

Preparation for Old Age and Ageing in the Time of the First Czechoslovak Republic: The Professional Discourse on Old Age at the Time

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Preparation for old age and ageing and caring for an ageing population were associated with several problematic issues after the establishment of the First Czechoslovak Republic (1918). It was necessary to create a social security system. Also important was the question of the health condition of inhabitants, which was influenced by the aftermath of war. This paper aims to highlight areas of preparation for old age and ageing, social issues related to this topic, and advice aimed at maintaining health even in the later stages of life. A historical analysis of primary and secondary period materials was used. The analysed data showed that a he-

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althy population is a fundamental contribution to the development of every country. The act establishing old age and disability insurance was adopted in 1924. During the first Czechoslovak Republic, the foundations of modern social policies corresponding to the needs of the time were laid.

Keywords: old age, ageing, insurance, health, lifestyle

1. Introduction

Old age represents a biopsychosocial-spiritual process of conditioned evolutionary and adaptive changes. Depending on a number of controllable (e.g. lifestyle) and uncontrollable (e.g. genetic) factors, it can take on different characteristics and, consequently, different qualities (Čevela et al., 2014). However, the issue of old age from a socio-psychological perspective is not only part of the professional discourse at present. In accordance with the modern social policy of the Czechoslovak Republic, which was established in the autumn of 1918, the question of old age began to be taken up very seriously in professional discourse in the 1920s and 1930s. The professional discourse of the time stated, among other things, that old age is associated with age peculiarities, which must also be respected within the spiritual framework of the individual. Old age can also be seen as the final part of a fulfilled life task. Old age is therefore focused on rest, on the enjoyment of acquired goods, and on putting one's past in order before death. During this stage, elderly people can be a source of advice, wisdom, and mature judgment, which they can often help with (Foltynovský, 1936, pp. 38–39).

In his reflections on economic democracy, Němec (1937, p. 135) expressed the idea that the new social order after the First World War sought to ensure that every citizen of working age would at least be able to cover, from their earnings, the costs associated with education and upbringing of children. At the same time, however, he mentioned the necessity of creating savings to ensure a peaceful old age. According to Němec (1937, p. 135), these savings would be inviolable due to the instinct for self-preservation inherent in all people. In the context of old age, self-preservation is mainly associated with the concern for future living. The significance of this concern was confirmed by MacDonald and Hostinská (1923, p. 32), who mention that in old age, the absence of a financial reserve would mean that even the most urgent needs cannot be met. Even people from more affluent strata are not

deprived of the risks of an uncertain future if they do not have sufficient will to use their funds wisely. According to MacDonald and Hostinská (1923, p. 55), the provision of care for the weak (including the upbringing of children and rent in old age) is intertwined with the family concept, which is also reflected in Czechoslovak legislation.

Reyl (1924, p. 340) mentioned the role of the Department of Social Administration in relation to the settlement of disagreements arising from the economic organisation of human society, whose activities must include the effort to secure old-age pensions and care for the impoverished and incapacitated. Procházka (1920, p. 12), in his reflections on social insurance and its importance in health insurance, stated that workers, at the moment of economic decline into poverty, began to speak of the insurrection of socialism and the rise of the proletariat. He further noted that state insurance was first introduced in Germany, in 1889, specifically as old-age and disability insurance (Procházka, 1920, p. 14). The absence of old-age and disability insurance in the newly established Czechoslovak Republic was perceived as one of the biggest problems of the time and a serious challenge to the social system (Procházka, 1920, p. 15). It should be recalled that at the beginning of the 1920s, in addition to Germany, several other European countries introduced old-age and disability insurance. Romania introduced this type of insurance in 1912, followed by Italy, Spain, and Portugal in 1919, and then the Balkan Kingdom of Serbs, Croats, and Slovenes in 1922 (Procházka, 1925, pp. 33–34). Although this type of insurance was adopted in the Kingdom of Serbs, Croats, and Slovenes in 1922, its implementation began in 1937 (Zrinščak, 2007). On the other hand, it should be noted that the decisive sphere of Cisleithania, i.e. western half of Austria-Hungary, on the ruins of which the first Czechoslovak Republic was founded in 1918, was working very hard to introduce old-age and disability insurance. At the end of 1904, the “Programme for the Repair and Construction of Workers’ Insurance” was issued as an outline not only for future laws on old-age and disability insurance but also for the reform of the existing insurance system (Hlídka, 1905, p. 75). According to the outline of the law, a person over the age of 65 was considered an old-age pensioner. The pension was to consist of three components. The first basic component of the pension ranged from CZK 120 to CZK 480, plus 20% of all insurance contributions of the insured and another CZK 90 per year from the state. The issue of widows and orphans was also addressed (Hlídka, 1905, p. 75). Further developments, however, dashed the false hopes, since the bill did not reach the Reichsrat, i.e. the Parliament of Cisleithania (Stein, 1908, p. 305) for discussion. In

