

## TÁRKI Social Report Reprint Series No 7.

*Edit S. Molnár*

### *Lifestyle and Well-being in the Elderly Population*

#### **Abstract**

The first results of a panel survey launched by the Demographic Research Institute of the Hungarian Central Statistical Office in 2001/2002 clearly demonstrate that daily activities of the elderly (aged 60–75 by definition of the survey) gradually decay, lifestyles simplify, and, particularly, the standards of expectations are lowered as age increases. The observed tendencies are varied by the family and health status of the ageing population. The elderly cannot see any possibility of preserving its present living standards, either on the short, or on the long run. Growing pessimism can be definitely revealed as age increases.

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TÁRKI  
Budapest, 2005

**Reprint from Tamás Kolosi, György Vukovich, István György  
Tóth eds.: Social Report 2004, Budapest: TÁRKI, 2004  
pp. 147–159.**

**Please use the book reference for citation.**

English translation:  
Eszter Berán

Published by:  
TÁRKI Social Research Centre Inc.  
P.O. Box 71, H-1518 Budapest, Hungary  
Tel: +361 309-7676, <http://www.tarki.hu>

Coordinator: Ildikó Nagy  
Language Editor: Clive Liddiard-Maár

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The Social Report 2004 was published with the support of  
the Hungarian Ministry of Health  
and  
the Hungarian Ministry of Youth, Family, Social Affairs and Equal  
Opportunities.

The process of population aging is a feature of the whole of Europe, and it still has some way to go. According to statistical predictions, in certain countries the proportion of the population over 60 years of age will approach 40 per cent within a few decades. This will become typical of those countries that have recently joined the European Union where a younger age structure is currently a feature. For example, in Hungary the population over 60 years of age will account for over 36 per cent in 2050 (UN 2001; HCSO 2003: 25). This makes a kind of paradigmatic change necessary in the field of social action. The tasks to be tackled include care of the elderly, and the financing of retirement funds and health care. This will probably mean the necessary transformation of the retirement fund system and the social security system, and that could lead to generational conflicts. At the same time, however, it is important to consider the following questions: what will the standard of living be for this ever-growing segment of the population; how can they preserve their health and vitality for the longest possible time; and how will they adjust to a retired lifestyle? These questions are becoming more and more acute in gerontological studies (and in socio-gerontology).

Our study describes a few features of the quality of life in the elderly population between 60 and 75 years. First, we shall discuss the three greatest decisive losses faced by people entering old age. Next, we shall deal with the indications of the way elderly people 'withdraw' from daily activities, lower their personal life expectations, and see their living conditions worsen. Finally, we want to show how the elderly population view their previous living circumstances in retrospect, and what their future expectations are.<sup>1</sup>

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<sup>1</sup> Our data are drawn from the database of the first data collection phase of a demographic panel study carried out by the Demographic Research Institute of the Hungarian Central Statistical Office. The data collection was carried out in a representative national sample that included more than 16 thousand men and women between the ages of 18 and 75. At the time of the interviews 20 per cent of the respondents were above 60, but below 75 years of age. The second phase of the study is expected to be carried out in 2004/2005.

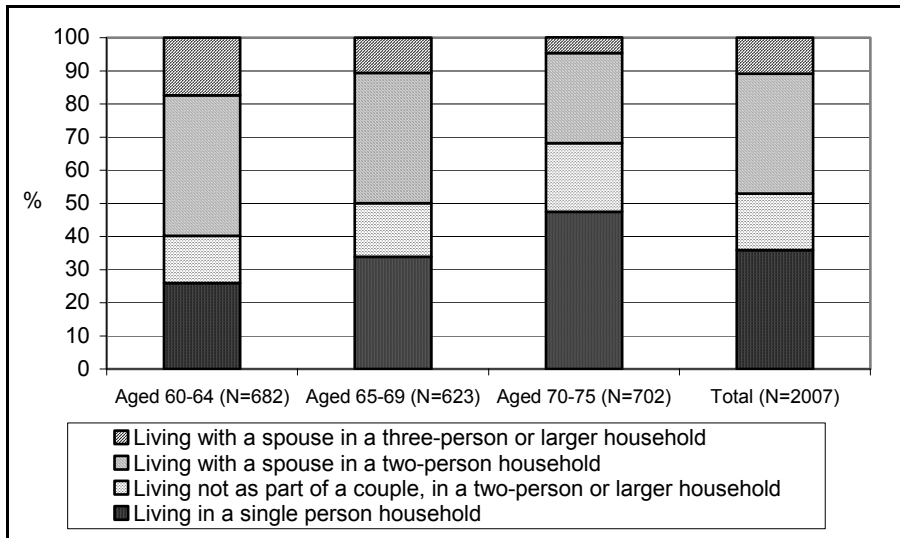
### Entering old age—three decisive changes

