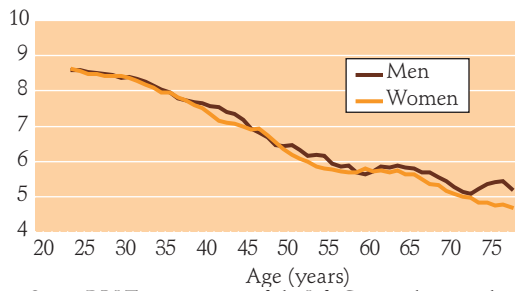
STATE OF HEALTH OF THE ELDERLY

There are several indicators to measure the state of health. The persons involved may assess their own state of health or establish whether they have illnesses that are impediments in the way of their everyday activities.

One of the indicators used in this chapter is the assessment of one's own health on a scale 0 to 10. The question is how far the interviewed persons are satisfied with their state of health.

It can be considered natural that health deteriorates with age and elderly people have a worse opinion of their own health than younger ones. It is, however, not at all natural that an unfavourable rating appears already among the 30 to 40 years old *(Fig. 6)*.

Fig. 6. *The evaluation of own health status on scale 1–10, 2004 (five-year moving averages)*



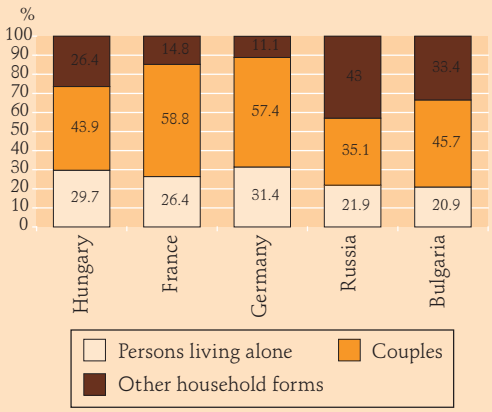
Source: DRI Turning points of the Life Course, demographic survey, 2004 (Author's calculation)

With regard to the other indicator of health it could be establish that in 2004 55 per cent of the age group 65-78 had illnesses that hindered them in their everyday activities. Severe hindrances could be found in 18 per cent of the age group, moderate ones in 21 per cent, and fluctuating ones in 16 per cent. Comparing men and women we find that the latter have more health problems detrimental to their everyday activities. Fifty-seven per cent of women and 51 per

HOUSEHOLD STRUCTURE OF OLD PEOPLE IN SOME EUROPEAN COUNTRIES

The major characteristic feature of the household structure of the elderly generations in Hungary is that the proportion of those living alone is high, while that of those living with their children or relatives is low. This is not the case in all other European countries. For example, in Germany and France nearly 60 per cent of the age group 60-78 live with their partners. The Bulgarian level is low just like those of Hungary, but the Russian one is still lower. A mere 35 per cent of Russian persons in the age group 65-78 live with their partners in a household, just the two of them. However, the rate of those living with their children in multigenerational families is 43 per cent. Research in this field shows that this form of household is not a voluntarily chosen or preferred way of life and a result of solidarity between the generations but is mostly forced on the families by unfavourable conditions.

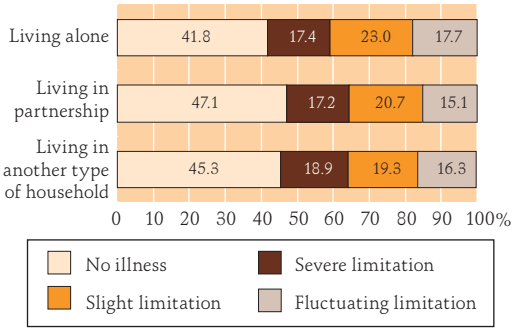
Household structure of the age group 60–78 around 2000



Source: Gender and Generation Survey, 1st waves around 2000. Author's calculations.

cent of men complained of such problems. One of the causes can be that due to the higher mortality of men their age group 65+ is a selected section of the male population as a considerable part of men with a higher risk of morbidity (those on a low level of education and doing manual work) do not even live as long as that. It can be similarly connected with the problem of life expectancy that among women in the age group 65+ the rate of very old persons with serious health problems is higher, too. The third factor is that women realize and accept their illnesses more easily than men. Finally, more women live alone than men, which enhances the risk of an illness. Loneliness is a burden detrimental to health as compared to the state of those living in partnership or in a bigger family *(Fig. 7)*.

Fig. 7. *Presence of an illness delimiting everyday activities in the age group 65–78, 2004*



Source: Demographic Research Institute, Turning points of the life course, demographic survey, 2004. (Author's calculations.)

THE IMAGE OF OLD PEOPLE IN THE SOCIETY

Demographic ageing presents a complex challenge for every society. The most important one is the change in the rate of the ac-

tive and the inactive part of the population, the growing financial burden of pensions, and the increasing duties of health care and the social welfare system. To handle these problems properly not only financial means and expert capacities are needed but also a positive approach to old age on the part of the whole population. Old people should be seen as fully qualified members of the society. This aim is emphatically present in the strategies of social policy for managing the problems of old age both in the EU and in Hungary.

Relevant research reveals, however, a controversial picture in this respect. Comparing the early 1980s and the early 2000s it turns out that the society had become more tolerant vis-à-vis the elderly from certain respects but in other fields their social recognition had slackened.

An example for the former is that in the early 2000s a much smaller portion of the population agreed with the statement "old people are suspicious and see everybody as an enemy" than 20 years earlier. Less people support also the statement "old people are dissatisfied with everything and grumble all the time". The widening gap between the generations and the diversification of life styles is indicated by the fact that whereas in 2001 less than half of the adult population agreed with the statement "old people like to interfere with the life of the young", in 1980 this rate had been 70 per cent. The statement "it is the duty of adult children to assist their old parents" similarly got smaller support. In 1982 93 per cent agreed with it but in 2001 only 73 per cent.

Everyone knows how elderly generations are handled in the labour market. During the period in question the number of those agreeing with the statement "workplaces do not appreciate those who are at the brink of becoming too old to work" doubled. The working experience of the older generations has lost its value, as indicated by the decreasing number of those thinking that "the work of the old is more valuable than that of the young due to the formers' great deal of experience". The rate of those in the adult population who did not agree with this statement was 28 per cent in 1982, while 45 per cent in 2001, which is again more marked opinion *(Table 3)*.

Table 3. *Opinions about old people (%)*

	Year	Agrees	Does not agree	Uncertain	Does not know	Total
Old people are suspicious and see everybody as an enemy	1982	26	51	21	2	100
	2001	19	68	12	1	100
Old people are dissatisfied with everything and grumble all the time	1982	30	47	21	2	100
	2001	22	61	16	1	100
Old people like to interfere with the life of the young	1982	70	13	14	3	100
	2001	52	31	16	1	100
It is the duty of adult children to assist their old parents	1982	93	2	4	1	100
	2001	73	16	11	0	100
The work of the old is more valuable than that of the young due to the formers' great deal of experience	1982	42	28	28	2	100
	2001	38	45	16	1	100

Source: Dobossy I., S. Molnár E., and Virágh E. (2003)

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8.

PENSION SYSTEM AND RETIREMENT

Judit Monostori

MAJOR FINDINGS

- At the beginning of 2009 those in Hungary who received pension or some pension-type benefit numbered 3.030.000. The largest group of pensioners was that of those above retirement age receiving old-age pension. They numbered 1.423.000. Old age pensioners below retirement age totalled 308.000. 779.000 persons received disability pension, over half of them (54 per cent) not yet reaching retirement age.
- During the past 20 years the number of persons receiving a kind of pension or pension-type benefit grew considerably. The growth was not constant. The number of pensioners was the highest in 1999, then a slow decrease and later stagnation could be observed.
- In contrast with the situation 20 years ago, the majority of pensioners today are below retirement age. The timing and mode of retirement is influenced by the conditions of the labour market, by the state of health of the person concerned, by the current retirement age, and by several other factors.
- In 2008 pension expenditure amounted to about 12 per cent of the Hungarian GDP for that year, i.e., to 3,062.6 billion forints. The average pension was 69,600 forints, which was 69 per cent of the average net income for that year. This can be considered high in European comparison and also as compared to earlier Hungarian pensions.
- Old age and old-age type pensions represented the highest sums among this type of benefits. In 2008 the average old-age pension for those above retirement age was 79,000 forints and for those below retirement age 98,000 forints. The average of disability pensions below retirement age was 59,000 forints and that of those above it was 72,000 forints. Survivors' benefits and pension-type annuities were much less than that.
- The disparities between the incomes of pensioners are less marked than those among the active population. The inequalities follow partly from the fact that the various provisions are regulated by law, partly from the careers of the individuals in the labour market prior to retirement. It is a peculiarity of the Hungarian pension system that pensions depend strongly also on the calendar year of retirement. The rate of those living in existential (or income) poverty is much lower among pensioners than the national average. In 2006 only 8 per cent of them lived below the poverty line, while this rate was 10 per cent for the whole population.
- The general age at retirement is lower than the current retirement age defined by law. This is due partly to the conditions of the labour market, partly to the state of health of the elderly, and partly to the attitude of the population.

RETIREMENT AND THE PENSION SCHEME

In Hungary and in the majority of the European countries one of the most severe problems in the past few decades was the sustainability of the pension system. The ageing of the society characteristic of the majority of the EU countries and the problems of the labour market lay a heavy burden on the overall system of provisions, the pension system included. In early 2009 3,031,000 persons received pension, annuity or regular pension-type benefit in Hungary. This amounts to 30 per cent of the population. The majority, almost three quarters of them received old-age pension or old-age type pension. 308,000 of these people were below retirement age (ONYF–Central Administration of National Pension Insurance, 2009).

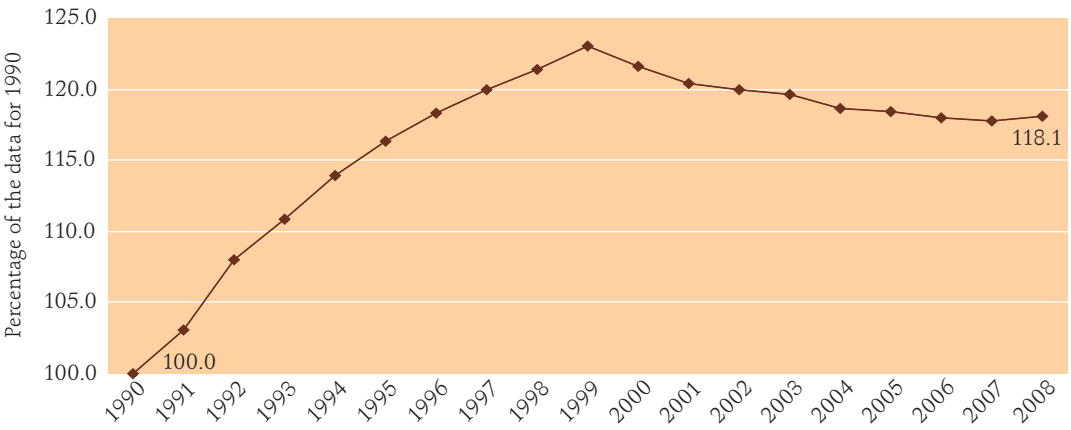
The number of those receiving pension and pension-type benefit is determined not only by the number of the relevant age group or the conditions in the labour market but also by the legal background governing pensionability and the attitude of the population governing the timing of retirement. The personal state of health is of primary importance since it determines the person's possibility to cope in the labour market. The deterioration of health is an outstanding motivation for entering the pension system. In the following this factor will be analyzed, as well.

THE NUMBER OF PENSIONERS

In the 20 years since the change of regimes the number of pensioners increased by over half a million. Whereas in 1990 2,520,000 persons received some kind of pension, in early 2009 their number was already 3,031,000. Due to the dynamic growth after the change of regimes the number of pensioners was the highest in 1999 with 3,184,000 persons involved. Later a slow decrease and finally stagnation could be observed *(Fig. 1)*.

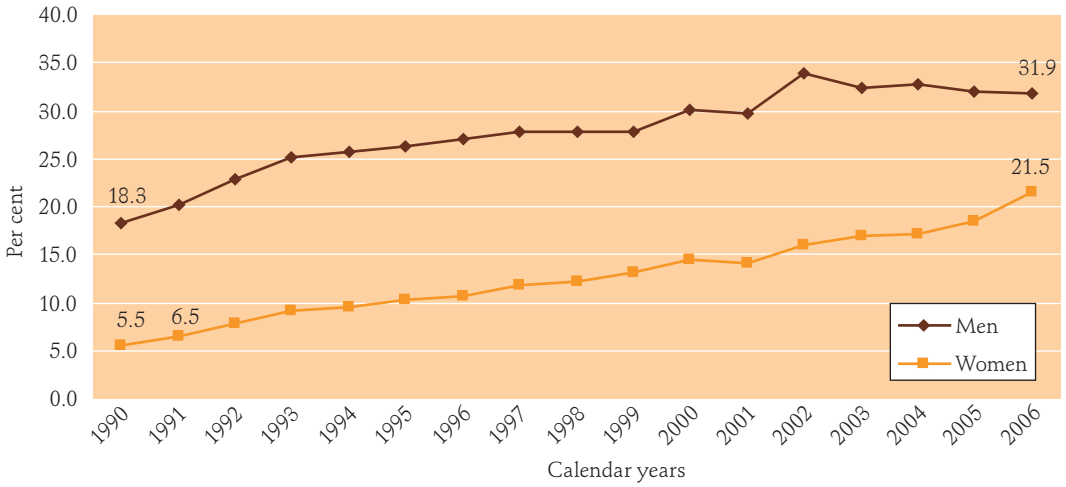
The dynamic growth between 1990 and 1999 goes back primarily to the situation of the labour market. Due to the economic crisis many people lost their jobs and were

Fig. 1. *Number of persons receiving pension and pension-type benefits, 1990–2008 (1990=100)*



Source: ONYF (2009)

Fig. 2. *Rate of pensioners below retirement age within the retired population, 1990-2006*



Source: Central Statistical Office, Labour balance account. Author's calculations.

forced to leave the labour market for a certain period of time. Uncertainty was especially detrimental to the older generations who instantly turned to the pension system. This process was facilitated by the introduction of new types of pension like prepension and early retirement. These forms of making retirement easier stopped to exist in the late 1990s and the possibilities of retirement narrowed down substantially.

The dynamic increase of the number of pensioners stopped short at the end of the 1990s not only because of this fact but also because in 1998 the retirement age started to increase. The process took place between 1998 and 2009 and a separate retirement age was determined for each age group by year of birth and by gender. During the period of ten years the retirement age for women rose from 55 to 62 years and for men from 60 to 62 years. Thus the rising of the retirement age affected women more heavily than men.

At the same time, the dynamics of raising the retirement age was not followed by a similarly dynamic rise of the age in which people generally retired. As parallel with raising the retirement age prepension was introduced, the age groups affected by the rise could retire before they reached full retirement age, after a required term of office. This fact slowed down the rise of the activity rate of the elderly and the postponement of the age at retirement, consequently the rate of pensioners above and below retirement age changed considerably *(Fig. 2)*, especially among women.

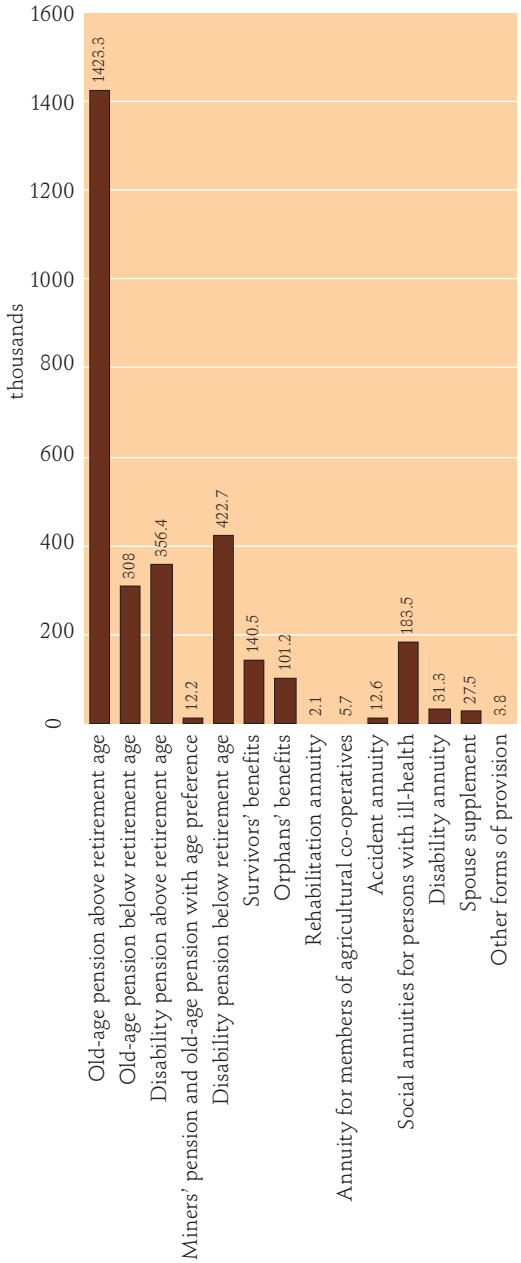
THE DISTRIBUTION OF THE RETIRED BY TYPE OF PROVISION

The most numerous group of people receiving pension and pension-type benefits is that of those above retirement age receiving old-age pension. In early 2009 they numbered 1,423,000 followed by the group of old-age pensioners below retirement age and that of those receiving disability pension *(Fig. 3)*.

Fifty-four per cent of the persons receiving disability pension (423,000 persons) have not reached retirement age yet. The

rest (356,000 persons) are above the legal age now but entered the system already in their younger years.

