Suicide and alcohol-related mortality in Hungary in the last two decades

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Summary

Objectives: Suicide and alcohol-related mortality are often linked to each other in recent times, especially in the unfavourable mortality trends detected in Russia. Recent study has aimed to investigate suicide and alcohol-related mortality in Hungary between 1986 and 2005. This paper is based on the concept of social anomie and expects to find more favourable trends for both causes of death among those who were less exposed to unfavourable economic and social trends in the last two decades.

Methods: In a cross-sectional design sex, age- and education-specific mortality rates were calculated.

Results: We found falling suicide rates in all socio-demographic groups, except well-educated middle aged men. Suicide has fallen more among women than men, more among the elderly than the young and more among the more educated than the less educated. Alcohol-related mortality has risen by 5–10%, and its occurrence in different socio-demographic groups was found to be changing entirely proportionally.

Conclusions: Developments in suicide mortality are generally in accordance with the hypothesis based on the concept of social anomie while those of alcohol-related mortality showed no relation with this concept.

Keywords: Suicide – Alcohol-related mortality – Social anomie – Central-Eastern Europe.

In public health research, suicide and alcohol-related mortality are often linked. The recent growth of suicide and alcohol-related mortality in Russia reinforced the view that the two problems have common roots and are of an entirely social nature. Alcohol-related and suicidal mortality, along with homicide are most frequently connected with recent short-term economic and political developments in Russia and the neighbouring countries. Other recent findings, however, questioned the existence of the relationship.

By large-scale international studies, suicide and alcohol consumption shows some correlation with each other both at the international and national level, but the nature of the relationship varies. The changes in the alcohol consumption levels have almost always a strong effect on cirrhosis mortality. Alcohol consumption and suicide, on the other hand, has not been everywhere correlated with each other among the 14 European countries studied, for the period 1950–1995, and the relation was not uniform across age groups and cultures.

For the period 1950 and 1990 overall trends of Hungarian suicides and alcohol consumption were also strongly correlated. Changes in alcohol consumption had an almost immediate effect on suicide mortality: the later lagged behind the former only by one year.

International studies on relation between alcoholism and suicide, such as the most popular view of the Russian mortality developments focuses on social disintegration and follows the footsteps of Durkheim. In this view an anomie social environment explains the growth of the overall rates of suicide and alcohol-related death.

Another classic social theory on deviant behaviour is Merton’s approach. In Merton’s original view social anomie is a kind social situation in which social norms are contradictory or social goals (fixed by social norms) are unachievable using the given tools. In his classification of deviant behaviour, socially unacceptable types of alcohol consumption and suicide are both similar responses to an anomie social environment (“retreatism”). In this case attitudes toward both cultural
goals and institutionalised means of achieving the goals are negative (“eliminating”). Merton’s approach, in its classic form – in line with the Durkheimian approach – would suggest that suicide and alcohol-related deaths would show the same trends.

The aim of the recent study is to examine the applicability of social theory based on a Mertonian approach on deviant behaviour to find an explanation for the trends of suicide and alcohol-related mortality under rapidly changing social conditions, demonstrated by Hungary following 1989, during the period of building of a new market economy.

Hungary in the 1980’s was the classic case of a highly anomic society. The special mixture of capitalism and socialism of those days, such as the market-oriented operation of the large state-owned companies and small enterprisers in a non-market oriented legal environment was the source of everyday stress. Social disparities were also in growth in harsh contradiction with the ruling ideology. Flourishing political and civil organization could operate only in the margin of legality. In 1989, in the time of the political transition it was generally hoped, that these social tensions would disappear. But the changes brought not only political freedom, but also economic crises and increasing unemployment.

Consequently, it would be hard to determine, that the “total amount of social anomie” are in decrease or in increase in the Hungarian society since 1989. But it is reasonable to assume that for some social groups social environment become markedly more favourable leaving more burden for others. These social groups can be easily identified by a Mertonian approach.

In searching for groups having special susceptibility to deviant behaviour in general, three dimensions have received special attention in the Western countries. In terms of suicide economic material deprivation was found to a serious risk factor in some Western societies. Unemployment is also often examined, although a more close examination showed it is not so much unemployment as it is but its negative perception, which can be considered as a risk factor of suicide. Strong family ties are considered the single most important source of social integration, and their positive effect has been proved concerning frequency of deviant behaviour, although their influence was stronger among men than women. Considering the impact of these factors in the post 1989 Hungary, first income conditions should be mentioned. The GDP had been fallen till 1994 reaching 84% level compared to 1989, and reached the level of 1989 only by 2000. Income inequalities grew dramatically in the first part of the nineties parallel with the economic recession.

For the losers it meant sinking into poverty – something, which had been neither experienced earlier, nor expected from the new market economy. To some extent, losers can be defined demographically, since the purchasing power of the old-age pension decreased less than that of the salaries. Consequently, it was not the older age groups, which were expected to experience major social anomie, but the younger age groups. Income has been differentiated by and large by educational attainment: in the new economic order: only the better educated were able to maintain their economic positions and later to improve it. As to the middle aged and the younger age groups we may assume that poverty is far more common for the less educated than to their better-educated counterparts.

Unemployment or insecurity of employment – again a rare phenomenon earlier – started to increase and hit primarily those with a low education. Although unemployment is high among the young as well, the perceived burden of unemployment is assumed to be heavier among the middle-aged, who had already gained experience from an era when work stood in high esteem. Anomie caused by unemployment is rather regarded as a phenomenon where men are concerned, not because women’s claim for jobs is ignored but because of the nature of structural changes in the country’s economy. Heavy industry and similar areas offering jobs mostly for men have decreased in importance, while the emerging service sector provided more opportunities for women. Hence social anomie “induced” by unemployment is expected to be pronounced among middle-aged men of low education.

The supportive nature of interpersonal relationships, most importantly family relation also influences social anomie. In the late 1980’s the attitudes toward the role of women were rather conservative in Hungarian society. The attitudes were in harsh contradiction with the facts of real life: by the mid-eighties women’s activity rate has reached a level close to the potential maximum. By the early 2000’s the tension between the norms and actual practices has eased. Although the tendency of becoming more liberal toward modern women’ role was more pronounced among men and women with higher education, it appeared among all educational groups, and both among men and women. Other changes in family structure also seem to favor women. The overall balance of the changes in the area of families and gender roles can be judged as positive for women, especially for those with higher education.

Methods

In order to see the possible relationship between phases of social transformation and mortality in the different social groups, we calculated both suicide and alcohol-related mor-