the end, in 1907, only private employees received old-age insurance (The Imperial Legalman for the Kingdom and the Lands Represented in the Imperial Council, vol. 1907, p. 1). Four years later, after the introduction of the above-mentioned programme, the Cisleithanian government came up with another bill in which it eliminated some of the shortcomings of the original proposal from 1904. However, even this proposal, also known as the Beck-Bienerth Outline, failed to succeed (Odstrčil, 1909, p. 842). The new Prime Minister of Cisleithania, Baron Gautsch, tried to enforce the outline almost unchanged, but without success, because the processing and implementation were interrupted by the outbreak of the First World War (Jindřich, 1926, p. 17). In addition, in 1917 the Ministry of Social Welfare was established, which from 1 January 1918 took over issues related to social welfare in the Habsburg Monarchy (Reichsgesetzblatt für die im Reichsrat vertretenen Königreiche und Länder, 1917, p. 1401). The political leadership of the newly established Czechoslovak state, very soon after its establishment, stated that they fundamentally supported the adoption of the Act on Old-Age and Disability Insurance for Employees (Rákosník, Tomeš & Koldinská, 2012, p. 98). The approval of the Act on Insurance of Employees against Sickness, Disability, and Old Age followed in October 1924 but the act did not enter into force until 1926 (Collection of Laws and Regulations of the Czechoslovak State, 1924, pp. 1225–1268).

This paper aims to highlight issues related to the preparation for old age and ageing at the time of the First Czechoslovak Republic (1918–1938). In doing so, we follow social, health, and philosophical lines, which are very important for understanding the preparation for old age and ageing in that period. Using historical sources, we uncover areas that have been problematic in the care for the elderly. The paper is based on available historical data, which were subsequently analysed. When analysing data for the historical countries of the Czechoslovak Republic, i.e. numbers based on age groups in each of the countries, we are aware of certain limitations in the form of inaccuracies; when age intervals are available after five years, the bound average then takes into account the whole group, not individual grades.

2. Methods

To describe the issues associated with old age and ageing during the First Czechoslovak Republic, historical research was chosen, which allowed for an objective study of the historical events of the time continuum (Ochra-

na, 2013). In this study, the historical period was defined as the period between 1918 and 1938. Among the methods of historical research, we have chosen direct, indirect, and progressive methods. If some resources older than the given data range were used, it was because of their contribution to the topic. As part of the analysis, both primary and secondary sources were examined, mainly in the Kramerius digital library of the National Library of the Czech Republic and in the selected state regional, and state district archives of the Czech Republic and Slovakia. Legislative-analytical methods were used to aggregate the results of legislation. It is also necessary to comment on one particular source of information, which was statistical yearbooks. In the processing of the data contained therein, statistical-analytical methods were used.

3. Results and Discussion

3.1. Definition of Age

First, let us look at the fundamental question – when is a person really old? Of course, the general consensus has changed significantly over the years and is thus logically reflected in the median age of life. At present, perhaps the best indicator of old age is the retirement age, which is based mostly on external factors, i.e. on government policy. But how was it defined in the First Republic?