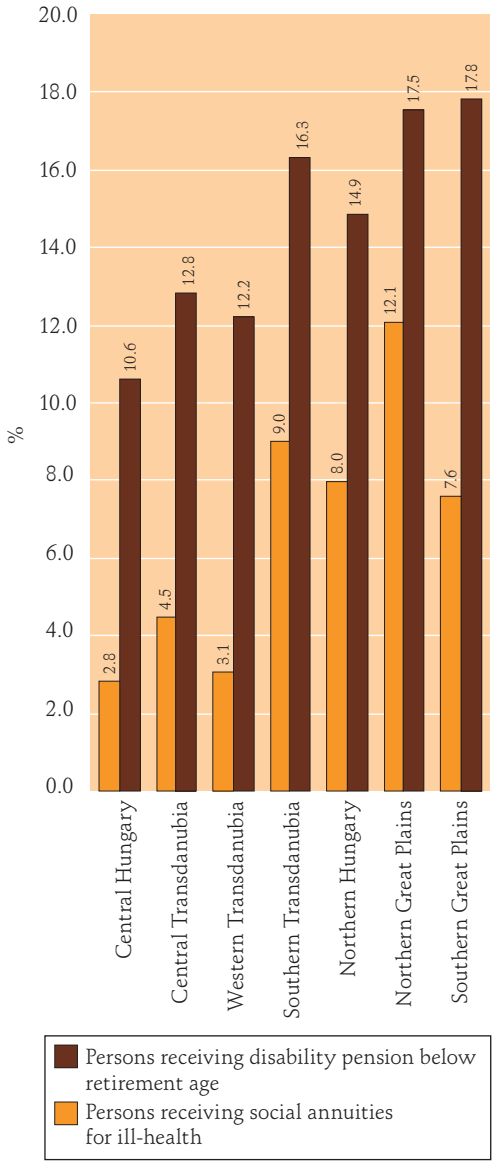
Fig. 3. *Number of people receiving pension and pension-type benefits, January 2009 (thousands)*



Source: ONYF (2009)

As it has been mentioned before, the number of pensioners depends not only on the number of the relevant age group but also on the position of these generations in

Fig. 4. *Rate of persons receiving certain outstanding forms of provision within the overall population of pensioners, January 2009*



Source: ONYF (2009)

the labour market. The high rate of pensioners below retirement age in certains jobs and the territorial differences call attention to the fact that increasing the possibility of employment for the older generations is a key element of the sustainability of the pension system. The regional differences in the distribution of pensioners indicate that the more backward a region is and the more problems it has in connection with the labour market, the greater the number of the persons receiving disability pension below retirement age and the social annuity for persons with ill-health *(Fig. 4)*.

These provisions are in connection with bad health only partially. In the case of the majority of these people altered abilities due to changes in one's state of health usually go hand in hand with the small capacity of the labour market.

PENSION EXPENDITURES AND PENSIONERS' INCOMES

In 2008 state expenditures on pensions amounted to 3,062.6 billion forints, which was about 12 per cent of the GDP for that year. The average provision per person was 69,600 forints, i.e., 69 per cent of the average net income in the same year. The various forms of provision differed substantively. Old-age pension and old-age type pension were the highest. In 2008 the average amount of old-age pension for persons above retirement age was 79,000 forints and for those below retirement age 98,000 forints. Disability pension was lower than that: 72,000 forints for those above retirement age and 59,000 forints for those below. Survivors' pensions and benefits did not reach even that level.

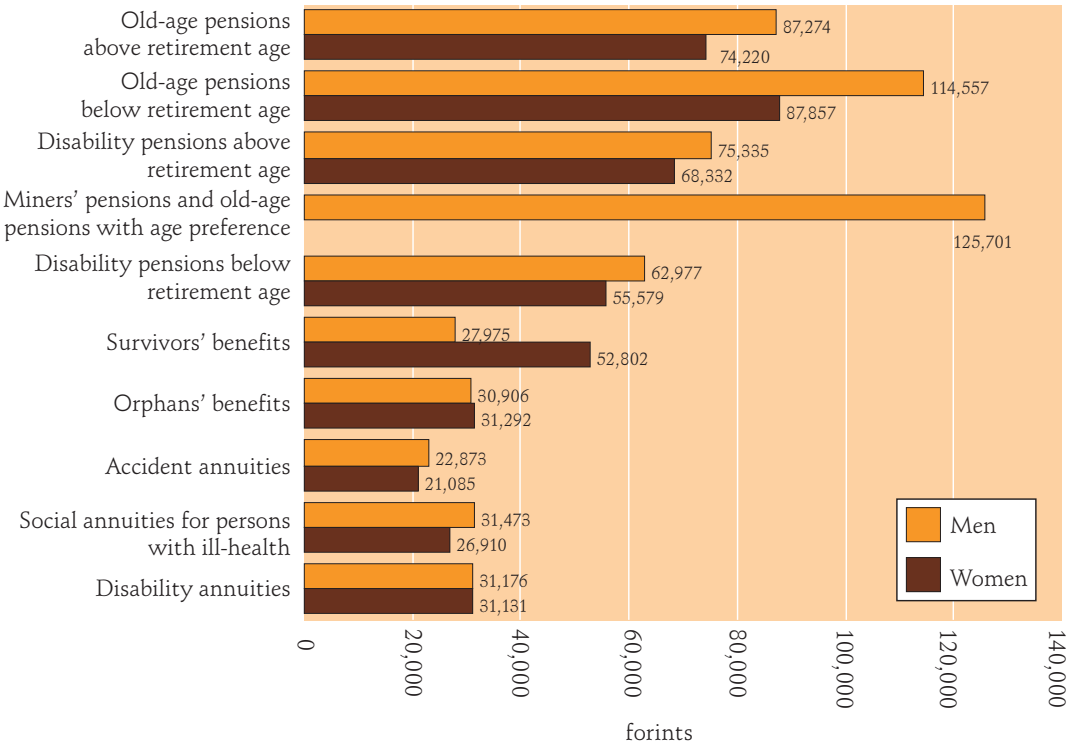
AGGREGATE REPLACEMENT RATIO IN THE EU MEMBER STATES IN 2007

The development of the sociopolitical targets as regards a sustainable pension scheme in the EU is documented by indicators using uniform methods. One of these indicators is the aggregate replacement ratio which is the ratio of the median pension of the age group 65-74 and the median income of employed people aged 50-59.

	Total	Men	Women
EU-25	0.49	0.52	0.49
EU-15	0.48	0.51	0.48
Belgium	0. 44	0.46	0.45
Czech Republic	0.51	0.51	0.56
Denmark	0.39	0.38	0.43
Germany	0.45	0.47	0.48
Estonia	0.47	0.40	0.57
Ireland	0.47	0.41	0.53
Greece	0.40	0.46	0.42
Spain	0.47	0.52	0.48
France	0.61	0.61	0.54
Italy	0.49	0.56	0.37
Cyprus	0.29	0.34	0.34
Latvia	0.38	0.33	0.43
Lithuania	0.40	0.38	0.44
Luxembourg	0.61	0.59	0.58
Hungary	058.	0.60	0.57
Malta	0.50	0.52	0.48
The Netherlands	0.42	0.49	0.54
Austria	0.61	0.62	0.68
Poland	0.58	0.64	0.57
Portugal	0.47	0.50	0.48
Slovenia	0.44	0.51	0.39
Slovakia	0.54	0.53	0.57
Finland	0.46	0.46	0.48
Sweden	0.61	0.63	0.54
Great-Britain	0.41	0.42	0.44
Iceland	0.43	0.43	0.47
Norway	0.49	0.54	0.42

Source: http://epp.eurostat.ec.europa.eu/tgm/table.do?tab=table&init=1&language=en&pcode=tsdde310&plugin=1

Fig. 5. *Monthly average of some outstanding forms of pension, 2008*



Note: Pension for a '13th month' included.

Source: ONYF (2009)

The amounts received as pension by men and by women differ greatly, the average pension for women being only 86 per cent of that for men. The difference is the greatest in the case of old-age pensions. At the same time, survivors' benefits are higher in the case of women *(Fig. 5)*.

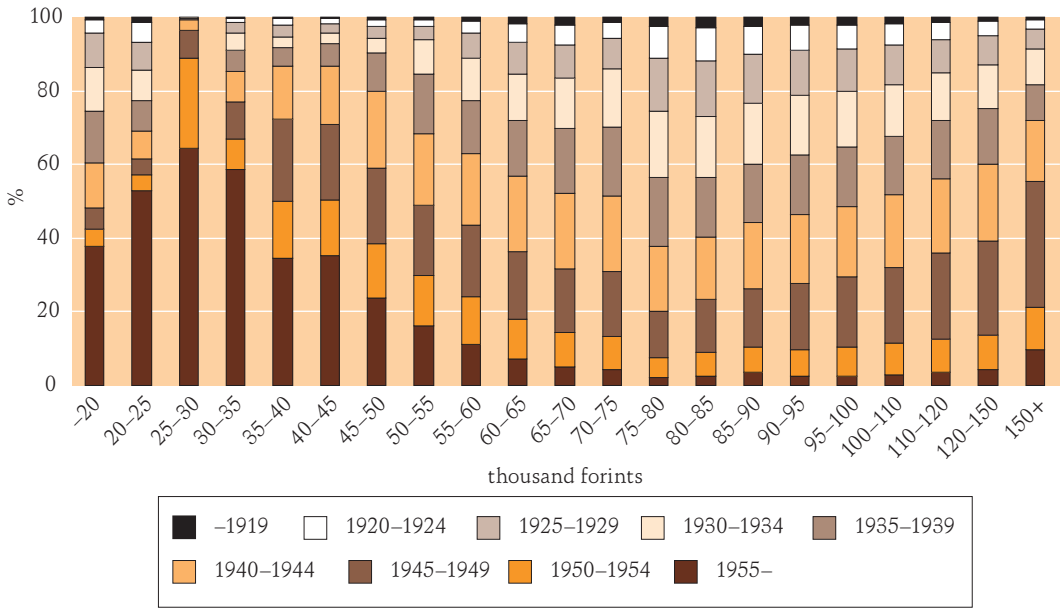
There are considerable disparities within the pension system also by age cohorts, i.e., years of birth. This fact is explained by the way of calculating most pensions on the basis of a person's incomes at retirement, which is different year by year. Pensions and their disparities are determined by the relevant legal regulation as well, influencing the differences between the cohorts, too.

The smallest sums are given to the youngest of the newly retired as most of them receive disability pension, orphans' benefit or annuity, which are relatively low-level provisions. The highest pensions go to those who have reached or approached retirement age and receive early pension or normal old-age pension at retirement age. This group is the youngest among old-age pensioners *(Fig. 6)*.

EXISTENTIAL POVERTY AMONG PENSIONERS

Besides maintaining the sustainability of the pension system the other important sociopolitical target is to ensure safe subsistence for all pensioners. The level of pensions as compared to the level of incomes

Fig. 6. *Distribution of birth cohorts within groups determined by the amounts received, January 2009*



Source: ONYF (2009)

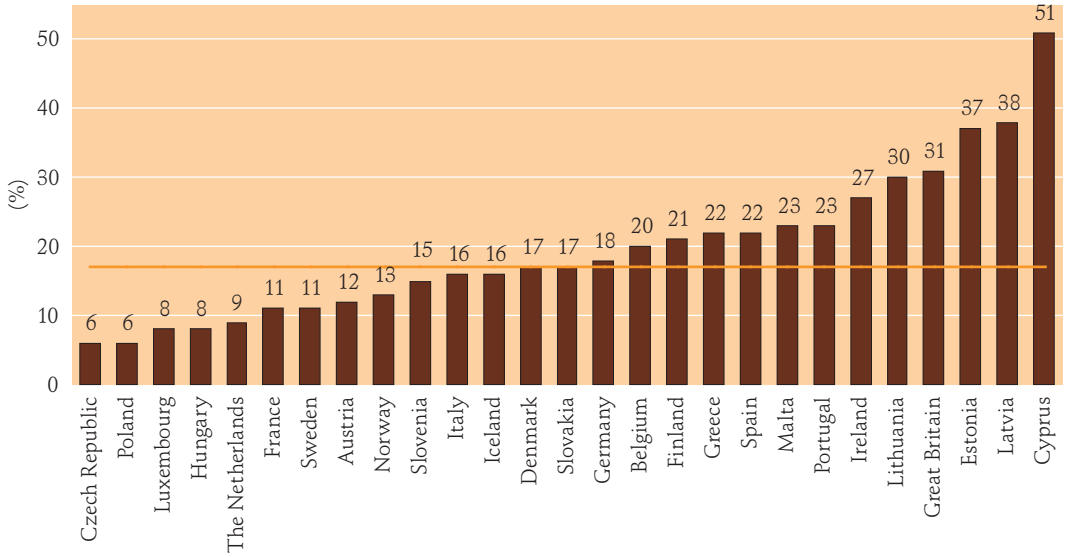
for the employed is higher in Hungary than the European average but the disparities behind this average and the number of those living below the poverty line are not negligible, either. The differences of incomes and the poverty rate for pensioners depends not only on the level of pensions as pensioners can have other sources of income as well, and the incomes of other members of their household also play a role in their standard of living. When calculating a person's income we apply the international norm of including the incomes of other members of the household and the ones linked not with persons but with the household itself.

The poverty rate of Hungarian pensioners calculated according to international standards (i.e., 60 per cent of the median value of the equivalent income) is lower than that of the total population. The calculations for 2006 reveal that 8 per cent of pensioners aged 18+ live in existential poverty. This is below not only the national average (10 per cent) but also the value characterizing pensioners in the EU member states to a great degree. In 2006 17 per cent of the pensioners in the average of 25 EU states lived below the poverty line *(Fig. 7)*.

ATTITUDES AS REGARDS RETIREMENT

The timing of retirement is influenced by several factors. For most people it depends on the retirement age as old-age pension is available at that date or one or two years earlier. At the same time the term of office is also an important factor as it determines the type and amount of pension. The term of office is determined, in turn, by the state of the labour market, i.e., by the chances of a person to spend many years with work. The possibility of working parallel with re-

Fig. 7. *Poverty rate among pensioners aged 18+ in 2006 (%)*



Source: EUROSTAT, Pension indicators
http://nui.epp.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_pns68&lang=en

tirement is considered, too, just as the person's state of health. Those whose health has deteriorated to a degree that they can no longer work similarly decide for retirement. They will receive disability pension or the social annuity for persons with ill-health. Certain types of pension are given to those who have lost a spouse or a parent. Such are the widow's pension and the orphan's allowance.

Entering the pension system is thus the result of both choices and necessities.

The elderly age groups of the Hungarian society have a strong desire to retire. The rate of those who would gladly stop working and choose retirement is high. In 2001 80 per cent of the employed at best 10 years below retirement age wished to retire before that date. In 2004 this rate was 70 per cent (Monostori, 2008).

This preference for retirement was motivated in these layers by their aversion to the world of employment and by their positive expectations as regards their retired years. The demographic survey entitled *Turning Points of the Life Course* by the Demographic Research Institute found among the reasons problems of health (fatigue, deterioration of health), a fear from unemployment, and positive elements like more free time to be spent with the family and the choice of a new occupation parallel with receiving pension.

Fatigue and deteriorating health are the most common reasons motivating a person to choose retirement below the legal age. Forty-three per cent of the employed population at best 10 years younger than retirement age preferring early retirement referred to these two factors with slightly more women among them than men. The respondents mentioned with similar emphasis that they wished to spend more time with their families and to have more free time. Three quarters of the women

and half of the men in this group indicated also the wish to be with their grandchildren as a reason. Seventeen per cent spoke of fear from unemployment, and 14 per cent wanted to work in another job after retirement *(Table 1)*.

The different motivations of those preferring early retirement differed also by social groups. Manual workers mostly referred to fatigue and deteriorated health. Compared to intellectuals and businessmen this group was the most afraid of unemployment. They did not think of working after retirement or being gainfully employed in another form. As a contrast, 30 per cent of the businessmen preferred early retirement with view of another job. The main motivating factor for intellectuals, both men and women, was more free time and more time to spend with the family.

Table 1. *Causes of preferring early retirement (persons at most 10 years below the age of retirement)*

Causes	Percentages of mentioned causes		
	Men	Women	Total
1. Fatigue, deteriorating health	39.3	45.6	43.1
2. Wishis to spend more time with his/her family and to have more free time	32.3	49.5	42.8
3. Fear from unemployment	18.0	17.1	17.4
4. Wishes to earn money after retirement, wishes another kind of work	18.1	11.0	13.8

Source: J. Monostori (2008).

HOME PAGES

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www.ksh.hu – Central Statistical Office
http://nyugdíj.magyarorszagholnap.hu – documents and background studies for the Pension and Old-age Round Table
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9.

FAMILY STRUCTURE

Erzsébet Földházi

MAJOR FINDINGS

- In 2005 there were 2,032,000 households of couple-type families[1] in Hungary (which is 55 per cent of all households at that time) with 6,122,000 persons living in them. Fifteen years earlier the rate of such households was still 59 per cent.
- The rate of one-person households grew from 24 to 29 per cent between 1990 and 2005. In 2005 1,163,000 households belonged to this type.
- In 1990 the number of one-person households was 946,000, while in 2005 it was already 1,163,000. Two thirds of the persons living alone were women.
- The rate of one-person households is the smallest in the age group 30-39 and the greatest in the age group 70+.
- The overwhelming majority of the persons living alone consists of widows. The second largest group is that of single men followed by single women, divorced women, and divorced men. The group of the married persons is the smallest.
- The rate of families consisting of married couples with or without child(ren) within the total number of families decreased from 80 to 71 per cent in the same period, whereas the 5 per cent ratio of persons living in cohabitation in 1990 increased threefold by 2005, growing steadily.
- The rate of lone-parent families grew from 15.6 to 16.8 per cent with the families consisting of mother and child(ren) growing from 80 to 87 per cent within the total number.
- The rate of childless couples is higher among those living in cohabitation than among married couples, and the rate of couples with two children is smaller, too.
- Among families with child(ren) married couples have the greatest number of children. They are followed by cohabiting couples, then come lone mothers with child(ren). The number of the children of lone fathers is the smallest.
- In 2001 11.3 per cent of children under one year of age lived in lone-parent families. The similar rate of the 14 years old was already 18.4 per cent. Over two thirds of the 14 years old live with both biological parents.
- In 2005 6 per cent of all families was a single-parent family with at least one child younger than 15.

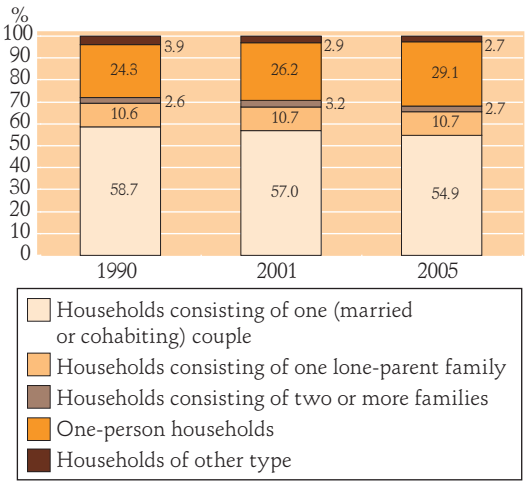
[1] Family is the smallest circle of persons living together as spouses or cohabiting/consensual unions or kin. The family may be couple-type, i.e., a married couple without child or with never-married child(ren); a consensual union without child or with never-married child(ren); and a lone-parent (father or mother) with never-married child(ren). http://www.nepszamlalas.hu/eng/volumes/concepts.htm1

HOUSEHOLDS AND FAMILIES

Families live in different types of households. A household can consist of one or more families and there are non-family households, too, such as, for example, one-person households. An analysis of the households is thus necessary to form a true notion of the family structure.

At the time of the 1990 census there were 3,889,532 households in Hungary, in 2001 there were 3,862,702 and in 2005 there were 4,001,976. Their distribution is characterized by the decreasing number of those with only one married or cohabiting couple, by the stagnation of lone-parent households, and by the increase of one-person households. In 2005 11.5 per cent of the total population lived in the latter which constituted 29.1 per cent of all households. The total number of one-person households and of those for only one family constituted 95 per cent of all households. This means that households with two or more families or households with persons not representing a family but living 'under the same roof' are getting very rare *(Fig. 1)*.