Among the decisive life-changing events, we would like first of all to mention the *discontinuation of economic activity*, and its result: *reduction in income*. At the turn of 2001/2002, the majority of the male population aged 60–75 had discontinued their economic activity before they turned 60, and nearly 80 per cent of women of the same cohort had done so before they reached 55 years of age. This may be partially related to the fact that the retirement age was long set very early (it is today 62 years, but for the women in our sample aged over 60 it used to be officially 55, and for men 60). At the beginning of the 1990s, the socio-economic changes taking place in the country meant that many people were obliged to retire in order to avoid unemployment. According to demographic data, 24 per cent of the population aged over 60 were still economically active in 1990, whereas by 1996 this rate had fallen to just 2.5 per cent. (Since then, the proportion has improved, but the fact remains that people over the official retirement age have practically disappeared from the labour market.) It may be a voluntary decision, force of circumstances or an escape from insecurity, but with very few exceptions, by the time people reach 60 years of age they will experience the unhappy consequences of discontinuing their economic activity, losing their *raison d'être*, and seeing their income fall.

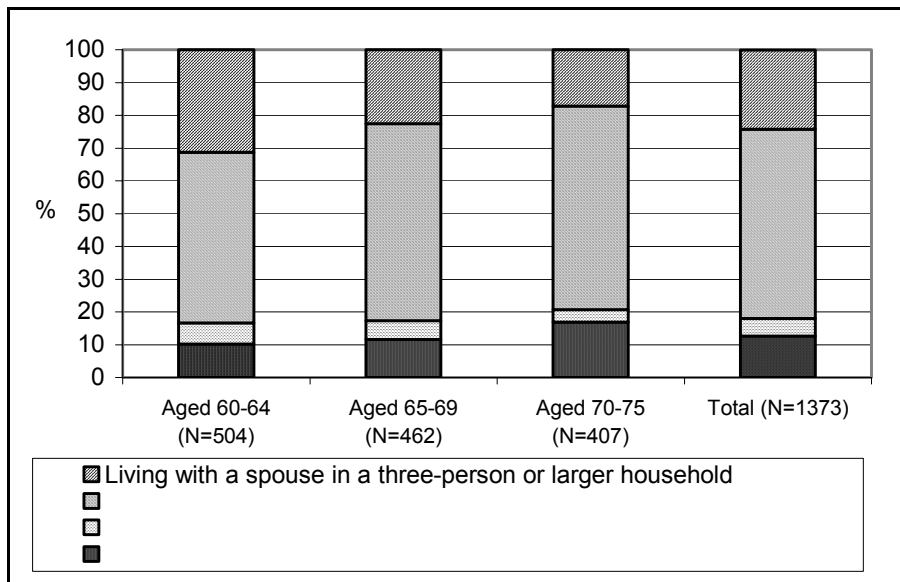
The second decisive life event we found important is the change in *family arrangement type*. For many, the classical family-life period comes to an end between the ages of 60 and 75 with the death of their spouse. It is around this time, too, that their children often leave home. These two family events—coupled with retirement—direct people to establish a new lifestyle. The household becomes a single-member one, or else the elderly couple remain on their own. A further type of family arrangement is when the widowed parent (most often the elderly woman) is forced to give up her independence and move in with one of her children—or have the child's household move in with her—and, from then on, live on the periphery of the young family or household. Studies of household income show categorically that moving in together is largely the choice of families on a lower income (Salamin 2004; Dobossy, Molnár and Virágh 2003: 77–82).

