

CHANGES IN DEMOGRAPHIC PROCESSES IN HUNGARY

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INTRODUCTION

Governments influence the size and composition of the population, its quality and its day-to-day activity in a number of direct and indirect ways. Specialised ministries or specialist institutions are in charge of certain areas of the life of the population (such as its state of health or questions relating to the education of children and the care for the old). There are also ministries which handle certain inter-relations between these fields. The present demographic situation of Hungary, however, is one that demands a more targeted co-ordination than that currently operational. What is required is a mechanism which would weigh connections between economic and social decisions and processes on the one hand and the number and composition of the population and its predicted long-term changes on the other hand *from the point of view of demographic effects*.

It is not possible to resolve some of the consequences of social and economic processes without an approach based on modern demographic research. The aim of the present study is to offer a basis for such an approach. The text and the conclusions formulated here are based on concrete research. The research examined the inner and yet interactive dynamic of the basic demographic processes such as mortality, fertility and migration from the point of view of how they influence the reproduction of the population, in other words changes in the size of the population. The knowledge of these connections also led on to the question whether it is at all necessary and possible to influence these processes.

The first part of the present study aims to present an overall image of the changes in the Hungarian population, the second part explores connections and offers a diagnosis, while the third part proposes possible directions for action and weighs their relative feasibility.

DECREASING POPULATION IN HUNGARY

Hungary's population has been decreasing consistently year by year since 1980 for men and 1982 for women. The extent of the decrease shows significant variation across regions. On January 1st 2000 the size of the population was 665 thousand lower than it had been in 1980. This is a consequence of the

facts that mortality was high and the number of births was low. The third component of population changes, international migration, has played an insignificant role in the past decades compared to the other two factors. The shrinkage mentioned above refers to persons who have a permanent address registered in Hungary, as present statistical census mechanisms do not allow us to take account of persons who live abroad and have their permanent address in another country, even if they are Hungarian citizens and of Hungarian nationality.

Throughout the 20th century Hungary's population was characterised by continuous growth until 1980. This process was interrupted only by the tragedy of the Trianon treaties, the huge loss of lives in the First and the Second World War and the genocide committed during the Second World War. However, even during this long period of growth there were harbingers that the process would come to a halt by the end of the century. Poets and writers were foremost among those who drew attention to the declining fertility of certain regions and social groups. Attention was mainly focussed on mortality, particularly on high infant and child mortality, as well as on the devastating effect of tuberculosis. Thus it is understandable that the reduction of these factors after the Second World War largely assuaged the anxiety of the general public for a period of time and only in the second half of the century was another factor, the change in fertility, given broader public attention.

In the meantime it had become clear that the favourable processes in the area of mortality were not bound to continue automatically. International comparisons showed that from the mid-1960's onwards Hungary began to slide toward the end of the mortality ranking list which expressed the state of health of European countries. Life expectancy at birth is a generally accepted and easily understood indicator of the general state of health. In terms of this indicator the average life expectancy of men at birth is only lower in successor states of the former Soviet Union than it is in Hungary. In Central European countries, which had been on a level with us in 1938, this expected life span is 6–8 years longer than it is in this country. For women the discrepancy is somewhat smaller, but even here the situation is far from reassuring: the average life expectancy of Austrian women, for example, is 5 years longer.

In terms of mortality influencing the age structure of the population, the most alarming figure was a mortality rate of almost 50% in the 35–64 year-old band: an age group which we can still consider more or less active. When reasons for such a high figure were sought, it became clear that circumstances restricting people's choices have become the chief factor regulating mortality. Individual choices and social factors both played their part. The type of work people do, the type of consumption allowed by their income, their housing conditions and their environment in the broader sense as well as regional variations all contributed significantly to the changes in state of health and to the way in which illnesses occurred and continued in their later course. While the

great epidemics of the Middle Ages killed people regardless of their social status, in the 20th century equality in death is a thing of the past. Mortality figures have become a crucial indicator of social differences. In order to change this situation for the better, we must pay particular attention to groups where mortality rates are outstandingly high. We must be aware of the fact that no long-term population policy can be formulated without changing the circumstances which condition the demographic situation from the mortality side.