Fig. 1. *Distribution of households, 1990–2005*



Source: KSH (2004, KSH (2006)

WHO DOES THE WASHING UP? – FAMILY ROLES AND THE DIVISION OF LABOUR IN A HOUSEHOLD

Household chores are mostly done by women, especially routine duties like cooking, washing up, and cleaning. In Hungary the traditional division of family roles between the sexes is generally accepted. As compared with the life of women in countries like Germany, France, and Russia Hungarian women spend much more time with household chores, husbands not doing much of their share. Women with college or university degrees are in the most favourable situation in this respect. In their families the division of labour resembles the one in France in the same category. Hungarian women take upon themselves 3.3 times more of the housework than their partners. (Out of the four countries discussed East-German women are in the best position with a rate of 2.3.) In spite of these facts, due to the traditional approach to housework, the number of conflicts arising from the disparities is the lowest in Hungarian families.

Young couples tend to share housework more equally and to make it together in every country in question, whereas in the case of older couples women tend to work more at home. Earning activity influences the division of labour in a family only to a slight degree. There are, however, greater differences by the type of the relationship as married women tend to do much more housework than those living in cohabitation.

Source: Pongrácz and Murinkó (2009)

While the number of households increased between 2001 and 2005 – mainly due to the growing number of one-person households –, that of those consisting of a family as well as the number of their members decreased. In 2001 the average size

of families consisting of a married couple with or without child(ren) was 3.18 persons but four years later the respective figure was only 3.14. The size of families where the couples live in a consensual union decreased even more, from 2.98 to 2.87 persons. Although the number of lone-parent families increased in the period, the average number of their members fell. This means that there are less children in each type of household with child.

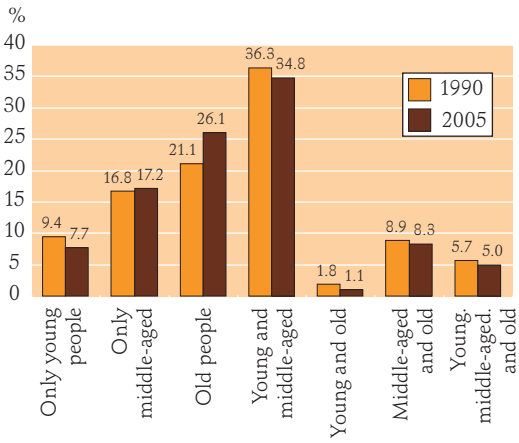
The ageing of the population is reflected also in the age distribution of the members of the households. In the past few decades the number of the young was continuously decreasing, while that of old persons was increasing.[2] The rate of households with at least one old person grew from 37.5 per cent in 1990 to 40.4 per cent in 2005. The greatest increase could be observed in the number of households consisting only of old people. The growth was 5 per cent in 15 years. At the same time the rate of households with young people decreased, which is the obvious result of the declining number of births. The falling number of households consisting only of young persons is also conspicuous within this group, which goes back partly to the difficulties of making an independent home, partly to the related problem of the postponement of starting a family *(Fig. 2)*.

In 2005 there were 2,849,000 families with 8,212,000 members (81.4 per cent of the population) in Hungary. Between 1990 and 2005 the number of families was steadily decreasing (by 48,000 families altogether), and their composition underwent a considerable change, too *(Fig. 3)*.

While in 1970 90 per cent of the families was couple-type, this rate fell to 83-85 per

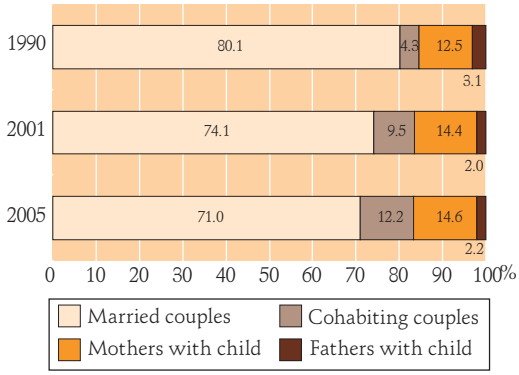
[2] When speaking of household members we consider the age group 0–29 as young, the one 30–59 as middle-aged, and the one 60+ as old.

Fig. 2. *Age distribution of households, 1990 and 2005*



Source: KSH (2004), KSH (2006)

Fig. 3. *The change in the composition of families*



Source: KSH (2004), KSH (2006)

cent beginning with 1990, with the rate of cohabitations steadily increasing. Between 1990 and 2005 the rate of cohabitations grew threefold. Although cohabitation is getting more and more accepted, the majority of the population lives in families consisting of married couples with or without child(ren).

The rate of lone-parent families grew slightly in the discussed period. In 1990 it was 15.6 per cent, while in 2005 16.8 per cent. The type mother and child(ren) was the most numerous within the category. It

Table 1. *Distribution of respondents by household types, age groups and their country's category within the EU member states, 2007* (%)

Household types	EU27			EU15			The 12 countries joining in 2004 and later		
	18–34	35–64	65+	18–34	35–64	65+	18–34	35–64	65+
	éves								
One-persons	18	11	34	20	12	34	12	9	34
Lone parents with children	6	7	7	6	6	5	6	8	15
Married or cohabiting couples	26	24	49	27	25	52	19	19	36
Couples with child(ren) below 16	50	31	–	47	33	–	63	27	_
Couples with all child(ren) above 16	–	27	10	–	24	9	–	37	15

Source: European Quality of Life Survey, 2007

constituted 80 per cent in 1990, 88 per cent in 2001, and 87 per cent in 2005.

The distribution of the population by household types shows remarkable differences in the European Union *(Table 1)*.

In the EU27 countries an average of 37 percent of the population lives in households where parents and children live together, and one quarter of the total population live with their partners but without child. Every sixth person lives alone in a one-person household. This rate is higher in the EU15 (16 per cent) than in the countries joining the Union in 2004 and later (11 per cent).

In 2007 three quarters of the youth (age group 18–34) lived in partnership in the European Union, either with or without child(ren). This rate was already four fifths among the middle-aged (age group 35–64), and among the old (aged 65+) it was still nearly 60 per cent. Every third old person lived alone even if he/she had children as most children had become independent by then and many persons of the age group had become widowed. Among the young the rate of those living alone in independent households was 18 per cent. These people either did not (yet) live together with their partner or had lost their partner. They even may not have had a (cohabiting) partner at all.

The 12 new member states show a conspicuous difference as compared to the EU15 member states as regards the types of households and families for the three generations. In the new member states the rate of those among the young who live alone is much smaller, mostly because it is more difficult for them to create the conditions for an independent life than for members of their peer-group living in the EU15 countries. But if they manage to do so and establish a lasting partnership, they have children earlier. Sixty-three per cent of them have children, in contrast with the 47 per cent of the EU15 states in average. Consequently, a greater proportion of the middle-aged population have children above 16 in their families, and also the elderly live much more often together with their children. There is no difference in the rate of old persons living alone, but the rate of old couples living by themselves is much lower in the new member states.

COUPLE-TYPE AND LONE-PARENT FAMILIES

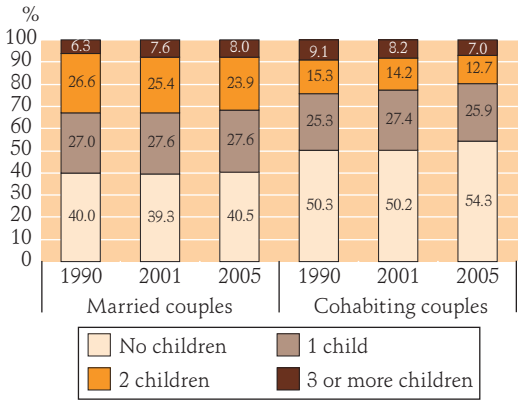
Couple-type families include married or cohabiting couples with or without child(ren). In 1990 5 per cent of all couple-type families consisted of non-married couples. By 2001 this rate doubled with the decrease of the willingness to get married and with the spread of cohabitation. By 2005 its rate increased threefold.

The number of children born to married and cohabiting couples differs greatly. As regards married couples, the rate of those without children (40 per cent) and of those having one child (slightly over 25 per cent) remained basically constant between 1990 and 2005. Changes took place only in the case of those with two or more children. The rate of the former fell by 3 percentage points from 26.6 per cent and that of the latter rose by 1.5 percentage points from 6.4 per cent.

At the time of the latter two censuses the rate of childless couples was higher among those living in cohabitation (50 per cent), and it rose further by 2005 (54 per cent). The proportion of cohabiting couples with one child is similar to that of married couples in this category (25-27 per cent). The rate of those with two or more children among them was 24.4 per cent in 1990 and only 19.8 per cent in 2005 *(Fig. 4)*.

It follows from this that married couples have more children than cohabiting couples, on average. The average number of children born to 100 married couples was

Fig. 4. *Distribution of couple-type families by type of family and the number of children*



Source: KSH (2004), KSH (2006)

THE CHILD AS A CONCEPT

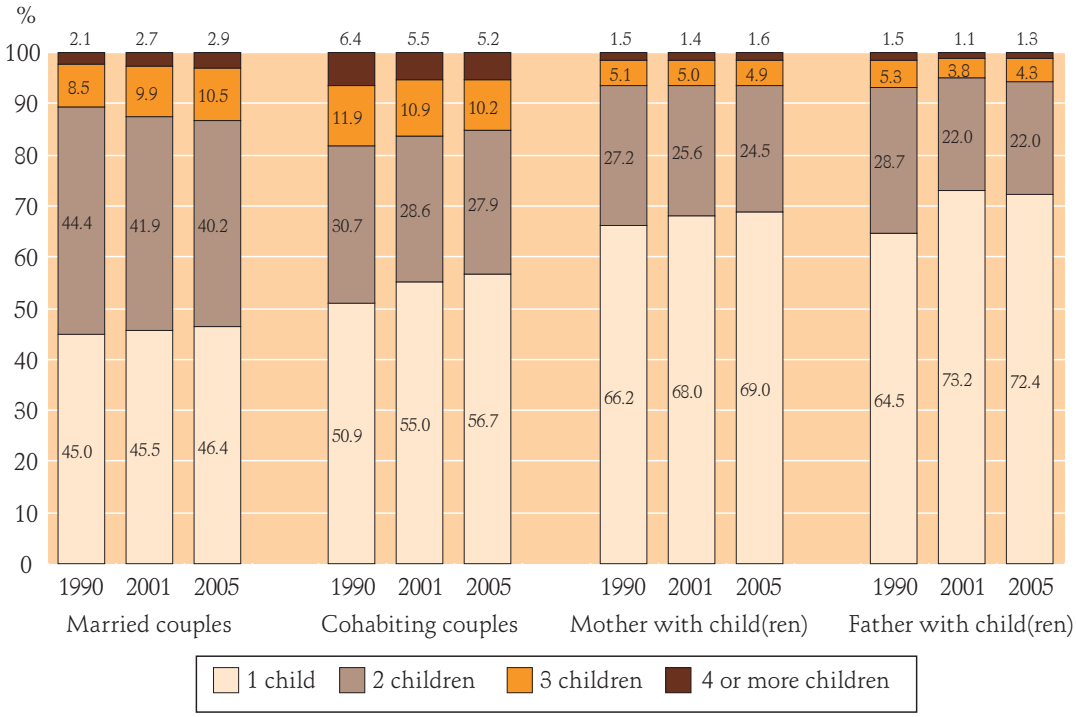
Speaking sociologically, lone-parent families are ones where a mother or a father lives with his/her minor or at least dependent child(ren). From statistical perspective this definition is not necessarily true, as the term 'child' is used here differently. At the 2001 census those persons were considered children who had been born (in or out of wedlock) to a person "with the family status husband, wife, consensual partner, father or mother, irrespective of his/her own age, marital status, source of income, provided he/she has no independent, own family".[3]

According to the statistical definition a lone-parent family is "a parent (mother or father) with never-married child(ren)", so the former definition is narrowed down only in one point, i.e., as regards family status. In everyday life the status of child implies not only a relationship by blood but also young age and the fact of being dependent. The concept of child used by statisticians leaves all these out of consideration, so lone-parent families can well consist of an eighty-year-old mother living with her sixty-year-old son who returned to the parental home following several partnerships and having children himself. Lone-parent families as seen by statistics are, therefore, not identical with lone-parent families taken in a sociological sense but are interpreted in a much wider sense.

Source: KSH (2004), KSH (2006)

[3] http://www.nepszamlalas.hu/eng/volumes/concopts.html, "Family status"

Fig. 5. *Distribution of families with child(ren) by family type and number of children*



Source: KSH (2004), KSH (2006)

above 100 for each of the three years concerned. This figure was smaller in the case of cohabiting couples, and was gradually decreasing between 1990 and 2005, from 89 to 76. The rise in the rate of childless cohabitations can be in connection with the fact that young couples prefer cohabitation in the early phase of their relationship.

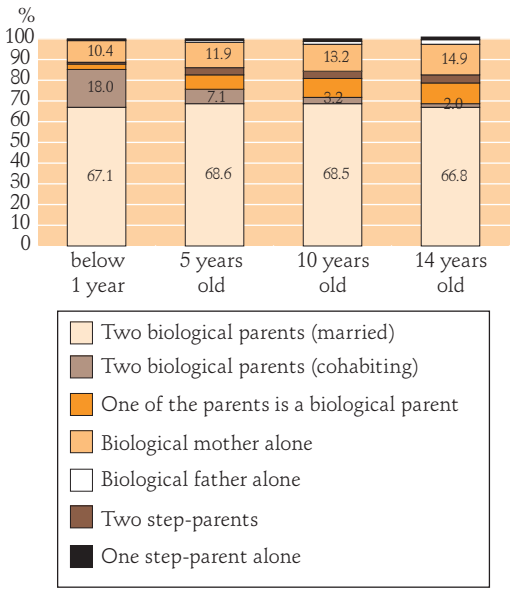
Lone-parent families more often have only one child and less frequently two or more children than couple-type families *(Fig. 5)*.

Cohabiting couples more often have only one child than married ones but they also tend to have three or more children more often. The proportion of families with 3 children has become similar in the two types of families during the last one and a half decade. In 1990 the rate of families with 4 or more children was three times as high among cohabiting couples as among married ones but in 2005 the difference was only twofold.

The analysis of family structure is of outstanding importance from the point of view of children primarily as regards their family being an intact or a lone-parent one and the type of family they live in in a given period of their lives. The 2001 census gave opportunity for mapping the situation of children by the status of the parent(s) living with them. The study by Spéder (2006) discusses four age groups: infants below 1 year of age, five-year-old children, ten-year-old children, and fourteen-year-old children *(Fig. 6)*.

In 2001 11.3 per cent of children below 1 year of age lived in lone-parent families and among the fourteen-year-old ones this rate was already 18.4 per cent. However, the number of those who have experienced life in a lone-parent family is higher than

Fig. 6. *Distribution of children of different ages by the number of parents living with them and their relationship with the parents, 2001*



Source: Spéder (2006 2)

that as lone parents may find a new partner later on, making the family a two-parent one once again and registered as such.

The great number of divorces and the fact that cohabitations are even less stable than marriages have brought about a change in the structure of two-parent families: the rate of children living with both biological parents is diminishing and that of those living with one biological parent and one step-parent is growing. The overwhelming majority of infants (85.1 per cent) lives with both of their biological parents, but only just over two thirds of the 14-year old (68.8 per cent) do so. Two-parent families consisting of one biological parent and one step-parent take care of 2.7 per cent of infants below one year of age, of 7.1 per cent of the five-year old, and of 9.7 per cent of the fourteen-year old.

The vast majority of babies are still born in families and are raised by their parents living together as a couple but an ever growing number of children experience a change when the relationship of their parents changes and they become exposed to different kinds of family types with a more or less complicated family structure.

Lone-parent families are usually transitional stages in the life of families and children, so it is worth examining the probability of such an experience in the children's lives and the amount of time it takes up of their childhood.

In the 1970s and 1980s the chances of living in a lone-parent family differed greatly in the countries of Europe. For those below 15 the smallest rate was that of Italy (9 per cent) and the highest was that of Latvia (44 per cent) *(Table 2)*.

In Hungary, one quarter of all children had experienced living in a lone-parent family before turning 15 at the time of the

Table 2. *Rate of children experiencing life in a lone-parent family below 15 and the time spent in it*

Countries	Rate of children involved (%)	Rae of time spent (%)
Italy	9	3
Spain	13	4
Slovenia	15	6
Belgium	17	5
Poland	18	9
Finland	22	8
Hungary	24	8
Norway	26	7
Czech Republic	29	8
Lithuania	29	10
France	31	11
West Germany	34	12
Sweden	34	12
Austria	34	12
Latvia	44	15

Source: Spéder (2006)

survey. It is highly probable that their rate has increased since then. The average time spent in a lone-parent family below 15 years of age varies between less than half a year (Italy) and over two years. In Hungary it is one year, two months, and twelve days. This means that children spend the overwhelming part of their childhood in two-parent families but this does not give cause for optimism. On the one hand, the dissolution of the family can have long-term effects even if the lone-parent phase lasts for a short time and, on the other hand, being raised by two parents one of whom is a biological parent and the other a step-parent (or subsequent step-parents) is more unfavourable for a child than being raised by its own biological parents.

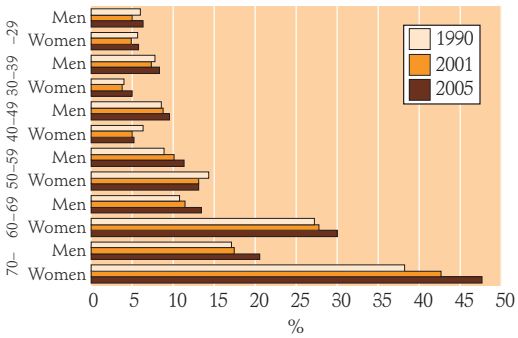
PERSONS LIVING ALONE

The number of families as well as the number and rate of the people living in them has been steadily decreasing since 1990. At the same time the number and rate of persons living alone are increasing. Between 1990 and 2005 the rate of one-person households grew from 24 to 29 per cent, their number growing in 1990–2001 by 64,000 and in the following four years by nearly 150,000. The average size of the households became smaller, too, mostly due to the ageing of the population and the decrease in fertility. In 2005 the proportion of one-person and two-person households was already quite similar, while the number and rate of those with more than two members were steadily decreasing. In 1990 one hundred households still had 260 members, while in 2005 they had only 247.

The share of men among persons living alone was around 35 per cent in 1990, in 2001, and in 2005 alike. The 65 per cent represented by women is due to the fact that as a consequence of their longer average life expectancy women become widowed and remain alone more often than men.