Figure 1: Family living arrangements among respondents aged between 60 and 75, by gender and cohort (%)

Women



Men



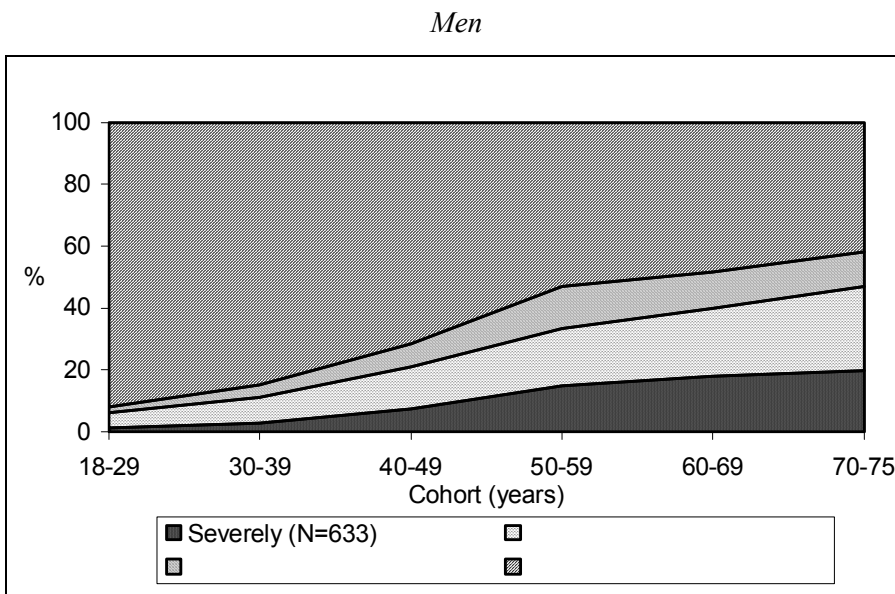
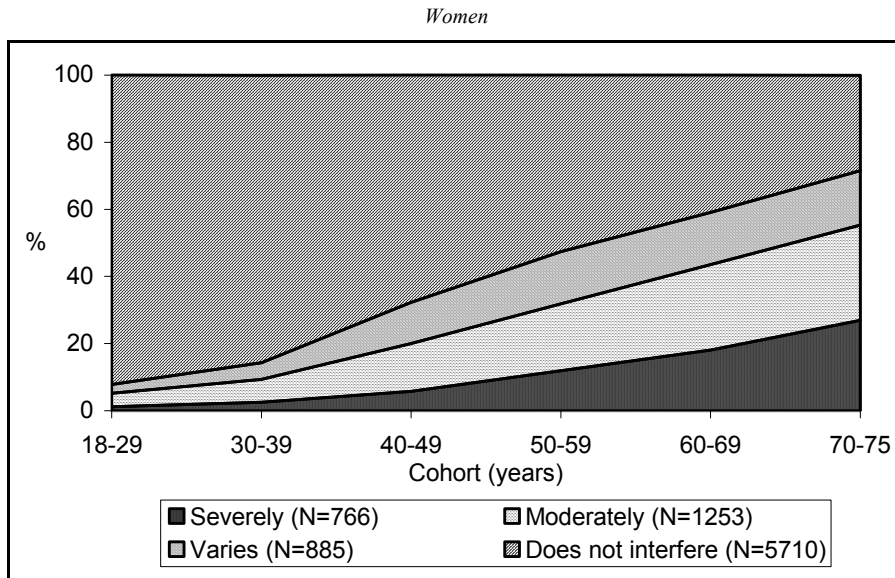
The dynamics of change in the years between 60 and 75 differs markedly for the male and female population. Among women, the number living in a one-person household doubles, and the number living with a spouse halves. However, for men the situation is different. As they approach 75 years of age, the proportion of them living in one-person households certainly increases, but the number living in two-person households, as part of a couple, increases as well. The explanation for this is that the spouses, and so the children, of this cohort of men are younger, and hence the children are, at this time, just starting to build their own lives, separate from the parental family, whereas the children of women in the same cohort have already gone through this development. In other words, for men family life runs its course in a slower, more protracted manner than for women. However, it also begins later.