To solve this problem requires extreme effort, and only gradual improvement can be expected. We are actually talking about correcting the disastrous consequences of four decades of a communist attempt at modernisation. Politicians of the other post-communist countries face the same task: mortality in those post-communist is of roughly the same level as it is in Hungary, falling far behind those Central and Southern European countries with which they used to be level thirty to forty years ago. The conditions of life in all of these countries were such as to shorten people's lives.

Efforts made in order to improve the population's state of health play a significant role in stabilising the size of the population. But if we wish to maintain population numbers, we need to have a sufficient level of fertility as well as successfully curb mortality. No politician of any conviction, no representative of the different disciplines can call this into doubt. The debate is around the necessity of ensuring the reproduction in order to maintain unchanged numbers of population and around the degree to which a decrease of the population is seen as a danger.

There are several arguments which prove the negative consequence of a population loss. According to the most widely accepted reasoning, a continual decrease in the number of the population changes the proportion of various age groups, in other words the population's age structure, in such a way as to increase the proportion of inactive old people. This obviously makes ever increasing demands on the country's national income.

Old people have a right to the claim that they created the foundations for today's productivity and thus expect decent care and a share of the goods produced year by year. At the same time, if the portion of the national wealth spent on this segment goes beyond a certain limit it begins to curb further growth. This means that a decrease in the number of the population leads to a change in the ratio of the active to the inactive, which causes the gradual decrease of the population producing the old age pensions.

The decreasing number of births can momentarily improve the ratio of the active to the inactive population as there are fewer children to support. In the long run, however, this is not a way out but a disastrous enhancement of the crisis.

Becoming inactive is not rigidly connected to the specific chronological age of old people and it would serve the interest of the whole society to provide the

opportunity for activity for all those people who wish to and are able to participate productively in the social division of labour. As the years go by, there will be an increasing number of old people who fail to pick up the pace dictated by technical development, by increased time pressure in economic activity and by the spreading of new knowledge. We must be aware that as the population ages, there also comes a decrease in the rate of young people open for innovation – young people who could answer the challenge of modernisation and possess modern skills and knowledge. The aging of the population influences the mechanism of social decision-making – it lends strength to forces which tend to anchor old solutions and show indifference toward questions of the future. A growing population, on the other hand, is a driving force in itself which is capable of pressing innovation and enhancing people's willingness for fresh initiative. Social scientists who analysed the post-WW II boom of developed countries largely attributed the development to an explosive growth in the number of births. This created fresh demands which in their turn gave a chance for expansion in all other areas such as education and training. Another advantage enjoyed by more populous generations is that these give a higher chance to the occurrence of talented individuals and encourage competition.

A decrease of the population also has a negative effect on the expansion and functioning of the social networks. An aging process aggravated by the differing mortality of the two sexes has already produced a huge number of old people in need of care and assistance. In shrinking societies people have a smaller and smaller number of friends and relatives. This is characteristic of the entire life cycle but its harmful effect becomes most painfully evident in old age when the lack of a sufficient number of relatives not only causes emotional isolation but also a shortage in the sources of help. Family ties could play a great part in the life of old people who grow increasingly in need of care. We must add here that amid circumstances of the progressive loosening of ties between the generations, aggravated by the confused family relations caused by divorce, we can only create dignified and civilised conditions for old people who are more and more unable to look after themselves if we reinforce social solidarity and ensure the active participation of NGOs.

A decreasing population also brings emotional crises. The shrinkage shows a decreased vitality and vigour amid the population of the country – people see no point in worrying about reproduction. The most important factor from the point of view of population decrease is that the number of births has sunk to a level which is insufficient to reproduce the population. A particularly alarming calculation is that unless the willingness to have children moves above its present-day level, in fifty years time the population of the country will be two million lower in numbers, i.e. it will have decreased by twenty per cent. This would not be altered significantly by a much-hoped-for increase in mortality

rates or by such immigration as is acceptable to the country's economic, social and cultural structure.

International migration, i.e. immigration and emigration, have only played a noteworthy role in the changes of the size of the population from the end of the communist regime, but they are still secondary compared to fertility and mortality.