One-person households come about when young people leave the parental home or when old people remain alone after the death of their partner. The latter phenomenon is the more frequent and more lasting of the two as young people are likely to establish lasting partnerships sooner or later after leaving the parental home and live alone relatively rarely and only for a short time. Young men and women below 30 still live alone in a similar proportion. In the age group 30–49 men live alone to a higher proportion than women *(Fig. 7)* since they enter partnerships later than women and if divorced, they are given custody of their children more rarely. Over 50 the higher mortality of men suddenly becomes conspicuous. As time passes women remain alone in one-person households to a greater degree than men and the difference between the two sexes is growing. In 1990 14 per cent of women and 9 per cent of men aged 50-59 lived alone. In the age group 60–69 this rate was 27 and 11 per cent, respec-

Fig. *7. Rate of men and women living in one-person households within the age groups*

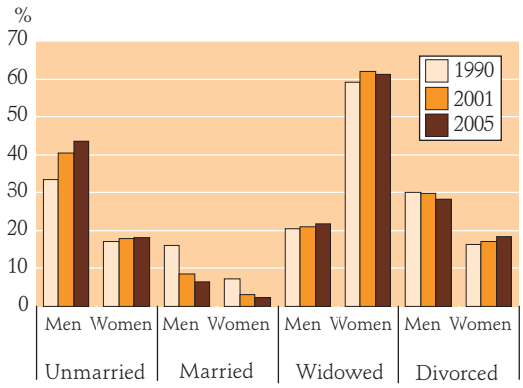


Source: KSH (2004), KSH (2006)

tively, while in the age group 70+ it was 17 and 38 per cent. In the years between 1990 and 2005 the greatest change took place in the oldest age groups and primarily among women: the rate of women aged 70+ living alone increased by over 9 per cent in a decade and a half.

With the exception of married persons, who constitute the smallest group within those living alone, the number of people living in one-person households increased irrespective of family status *(Fig. 8)*.

Fig. 8. *Distribution of persons living in one-person households by sex and family status*



Source: KSH (2004), KSH (2006)

The most numerous in numbers and the greatest in proportions among those living in one-person households is the group of widowed women (about 40 per cent) as due to the higher life expectancy of women they are more likely to remain alone in their old age. The number of widowers makes up only a fragment of the number of widows. Between 1990 and 2005 their rate was one fifth or one sixth as compared to the latter. Among those living alone there were more unmarried men than women, while in the case of the divorced (with the exception of 1990) the rate was just the opposite.

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10.

INTERNAL MIGRATION

Irén Gödri–Zsolt Spéder

MAJOR FINDINGS

- In the period following the change of regimes internal migration continued to decrease in Hungary until it reached its nadir in 1994 with 360,000 movements. This was followed by a slight fluctuation, then between 2005 and 2007 by a rising tendency. In 2007 the number of internal migrations (514,000) was already above the 1990 level but in 2008 it fell back to the level around the turn of the millennium.
- The number of internal migration and residential mobility was approximately the same in the discussed period, just as the number of permanent and temporary movements within migration. Among local residential movings, however, permanent ones were nearly three times as many as temporary ones.
- As regards permanent migration the rate of the sexes was equal. In temporary migration the considerable surplus of men characteristic of earlier decades disappeared in the early 1990s, then beginning with 1994 a moderate female surplus could be observed.
- The age distribution of migrants has changed since 1990. In the case of both permanent and temporary migration the rate of the older generations (50+) increased slightly, that of the age group 30-39 grew considerably, and that of those below 30 decreased.
- The intensity of migration according to family status has also changed since 1990. Permanent migration among unmarried women has grown to a higher level than the one among unmarried men, and there is a slight growth also in the permanent mobility among the divorced, the intensity of which is greater among men. Widows – the majority of all widowed persons – are less mobile than widowers.
- The direction of internal migration has changed considerably since 1990. The positive migration balance of Budapest in the early 1990 disappeared and up to 2006 out-migration from the capital was greater. From the mid-1990s the villages became the targets of internal migration. Around the turn of the millennium these trends tended to slacken and in 2007 a new turn took place. The migration loss of Budapest disappeared and the migration balance of the villages became negative once again.
- Internal migration is directed from east to west. Central Hungary, the Central Transdanubian and Western Transdanubian regions are the winners in internal migration, whereas all other regions of the country, especially Northern Hungary and the Northern Great Plains suffer a loss of population, their migration balance having been negative ever since 1990.
- As regards the counties, Pest County has been the only one with a positive migration balance since 1990, mostly due to the growth of the agglomeration around Budapest. The gain of Pest County has been outstandingly high (between 12 and 17 per thousand) every year since 1994.

The statistics of internal migration in Hungary, tracing the spatial or geographical movement of the population, relies on the system of the registration of residence (earlier called the registration of permanent and temporary address). Data about the number of permanent and temporary movements have been available since 1955 and reveal first a rise in the fifties then a steady decrease in the period from 1960 to the change of regimes. A cause of this might be the slow levelling of living standards in the various parts of the country, the fusion of settlements, and the increasing residential mobility and daily commuting. The change of regimes did not bring about a change in this respect and the earlier trends continued.

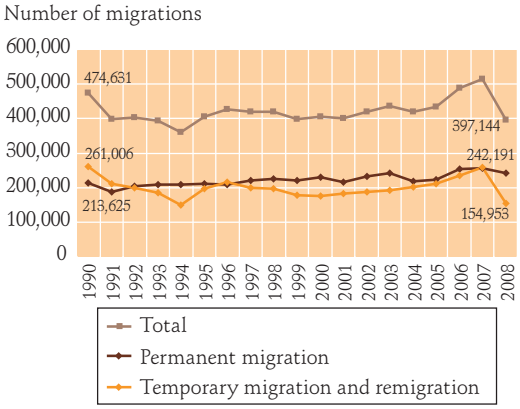
INTERNAL MIGRATION AFTER THE CHANGE OF REGIMES

Internal migration continued to slacken in the first part of the 1990s (from 475,000 in 1990 to 360,000 in 1994), then between 1995 and 2005 it was relatively stable (around 400–420,000) *(Fig. 1)*.[1]

Following this period a considerable growth could be observed in internal migration in Hungary, the number of movements rising to over 500,000 in 2007. This change was, however, not lasting. Already in 2008 86,000 migrations fewer were registered than a year earlier. Interestingly, unemployment appearing in Hungary in the 1990s did not have an impact on the number of migrations.

[1] The registration of residents shows the number of movements instead of the number of persons moving. A person changing residence more than once in a given year consequently appears more than once in the system.

Fig. 1. *Internal migration, 1990–2008*



Source: volumes of Demográfiai évkönyv, KSH STADAT 2009

Examining the changes in permanent and temporary migration separately it can be seen that both the nadir in 1994 and the decline in 2008 followed mainly from the decrease in the number of temporary movements that had partly administrative reasons.[2] At the same time it is important to note that the number of temporary migrations and re-migrations is less accurate than that of permanent migrations as people moving temporarily tend to neglect registration for want of any legal consequences.

Apart from some minor recessions, permanent internal migration was rising slightly during the whole period in question and from 1993 on it almost continuously slightly exceeded the level of temporary migration.

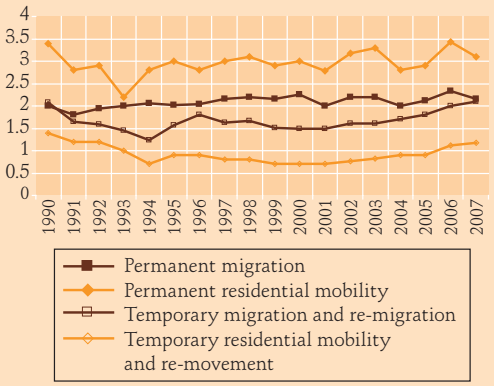
Although residential mobility within the same settlement does not belong strictly to

[2] From 2006 the period after which a residence not prolonged regularly was automatically struck off the register was extended from two to five years. The effect of this regulation appeared first in 2008 when new residences registered in 2006 and not prolonged were not struck off for the first time.

HOW MANY TIMES DO PEOPLE MOVE IN A LIFETIME?

The total migration rate and the total residential mobility rate show the number of migrations and local changes of residence of a person in his/her lifetime should the rate of migration and the rate of mobility for a given year remain unchanged. The indicator is computed by dividing the number of the persons concerned (grouped by individual years of age) by the mid-year population of the same age. The sum total of these ratios by years of age shows the average number of migrations and movements per person. In these calculations complete age is taken into account. Below 89 the individuals are registered by each year of age but above 90 the age group consists of ten years, the oldest person supposed to be 100. These indicators eliminate the bias resulting from the changing number of the population and the changes in its age distribution, offering by this a more realistic picture about the temporal changes in the intensity of migrations and local movements. The most frequent type of mobility since 1990 has been the permanent residential mobility (change of permanent residence within a settlement). This is followed by permanent migration, then by temporary migration and re-migration. The least frequent types are temporal movements and re-movements within the same locality, at least these forms of movement are registered the least frequently. As regards the year 2007 it can be established that should the current conditions of movements and migration remain unchanged, a person would migrate twice temporarily and twice permanently between localities, and move three times permanently and once temporarily within the same locality.

Total migration and residential mobility rates, 1990–2007

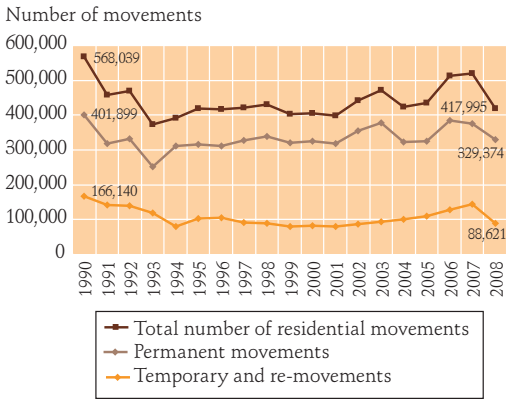


Source: Demográfiai évkönyv

migration, it similarly reflects the territorial mobility of the population. The sharp and sudden decrease in the number of residence changes began already prior to the change of regimes, starting with 1987, and did not stop after the transition, either. While in the late 1980s the annual number of residence change reached 700,000, by 1993 it had dropped to below 400,000. Then after a slight rise it settled at that level. A moderate revival took place after the turn of the millennium but it did not prove to be lasting. In 2008 another wave of decrease arrived, similarly to the case of internal migration *(Fig. 2)*.

The constancy of this trend cannot be judged yet, but it can be assumed that the economic crisis must have played a role in the drop of the number both of internal migrations and residential movements. Consequently, it is only the improvement of the economic conditions that can bring about a new start in this respect.

Fig 2. *Residential mobility, 1990-2008*



Source: volumes of Demográfiai évkönyv, KSH STADAT 2009

The size of internal migration and residential mobility was approximately on the same level in the discussed period but whereas the size of the two types of migration (permanent and temporary) was similar, permanent mobility within the settlements was three times as high as the temporary.

Specific indicators like migration and mobility rates that show the tendencies in migrations and local movements per thousand inhabitants (eliminating by this the possible bias due to the changing number of the population) reflect similar trends. It is the total migration and mobility rates that describe the intensity of the territorial mobility in a country the most vividly (see the first text in frame).

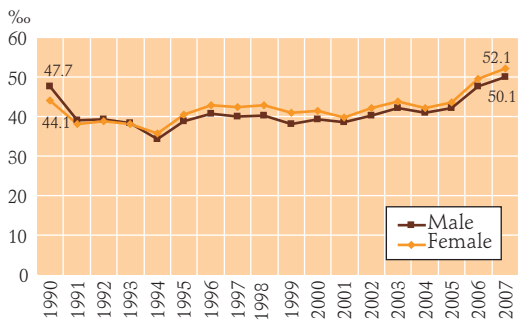
COMPOSITION OF INTERNAL MIGRANTS

The individual demographic groups of the society do not participate in migration eqally, let it be external or internal. Examining the distribution of migrants by sex, there was a slight male surplus in the early 1990s but beginning with 1994 a moderate female surplus appeared, which is still the case today. Female mobility was more marked than male mobility especially in the second half of the 1990s *(Fig. 3).*

However, taking also the type of migration (permanent or temporary) into account we find that the proportion of the sexes is more similar in the case of permanent migration, the differences coming from their different share in temporary migration. This phenomenon follows from the fact that permanent migration usually involves families, whereas temporary migration is more characteristic of individuals for educational purposes or for the sake of employment. Men took a decisive part in temporary migration earlier, namely in the 1960s and 1970s. Although the differences gradually slackened, male participation in temporary internal migration was still the most frequent in the first few years following the change of regimes. Later women took the upper hand and the difference grew further in the late 1990s. The growing mobility of women went back partly to the fact that their participation in secondary and higher education increased.

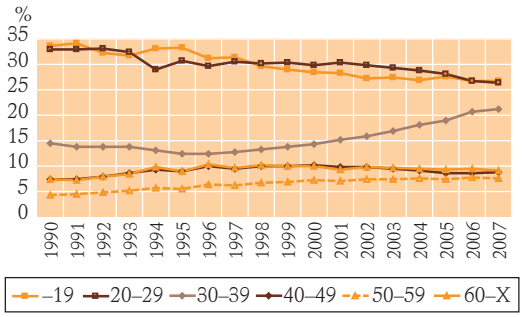
The age structure of migrants within Hungary is fairly young, though it has

Fig. 3. *Total internal migration per thousand inhabitants by sex, 1990–2007*



Source: volumes of Demográfiai évkönyv

Fig. 4. *Distribution of total internal migration by age groups, 1990-2007*



Source: volumes of *Demográfiai évkönyv*

slightly been ageing since 1990. This follows from the fact that studying further, leaving the parental house, and making an independent home were the decisive factors behind migration. Whereas in the early 1990s about two thirds of all migrants were below 30, today this rate is just over 50 per cent *(Fig. 4)*.[3]

At the same time, in the first half of the 1990s the rate of older migrants increased slightly, then it got settled. Following the turn of the millennium the participation of the age group 30-39 grew considerably, from 12-14 to 21 per cent, which obviously stands in connection with the fact that starting a family and establishing an independent home shifted to a later period in the life course.

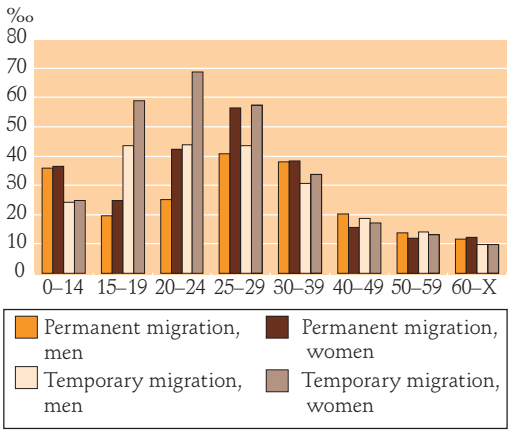
The rate of older migrants (50+) among women was invariably higher in the given period than that of men of the same age group, in which the higher life expectancy of women certainly plays a part, making migration following the death of the husband probable.

The above described change in the age distribution of migrants can be observed in the case of both permanent and temporary migration. Those migrating temporarily are, however, younger. The rate of the age group -30 was higher among them across the whole period in question (70 per cent in the early 1990s and 56 per cent today) than among those partaking in permanent migration, whereas the rate of the elderly was lower. The cause of this is partly that a considerable portion of temporary migrations is in connection with learning further.

Examining the intensity of internal migration on the basis of the number of the migrants per thousand inhabitants it can be established that in 2007 permanent migration took place mostly in the age groups –15, 25–39 for men and 20–39 for women *(Fig. 5)*.

As a contrast, the intensity of temporary migration was the highest in the age group 15-29, and involved much more women (60-70 per thousand) than men (40 per thousand). This fact implies that part of the permanent migrations concerns families with children, so the rates of men and women are more similar. The usual aim of temporary migration is, however, participation in higher education (besides a new

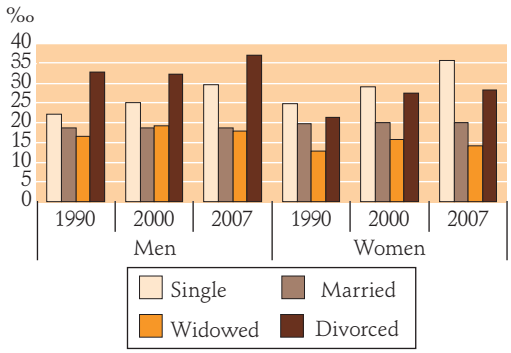
Fig. 5. *Number of internal migrants per thousand inhabitants by sex and age groups, 2007*



Source: volumes of *Demográfiai évkönyv*

[3] Migrants are handled here by year of birth.

Fig. 6. *Rate of permanent migration (per thousand inhabitants) by sex and family status*



Source: volumes of *Demográfiai évkönyv*

job), and learning further is more frequent among women.

The intensity of migration has changed since 1990 also as regards its distribution by family status. Permanent mobility among single women has risen exceptionally fast and has reached a level higher than that of single men *(Fig. 6)*.

Permanent migration is the most intensive among divorced men, and a slow increase can be observed both among divorced women and men. In the intensity of migration among married and widowed individuals no change could be detected. As regards differences by gender, married men and women are equally mobile, while widows are less mobile than widowers.

TERRITORIAL CHARACTERISTICS OF INTERNAL MIGRATION

The direction and magnitude of internal migration can greatly change the size of the population within a given geographical unit beyond natural increase and decrease. The social and economic changes in the 1990s, although left the dimensions of internal migration unaltered, modified its direction to a great extent.

In the early 1990s internal migration was directed mainly towards Budapest and to a smaller extent towards other settlements in Pest County. The largest senders were the counties of Northern Hungary and the Northern Great Plains. Between 1990 and 2000 the direction of migration underwent a considerable change and many people moved from Budapest to the agglomeration or commuter belt around the capital (see the second text in frame).[4]

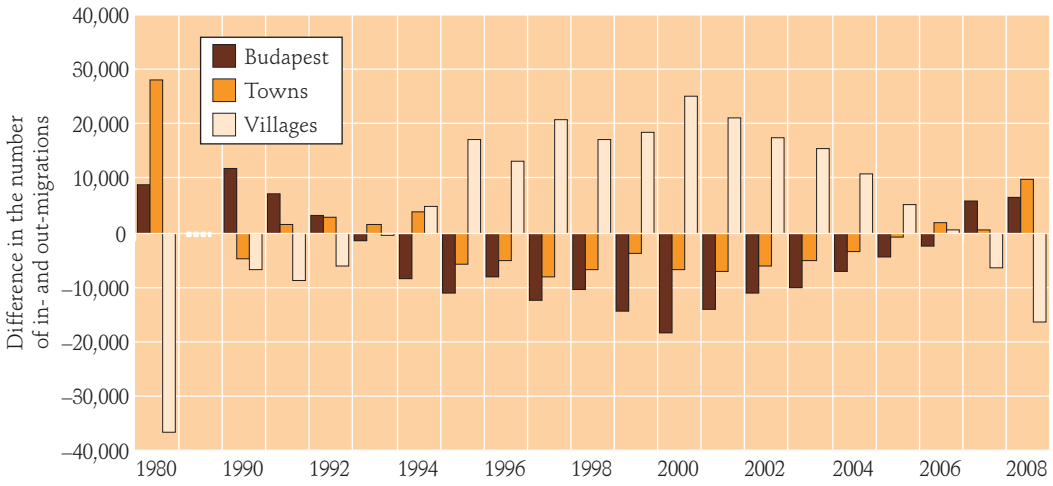
The permanent migration difference of Budapest has been negative since 1991, its total (permanent and temporary) migrations difference has been negative since 1993 *(Fig. 7)*.