The third important change in old age is the *decline in health*. According to statistics on health, elderly people require more medical treatment than the young. For instance, in 2001 one third of those treated in hospital were over the age of 65, as were 20 per cent of those treated in specialized outpatient clinics (Paksy 2004). Subjective assessment of health helps provide more information. For instance, respondents in our study who had not recently visited a doctor's surgery or health care establishment were asked '*is there any health problem, or illness, interfering with your daily routine?*' Aside from the process of aging, the number of those struggling with minor or more serious health problems is increasing dynamically. As retirement age approaches, there are more people who find daily routine tasks a problem, than who do not.

There are important differences between men's and women's perception of their own health. Men, despite their shorter life expectancy, consider themselves to be in better health than do women. It seems that those men who 'survive' are healthier. At the same time, women visit their doctor more often with health problems, and therefore their illness awareness is also stronger than men's.

The final withdrawal from the labour market, the course of family life changing (and with it household living arrangements), and the irreversible decline in health appear as the three greatest losses that occur as people enter old age. Delaying and retarding these processes is in the best interests of the individual, as well as of society.

Figure 2: Health problems interfering with daily routine activities to various degrees, age ranging from 18–74 years; by gender (%)



### Withdrawal from activity, lifestyle, and lower expectations

According to a study on time management carried out by the Hungarian Central Statistical Institute in 1999/2000, the elderly population spends significantly more time on daily activities such as household chores, housekeeping, and home farming or gardening, as well as on various spare-time activities (typically the proportion of time spent watching television) than the young and middle-aged cohorts.

As the aging process takes hold, the more robust activities requiring movement and socializing are gradually reduced and replaced by home-based, less energy-consuming, more passive activities (Harcza and Sebök 2002: 55–65). Declining health assumes an important role in this process.

However, the lifestyle of the elderly may be studied using a different approach. For the preservation of mental, as well as physical capacities, it is important for elderly people to have regular activities, the fulfilment of which they feel to be obligatory, and which lend structure to their daily lives and make them feel useful. For example, the ranking of the eight most frequent daily activities of people aged between 60 and 75 years is described in *Table 1*.

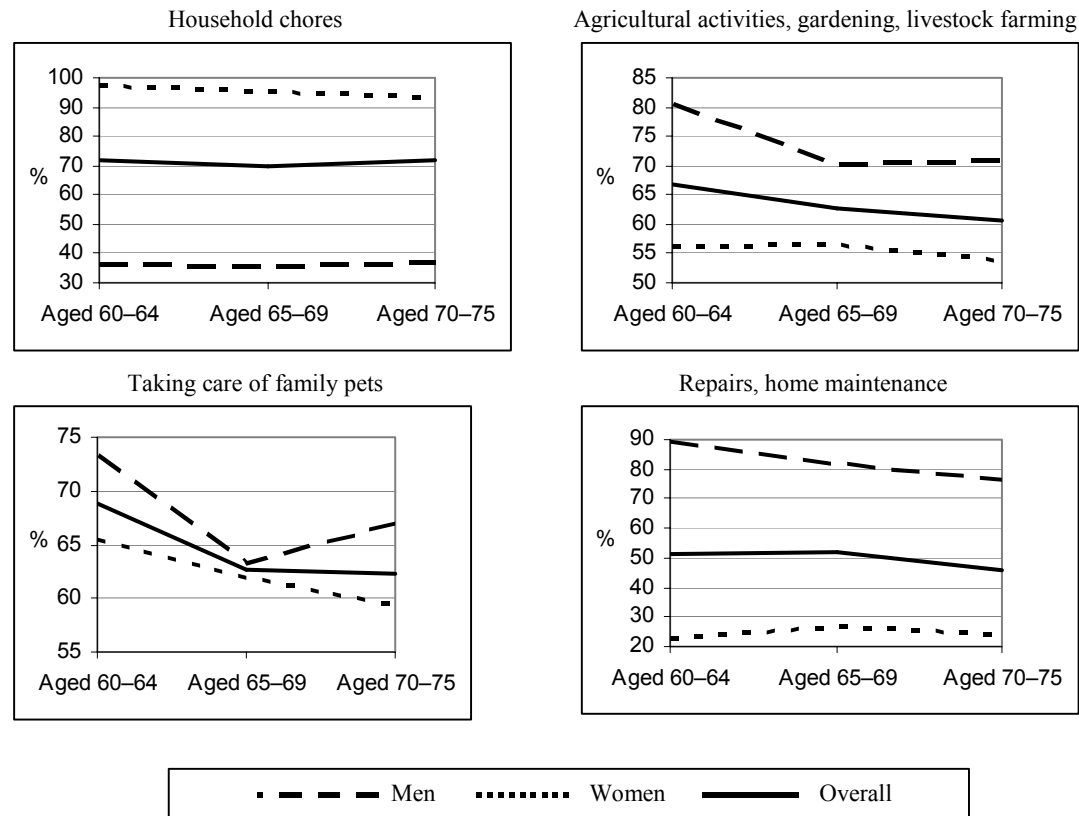
**Table 1: Ranking and distribution (%) of daily activities around the house for the retired population between the ages of 60 and 75**