Retaining and maintaining the present size of the population thus mainly depends, from the point of view of economic potential, on balancing births and deaths. This also means ensuring the continuity of our thousand year old culture which has been and is still carried by a great number of people of alien origin who have either become assimilated or become autonomous parts within the Hungarian majority of the country. It is on the basis of such a comprehensive interpretation of the population of the country that we can consider the task of elaborating a framework for a population policy.

A DIAGNOSIS OF POPULATION DECREASE

The key issue must be to identify the causes for the decrease in the number of births and to stop or at least curb this decrease.

Early signs presaging a lasting low in Hungarian fertility were already visible in the last decades of the 19th century but the birth movement suffered its first truly deep wound during the First World War. The number of live births fell back to less than half during the war years. In the years directly following the war many people expected the number of births to return to its pre-war level but this did not come to pass. Instead, a slow but steady decrease became visible which was accelerated in the years of the great international economic crisis. It became clear that a decreased number of births was not merely the effect of the war but that economic factors were also exerting a most powerful influence. By the beginning of the 1930's, the level of fertility was only half that measured at the turn of the century.

Such a heavy drop in the number of births, to which a high number of miscarriages and pregnancies at a very young age also contributed, obviously led to the question of birth control as well. In certain regions birth control had come to play its part in the early 19th century but it only became widely used after the First World War. It became clear that birth control was not the cause of a decrease in fertility but a means of preventing unwanted pregnancies. Between the two wars abortion came to be the most widely used method for birth control even though it was prohibited by law. A more severe enforcement of the law in the 1950's led to some increase in number of births but 1956 brought along a complete change by the unconditioned permission of abortions. As modern means of contraception were not available for a while to come, the number of

abortions rose rapidly. Thus from the 1960's onwards the number of births began to fall below the level required for simple reproduction. This was signalled by fertility indices although it was another two decades before the number of the population actually began to fall.

The insufficient level of fertility, which has now been characteristic for four decades, can be traced back to a number of factors. Foremost among them is the change that has taken place in the structure and operation of the family. This change was analysed in detail by the draft for family-related policies issued by the Ministry of Social and Family Affairs of the previous government, thus we do not think it is necessary to discuss it here. We merely wish to point out that the socio-demographic conditions of the family are decisive factors influencing children's development and maturation and that the normal growth and intellectual development of children reflects clearly the population's condition from the point of view of health and biology in a broader sense. Beside this, we also wish to draw attention to those phenomena which concern the family's role in child-bearing.

In Hungary during the past centuries, but even in the first half of the 20th century, the majority of children were born within a marriage, contrary to Austria and the Scandinavian countries where the number of births outside of marriage had always been high. In Hungary the change became noticeable in the mid 1980's and today a quarter of live-born children come from parents who have not married before the birth of a child. The majority of them live in cohabitation and do not consider it necessary to legalise their relationship. From the point of view of the fertility and reproduction necessary for ensuring a stable preservation of population size, these partnerships represent a loss because in this family forms the partners volunteer for a smaller number of children than those living in a marriage.

The other serious negative impact on the reproduction of the population is the increasing divorce rate. In the last few decades, 2/5 of Hungarian marriages are expected to end in the divorce courts. (By 1998 there were 547 divorces to 1000 new marriages!) When partners go down a troubled path full of conflicts and leading eventually to divorce, their willingness to have children is usually diminished. However, while it is true that the majority of divorced people start a new relationship and finally have a 'joint child', thus allowing the previously interrupted process of having children to be completed, there is rarely more than one child in these new families. In the final balance therefore, divorced families mean a loss in terms of the population's overall willingness to propagate.

Another significant change is that while in the first half of the 20th century women used to have their first child soon after they got married, around the age of 20, contrary to Western and Northern European practice, today the most common age for childbearing is between 25 and 29. This should not necessarily

lead to a decreased number of children. Longitudinal studies, however, have shown that young women only partially fulfil their plans as to how many children they would like to have during their life. The later they start, the more frequently their plans remains a dream fully or partially unfulfilled. Thus a delay in childbirth is not indifferent from the point of view of reproduction.