At the same time, the negative migration balance of the villages ceased to exist and the villages were on the winning side as regards internal migration for a decade from the mid-1990s, primarily due to the high migration surplus of the villages in Pest County. At the same time, Budapest (from 1993 to 2006) and other towns (from 1993 to 2005) were characterized by out-migration, the pace of which gradually slackened after the change of regimes. In 2007 the migration loss of Budapest disappeared, the surplus being nearly 6,000. The balance of the villages became, in turn, negative once again. This trend strengthened further in 2008, when the towns could boast of a positive balance of about 10,000 persons.

Internal migration continues to be directed towards west. Certain regions of

[4] In the meantime, migration towards Budapest did not stop, either. The tendency of the changes of residence within the capital were at the same time decreasing.

Fig. 7. *Balance of internal migration by type of settlement, 1990-2008*



Source: volumes of *Demográfiai évkönyv*

SUBURBANIZATION

In the early 1990s migration from villages to towns was replaced by a movement in the opposite direction, i.e., from the towns to the neighbouring villages. This phenomenon is called in technical literature suburbanization. In Hungary it assumed considerable proportions in the region of Budapest. The loss of the capital due to migration in the 1990s was 110,000 persons, whereas the gain of Pest County in the same period was 125,000, resulting mainly from the movement of Budapest residents to the villages of the commuter belt around the city. This means that it was a typical suburbanization process changing the number of the inhabitants and shaping the structure of space to a great extent with various intensity at the individual settlements.

Examining the migration between the capital and the neighbouring settlements it can be established that Budapest was the target mostly of young career-starters, whereas those moving to the commuter belt were mainly families with children. Moving from Budapest was still not suburbanization in the original sense of the word in that it affected not only middle-class persons but also those belonging to lower social strata for whom it was a kind of survival strategy. The 'suburbanization of the poor' was directed towards settlements underdeveloped from infrastructural point of view (Dövényi 2009, Csanádi and Csizmady 2002).

Suburbanization became a typical form of internal migration after 1990. In addition to Budapest, a commuter belt appeared around all larger towns of the country, too, but also around some smaller ones. Recent tendencies indicate, however, that the extreme phase of suburbanization is over. The region of Budapest is increasingly characterized also by desurbanization (Dövényi 2009), which means that the wave of people moving out of the capital sweeps past the settlements of the commuter belt and reaches further rural regions in the country.

Table 1. *The average rate of internal migration difference per thousand inhabitants in the various regions of Hungary, 1990-2007*

Regions	1990–1994	1995–1999	2000–2004	2005–2007	1990–2007
Central Hungary	3.3	1.1	1.7	5.5	2.6
within this					
Budapest	1.2	–6.0	–7.0	–0.2	–3.3
Pest country	7.4	14.4	15.6	13.7	12.7
Central Transdanubia	0.0	1.1	1.4	0.6	0.8
Western Transdanubia	0.3	0.9	1.6	1.1	1.0
Southern Transdanubia	–0.4	–0.5	–0.8	–2.6	–0.9
Northern Transdanubia	–3.5	–1.9	–2.3	–5.2	–3.0
Norther Great Plains	–3.1	–1.5	–2.0	–4.1	–2.5
Central Great Plains	–0.2	0.0	–0.7	–1.6	–0.5

Source: KSH (2008), author's calculations

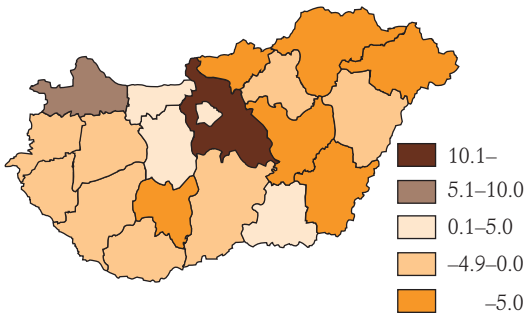
Central and Western Transdanubia became more favoured by migrants after the turn of the millennium, so Central Hungary, Central Transdanubia and Western Transdanubia continue to be winners in the process of internal migration, while the population of other Hungarian territories decreased due to out-migration *(Table 1)*.

The differences have become even greater since 2005. The region of Central Hungary gained even more inhabitants, while the loss of the sending regions increased.

The positive migration balance of Central Hungary is due to the exceedingly high gain of Pest County, whereas the balance of Budapest was negative for the period in question. Pest County has had a positive migration balance every year since 1990, which has made it the primary winner with a migration surplus of 12-17 per thousand since 1994. While Pest County was characterized by the greatest internal mobility of all counties, the smallest mobility per thousand inhabitants could be observed in Budapest and in the southern counties of the Great Plains.

In 2008 Central Hungary and Western Transdanubia were the two receiving regions, though the surplus of the latter (2,400 persons) was only one tenth of that in the former. Within the region of Western Transdanubia itself it was only in Győr–Moson–Sopron County where the number of in-migrants exceeded that of out-migrants. Zala and Vas Counties showed a slightly negative balance *(Fig. 8)*.

Fig. 8. Rate of internal migration difference per thousand inhabitants, 2008



Source: KSH (2009)

In Central Hungary Pest County remained the primary target of in-migrants with nearly 17,000 surplus population.

Out-migration is today invariably the most marked in Northern Hungary and in the Northern Great Plains. The greatest loss was suffered by the counties Sz-

abolcs–Szatmár–Bereg and Borsod–Abaúj–Zemplén compared to the number of their population. In these two counties the loss was almost one per cent in a single year.

As regards towns of county rank, Sopron, Szeged, and Érd showed a positive migration balance in 2007 (with an internal migration difference of 9-10 per thousand inhabitants), while out-migration was the most marked in Dunaújváros, Salgótarján, and Eger.

HOME PAGES

http://www.demografia.hu – Central Statistical Office, Demographic Research Institute

http://portal.ksh.hu – Central Statistical Office (stADAT tables)

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11.

INTERNATIONAL MIGRATION

Irén Gödri

MAJOR FINDINGS

- The large-scale immigration in the years around the change of regimes later settled at a lower level, then it grew again but did not reach its former intensity. Immigration to Hungary can be considered moderate as regards both the number of immigrants and their rate per thousand inhabitants.
- Between 1990 and 2007 two thirds of the immigrants arrived from four neighbouring countries. In the past few years the primacy of the largest sending country, Romania, slackened.
- Immigrants typically belong to the younger age groups, though the rate of older age groups has increased as compared to the early 1990s. The primary destination is invariably Budapest and its area. Over half of the immigrants has come here since 1990 in yearly average.
- The number of emigrants can be estimated mostly on the basis of the immigration statistics of the receiving countries, according to which 20,000-27,000 Hungarian citizens appear as immigrants in various European countries annually. The primary target is Germany, a destination of over 70 per cent of Hungarian emigrants in Europe in the last two decades.
- The number of foreign citizens living in Hungary on January 1, 2009 was 184,358. Thirty-six per cent came from Romania, one tenth from the Ukraine and Serbia, each, and 3 per cent from Slovakia. The rate of natives of countries outside Europe coming to Hungary was merely 16 per cent, including the 6 per cent of the Chinese immigrants.
- Forty-five per cent of foreign citizens in Hungary belong to the age group 20-39. As compared to the age distribution of the receiving population foreigners both below 20 and belonging to the old generation represent a much lower rate.
- The rate of the population born abroad was 2.9 per cent at the time of the 2001 census. Most of them (80 per cent) were born in neighbouring countries and were ethnic Hungarians. Their age structure is older than that of foreign nationals (one third of them is above 60).
- The rate of persons with higher education is higher both among those born abroad and among foreign citizens than among the receiving population. Their level of employment is also above the Hungarian average.
- Between 1993 and 2007 115,283 persons were granted Hungarian citizenship. Eighty-seven per cent of the new citizens came from four neighbouring countries, mostly from Romania (66.4 per cent). Relatively few of the immigrants coming from Asia applied for and were granted citizenship.
- The rate of women is slightly higher among the persons gaining Hungarian citizenship, and the rate of the age group 60+ has been considerably increasing since the beginning of the period (from 3 to 23 per cent).
- In 2007 5 per cent of all foreigners living in Hungary were granted citizenship. In Europe this rate was higher only in Sweden and Norway.

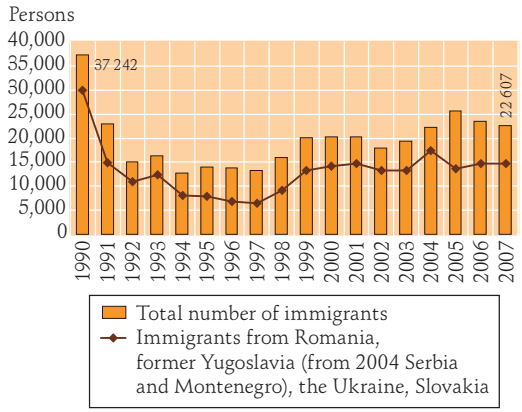
Hungary became involved in international migration in the late 1980s. In the decades prior to that date migration across the border was a greatly restricted, suppressed, and concealed phenomenon.[1] In the period since the change of regimes a incessant immigration (though fluctuating in intensity) and an emigration smaller by orders of magnitude could be observed. However, emigration statistics is highly uncertain due to the insufficiency of the present system of registration. The number of those leaving the country can be, therefore, underestimated. For this reason we are going to deal here primarily with immigration and the characteristics of the foreign population in Hungary and of those having received Hungarian citizenship. Emigration from Hungary will be discussed briefly, mainly on the basis of the immigration statistics of other European countries.

IMMIGRANTS

In the period since the change of regimes the greatest number of immigrants arrived in 1990. Then their number suddenly decreased and got settled on a level of 13,000–16,000 between 1992 and 1998, then rising a little, it alternated between 18,000 and 20,000 yearly after 1999 *(Fig. 1)*.

An increase could be observed again in the years following Hungary's accession to the European Union. In 2005 the number of registered immigrants exceeded 25,000. Up to 2004 the changes were determined primarily by the fluctuating number of persons coming from the neighbouring countries but in 2005 a sudden increase occurred in the number of those coming from other countries of the European Union (nearly 8,000 persons)

Fig. 1. *Number of immigrating foreign citizens with special regard to persons coming from four neighbouring countries, 1990–2007*



Source: Demográfiai évkönyv

Between 1990 and 2007 two thirds of all immigrants came from four neighbouring countries: Romania (45 per cent), the former Yugoslavia and the Ukraine, and to a smaller degree Slovakia. Surveys testify that over 90 per cent of them were ethnic Hungarians. In the case of the Ukraine this rate was slightly lower. The share of Romania was significant mostly in the years around the change of regimes. In 1990 80 per cent of the immigrants arrived from that country. This trend has decreased since then (especially recently). In 2007 the share of immigrants from Romania within the total number of immigrants was less than 30 per cent.[2] However, the dominance of immigrants from the neighbour-

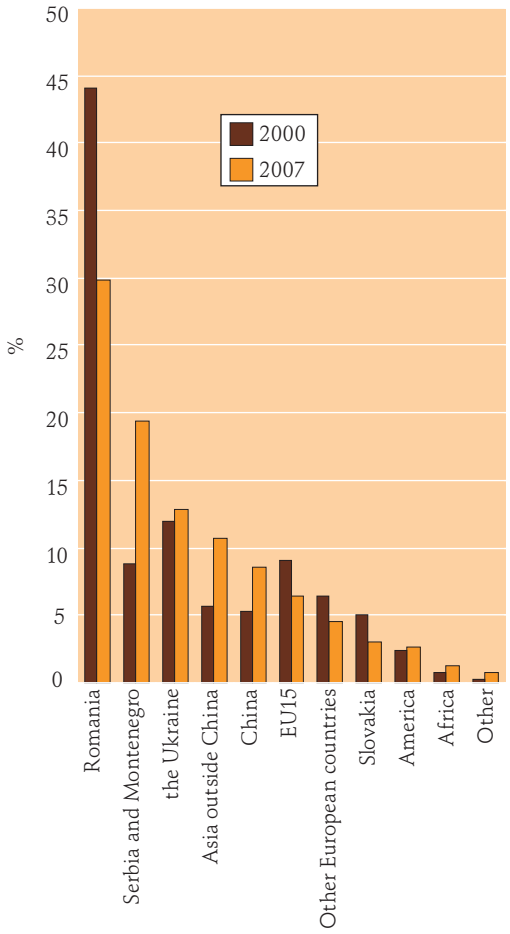
[1] The last significant wave of emigration took place in Hungary during the 1956 revolution and in the following year when nearly 200,000 persons left the country. Afterwards emigration was scanty till the end of the 1980s (a yearly average of 4,300). The level of immigration was still lower with a yearly average of 2,500 (Tóth 1997, Hárs 2001).

[2] This phenomenon was registered also by the Transylvanian surveys of migration potentials. It turned out that for those planning emigration lately Hungary is no longer the primary target country.

ing countries still did not come to an end as the number and rate of those coming from Serbia increased.

The other large group is that of those arriving from Asia, primarily from China. One fifth of all immigrants came from that continent in 2006-2007. The rate of immigrants from America and Africa is small. *Fig. 2* illustrates the changes in the distribution of immigrants by the sending countries in the past decade.

Fig. 2. *Distribution of immigrants to Hungary by country of citizenship, 2000 and 2007*



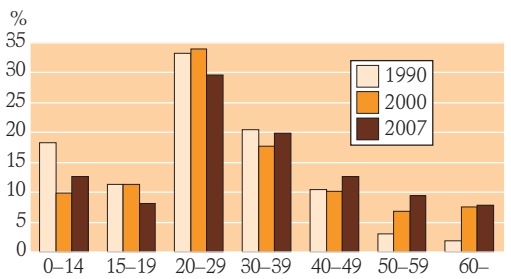
Source: Demográfiai évkönyv

A change took place also in the demographic distribution of immigrants. The male surplus observed at the beginning of large-scale migration (over 60 per cent) slackened in the course of the 1990s and disappeared by the end of the millennium. Subsequently it began to rise again and settled around a yearly 56-58 per cent after 2002. The distribution by gender differs also according to the sending countries. In 2007 the majority of those coming from Slovakia (54 per cent) were women, while 52 per cent of those from Serbia and 59 per cent of those from Romania and the Ukraine were men. The rest of the European sending countries and those outside Europe were similarly characterized by a male surplus.

The distribution of immigrants by age groups reflects a selection generally characterizing migrants: young people, especially those in the age group 20-29 dominate among them. In recent years their rate diminished to some extent, and the rate of immigrants below 15 dropped, too, as compared with 1990 *(Fig. 3)*.

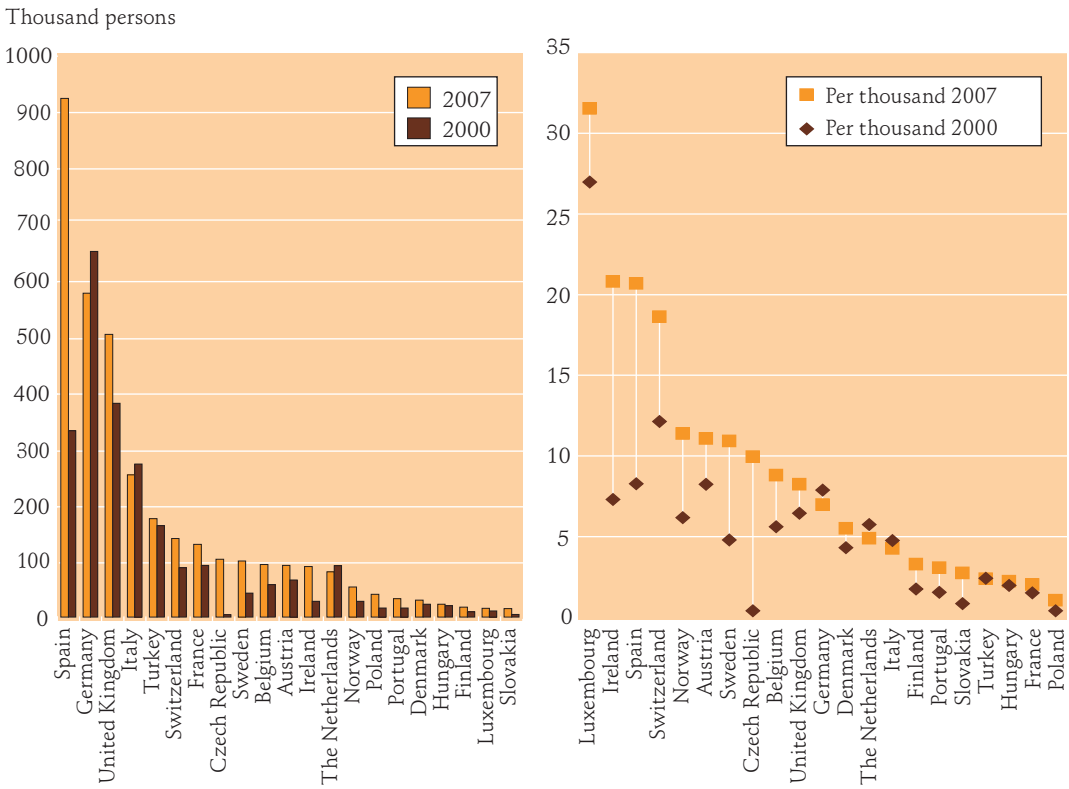
At the same time the rate of the elderly, mainly those above 50 or 60 increased. Whereas in 1990 only 5 per cent of all immigrants were older than 50, in 2007 this

Fig. 3. *Distribution of immigrants to Hungary by age groups according to year of arrival*



Source: Demográfiai évkönyv

Fig. 4. *Number of immigrants and crude immigration rate in some OECD countries in 2000 and in 2007*



Source: OECD 2008; Eurostat Yearbook 2008. Author's calculations.

rate was already 15.6 for men and 19 per cent for women. In 2007 the rate of immigrants in the age group 60+ (i.e., of retired persons) was especially high among those coming from Serbia and other (not neighbouring) countries of Europe (18 per cent).

The demographic distribution of immigrants coming in large numbers may modify the demographic structure of the receiving country (see Chapter 12 in the present volume). The rate of the young, economically active groups among them exceeding the Hungarian average of the respective age groups is a positive increment for Hungary from both demographic and economic point of view.

For most immigrants Central Hungary is the final destination. Forty-four per cent of those coming between 1990 and 2007 settled down in Budapest and another 11 per cent in the Budapest area (in Pest County). The rate of immigrants coming to the Southern Great Plains was also significant (13 per cent in average), particularly in the first years of the South Slav war (22–28 per cent).