Type of activity	%
1) Household chores (washing, cooking, shopping, etc.)	71
2) Taking care of pets (e.g. dog, cat, fish)	65
3) Agricultural activities, gardening, livestock farming	64
4) Jobs around the house, making repairs, home maintenance	50
5) Taking care of, and attending to children, grandchildren	38
6) Helping with children's households, family farms	32
7) Nursing, taking care of somebody	18
8) Public, community activity, voluntary work	11

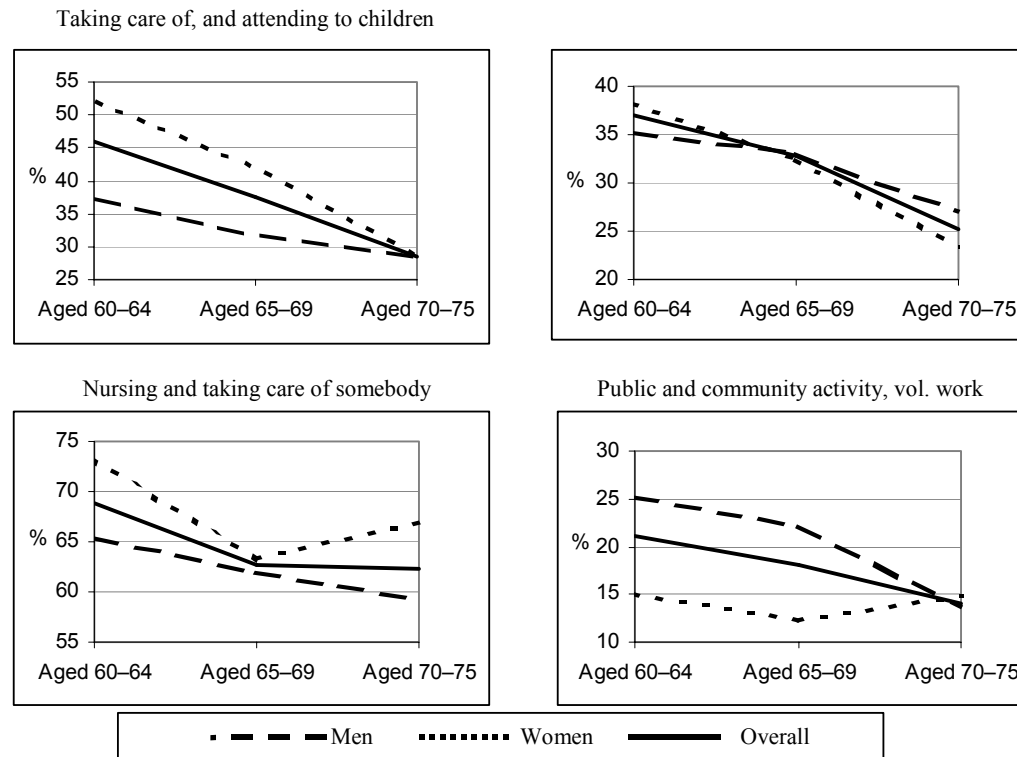
There are 'typically masculine' and 'typically feminine' activities among the elderly, too (see *Figure 3.1* and *3.2*). The tendency to withdraw gradually from daily tasks is, however, pronounced in both sexes. This is especially true for *taking care of, and attending to, children and grandchildren, and helping with children's households and family farms*. The frequency with which these grandparental tasks are performed plummets between the ages of 60 and 75. This probably increases the estrangement from the younger generation.