At the same time, the delay in childbirth characteristic today as opposed to past periods is not related to some futile fashion but to a very positive social change which at the same time carries a number of negative consequences for fertility. We are talking of the progress whereby women have acquired equal chances with men with respect to the division of labour, come to enjoy the same access to professional education in the field of their choice and also to have equal chances in the job market. This means that while at the beginning of the 20th century even women with an affluent family background had to content themselves with the skills provided at one or the other of those institutions aimed at training 'the angel in the house,' by the end of the century women became a majority in most universities offering the highest level of training available. Accordingly there are few professions which are not open to them, at least in theory.

Such progress, however, has its price. Women have to spend a longer period in education, they work more intensively and family roles have also become transformed; family life has been restructured according to a new model. This model does not easily accommodate having a great number of children. Childless women are still clearly at an advantage from a career point of view, in working life and in the utilisation of their professional knowledge over equally well-qualified and equally ambitious women who are mothers.

Despite the above facts, a deliberate choice of remaining childless, in other words a conscious rejection of the option of having children, is still not characteristic in Hungary. Demographic surveys indicated only a very low percentage of women who do not want to have any children. Most women in the survey were planning on having two children, there were very few who were satisfied with the idea of just one child, but the number of those thinking of having 4 or more children was also a rarity. The real problem has been the same for decades: namely, that these plans are not actually realised and the number of children women have in reality is lower than the number they had originally dreamed of. Women whose plans are to have two children finally give birth to one, those who want three actually stop after two. According to researchers of the question, the main reason for this is that after childbirth couples experience a change in their lifestyle which they had not previously appreciated and which comes as a shock to them. This is what finally makes them revise their objectives.

In Hungary the changes in lifestyle are mainly related to the fact that the financial circumstances of families are already rather limited at the outset,

when a previous partnership becomes stabilised and leads to marriage. The couple are short of freely available resources. Thus increase in the number of family members brings along acute financial difficulties. This is characteristic of rather a wide circle of people, yet we have to be cautious in accepting explanations which blame the low number of children in families purely on restricted financial conditions. We must take care not lose sight of the fact that around 1965 the whole of Europe saw the beginning of a process of population decrease. As a result of this, the total fertility rate dropped below 2 (the level needed for simple reproduction) in poor and rich countries alike and stayed under the standard necessary for replacing population loss year by year.

It is no comfort that several countries with a far higher national income than Hungary show even worse reproduction rates than this country, but at any rate, international comparison might help us identify the possible reasons for the phenomenon. It can at least prevent us from explaining these difficulties with the idea of a national or nation-wide pessimism. This is far from denying the significance of ideas and emotions but remains a warning that even in this field we need purer and more clearly defined constructs.

In the past few decades a new tendency has been observed in the thinking of European and North American people. The predominant tendency to explain 'things' or events through rational attributions seems to have come to an end or at least to have become marginalized. The rational world view had seen the world, and thus the operation and the changes of families, as predictable. The selection of partners had its characteristic motives which may have been different across social groups but remained stable within those settings. There were well established norms for the expectations and duties that tied each member of the family to the others. Society, in its turn, sanctioned behaviour forms which went against these tacit roles and rules. These prescribed functions included having children, looking after them, bringing them up and preparing them for their future life, the course of which was more or less predictable. In the 20th century the two World Wars, the great economic crisis, constant tensions and yet more disasters as well as the entirely new types of danger have undermined the belief in stability, in the individual's capability to understand the connections between the events and in the predictability of the future. They opened the way to distrust, a loss of faith, permanent improvisations and a resulting sense of instability. To accept and adapt to unpredictable changes has become a standard norm of behaviour and this means that people have had to become accustomed to unpredictability in general.

As far as family life is concerned, this new attitude, which is often referred to as post-modern, brought along a loss of stable structures. It is no accident that as a part of this attitude cohabitation have taken the place of marriage. If I cannot even come to know myself whether or not should be prepared for unexpected changes in the behaviour of those in my direct surroundings, then it is

meaningless and self-deceptive to commit myself formally through marriage. It makes more sense to live in a less restrictive relationship with my temporary partner. The high rate of divorced couples proves that 'till death do us part' is seen as meaningless if it stands in the way of self-fulfilment or the ambition to satisfy new desires. Children, toward whom we have duties laid down by law, can be even more of an obstacle in the realisation of perfect freedom. Also, children can change even more radically than partners – they can reveal having character traits which may have been latent before and thus come as a surprise, causing profound confusion in the previous lifestyle of the parent. All this unpleasantness can be avoided if we refuse to have children in the first place and choose a childless way of life as a driving force underpinning our lifestyles.