The answer to this question is given by an analysis of data for the so-called historical countries of the Czechoslovak Republic, i.e. the numbers by age groups in Bohemia, Moravia and Silesia, for which we have accurate, relevant data from the given period. By using a weighted average for individual age groups in the population, we came to some interesting conclusions. (However, here as well there are limits in the form of inaccuracies, where the age intervals are five years apart, and the bound average takes into account the whole group, not individual years.) First of all, it can be said that the further we look at the timeline from the war, the higher the average age of the population. This is true for both sexes (Historical Statistical Yearbook, pp. 827–828). It was also possible to determine the average age of men, which in 1920–1937 was calculated at 29.2 years, while the average age of women exhibited a higher value, more precisely 30.7 years. The average age of women was higher due to the well-known fact that women, on average, live longer than men. Thanks to statistical

data, it is possible to determine that in the monitored period in the First Czechoslovak Republic, the milestone in demographic development was 20–24 years, when the average number of men was less than 50%. However, there were years when the average number was higher. If we were to set an age limit when the ratio of men to women was always less than 50%, it would be 30–34 years. Therefore, it can be concluded that the issue of old age will concern women more than men because men lived to old age in smaller numbers, i.e. in the group of 85+ years the ratio for men was 37.93% on average (Historical Statistical Yearbook, pp. 827–828). We now have one component for determining what constitutes old age, but we still need more to fully answer the question.

It is also necessary to note the average age at death, which again varies with respect to gender, in the monitored period was 36.5 for men and 40.93 for women (Mička et al., 1985, p. 830). A suitable answer to the question of age is also given by contemporary statistics, which chose the age group of 65 years and older as the last in the division (Mička et al., 1985, p. 830). From this we can conclude that it was probably an advanced age at that time, as was the case in the late 1904 programme for repairing and building up workmen's insurance (Patrol, 1905, p. 75).

According to the statistical yearbook, taking into account the analysis carried out, we can state that the age limit for old age was 65. Overall, on average this pertained to 6.58% of the population, with an absolute value of 909,801 people who were over 65 years old (Mička et al., 1985, p. 831).

While the total number of deaths from "old age" is not associated with a specific age, it is probably safe to assume that this must have happened at an advanced age. The above analysis can therefore be summarised by saying that many issues associated with old age were related to the ever-increasing life expectancy; it is still an essential issue for the state, which must be continuously addressed.

In all economically developed countries, there are efforts to ensure quality ageing and an active old age (Čevela et al., 2014). However, the interest in quality old age and ageing, in maintaining the highest possible quality of life even in later life, is not only a question of the present. Attention was also paid to the issue of old age and care for the ageing population during the First Czechoslovak Republic, and this agenda was managed by two ministries – ministry of social welfare and ministry of public health and physical education. An important milestone in terms of dealing with old age was the above-mentioned Act No. 221/1924 Coll. regarding employee insurance against illness, disability and old age, which, according

to Section 112, established an entitlement to old-age pension from age 65 with the possibility of gainful activity up to one-third of the earnings of a “physically and mentally” healthy employee in the same field and with the same abilities. To be entitled to the benefits contained in the Act, the worker had to contribute to the insurance system for at least 150 weeks – the first grace period started on 1 July 1926, i.e. from the effective date of the Act (Collection of Laws and Regulations of the Czechoslovak State, 1924, pp. 1244–1245; Holub, 2008, p. 26; Acorn, 1925, p. 294). A special situation occurred at the beginning of the 1920s in the Hultschin region, which had belonged to Prussia and the German empire, respectively, since the 18th century. It may be interesting to note that against the background of the efforts to annex the Hultschin region and Glatz (Kłodzko; the territory remained a part of Germany, today it is a part of Poland) region to Czechoslovakia, the German side argued against the annexation of these two regions to Czechoslovakia because of, among other things, the absence of old-age and disability insurance in this young state (Žalud, 1925, pp. 293–294; Plaček, 1995, pp. 27–39; Suppan, 2014, pp. 350–351).