**Figure 3.1: Performance of regular tasks in the retired population aged 60–75, by cohort and gender (%)**



**Figure 3.2:** Performance of regular tasks in the retired population aged 60–75, by cohort and gender (%)



Living with a spouse in old age naturally promotes a more active, animated, and eventful lifestyle and activity structure, whereas women who live on their own are completely absorbed by household activities. At the same time, declining health evidently motivates elderly people to undertake fewer tasks per day. Among those with severe health impairment, the proportion of people who perform demanding, useful daily tasks is about 15 per cent lower than among the healthy population of the same cohort. The only exception to this is housework. This is performed by all women, regardless of whether they are or are not hindered by health problems, at least until age 75.

With reduction in activity, lifestyle is altered and the decline in expectations becomes even more intense. As we move through the age groups we see a decline in the number of people who explain why they do not undertake a given lifestyle-preserving activity in terms of *lack of money*; at the same time, the number of people who *no longer feel the need* to do such things increases—they hold the ‘this is good enough for me’ philosophy (Table 2).

**Table 2: Presence or absence of lifestyle elements; reason given in case of absence, according to cohort (%)**

Elements of lifestyle	18–59 yrs	60–64 yrs	65–69 yrs	70–75 yrs	Overall
Buying new clothes					
do it	37	14	10	7	32
cannot afford it	39	35	30	23	37
feel no need to do it	23	51	60	70	32
Changing furniture					
do it	14	10	7	3	12
cannot afford it	40	33	29	22	38
feel no need to do it	46	57	64	75	50
Eating in a restaurant once a month					
do it	13	7	4	3	12
cannot afford it	30	25	22	17	28
feel no need to do it	57	70	74	79	61
Having dinner guests					
do it	27	17	15	12	24
cannot afford it	16	12	10	9	14
feel no need to do it	58	71	75	80	61
Going to the theatre, museum, concert once a month					
do it	14	9	9	7	13
cannot afford it	22	21	21	17	22
feel no need to do it	65	70	71	77	65
Taking a vacation for 1 week/year					
do it	41	21	18	13	36
cannot afford it	42	46	43	38	42
feel no need to do it	17	43	40	49	22

Taking a vacation is the only exception to the trend of 'reduced expectations': as we can see from *Table 2*, it is the only aspect of life for which elderly people still feel a strong need. Taking a vacation for one week a year in this age group mostly means undergoing some recreational health treatment, such as visiting a spa. But this is beyond the means of 40 per cent of the elderly.

### **Subjective experiences of lifestyle—future expectations**

The population aged 18–75 rated their *actual living circumstances* as a 'strong medium' in 2001/2002. We used an 11-grade scale (0=worst, 10=best) in the study; the average was 5.8 points (see *Table 3*). The respondents must have arrived at this level from a higher level, since they judged *their previous living circumstances* to have been better, scoring an average of 6.5 on our scale. Only one third (33 per cent) of the whole sample claimed that their '*standard of living has fallen since 1990*' (the change in the social system). We did find a large gap, however, between these assessment scores and their answers to the question of what they would consider to be their '*merited, or deserved economic situation, or lifestyle*' (average = 8.5 points). There could be several explanations for this inconsistency, but we have no space to analyse these within the framework of this paper.

The elderly generation (aged 60 to 75 years) fits in well with the national average; their average score is only 0.1–0.8 points below the scores of the younger generations (younger than 60). However, there is a greater difference in their assessment of their previous living circumstances. In the older generation the proportion of those who had experienced a decline in their standard of living since the change in the social system was 10 per cent higher than among the younger generations (i.e. 43 per cent, see *Table 3*). The three decisive life events (end of economic activity, loss of a spouse and declining health) had a strong effect on their perception of the circumstances of their lives.

The 'freshly retired' group, aged between 60 and 64, proved to be the most critical of all. The reason for this is probably that they must face (almost from one day to the next) the difficulties of adapting to a loss of *raison d'être*, reduced income, and a more modest lifestyle. As people become older, the adaptation to retirement becomes easier, and older people simply learn to adapt to their altered circumstances.

Living as part of a couple has a positive influence on the assessment of living circumstances. If elderly people live together with their spouses, they

rate both their present and their previous living circumstances more favourably than the national average, and much more favourably than those members of their cohort who live either alone, or with family members but without a spouse.