Hungary does not belong to the major target countries of migration *(Fig. 4)*.

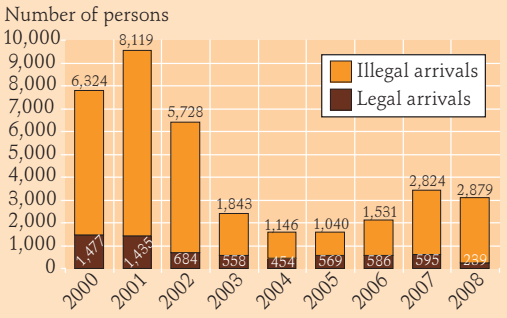
While in the traditional destination countries (Germany, France, United Kingdom, Switzerland) and in some new ones (Spain, Italy) the annual number of immi-

REFUGEES

Besides immigrants, another group of people arriving in a country are the refugees. Between 2000 and 2008 all in all 38,031 refugees came to Hungary, mostly at the beginning of the period. Eighty-three per cent of them arrived illegally. Whereas in the early 2000s most refugees were nationals of Afghanistan, Iraq, and Bangladesh, in 2008 the most numerous group was that of the Serbs and Montenegrins (51 per cent), followed by those coming from Pakistan (8 per cent), Somalia (6 per cent), and Georgia (5 per cent).

The number of refugees indicates the number of applications for refugee status in a given year. However, less than one tenth of the applicants were granted refugee status.

Refugees coming to Hungary by ways of entering the country, 2000–2008



Source: KSH STADAT 2009.

grants amounts to hundreds of thousands, in East Central Europe it is only the Czech Republic that reached this level in 2007 due to the steady rise of immigration beginning with 2002.

Hungary is among the last in Europe not only as regards the number of immigrants but also in their rate per thousand inhabitants (2.3), i.e., the crude immigration rate. In 2007 this indicator was very high in Luxembourg (31,5), Ireland (20.8), Spain (20.7), and Switzerland (18.6). In East Central Europe the values were much lower than that but it was only Poland (1.1) that lagged behind Hungary. At the same time, the crude immigration rate tended to increase in most countries between 2000 and 2007.

EMIGRANTS

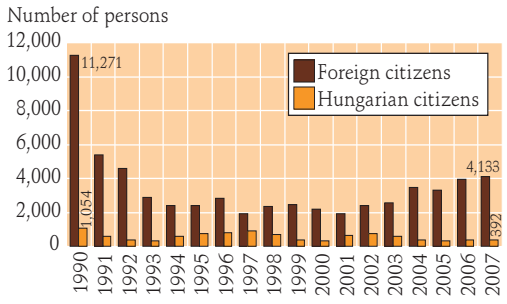
From the late 1980s Hungary was no longer merely a receiving but also a transit country as some of the foreigners coming here sooner or later migrated further. At the very beginning of the 1990s the number of emigrating foreigners reached about 25-30 per cent of the number of immigrants. From 1993 on this figure constantly remained below 20 per cent, and around the turn of the millennium it even remained below 10.

Besides foreigners leaving the country, also Hungarian nationals emigrate for a certain period, or even finally. According to official Hungarian statistics the number of these persons (a few hundred per year) lags much behind the number of emigrating foreigners *(Fig. 5)*.

This figure derives, however, from the deficiency of the registration system and does not reflect even the order of magnitude of emigration.

The young generations, those in their twenties and thirties, constitute the majority also of emigrating foreigners. At the same time, the proportion of the sexes has shifted in the direction of men. Men made up 60-70 per cent almost every year.

Fig. 5. *Number of foreigners and Hungarian nationals emigrating from Hungary, 1990–2007*

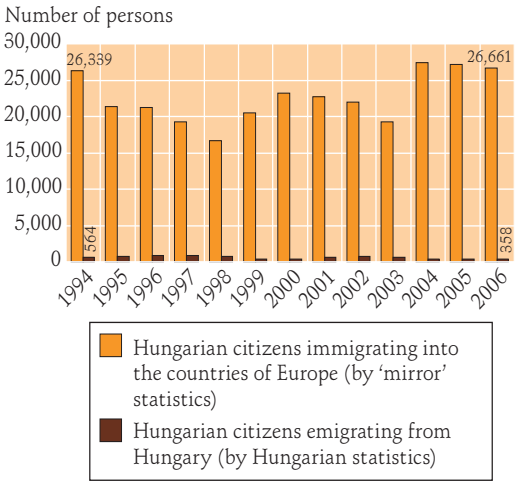


Source: Demográfiai évkönyv

The shortcomings of the Hungarian emigration statistics can be seen also when comparing the yearly number of emigrating Hungarian citizens with the total number of Hungarian immigrants appearing in the various European countries in a given year *(Fig. 6)*.

In the larger part of the period in question over 20,000 Hungarian nationals were registered as immigrants in the countries of Europe, which obviously is not the full number of emigrants (only its lower limit) since Hungarian citizens may have emigrated to other continents as well. The growth from 2004 indicates that the accession of Hungary to the European Union contributed to the increase of emigration.

Fig. 6. *Number of Hungarian citizens emigrating from Hungary and immigrating into the countries of Europe, 1994–2006*



Source: Demográfiai évkönyv; OECD 2008.

The primary target country within Europe is Germany with over 70 per cent of all emigrants from Hungary on average. A much smaller though still significant group of emigrants went to Austria and in the past decade also to the United Kingdom.

Summing up the annual number of Hungarian emigrants on the basis of the

PHYSICIANS EMIGRATING FROM HUNGARY

In mapping emigration from Hungary important documents are the certificates issued by the *Egészségügyi Engedélyezési_és Közigazgatási Hivatal* about diplomas earned by doctors wanting to work abroad in order to acknowledge that their qualification and practice meet the European requirements. According to the data available since May 1, 2004, i.e., Hungary's accession to the European Union it can be established that the emigration of physicians is considerable. Nearly 3,000 certificates were issued before December 31, 2008. The majority was given to doctors aged 30-49 having sufficient experience and presumably one or more specialist examinations (Eke, Griasek, and Szócska 2009). We have no information about the intentions of doctors working abroad, whether they plan to stay there finally or not. The willingness of doctors to emigrate is, by all means, much above the average. Whereas in 2003 the migration potential of the total population of Hungary was 12 per cent, surveys repeated regularly since then have shown a 60-67 per cent potential among interns (i.e., doctors in the first years of their specialist studies).

statistics of the receiving countries it can be established that between 1994 and 2006 at least 300,000 Hungarian citizens left for various European countries. The number of those who have returned since then is not known but it can be assumed that the individuals who had themselves registered as immigrants abroad planned to stay there for a long time, if not for good.

On January 1, 2008 Hungarian citizens in the countries of Europe numbered about 121,000, 60,200 of whom lived in Germany and 19,300 in Austria. These figures do not contain those who gained citizenship in one of these countries in the meantime.

FOREIGN CITIZENS RESIDING IN HUNGARY

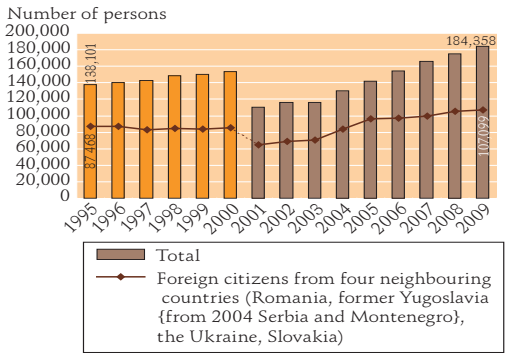
While some immigrants later leave the country (the smaller part of them), some are granted citizenship and cease to be foreigners (with the exception of those with dual citizenship). The number of foreign nationals living in Hungary between 1995 and 2000 grew by 11 per cent across the period. The drop of 28 per cent in 2000-2001 was primarily due to administrative reasons *(Fig. 7)*.

Beginning with 2001 a steady growth can be observed again, the number of foreigners residing in the country rising from 110,000 to 184,000 by 2009. The rate of those coming from the neighbouring countries within the stock of foreigners was slightly lower than among the newcomers, but it still reached 56-58 per cent in the given period.

With regard to the foreign citizens' country of origin the picture is similar to that of the immigrants, i.e., the share of the neighbouring countries, Germany, and China was the greatest among them *(Fig. 8)*.

The category "Other European countries" contains every old member of the European Union as well as Poland, Russia, Bulgaria, and Turkey citizens of which live in a number

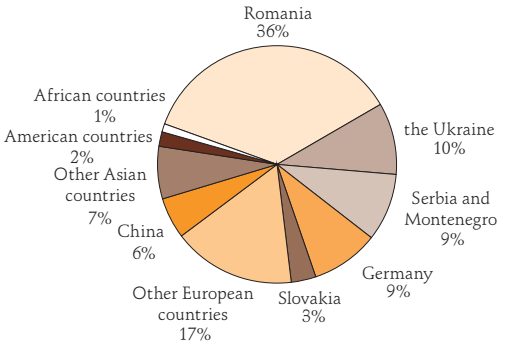
Fig. 7. *Number of foreign citizens residing in Hungary with special regard to those from four neighbouring countries, 1995-2009 (January 1)*



Note: The system of registration used by the Office of Immigration and Nationality (Bevándorlási és Állampolgársági Hivatal) changed as from January 1, 2000. Before 1995 the data were processed according to a different method, so there are no comparable data available for earlier periods. Beginning with January 1, 2001 a revision of the database was executed as well (expired residence permits were struck off the registry), resulting in a decrease of 40,000 persons.

Source: Demográfiai Évkönyv, KSH STADAT 2009

Fig. 8. *Distribution of foreign citizens residing in Hungary on January 1, 2009 by country of citizenship (sending country or continent)*



Source: KSH STADAT 2009

over one thousand in Hungary. Since 1995 the majority (82–89 per cent) of foreigners living here has been European citizen.

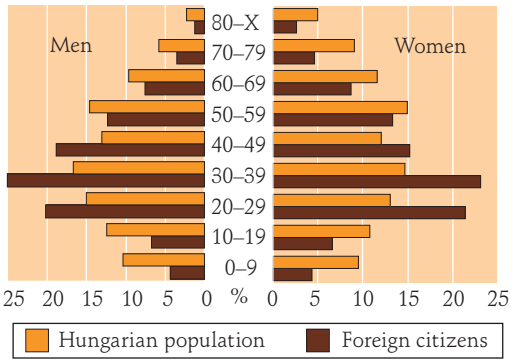
Forty-three per cent of all foreigners residing in Hungary on January 1, 2008 lived in the capital, 36 per cent of them lived in towns and 21 per cent lived in villages. Among those living in Budapest persons of Asian origin represented a much higher rate (23 per cent) than the national average (13 per cent).

The proportion of the sexes among foreign citizens is fairly balanced. Between 2001 and 2005 there was a slight female surplus (51-52 per cent) and from 2006 a moderate male surplus could be observed (55 per cent). However, among immigrants from certain sending countries women are in considerable majority, e.g., in the case of Poland (61 per cent), Russia (60 per cent), and Slovakia (58 per cent).

As regards the distribution of age groups, foreigners residing in Hungary show the typical distribution of migrant populations with the predominance of young people. One third of all foreign nationals living in Hungary on January 1, 2008 were below 30 and another 25 per cent belonged to the age group 30-39. The rate of young people was still greater in Budapest with almost two thirds of the immigrants having been below 40. Whereas 42.5 per cent of all foreign immigrants lived in the capital, in the age group 20–39 this rate was 48 per cent, which was obviously connected with the fact that this generation arrived primarily for the purpose of employment, the chances of which were more abundant in Budapest.

Comparing the age distribution of foreigners to that of the Hungarian population one can see that the rate of the age group 20–49 is greater among the former in both sexes *(Fig. 9)*.

Fig. 9. *Age pyramid of the Hungarian population and of the foreign nationals residing in Hungary, January 1, 2008*

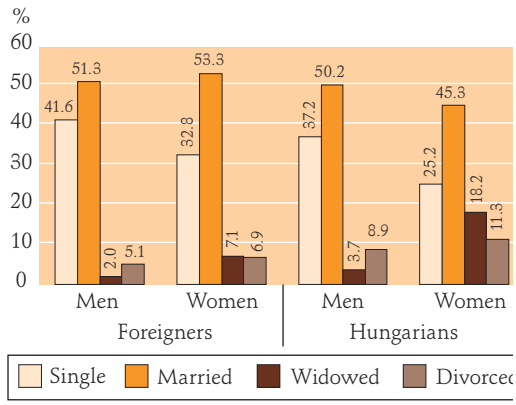


Source: Demográfiai évkönyv, 2007

At the same time, the rate of those above 50 and especially those below 20 is much more moderate than in the receiving population.

As regards the distribution of foreign citizens in Hungary by family status, the rate of married persons is slightly higher than among the Hungarian population, especially among women. At the same time, as a result of the young age struc-

Fig. 10. *Distribution of foreign citizens living in Hungary and of the Hungarian population aged 15+ by family status, January 1, 2008*



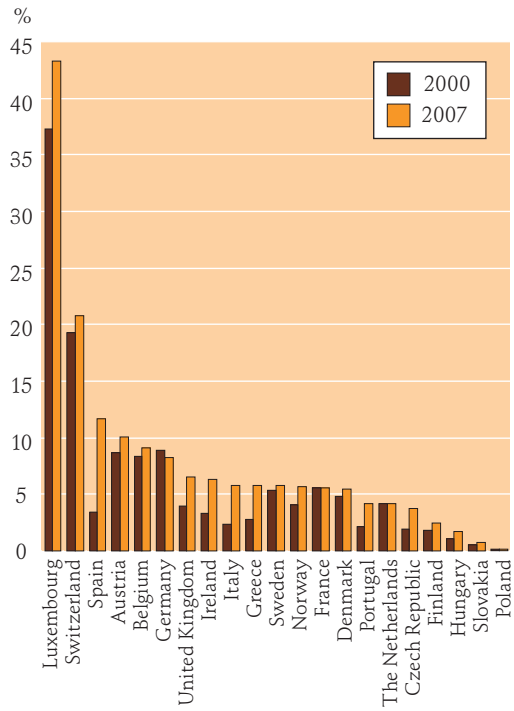
Source: Demográfiai évkönyv, 2007

ture the rate of single persons is similarly higher *(Fig. 10)*.

Despite the growing number of foreign nationals in Hungary, their rate within the total population of the country continues to be small, rising from 1.1 per cent in 2001 to 1.7 per cent in 2008. It was higher than the national average in Budapest(4.4 per cent), and in the counties Csongrád (2.6 per cent) and Pest (2 per cent). The highest growth can similarly be observed in Budapest as compared to 2001.

Hungary lags behind most European countries also as regards the stock of the foreign population *(Fig. 11)*, preceding only Slovakia and Poland.

Fig. 11. *The rate of foreigners within the receiving populations in some OECD countries, 2000 and 2007*



Note: France: data for 1999 and 2006
Hungary: data for 2001 and 2007
Ireland: data for 2000 and 2006

Source: OECD 2008.

With the exception of Germany, France, and the Netherlands the rate of foreigners increased in most countries as compared to the year 2000. The growth was especially high in Spain, Italy, Greece, Portugal, the Czech Republic, and Ireland.

Another way of registering foreign population is by their *place of birth*. This method is common mostly in large receiving countries outside Europe, like Australia, New Zealand, Canada, and the United States. In Hungary, the 2001 census offers possibility for examining the size and composition of the foreign-born population (i.e., those born outside the present borders of Hungary). Accordingly, in 2001 2.7 per cent of the permanent population and 2.9 per cent of the resident population had been born abroad but only one third of them were foreign nationals.

Among those born abroad the rate of persons coming from the neighbouring countries is still higher (80 per cent) than among residing foreign citizens. At the same time, most of them (92 per cent of those born in Romania, 93 per cent of those born in Slovakia, 86 per cent of those born in Serbia, and 82 per cent of those born in the Ukraine) are ethnic Hungarians. The rate of persons born in Germany (3.5 per cent) and in Russia (2.2 per cent) can be regarded considerable but the total number of those born outside Europe is merely 6 per cent.

Women represent 55.4 per cent among those born abroad, and the age structure of the foreign-born population is younger than that of foreign citizens living in Hungary in 2001. Their territorial distribution is different, too. They live in the capital to a smaller rate (31 per cent) than foreign citizens (37 per cent) in general.

As opposed to immigrations statistics, the census of 2001 contains data also as regards the educational level, the econom-

TITLES OF STAYING IN HUNGARY AMONG FOREIGN CITIZENS

The *Bevándorlási és Állampolgársági Hivatal* (Office of Immigration and Nationality) publishes the number of foreigners residing in Hungary according to the title of their stay (status) in the country. Accordingly, the foreign population could be divided as on December 31, 2008 to four larger groups: those with immigration permits (25.6 per cent), those with permanent residence (settlement) permits (15.5 per cent), those with residence permits (24.9 per cent), and those with registration certificates (26.3 per cent). All those living in Hungary on other grounds made up a mere 7.8 per cent. Immigration permits could be applied for until the end of 2001. As from January 1, 2002 it was replaced by the settlement permit. At the same time the long-term and provisional forms of residence permit ceased to exist. The EEA residence permit can be given to nationals of the countries belonging to the European Economic Community for a stay longer than 90 days. (The EEA, members are at present the countries of the European Union, Iceland, Norway, and Liechtenstein.) On July 1, 2007 two new immigration laws came into effect. One of them regulated the stay in Hungary of nationals of the EEA member states, and the other dealt with nationals of third countries. From that day on EEA citizens are entitled to have registration certificates and permanent residence cards. Citizens of third countries can be granted various settlement permits. Temporary ones (for up to 5 years) are for those having a residence permit in another EU country. The national settlement permit is, in fact, the legal successor of the former settlement permit. Its precondition is a three-year stay in Hungary for those not having Hungarian ancestors.

Number of foreign citizens residing in Hungary by type of permit, December 31, 2008

Types of permit	Number of persons
Immigration permit	47,205
Permanent residence permit	28,522
Residence permit	15,304
EEA residence permit	30,579
Registration certificate	48,527
Permanent residence card	6,560
Third-country national family members of a Hungarian citizen	4,733
Third-country national family member of an EEA citizen	322
EC (European Community) permanent residence permit	242
National permanent residence permit	2,568
Permanent residence permit with limited validity	6
Total	184,568

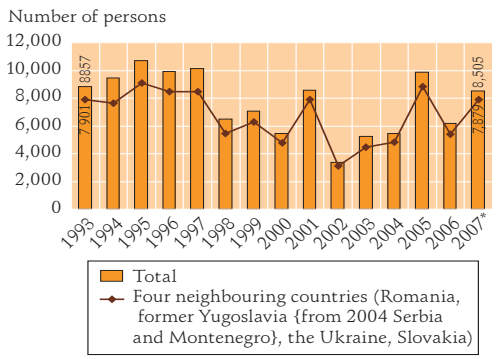
Source: Office of Immigration and Nationality (Bevándorlási és Állampolgársági Hivatal)

ic activity and occupation both of foreign citizens and of the foreign-born population. Among the members of both groups the rate of those with higher education is far beyond the similar rate among the receiving population. In 2001 27 per cent of men and 18 per cent of women aged 25+ among those born abroad, and 28 per cent of men and 23 per cent of women among foreign citizens had college or university degrees. (Within the total population of Hungary this rate was at that time 12 per cent among women and 14 per cent among men.) The economic activity rate of this group similarly exceeds the Hungarian level. The rate of employment among those coming from Romania, Germany, and Asia is prominently high.