Childlessness is at present only the ideal for a very small group of people. Those who refuse to have children actually form a very small minority. However, there are other European countries, such as Germany, where approximately one third of young people consciously reject the option to have children and envisage their life accordingly as one without children. Population policy must be prepared for the spread of this ideal in Hungary as well and in order to counter such a shift in values it must foster the influence of social groups which perceive children as a value potentially able to enrich human life.

We have identified high mortality as one of the reasons for a worsening demographic situation. Surveys in this field have found that symptoms of the crisis were a dramatic drop in the general state of health throughout the last three decades, an increasing rate of early deaths and an accumulation of various diseases. People found it difficult to cope with the confusions of social norms and the sudden increase in expectations with mind and body still healthy. They felt that they were under too much pressure which they were unable to address. Staying alive became a risk in itself and life could only be carried on at the cost of accumulating maladies and ever greater losses.

These crises were particularly damaging to groups which were more vulnerable in a social sense. International statistics prove it as clearly as domestic experience that those who have a smaller share of social goods, those who live under oppression, those people whose lives are permanently fenced in by financial, economic, cultural and political restrictions are not only poorer – they are also less healthy. Increased social disadvantage brings with it decreased life span. A closer look at Hungary's shocking mortality averages shows that the more extreme figures in the statistics coincide with extreme differences in social conditions – they reveal the drastic vulnerability of groups of people living in poor social conditions.

Socialism as a system became a dead-end street of social development not merely because it failed to offer its nations an efficient economy but also because it was unable to provide true solidarity. It created conditions for life where people died much earlier than the population of the Western part of

Europe and where people suffered from more diseases during their considerably shorter life span.

Hungary, with its crude death rate of 14.2 ‰ for 1999 can be considered a country with a high mortality rate: in the decade beginning in 1990 this meant the death on average, of 145 thousand people per year. Three decades earlier barely more than a hundred thousand people died each year. Of this 45 thousand increase in the number of deaths, 25 thousand new deaths can be attributed to the aging of the population, but the death of about 20 thousand people can be put down to worsening life chances in certain age groups. In most Western European countries the aging of the population has progressed further than it has in Hungary yet their mortality is lower than ours because an improvement of life chances affecting all age groups has 'absorbed' the potentially higher mortality rate that would follow from a higher proportion of old people within the population. In fact, as life chances have mainly improved in the older age groups, in a number of countries mortality has actually gone down despite the aging of the population.

Looking at the whole of the 20th century, we can ascertain that the economic and social development of the first two thirds of the century improved life expectations beyond all recognition in the industrialised countries. This was of course mainly due to the decreased proportion of deaths caused by infectious diseases and Hungary took her share of this achievement.

After this period however, non-infectious, chronic, degenerative diseases came to the fore. People usually develop such conditions as a consequence of their lifestyle which in turn is related to their social position. Thus the difference between men and women in life expectancy at birth has also increased. In Hungary this discrepancy reached 9 years by the end of the century. Such a large gap can be attributed mainly to different occupational risks as well as to differences in the proclivity for self-destructive behaviour forms such as alcohol consumption and smoking. Differences in health culture are also significant between the two genders. If we look at various age groups, we find that women's chances for survival are better in every age group than men's.

Apart from a small number of exceptions, diseases which cause a high number of deaths are more widespread among men. Exceptions include diabetes, Alzheimer's disease, multiple sclerosis or osteoporosis. One remarkable feature of the chronic epidemiological crisis which has developed in the last three decades is increased mortality among men between the age of 35 and 64. Had these critical age groups retained the mortality rate of the first half of the 1960's, there would have been almost 20 thousand fewer deaths in 1998 alone; within this figure the surplus number of deaths for men was approximately 16 thousand, while women's share was just under 4 thousand. The surplus number of deaths of men accumulated over these decades amounts to 466 thousand,

while for women the figure is around 114 thousand. Altogether this amounts to 580 extra deaths which means losing people at the zenith of their lives.

