

ZSUZSA SZÉMAN

Reconciliation of
employment/family care in
Hungary

Barcelona 2008

Inactivity rate of women 55-64 (2006)

Over 50 %	Below 50 %
BG, CZ, HR, HU, LT, LV, PL, RO, SI, SK, DE, FR, NL, UK, IE, PT, AT, BE, CY, EL, ES, IT, LU, MT	DK, EE, FI, NO, SE

Source.: based of EUROSTAT; People outside the labour force, Statistic in focus- Population and Social Conditions

Reasons for Inactivity Among Women

Female inactivity 55-64 in EU 64%

- **In retirement**
- **Family, personal responsibilities**
- **Sickness**
- **Other**

Definitions: People outside the labour market. Statistics in Focus, Population and social conditions, 18/2006, p.4.

Percentage of family responsibilities (among reasons for being inactive)

□ High (up 50%)

ES, CY, LU, MT, IE, EL, BE, AT, PT

□ Low (below or around 10%)

CZ, HR, HU, LT, LV, PL, RO, SI, SK, BG,
EE, DE, FR, IT, UK, NL, DK, FI, SE, NO

❖ Question:

Why is low family responsibilities dominant?

Possible reasons of patterns with low FR

- **Retirement allows care !!!**
- **Still active**
- **No family obligations**
- **Good public services**
- **Other source of services available (NGOs, private)**
- **Other sources of care (neighbour, migrants, black market, etc.)**

Patterns of reasons of inactivity

1. **High inactivity rate: retirement**
former socialist countries +
DE, FR, NL
(+AT with rather high fam. r.)
2. **High inactivity rate: family responsibility**
is dominant/important
CY, MT, EL, ES, PT, BE, LU, IE
(IT with very high „other” reason)
3. **Low inactivity rate low or no family responsibility**
DK, SE, FI, NO, EE

Case of Hungary

- ❑ Care problem: demand for public services (NGO as well) greater than supply
- ❑ Hungary: pattern 1.
- ❖ Consequence
 - great burden on families
 - Family resources important

Healthy life expectancy at birth (male) (WHO, 2002)

1. Japan, Sweden	72
2. <i>Italy, Switzerland</i>	71
3. <i>Germany, Netherlands, Spain, Malta, Norway</i>	70
4. <i>France, Finland, Belgium, Austria, Denmark, UK, GR</i>	69
5. <i>Ireland</i>	68
6. Slovenia, Cyprus, Portugal	67
7. Czech Republic	66
8. Slovakia, Bulgaria, Poland	63
9. <u>Hungary</u>	<u>62</u>
10. Romania	61
11. Estonia, Lithuania	59
12. Latvia	58
13. Belarus	57
14. Ukraine	55
15. Russia	53

(Source: WHO, //www.who.int/countries/en)

Health State of Older People in Hungary

□ **65+ male survival probable**
59%

□ **Chronically ill (male, female)**

• **60-64 years**

1/3

• **75-84 years**

40%

□ **10% of the population have a disability**

❖ **Problems:**

✓ **males in danger**

✓ **HALE of women only 68 y, less family resources for care**

(See also Információs Évkönyv, 2003, ESZCSM, 2004, Budapest,
KSH-ESZCSM: Ezüstkör 2002, 2004, Budapest)

Family Care Models in Hungary

❑ FAMILY CARE MODELS

1. **Inactive (retired) women**
2. **Economically active women + caring task**
3. **“Employed” family carer: paid a nursing fee by state**
4. **Family tries hiring somebody
black work, migrants (invisible) etc.**

❖ **Typical care type 1+2**

Characteristics: gender and age specific;
50 + years women

Conflict Patterns Between Employment and Care Demands

1. Family care burden on *active women*
2. *Part time* employment *low* (11 % of women 55-59 y.)
3. Family care nursing fee: not functioning, *Social benefit dominant* (60% of minimum wage (caring counts as service period for pension

Source: GKI (2004), A 45 éven felüliek foglalkoztatási helyzete Európában és Magyarországon, p. 58. 2004. Budapest.

Problems

- ❑ **Raising retirement age** (to 62, exit already 60,7 y (2007) **Working hours: full time!**
- ❑ **Female poor healthy state (HALE 68)**
- ❑ **Not enough human resources in public**
- ❑ **No high tech in care**
- ❑ **Labour market not flexible**
- ❑ **Invisible migrants may decrease**

Source: http://portal.ksh.hu/pls/ksh/docs/hun/xstadat/xstadat_eyes/tab12_01_05ib.html , WHO

Possible Solutions

- **increase part time work**
- **improve public service**
- **combination of labour, care and pension system (flexible pension age, bonus for family carers, etc.)**
- **improving health state (prevention, rehabilitation, etc.)**
- **improving health protection at work**
- **new forms of care**
- **high tech in care**
- **improve quality of present services**
- **involve more NGOs**