NATURALIZED FOREIGN CITIZENS

Gaining citizenship in the receiving country is an important landmark in the process of integration for immigrants as they acquire by it several rights not enjoyed before (i.e., the right to vote in local and national elections and the right to occupy certain posts). Between 1993 and 2007 115,283 persons were granted Hungarian citizenship altogether, mostly at the beginning of the period *(Fig. 12)*.

Fig. 12. *Number of foreign citizens naturalized in Hungary with special regard to those coming from four neighbouring countries, 19930–2007*



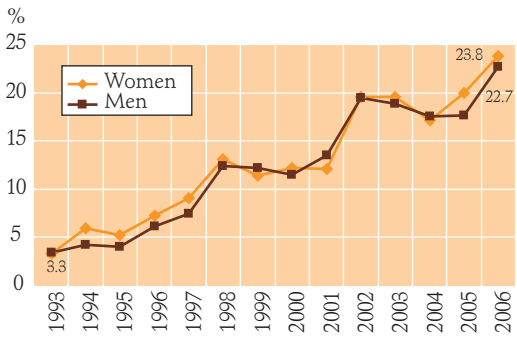
* Peliminary data

Source: Demográfiai évkönyvek

Eighty-four per cent of the new citizens arrived from four neighbouring countries, the majority (66.4 per cent) coming from Romania. The proportion of citizens of the neighbouring states among the new nationals has always been higher than among the immigrants in general. The reason for this is that Hungarian ethnicity and the common mother tongue makes it easier to fulfil the requirements of acquiring citizenship. People immigrating from Asia constitute a mere 1 to 2 per cent of the new citizens each year. Despite their relatively high number (over 23,000 in 2009), only few of them acquire Hungarian citizenship.

Among those receiving citizenship the rate of women is generally higher (53-56 per cent). Whereas the rate of the young (especially that of those below 25) decreased during the period examined, that of both men and women aged 60+ increased considerably *(Fig. 13)*.

Fig. 13. *Rate of the age group 60+ among naturalized foreigners, 1993–2006*

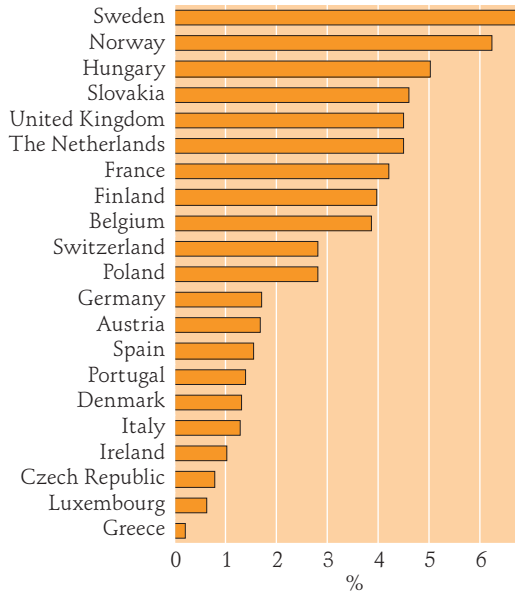


Source: Demográfiai évkönyv

This phenomenon is a result of increasing migration serving the unification of families, mostly the immigration of retired parents joining their previously migrated children, especially in the case of persons coming from neighbouring countries.

The size of the naturalized population can be related to that of the receiving one or to the number of all foreigners residing in the given country. The latter comparison offers a picture of the degree of political integration among immigrants. In this respect Hungary occupied the distinguished third place among the European countries in 2007 (preceded only by two Scandinavian ones), though a mere 5 per cent of the foreign population received citizenship *(Fig. 14)*.

Fig. *14. The rate of naturalized foreigners within the total number of foreign citizens in some OECD countries, 2007*



Source: OECD 2008

In several large receiving countries (Germany, Austria, Spain, and Italy) this rate remained below 2 per cent. In contrast with Hungary, these countries have a numerous immigrant population differing greatly from their own citizens as regards language and culture.

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12.

STRUCTURE AND FUTURE OF THE HUNGARIAN SOCIETY

László Hablicsek

MAJOR FINDINGS

- The population of Hungary has been diminishing ever since the early 1980s. Between 1981 and 2009 its number decreased by nearly 700,000 persons.
- The reduction is the joint consequence of the low number of births and the high number of deaths, and was slightly mitigated in the past decade by the positive balance of international migration.
- As women live nine years longer than men on average, their share within the population is growing.
- Besides the overall process of demographic ageing, i.e., the steadily growing number of elderly people, the age structure of the society is influenced also by the number of births largely fluctuating in the past decades. Over one fifth of the present Hungarian population has already turned 60 and every sixth citizen is more than 65.
- The index of ageing is steadily growing. Since 2007 there have been more people in the age group 60+ than in that of those below 20.
- As regards the territorial distribution of the population, the predominance of Central Hungary remains unchanged with a smaller share of Budapest as compared to Pest County. The territorial inequalities of economic development slightly modified the spatial distribution of the population to the advantage of the more developed regions.
- The Roma community constitutes a growing part of Hungary's population. Their rate is estimated to be 6-7 per cent. Due to the higher number of children in Roma families, their number has grown considerably in the regions of economically difficult position, though many of them migrated mostly to Central Hungary and Central Transdanubia in the hope of a better life.
- According to the latest population projections a further decrease and an even stronger ageing process can be expected. By 2030 the number of the population will decrease by half a million (5-6 per cent), and the proportion of the old (60+) will approach 30 per cent. The number of old people will be one and a half times as high as that of those below 20.
- All methods of projection suggest that significant positive changes are necessary in Hungary as regards the willingness to have children, life expectancy, and international migration in order to stop the decrease of the population and to slow down the process of ageing.

POPULATION – PAST, PRESENT, AND FUTURE

The population of a country changes relatively slowly, and compared to other socio-economic factors it is fairly predictable. The annual changes are relatively small, the major tendencies unfold only in the course of a longer period.

It is primarily the general census that reveals the number and distribution of the population by various characteristics like gender, age, residence, family status, educational level, economic activity, etc. The latest two censuses were taken in 1990 and in 2001, and the next one will take place in 2011.

The changes between two censuses are covered by the vital statistics (the registration of births, death, marriages, divorces, etc.), the statistics of migrations (both internal and external), and other country-wide surveys, microcensuses, and various representative surveys. The reliability of information gained by them is varied. Vital statistics can, for example, be considered much more reliable than migration statistics.

On the basis of vital statistics and migration statistics a population size is calculated for the years after the censuses by sex, age, and settlement (district). Due to various reasons the calculated size of the population is not quite accurate. The differences are corrected at the following census. For example, at the 1990 census 200,000 less individuals were registered than the calculated population, while in 2001 200,000 more were found.

The most important characteristics of the population are its total number and the changes thereof, its distribution by sex and age, and its territorial distribution. The changes of ethnic distribution is similarly significant, in the case of Hungary especially with regard to the Roma population the social and demographic features of which greatly differ from those of the national average. The level of education is taken increasingly into account as a considerably differentiating factor as regards demographic conditions and processes owing to the fact that the distribution of the population by educational level has been greatly modified.

The present chapter does not deal exclusively with statistical facts of the past and the present but introduces the results of a national projection with respect to the number of the population and its distribution by sex and age. Considering the fact that the analyses mostly cover the past twenty years, the projection will similarly cover twenty years ahead offering the latest estimations for the future.

Several projections are available on Hungary, the ones of the United Nations Population Division and the EUROSTAT for the year 2008 being among the most important. The projection presented here has been made at the Hungarian Central Statistical Office–Demographic Research Institute and is based on the latest population data of 2009 and on the vital statistics of 2008.[1]

Besides the number and distribution of the population by sex and age, the changes of its geographical distribution and the share of the Roma population will also be discussed.

1 See the home page of the Institute – www.demografia.hu.

CHANGES IN THE SIZE OF THE POPULATION AND ITS FACTORS

In 1981 the population of Hungary amounted to 10,710,000 persons, this being the largest population on the present territory of the country in the course of history. With the exception of 1992, this figure has been steadily decreasing since then. The 1990 census enumerated 10,375,000 persons and the one in 2001 registered 10,200,000. Based on statistics of births, deaths, and migrations since the last census a number of 10,030,000 was calculated for early 2009.

The projection for the population of 2030 varies within relatively broad limits. The size of the future population can be calculated by sex and years of age.

POPULATION PROJECTION

Projections are made by the component method recommended by the United Nations. They are very accurate in modelling the replacement processes within the population. The first step is to make calculations as to the components of population change, i.e., live births, deaths, and the balance of international migration. Based on them, the

Projections are based on hypotheses as regards fertility, mortality, and mobility. The hypotheses are the probable/expected low, high, and medium values of the average annual number of children, of life expectancy, and of the migration balance.According to the primary hypotheses of the national projection discussed here the estimated values for 2030 are the following:

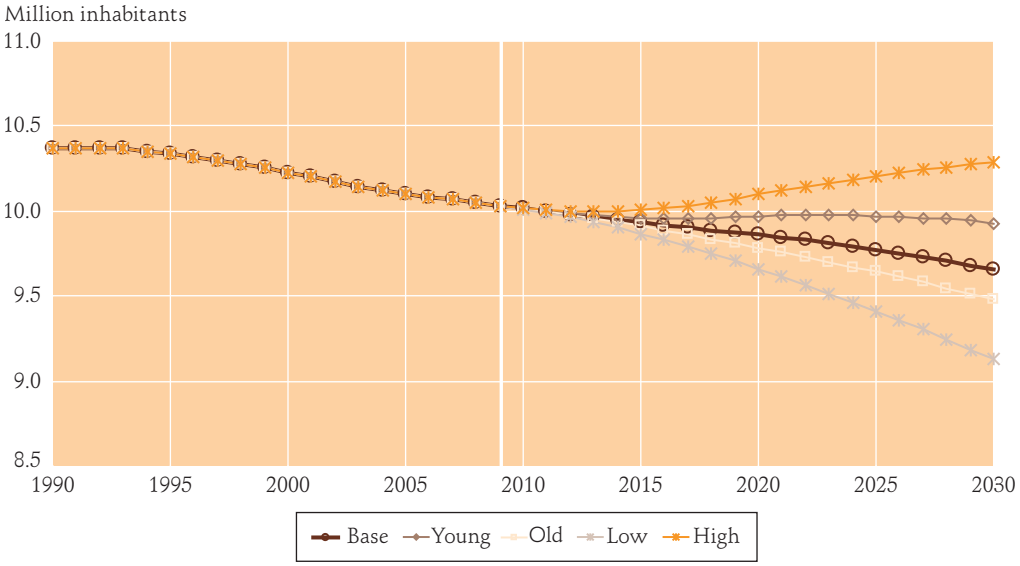
Types of indicators	Actual data for 2008	Medium	Low	High
		hypothetic values for 2030		
Average number of children (TFR)	1.35	1.50	1.30	1.80
Mean age of childbearing women (M1)	28.9	31.0	29.0	33.0
Male life expectancy	70.2	75.3	72.6	78.0
Female life expectancy	78.4	83.0	80.8	85.2
Balance of international migration (BM)	16,238	15,000	8,000	22,000

From among the possible combinations of the above hypothetic variants the following projections will be shown here:

Projection variant	TFR	M1	Life expectancy	BM
Base	medium	medium	medium	medium
Old	low	low	high	low
Young	high	high	low	high
Low	low	low	low	low
High	high	high	high	high

The base variant is considered the realistic frame of the future. The low variant is highly pessimistic, while the high variant is greatly optimistic. The old and the young variants offer estimates based on an alternately favourable development of the population processes.

Fig. 1. *Size of the population in Hungary, 1990–2030*



Source: Hungarian Central Statistical Office, Demographic Research Institute – Projection Database, 2009
www.demografia.hu

medium expectancy is 9,650,000 persons, the highest variant is 10,290,000, and the lowest is 9,130,000. This variance means that the margin of error is 5 per cent. The less extreme old and young variants differ by half a million. The lowest limit of the old variant is 9,480,000 and the highest limit of the young variant is 9,930,000.

This means that the decrease of the population can be considered a basic tendency between 2009 and 2030 as the population will not reach 10 million even if the maximum of the young variant is realized with its considerably growing fertility and intensive immigration. A population increase can be presumed only under exceptionally favourable conditions, in the case of a joint and considerable positive impact of all relevant factors (high variant). As a contrast, the low version reflecting a pessimistic image of the future would mean a severe population loss resulting in about 9 million inhabitants *(Fig. 1)*.

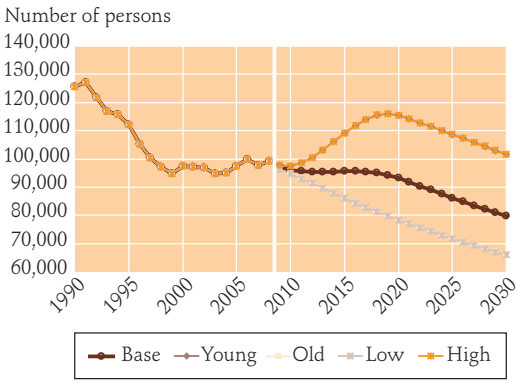
Population decrease has been more or less steady and even since the change of regimes. Between 1990 and 2001 the loss was 175,000, while between 2001 and 2009 it was 170,000. So the population of Hungary decreased by 340,000 to 350,000 persons in the past twenty years. The projection for the next twenty years is a loss of another 380,000 persons, even by moderately improving parameters.

The changes in the size of the population are governed by the number of live births, by that of deaths and by the balance of international migration. If the number of births exceeds that of deaths we speak of a natural increase. If not, we speak of natural decrease.

The number of live births is determined partly by the number of women in their fertile years, partly by their willingness to have children. The number of live births dropped considerably in the decade after the change of regimes, primarily due to

the decreasing fertility of the young people in their fertile years. In the course of 1990 126,000 babies were born but since 1998 their number has been below 100,000. This is the lowest figure ever in Hungary. What is more, the next twenty years will bring further decrease as a result of the diminishing number of women in the fertile age groups. If the average willingness to have children remains unaltered, the number of births will drop again but will remain below 100,000 even by a moderately improving fertility rate. Under exceptionally favourable conditions (by a high level of fertility) the number of live births can climb back to a level above 100,000 per year but will not reach the level of the early 1990s even in that case *(Fig. 2)*.

Fig. 2. *Number of live births, 1990–2030*



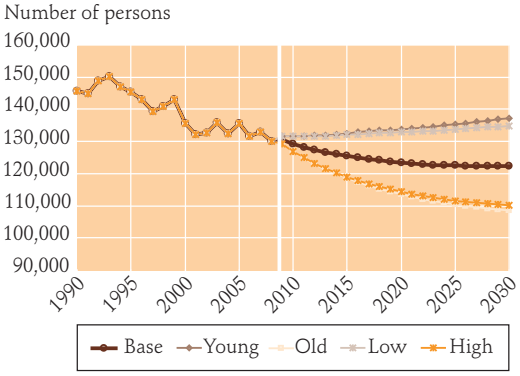
Source: Hungarian Central Statistical Office, Demographic Research Institute – Projection Database, 2009
www.demografia.hu

Compared to the number of births in 1990, about half a million babies less were born in the past two decades. So the loss between 1990 and 2030 can be estimated to reach 1.3 million.

The number of deaths is the other side of the coin in natural reproduction. The probability of death is growing with the passing years, so the number of deaths is basically determined by the number of persons belonging to the older age groups (to those above 40 or 50). The other factor influencing the number of deaths is life expectancy in the various periods of life. The mean life expectancy at birth is the summary indicator of this factor.

The number of deaths is very high due to the stagnation or decrease of life expectancy in the past regime. In the greater part of the 1990s it was over 140,000 per year. The gradual improvement in this field beginning with 1995 led to 130,000 deaths in 2008. In the case of a slight improvement in mortality the number of deaths will stagnate or increase moderately in the future. If a measured decrease of mortality occurs, the number of deaths can remain below 130,000, while a marked improvement can push it even below 110,000. However, a still lower figure cannot be achieved, so natural population decrease cannot be stopped by a rise in life expectancy alone. To achieve that goal a strong increase in the number of births would be needed *(Fig. 3)*.

Fig. 3. *Number of deaths, 1990–2030*



Source: Hungarian Central Statistical Office, Demographic Research Institute – Projection database, 2009
www.demografia.hu

As a result of the decrease in the high level of mortality 270,000 years lived could be saved between 1990 and 2008. In case of moderately improving conditions in the future this number can reach 460,000 between 2009 and 2030.

At the same time, it can be safely established that similarly to the past twenty years the number of live births will not reach that of deaths in the next twenty years, either. Between 1990 and 2008 660,000 more persons died than were born. In the next twenty years the natural loss will be 740,000 even under moderately improving conditions.

This negative tendency can be mitigated by the positive balance of international migration, which means that the number of persons moving to Hungary exceeds that of those leaving it. It has to be noted here that this time only those types of migration are dealt with that directly influence the number of the population, i.e., ones for which a settlement permit or a long-term residence permit is needed.

Between 1990 and 2008 the total balance of international migration was over 310,000 persons, i.e., this was the surplus of those immigrating as compared to the number of those leaving the country. According to the medium hypothesis of projection the immigration surplus will be 330,000 persons between 2009 and 2030 that will considerably (by about 40 per cent) mitigate the population loss due to low fertility.

The decrease of the population began in Hungary in the early 1980s and was at that time an exceptional phenomenon in the world. Today it is not a typically Hungarian phenomenon anymore. According to UN data 24 countries experienced a population decrease in 2000-2005, almost all lying east of the Elbe among them. However, it has to be noted that the joint share of these countries in the population of the world does not reach 5 per cent.

STRUCTURE OF THE POPULATION BY SEX AND AGE GROUPS

The distribution of the population by sex is shaped by three factors: the proportion of girls and boys among the new-born, the differences in mortality by sex, and the rate of women and men among the migrants. For biological reasons there are more boys among the new-born than girls and for similar reasons their life expectancy is lower. The differences in life style further enhance the difference in mortality, the life expectancy at birth for women can, therefore, exceed that for men even by 10 years. The typical difference in Hungary is 8 to 9 years to the benefit of women. In countries with a higher consciousness of health and a better health care system it is no more than 5 to 7 years.

A person's age is the time that has elapsed since his/her birth. The number of his/her years of age is identical with the number of birthdays since then. Age is thus the number of the complete years lived. At the beginning of a calendar year a person's age is one year less than what would be the result of deducing the year of birth from the given calendar year. At the end of the calendar year the age is, however, accurate. The persons born in the same calendar year belong to a birth cohort.

