

The Phenomenon and the Characteristics of Precariate in Hungary:

Labormarket situation, Precariate, Subjective health

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Abstract

The paper introduces the labor-market characteristics of 18-70 year-old age group in Nyíregyháza in Hungary. The focus of our research is labor market integration and the related issues like family formation, work attitudes and subjective health status. The theoretical background of this analytical work is based on precariate, a social phenomenon that has not been used widespreadly yet. This study defines precarity as a labour-market uncertainty which includes insecure short-term jobs, fixed-term employment contracts, and lower positions in the labor-market hierarchy.

Our main research question is: Is there relevance between the phenomenon of precariate and labor market disadvantage and subjective health status? Our results show a significant correlation between the variables (phenomenon of precariate, labor market situation and subjective health status).

Keywords: labour market; precariate; subjective health.

1. Introduction

The focus of our research is labour market integration and related issues like learning motivation, value choices, health status, family formation, work attitudes and subjective health.

The research took place in Hungary in the North Great Plain Region – Szabolcs-Szatmár-Bereg county, Nyíregyháza.

Due to volume limitations, we do not cover all of our results in this paper. First of all, we present the results of the *Quality of Life Nyíregyháza* study, and the Hungarian Graduate Tracking System study, highlighting the phenomenon of precariate and subjective health. (The Graduate Tracking System database with the permission of the data controller was used for the research) In these studies, the two main target groups were: an 18-70 year-old age group (478 person) and young, higher education graduates (more than 20,000 person).

2. Theoretical frameworks

The theoretical frameworks of the precariate research is characterized by a multi-disciplinary approach, as this topic has sociological, economic, psychological, pedagogical and legal aspects.

The term precariate, as a concept, appeared primarily in the French literature at the end of the 1970s. Similarly to the definition of exclusion, the term has long been characterized by the phenomenon of losing one's footing in society associated with new poverty. The framework of the definition has been narrowing, and today it is most closely related to the workforce, demonstrating an uncertain labor-market situation. The precariate became the focus of academic interest in the early 2000s, and after a brief transient silence, in 2012 as a result of the publication of Gay Standing, the interest for the scientific approach of the phenomenon intensified. (Ferge 2012)

Another important definition we use is one of the key dimensions of quality of life, self-rated health / subjective well-being, which has been shown to be influenced by economic activity, including job satisfaction.

There are many factors which define an individual's quality of life, and among these factors the health plays a prominent role.

Quality of life is a complex concept. Its determining parts are health, financial situation, housing and social relationships, economic activity. Among the factors influencing the quality of life one of the most influential dimensions is the health status of the person, which is often divided into „objective” and „subjective” factors (although in reality they do not exist in this clearly separated form).

A very significant part of the research explores how the health status contributes to the prosperity of the person, how it helps to achieve their goals. The primary objective of the research is to improve the health status of the population as well as to reduce the existing

horizontal and vertical health inequalities. The improvement in the quality of life can be rationalized as health gain for the society. These two main indicators are the increase in the life expectancy and in the increased number of life years (Mihályi, 2003; OEFI, 2004).

In modern societies, it became clear that - despite the huge progress in medicine - health care alone is not able to improve health and the quality of life, it can only cure certain diseases. In improving the health status and the quality of life individuals, local communities and economic activity, labor market situation plays a bigger and bigger role (Jávorné, 2016).

We also know from the Marmot report that reducing health inequalities is primarily a matter of social justice and equity. The report draws the attention of decision-makers to the fact that the lower the social position of an individual, which is influenced by his / her labour market situation, made worse by health (Marmot et al, 2010).

Improving the health status of the population and reducing inequalities can contribute to development, increase economic activity and achieve a positive overall impact on society (Ferge, 2008).

3. Research questions

In our research, we have created three research questions.

- 3.1 *The question remains if there are significant labor market disadvantages in the group of young higher education graduates, who have a generally favorable labor-market condition? (R. Fedor 2019)*
- 3.2 *How the uncertainties in the workplace appear in different regions and social groups? (R. Fedor 2019)*
- 3.3 *Are there definite features in the subjective state of health of groups with classic precariate characteristics?*

4. Results of research

The participation of the young graduates in the labor-market is favourable, 88% of them worked at the time of the survey. The percentage of those who were not working at the time of the interview, although they had worked previously was 8.4% and 3.4% of them had never worked.

Table 1. Studying young graduates regarding precarious characteristics

Labour Market Participation (N= 20 996) (p=0.010)			Distribution according to the Type of the work contract (N=17056) (p=0.000)		
	Female	Male		Female	Male
Working Currently	76.8	82.1	Indefinite, permanent employment contract	71.8	80.1
Never Worked	9.3	8.4	Fixed-term employment contract	24.0	16.2

<i>Not working but have worked previously</i>	13.9	9.5	Casual or contractual employment contract	4.2	3.7
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Source: Own editing, (2019)

Important question is how labor-market participation is developing, regarding men and women separately. There was a fundamental difference between the answers of full-time and part-time students. Not surprisingly, most of the part-time students were working at the time of the survey, as they usually chose part-time programs in order to match their studies to their job responsibilities. However, it is remarkable that the proportion of women was higher in both part-time and full-time graduates who "were not working at the time of the survey but had worked previously". Although the answers do not reveal the reason for the interrupted labor-market presence, it can be stated that the absence from the continuous labor-market presence, which can clearly be interpreted as a kind of insecurity, is more characteristic to women than to men. (Table 1.)

The same can be said of another precariate indicator, of the occasional, contractual or fixed-term employment contract. This lower security type contract is typical to 19.9%, of full-time men and 28.2% of full-time women. (Table 1)

All in all the results show that precarious features like *fixed-term contract*, *not working but have worked previously* also affect well graduated people, although it is more typical for women than men. (R. Fedor, Toldi 2017; R. Fedor 2019)

Table 2. Regional Differences

	Quality of Life in Nyíregyháza (%)	Quality of Life in Cigánd district (%)
How are you satisfied with your present salary, income?		
not at all	11.2	38.5
not satisfied	15.0	15.7
partly satisfied partly not	30.0	20.3
satisfied	31.3	18.1
completely	12.5	7.4
How are you satisfied with working conditions?		
not at all	3.9	14.3
not satisfied	9.0	14.6
partly satisfied partly not	27.0	23.3
satisfied	39.1	29.3
completely	21.1	18,3

Source: Own editing, (2019)

These results confirm our statements regarding regional differences. It can be seen that residents of Cigánd are much more dissatisfied with their payment, their working time and other working conditions. (Table 2)

In 2015, Nyíregyháza became divided into groups based on average age (groups A, B, C), which were examined and compared from several points of view.

Groups with classic precariate characteristics are most likely to be in group C, with respondents aged between 58 and 62 years.

Examining the locally produced quality of life index, the groups show a number of 7.88 in the group A, 6.56 in the group B and 4.33 in the group C.

The difference between the groups was indeed significant ($p = 0.000$). The worst situation in terms of work and activity was found in Group C, with 78.3% of those not employed. The proportion of economically inactive increases from A to C.

Our results conclude that most people in this particular group (c) consider their health to be poor.

5. Reflection on research questions

5.1 Overall it can be said that the phenomenon of the precariate also prevails among the graduates studied. The precariate phenomena show significant differences in gender and educational level, which also justifies the statements of the literature. (R. Fedor 2019)

5.2 The personal and regional risk factors of labor market exclusion can develop both in different regions and social groups. (R. Fedor 2019)

5.3 The characteristics of economic activity greatly influence income conditions, which affect the health of the individual. In respect of Nyíregyháza, the disadvantage of groups with classic precariate characteristics.

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