Among the three decisive factors mentioned earlier, health is the one that most influences the assessment of living circumstances. Those who are hindered in all their activities by a serious illness see their current and previous life in the darkest colours. Also, they are the ones who believe their present living situation to be the furthest from what they say they 'deserve'.

**Table 3: Evaluation of living circumstances by cohort, family status, and health (scale averages, %)**

	Living circumstances thought to be merited or deserved	Current living situation	Evaluation of previous living circumstances	Proportion of those whose standard of living has decreased since 1990
	(scale average, 0=worst, 10=best)			(%)
Cohort (years)				
18–59	8.6	5.9	6.5	32
60–64	8.3	5.7	6.4	45
65–69	8.3	5.7	6.4	43
70–75	8.2	5.9	6.4	40
Family status of 60–75 yr olds				
Living alone	8.0	5.5	5.9	48
Living w/out a spouse, w/family	8.1	5.4	5.9	44
Living w/spouse as a couple	8.4	6.0	6.8	39
Living w/spouse in a larger family household	8.4	5.8	6.7	45
Health difficulties of 60–75 yr olds				
Severe	8.2	5.3	5.6	50
Mild or variable	8.2	5.7	6.3	45
None	8.3	6.0	6.7	37
<i>60–75 yrs overall</i>	8.3	5.8	6.4	43
<i>18–75 yrs overall</i>	8.5	5.8	6.5	33

As for the question of whether people expected to achieve the ‘living circumstances thought to be merited or deserved’ *in the future in general or even during the next five years*, practically nobody gave a positive answer, either among the young, or the old (see *Table 4*). More realistic information about the future hopes and expectations of the various cohorts is achieved by comparing their expectations and their current living circumstances.

**Table 4: Future expectations compared to current situation\* (%)**

Cohort (years)	Living circumstances in 5 years	Future expectations
	100=current living circumstances	
18–59	113	111
60–64	98	100
65–69	96	97
70–75	96	95
Family status of 60–75 yr olds		
Living alone	97	93
Living w/out a spouse, in a larger family household	99	97
Living w/spouse as a couple	96	98
Living w/spouse in a larger family household	97	101
Health difficulties of 60–75 yr olds		
Severe	92	87
Mild or variable	97	78
None	98	100
<i>60–75 yr olds overall</i>	<i>96</i>	<i>97</i>
<i>18–75 yr olds overall</i>	<i>110</i>	<i>108</i>

*Note:* \*Values for the *living circumstances in 5 years* and for the *future expectations* are calculated by taking the respondent’s score on an 11-grade scale and comparing it in percentage terms to the rating given by the same respondent to the question concerning their *current living circumstances*. Figures are rounded.

*The elderly population believe that they will not be able to maintain their current lifestyle, either in the short term, or in the long term.* People who live with their spouses and have no health problems prove an exception to this; at least for now, they even have hopes that their lives will improve in the long run. The most pessimistic are those elderly people who either live alone, or have severe health difficulties. This latter group is actually the most

pessimistic one. The number and proportion of these two critical groups, however, is increasing ever more rapidly with the passing years.

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Our study has provided a cross-sectional glimpse of the ‘withdrawal phenomena of old age’, with a few typical features apparent in the cohort of people aged 60–75 years. These features are: reduction in activity, a more modest lifestyle, a decline in expectations of life, and a more pessimistic outlook on the future. The way other variables, such as work history, educational level, or living area accelerate or slow down the process of aging can be explained fully only by studying the *narratives of individual lives*. This will be the task of the second phase of this study, taking place in 2004/2005.

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**Social Report 2004, Budapest: TÁRKI, 2004**  
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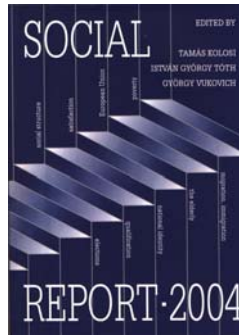
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*Cataloging in Publication Data*

*Social Report 2004 /ed. by Tamás Kolosi, István György Tóth,  
György Vukovich—Budapest: TÁRKI, 2004 487 p.*

*Society—Hungary—Social structure—Social indicators—Welfare systems  
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