The structure of various causes of death is similar in Hungary to that of industrial countries with the same level of health culture. About 50% of deaths are caused by disorders of the cardio-vascular system, 25% by cancers. The rate of deaths caused by infectious diseases is only half a percent.

The relative importance of causes of death does not merely depend on how many victims they have but also on the age at which they end the life of a person. The younger a person is at the time of their death, the higher number of potential more potential life years are lost. In terms of international comparison, this rate is only higher than Hungary's in the successor states of the one-time Soviet Union.

In identifying the causes for this extremely high mortality rate, we should not be satisfied with examining the direct causes of death but should expand our analysis to the circumstances which caused the illness leading up to death. One such cause deserving special attention is depression. We are not talking here of a special episode of depression, in other words we do not mean clinical cases, but a more prolonged state whose main elements are a feeling of helplessness, a sense of having lost control, a loss of interest in other people, an inability to make decisions, a feeling of guilt and a feeling of hopelessness regarding the future. Depressed people cannot think in terms of the future, they feel that their position is hopeless and are unable to take active steps in order to improve their situation. Depression can have grave somatic consequences. It increases health hazard both through self-destructive behaviour forms such as suicide and addictions, and through its direct physiological effect. An important aspect of depression is that the person creates high expectations of himself or herself which then they fail to live up to, as well as holding feelings of hostility and distrust toward other people. A new source of problems is the spread of drug use, the consequences of which cannot at this stage be foreseen. To curb the expansion of this phenomenon is not merely the job of the health system but a task of the whole of society.

The past few decades have seen a serious breach in the balance between man and his environment. The present health service system is not suitably prepared to deal with illnesses. The recognition of symptoms is far from complete even though without catching up in this area we cannot hope for a significant improvement in the activity of population policy aimed at reducing mortality. The area of health protection is one where there is particular need for serious effort. The development of the health system is important not only because of the growing number of old people. The protection of young people, particularly those in disadvantaged circumstances, requires far more extensive care than had been characteristic.

Of all the phenomena that determine the size and composition of the population, the most difficult to measure and interpret is international migration. The most serious factor of uncertainty comes from the fact that we do not possess compounded data of Hungarian citizens emigrating from or re-migrating to Hungary either annually or for any clearly outlined period. Beside the figures regarding emigrating Hungarians, those regarding immigrating foreigners are also not precise. A special problem is that data does not include the number of illegal immigrants, nor those who spend a long time in the country because they do not need a visa to do so. Because of these confusing factors, we should beware of trying to make numeric estimates on the basis of migration figures, however, it is possible to talk of certain tendencies.

Our aim is mainly to form an estimate of the extent of surplus migration, and its composition by age and gender, that is required for stopping or slowing down the loss of the Hungarian population, or for the present tendency to become reversible. We base this estimate on census data and we shall compare the difference between the two censuses with the figure that emerges after corrections are made using birth and death figures. Between 1981 and 1990 this difference was negative, in other words, migration led to further loss of population instead of replacing it. Migration was not noticeably beneficial in terms of the age composition of the population, either. Although immigrants are usually quite young, people in their thirties, their age and circumstances give no basis for the hope that they might add to the fertility of the population.

A FRAMEWORK OF POPULATION POLICY

We know that Hungary's population has been decreasing continuously for 20 years, and are thoroughly acquainted with the factors which may be identified as causes for this decrease. We are also aware that it is possible to influence these factors, thus our diagnosis should necessarily lead to the conclusion that there is no need to accept the present situation passively: we should attempt to reverse this tendency. In other words, we should install and operate an active population policy.

The areas which can be dealt with in a population policy, such as birth, death, migration, concern the most intimately private sphere of every person's life. Despite this however, it is inevitable that even in a democratic society institutions should interfere with these spheres of life. In cases of illness and death we take it for granted that authorities make preventive interventions such as vaccinations or the isolation of infectious patients, and we criminalize assistance in suicide. We make international migration and re-settling dependent on permission. Thus we cannot consider it an impermissible transgression of the boundaries of the private sphere if, beyond actions concerning the single indi-

vidual, the society at large recognises problems which concern the entire population and formulates a population policy in order to handle these problems, provided that its objectives and means are in harmony with our key democratic principles. It is necessary to emphasise this because the Germany of the National Socialist period or the Hungarian communist population policy of the early 1950's defamed the notion of population policy for a long time.