The population can be divided also to young, middle-aged, and elderly or old individuals. According to the general practice of the European Union persons below 20

are considered young. The limit of old age can, however, be either 60 or 65. In Hungary the first variety is more justified as the retirement age is (still) nearer 60 and the average age at retirement is below 60. The highest age in demographic tables today is 120 as this is held to be the highest limit of human life.

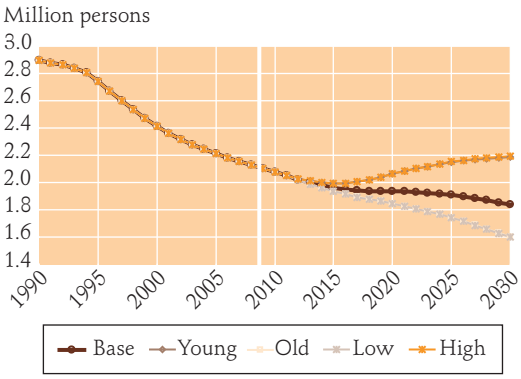
The changes in the number of persons belonging to the individual age groups are just as important as the changes in their rate as compared to the whole of the population. This latter figure is given special attention in examining the ageing of a population, i.e., the process when the mean age of a population rises and the rate of the old generation increases. The middle generations are the ones who provide for both the young and the old. The burden is shown by the dependency rate. The quotient of the number of the young and the middle-aged is the young age dependency rate, while the ratio of the old and the middle-aged is the old age dependency rate. The total of the two is the total dependency rate. The dependency rate is not to be mistaken for the ratio that compares the number of economically inactive persons with that of the active ones (sometimes mentioned also as dependency ratio in literature). Another important indicator is the ageing index that compares the number of the old to that of the young.

In 1990 there lived 5.4 million women and 5 million men in Hungary, i.e., 1082 women per 1000 men. In 2009 the number of women was 5.3 million and that of men was 4.8 million, so the sex ratio was 1106 women per 1000 men. The lower proportion of men within the population is primarily due to their higher mortality. According to the base variant of population projection that postulates a faster growing life expectancy for men there will be 5.1 million women and 4.6 million men in Hungary in 2030, resulting in a lower value of sex ratio (1099 women per 1000 men).

The size of the population by years of age is determined by several factors the most important of which is the size of the subsequent birth cohorts. As time passes, the outstandingly high birth peaks and deep troughs of the past results in outstandingly increasing or decreasing sizes of the various age groups. At present the people born in two outstanding periods form especially numerous age groups. Those born in the 1950s and the 1970s are much more numerous than the earlier and later birth cohorts. When age groups large in numbers reach old age, the ageing of the population suddenly – but not unexpectedly – accelerates. This is an additional burden on the ageing society struggling with the growing number of old people, arising from the improvement of life expectancy and the decreasing number of new generations, resulting from low fertility.

The young (aged 0-19) still numbered 2.9 million in the early 1990s, whereas in 2009 their number was only 2.1 million *(Fig. 4)*.

Fig. 4. *Number of the age group 0–19, 1990–2030*



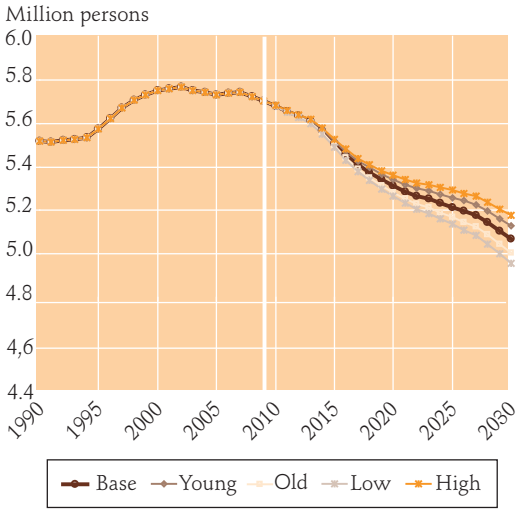
Source: Hungarian Central Statistical Office, Demographic Research Institute – Projection Database, 2009 www.demografia. hu

The decrease by 800,000 was due to the very low level of fertility, which is, in turn, the result partly of the postponement of childbearing. In the years towards 2030 a growing fertility can be projected among the fertile age groups ever decreasing in numbers but the growth should be much greater in the long run than what is expected to counterbalance the shrinking of the age groups 0–19. The tendency remains, therefore, a downward one, and the young age group can be estimated to number merely 1.8 million in 2030 according to the base version of projection. It could remain above 2 million only if fertility remained around the level of the 1990s. With the low average number of children today the number of the age group can decrease even by half a million. The rate of the young is at present 21 per cent, which is much lower than the 28 per cent of the early 1990s but prospectively higher than the approximately 19 per cent projected for 2030.

The size of the middle-aged population (age group 20–59) has greatly been increased by the fact that those born both in the 1950s and in the 1970s belong now to this age group. Also the positive migration balance has contributed to the large numbers. The group of those aged 20–59 numbers today 5.7 million (starting from 5.5 million in 1990) but this figure is already decreasing. The decrease will accelerate in a few years when the so-called Ratkó generations turn 60. In 2030 their number is expected to be only 5.3 million and in 2030 merely 5.0 to 5.2 million *(Fig. 5)*.

The number and rate of the old generation is an ever more frequently discussed subject in the society. It is often mentioned in the news and dealt with intensively by experts and decision-makers who are responsible for the large provision systems in charge of

Fig. 5. *Size of the age group 20-59, 1990-2030*



Source: Hungarian Central Statistical Office, Demographic Research Institute – Projection Database, 2009 www.demografia.hu

old people (i.e., the pension system, health care, care of the old, etc.) and for the harmonization of these systems with the challenges of demographic ageing.

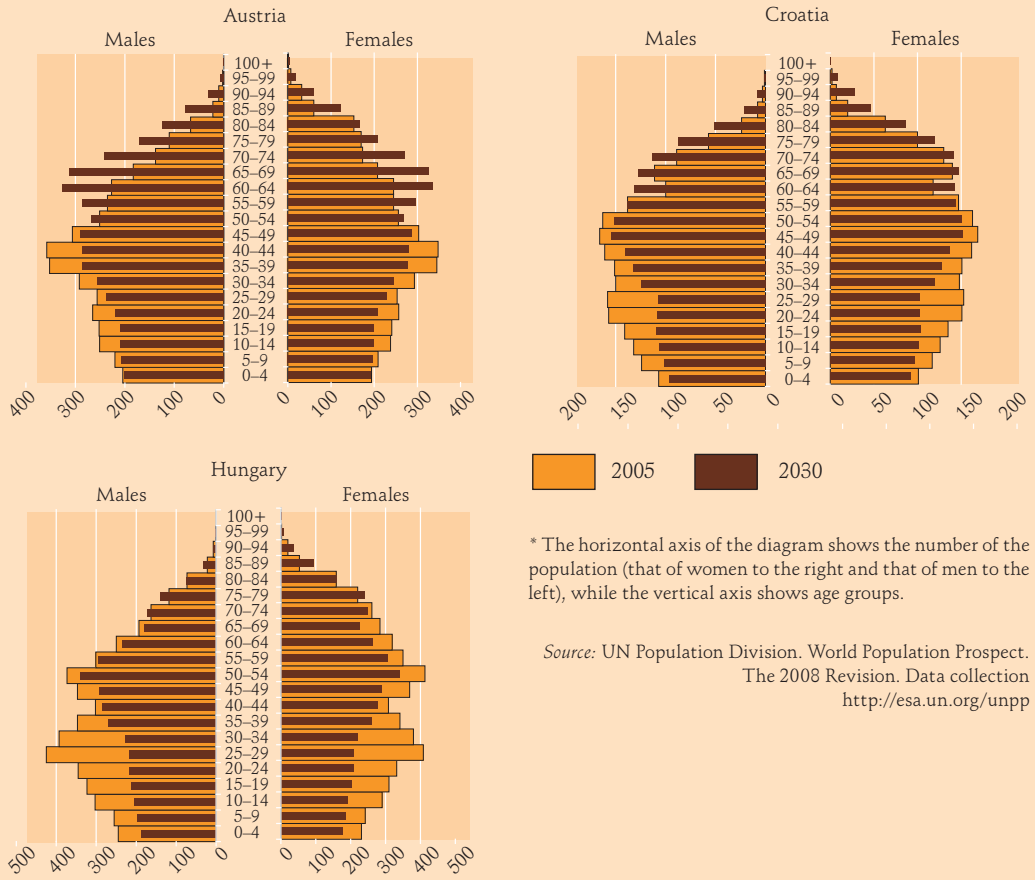
The unparalleled increase in the number of the age group 60+ and in their rate within the population devolves a great number of tasks on the society even in more opulent countries than Hungary. Ageing is, in fact, a world-wide phenomenon and has an increasing impact also on less developed countries since the majority of the old people live in this part of the world. Projections reveal that in the distant future a new wave of ageing can be expected with an unprecedented rate of the old population. Taking the present category as a basis, in 2050 one third of the population in the developed countries will be old. China deserves special attention as the rate of old persons will surpass there even the level of the United States *(Fig. 6)*.

In Hungary the number of population in the age group 60+ was 1.9 million in

THE AGE PYRAMID

The age pyramid is a special illustration of the number of men and women by years of age or by age groups.* The age pyramid shows important events in the past, the various sizes of age groups, and the direction of the changes in the age distribution at the same time, and makes them comparable also by sex. By the juxtaposition or superposition of age pyramids of various countries, regions or points of time the spatial and temporal differences in the distribution of the populations can be clearly detected.

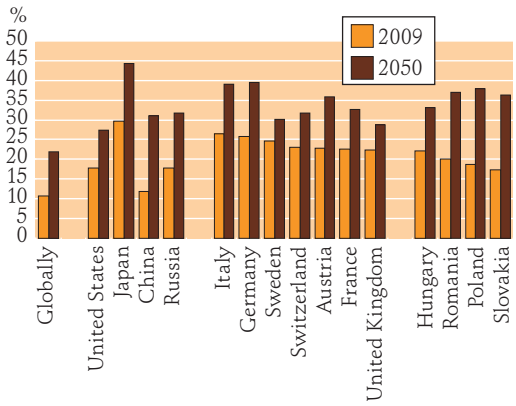
Our graphs show the age pyramids of Austria, Croatia, and Hungary for 2005 and 2030 on the basis of the United Nations projections of 2008. The three countries are different as regards their level of economic development and their relationship to the European Union but the rate of the age group 60+ is almost identical with 21-22 per cent in all of them. There is a significant difference among the age pyramids as well: in Austria the middle age group contains the members of one fertility peak, whereas in Croatia and in Hungary it contains those of two. The size of the age group in question is especially great in Hungary. The rate of the old will, however, differ in the future. By 2030 it will be 33 per cent in Austria, 30 per cent in Croatia, and 27 per cent in Hungary.



* The horizontal axis of the diagram shows the number of the population (that of women to the right and that of men to the left), while the vertical axis shows age groups.

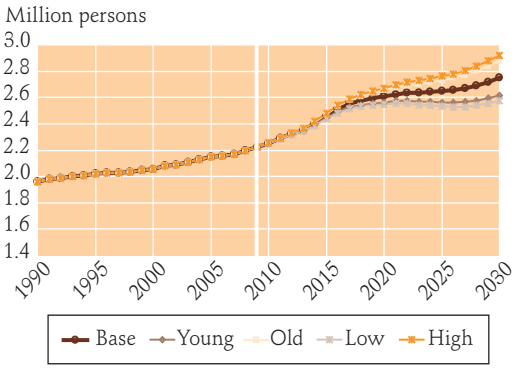
Source: UN Population Division. World Population Prospect. The 2008 Revision. Data collection http://esa.un.org/unpp

Fig. 6. *Rate of the age group 60+ in certain countries of the world, 2009 and 2050*



Source: UN Population Division, World Population Prospect. The 2008 Revision

Fig. 7. *Number of the age group 60+, 1990–2030*



Source: Hungarian Central Statistical Office, Demographic Research Institute - Projection Database, 2009 www.demografia.hu

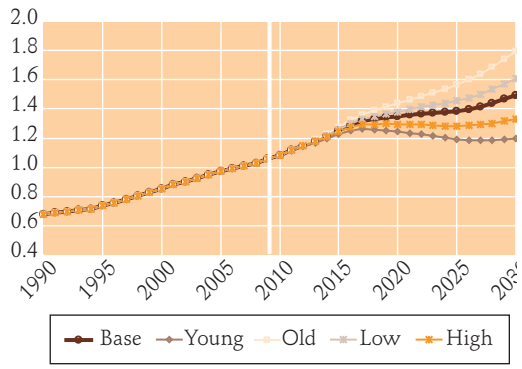
the early 1990s, and today it numbers 2.2 million. Its rate within the population has grown from 19 to 22 per cent. By 2030 the joint effect of the formerly mentioned fluctuation of age groups, of the low fertility rates, and of the improving mortality will result in a rise to 2.6 to 2.9 million, i.e., 26-30 per cent *(Fig. 7)*.

The increase of the number and rate of old people is so marked that it can be mitigated only by a considerable change in the definition of the 'old' age group. By raising the age limit to 65 years we can expect the age group 65+ to number 2.3 million in 2030, which is more than the present number of the age group 60+. The rate of the new age group 65+ will reach 22 per cent, the rate of the age group 60+ today. The raising of the retirement age is, therefore, extensively discussed but much less is said about the things to be done to make it possible.

The ageing index (the quotient of the old and the young age groups) is a similarly important indicator of the shifting focal points of the provision systems within the population. The ageing index has risen from 0.7 in 1990 to over 1.0, consequently there are today more old people than young in the society *(Fig. 8)*.

The proportion of the young and the old within the population will continue to rise dynamically in the decades to come. By 2015 it is expected to exceed 1.2, and by 2030 it may reach 1.5. Only a considerable rise in fertility could keep it below 1.2. By the present low level of child number, however, there can be 80 per cent more old people in Hungary in 2030 than young.

Fig. 8. *Changes of the ageing index, 1990-2030*



Source: Hungarian Central Statistical Office, Demographic Research Institute – Projection Database, 2009 www.demografia.hu

THE TERRITORIAL DISTRIBUTION OF THE POPULATION

For statistical reasons the territorial units of the individual countries are divided into categories within the European Union according to a unified system. The arrangement by five (the so-called NUTS levels)[2] for Hungary consists of the following: the whole of the country, the regions, the capital and the counties, the sub-regions, and the settlements. The second level contains at present seven regions, the third contains 19 counties and the capital city, the fourth contains 174 sub-regions, and the fifth contains about 3,000 settlements.

The population of a territory generally means the residential population, i.e., the individuals who specified the given county and locality as their place of residence. The place of residence is generally identical with the actual place where they live. Besides the factors influencing also the number of the population in a country (like births, deaths, and international migration), the number of the residential population in a territory is influenced also by internal migrations or movements between the individual territorial units within the country.

The spatial distribution of the residential population in Hungary can be called stable for a long time with no sudden changes *(Table 1)*. The inhabitants of Budapest represent 17 per cent, which is a considerable decrease as compared to the earlier 20 per cent. The Central Hungarian region (Pest County included) is, however, settled with its 28-29 per cent. The regions developing in the past 20 years show a slight rise as regards their population (Central Hungary, Central and Western Transdanubia), while the ones that had experienced a relatively severe crisis (Southern Transdanubia, the

Table 1. *Resident population of Budapest and the regions of Hungary, 1990, 2001, 2009*

Territorial units	Number of inhabitants (thousand)			Rate of inhabitants within the population of the country (per cent)		
	1990	2001	2009	1990	2001	2009
Budapest	2,017	1,759	1,687	19.4	17.2	16.8
Central Hungary	2,967	2,831	2,893	28.6	27.8	28.8
Central Transdanubia	1,110	1,117	1,102	10.7	10.9	11.0
Western Transdanubia	1,014	1,008	996	9.8	9.9	9.9
Southern Transdanubia	1,016	998	954	9.8	9.8	9.5
Northern Hungary	1,324	1,303	1,237	12.8	12.8	12.3
Northern Great Plains	1,547	1,564	1,516	14.9	15.3	15.1
Southern Great Plains	1,398	1,380	1,331	13.5	13.5	13.3
Total for Hungary	10,375	10,200	10,030	100.0	100.0	100.0

Source: Demográfiai évkönyv, 2008 (Hungarian Central Statistical Office)

[2] *Nomenclature d'unités territoriales statistiques* – Classification of statistical territorial units.

Northern Great Plains, the Southern Great Plains, and especially Northern Hungary) are losing inhabitants.

THE NUMBER AND RATE OF THE ROMA POPULATION WITHIN THE TOTAL POPULATION OF HUNGARY

The Roma or Gypsy ethnic group has been much talked about recently. The fact that we do not have reliable data about the Roma population makes an objective analysis highly difficult. Ethnicity is one of the questions at the census but since two thirds of the people considered Roma by their environment declare themselves Hungarian, statistics is hardly suitable for characterizing the ethnic group. The actual numbers can be found in the sociological datasurvey led by Kemény István (1997) but as the number of the interviewed was small, the possibility of misinterpretation is great.

Table 2 is the result of a special series of estimates in which the demographic features of the Roma population are determined by using census results, sociological datasurveys and demographic methods simultaneously.

Table 2. *Rate of the Roma community within the total population of Hungary, 1990, 2001, 2009 (per cent)*

Regions	1990/1991	2001	2009
Budapest	2.0	3.4	4.6
Central Hungary	2.2	3.4	4.4
Central Transdanubia	2.1	2.8	3.4
Western Transdanubia	2.2	2.6	3.0
Southern Transdanubia	6.3	7.3	8.2
Northern Hungary	9.4	11.6	14.1
Northern Great Plains	7.4	8.3	9.3
Southern Great Plains	2.5	3.0	3.6
Total for Hungary	4.3	5.4	6.4

Source: Hablicsek (2007b)

According to the estimates, the Roma population represented 4.3 per cent of the total population of the country at the time of the change of regimes with approximately 450,000 persons. In 2001 their number was probably 550.000 and in 2009 640,000, which means that the Roma population is fast increasing. Today it can represent 6 to7 per cent of the total population.

Their share within the residential population is growing in each region, though to different degrees. In Budapest the rate of the Roma community more than doubled and it numbers nearly 80,000 persons. In Central Hungary their rate has doubled and is now about 4 to 5 per cent with 120,000 to 140,000 persons. The growth of the Roma population has been especially great in Northern Hungary with over 170,000 persons and a rate of at least 14 per cent today. The increase has slowed down slightly in the Northern Great Plains and in Southern Transdanubia where their proportion remained below 10 per cent. Central Hungary shows, however, a low proportion but a dynamic growth of 60 per cent.

The detailed statistics and projections for the next 20 to 30 years estimate a further considerable increase in the number and rate of the Roma population in Hungary.

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