In several European countries where the government uses an active population policy, they do so under the heading of 'family policy.' The French government is the only one which has openly formulated a population policy for several decades now. It is questionable whether we need to be quite so shy about this question – the general public of the majority of European countries clearly considers the demographic changes of the past few decades seriously problematic. This is shown by public opinion surveys on population issues and also by the fact that the majority of the population has approved family policy measures of recent years which clearly have a wider demographic objective.

It is important for political parties to be in agreement over the necessity of a population policy as this is one of the basic criteria for operating such a policy. It is also important to appreciate that no intervention is able to bring about changes in the fertility and mortality of the population overnight. This is clear even on the basis of the diagnosis. It will require decades to change the present tendency. To launch a reverse tendency is, however, urgent as any delay will leave an increasingly difficult legacy for the coming generations.

Positive and negative interventions of the past decades prove that reducing the financial burden entailed by having children plays a distinguished role among population policy steps for increasing fertility. Looking at the entire society, this means that in redistributing the national income, the government invests a significant portion in ensuring that after several decades there will be enough people to produce the goods to be consumed at a future point in time. We are not talking of the central budget taking up the full burden – even the most generous child or family support can only help by easing this burden. Thus various monetary benefits, beside their actual financial value, also carry a significant symbolic message: they indicate the solidarity of society and the prestige of bringing up children.

The positive outcome of financial help in France after the Second World War and in Sweden in the 1980's are beyond doubt. In each case a significant amount of money was invested in helping with the costs of bringing up children. The system of benefits introduced from the late 1960's onwards in Hungary and developed over the subsequent years had a significant effect when compared to women's average wages. These processes, however, were negatively influenced when, in the mid 1990's steps were taken to withdraw earlier family benefits that served a clear demographic objective and to transform them into devices of social policy. Although in the last few years some benefits have

been reinstated, there is still reason to fear that the effect of these may not be as significant as it was in the 1970's and 80's. The reason for this is that people have lost an earlier sense of stability – they do not see clearly what extent of support they can rely on for the future.

An important factor that has to be taken into account in Hungary when talking about families having children is the extent to which the size of the home influences the planned number of children. Flats consisting of one larger and one smaller room in panel blocks, the manufacture of which was standard practice for decades, do not allow sufficient space for families. Thus cheap housing loans offered to young people are a significant achievement potentially lightening the weight of one of the factors repressing fertility.

The employment of mothers is a problem still waiting to be solved. One possibility in this respect is to elaborate a system of subsidies for employers who offer part-time jobs to mothers. In talking about part-time employment we also have to think of grassroots initiatives which might replace childcare institutions maintained by the authorities. As we have pointed out on the basis of public opinion surveys, the majority of the population is 'pro child.' This attitude, however, is far from being unshakeable. In fact, it is easy to manipulate. This is why it is important for the mass media also to speak out in the interest of health promotion, the reversal of our present negative demographic situation and a higher number of children and to present the joy and happiness which having children offers along with the unquestionable troubles and burdens. In our view, having children is not merely a sacrifice and a matter of money but a pleasure, a gift and a source of help. In other words, children are a value for the entire community. Thus, beside state contribution to the expenses of bringing up children, it is important to pay attention to the 'maintenance' of child-related values.

The improvement of mortality figures is mainly the task of health politics – an area in which a change of approach is long overdue. In this field the overall population policy can assist by acting to reduce mortality through drawing attention to those groups of society which are particularly endangered and where timely intervention may protect and cure social substrata which are still potentially active and play a key role in the functioning of society. We are talking of two main groups in this context: the age group of people between 35 and 64 on the one hand, and the inhabitants of certain regions and people employed in certain professions on the other hand.

In the 35–64 age group, each age year brings along a higher number of people living a stressful life in order to attain a higher living standard. Both successful and unsuccessful people often collapse under the effort and spend their remaining years struggling with various returning health defects. Depression takes its victims from among those who do not consider themselves successful from this angle. This can have multifarious consequences – they may experi-

ence a disintegration in their interpersonal relationships, they may become addicts or they may come to see their whole life as pointless and entertain thoughts of suicide. None of these problems have a definite cure but it can be assumed that by adopting methods of health retention that have proved effective in Western European countries, and a more intensive, more widespread psychiatric care which is better accepted by the patients themselves, would prevent the worsening of these illnesses.

Hungarian epidemiological surveys have established alarming differences in the mortalities of various regions – not only those far removed from each other but even some which are relatively closely situated. An often quoted example is that a child born in the 2nd district of Budapest has the life expectancy of a coeval person in Germany, while a child born in the 8th district faces a Syrian future. Population policy should be active in this area, too, in order to ensure that in view of these differences future developments guarantee priority to inhabitants of the underprivileged regions.

The somewhat increased rates of international migration that have been characteristic from the end of the communist era are not sufficient to counter-balance the population decrease occurring as a result of low fertility and increasingly high mortality. This can be easily demonstrated if we try to calculate, purely theoretically, i.e. on the basis of a model, the extent of immigration that would be required for the population size to remain near ten million until 2050, provided that present fertility and mortality rates prevail unchanged. On the basis of such a hypothetical calculation we could formulate two possible versions. One possibility would be if by the year 2000 1.8 million people had immigrated to our country – this is obviously absurd. The other possible variant is if in the 50 years between 2000 and 2050, an annual 47 thousand people would settle in Hungary. It is easy to see that this, too, would exceed the country's capacity (creating jobs, providing homes and services etc.). Thus we cannot rely on the compensating force of international migration any more in the future than we have done in the past.

The overall demographic objective of retaining the present size of the population until the middle of the 21st century can presumably only be attained if we manage to achieve progress in all three fields of population development. In terms of fertility and the willingness of families to have children we must continue to aim at Hungarian families reaching the reproduction level required for keeping a constant population size on the long term. Apart from this, a large degree of improvement is required in order to raise life expectancy at birth gradually to over eighty years for both sexes. In view of the successes attained by other European countries in the recent decades, this is not impossible if a successful health policy is carried out and a number of other criteria are also fulfilled. If this is supplemented by an annual immigration surplus of 13 to 14

thousand, conditions for which are possible to create, the country's population would be ten million not only in 2050 but also in 2100.

The above described scenario admittedly reflects an optimistic approach but it is far from unrealistic. At the same time, we should be prepared that to attain the objectives laid down above will require an ever-increasing investment which will grow in proportion to the national income. Yet, those who think in terms of a longer perspective must not be alarmed by this knowledge. If demographic thinking becomes increasingly wide-spread and ignorance on matters of population problems is eradicated, it is possible to expand that camp of people who see an opportunity and a worthy aim in retaining the population which carries Hungarian culture.

Hopefully the scientifically based statements of this policy framework also draw attention to the fact that wide discrepancies in social and economic conditions prevailing in different regions of the country, and changes to these conditions, are likely to launch complex processes in terms of the size and composition of the population. No large-scale social or economic programme can avoid having noticeable demographic consequences in the shorter or longer term. However, these effects are mutual: the success of social and economic programmes also depends on the 'demographic responses' that the population will give in reaction to them.

Because of the importance of long-term effects we consider it a basic principle that population policy must not be associated with fiscal or governmental periods, nor can it be restricted to the competency of one (or a few) of the ministries. Instead, it must operate as the complex and multi-layered area of a governmental activity which represents a definite 'demographic value system.'

The government can serve this aim by implementing a plan of action, still waiting to be created, which incorporates demographic objectives into all social, economic, cultural, educational and development programmes and make them an organic part of these programmes. We are aware that because of its effects a population policy which covers a long period of time and is effective in the long term requires a great deal of circumspection and constant monitoring of changing data. However, we should not avoid this task. In formulating and operating the above mentioned plan of action, and in creating the conceptual foundations of the plan, scientific tools are indispensable such as pre-calculations of the possible effects of population policy and measuring the real effects and maintaining a detailed picture of population development.

Translated by Orsolya Frank