In relation to the definition of old age, Hufeland stated that it is a natural consequence of life and almost the beginning of death (Hufeland, 1902, p. 260). At the same time, however, he admitted that extending old age was a means of prolonging life. Šimač (1894, p. 4) pointed to the impacts of industrialisation and development. He characterised the state of health of the population at that time as morbid, leading to a reduction in life expectancy. Cornaro and Hynek (1870, p. 4) then stated that long life without feeling healthy is not a boon, but rather a fate. In contrast, living an orderly life is a certain way to maintain a healthy life. Roček (1924, p. 9) stated that if the influences of the outside world are so essential to our health, knowledge of them is essential, because many of these factors (risks) can be eliminated or at least modified. Among the areas that need attention, he included proper breathing, water quality, water consumption, quality of diet and principles of eating, excretion (i.e. defecation and urination), skincare, hygiene, mental well-being, housing, etc. Batěk (1920, p. 3) also mentioned the role of motivation and wanting, willpower, and decisions in the context of health care. He quotes Dr. Alice Masaryk: “One must have a soul strong enough to heal the body” (Batěk, 1920, p. 4). In this context, it is worth remembering the influence of the temperance (abstinence) movement, which at that time aimed to spread awareness of the pernicious consequences of alcohol consumption and of a new spiritual way of life (Fouska, 1919, p. 3).

Hufeland (1902, p. 70) had already mentioned the need to examine the links between people's life expectancy, employment, and social status. He also pointed out the issue of caring for the elderly and the infirm, noting that in late old age, a person becomes dependent on the help of loved ones and children. For those who have not married, who have forgotten or neglected the importance of marriage, he points to the problems associated with offering sincere care to strangers (Hufeland, 1902, p. 224). Batěk (1920, p. 2) added that old age finds true children in us; it does not make us.

At this time, family was perceived as natural caregivers for the elderly. Essential to this idea was that family was the basis of well-being and happiness not only for its members but also for the whole nation (Till, 1922, p. 4). Topolský (1920, p. 41) mentioned that all children can be useful, especially when they grow up and their parents grow old. This is the time to show love and gratitude to their parents, for "old age is sorrowful, strength is failing, diseases are coming, and they are asking for care, comfort, and help". At the same time, they deserve sympathy and respect (Topolský, 1920, p.43). Till (1922, pp. 74–75) recognised how social inequalities impacted ageing; there were social strata bursting with prosperity, and there were people who were sick, poor, and living in poverty. For this reason, solutions to caring for the unemployed, the sick, children, the elderly, and the disabled were critically important; he highlighted them in this context. According to Till, the responsibility for carrying out social welfare tasks falls on individuals, associations, municipalities, districts, counties, and the state. This is one of the reasons why at this time we are faced with the fact that institutions for compulsory insurance are subject to supervision by the state (specifically the Ministry of Social Welfare).

In the publication devoted to the basic problems of social insurance, one sees that "Old age is equated to permanent disability" (Fundamental Problems of Social Insurance, 1926, pp. 44–56). At the time, this idea of permanent disability (in the economic sense) was usually legislatively associated with the age of 50–70. In lectures to the insurance industry, Svoboda (1920, p. 2) mentions that everyone must count on the fact that new needs will arise in the future. These will not only be associated with the upbringing of children and dowries but also with preparing for situations when people can no longer earn an income as a result of old age. With regard to social insurance, in particular the pension insurance of private officials, insurance guarantees insured persons the right to a disability or old-age pension, while the survivors of the insured person are guaranteed to receive a widow's pension, childcare allowances, and a death grant.

However, a certain waiting period is necessary for the claim to be made, as he pointed out (Svoboda, 1920, p. 55). An important factor in the social policy of the First Czechoslovak Republic was the restriction that persons who enjoyed pensions under social insurance laws should not be employed in the state administration, in state-owned enterprises, or in institutions and funds administered by the state. Therefore, if someone reached retirement age, there was very little chance that they would be able to continue working in the above-mentioned areas (SOkA Karlovy Vary, The District Office Fund, Carton 94).

The number of pension beneficiaries in the period 1926–1938 was very variable. The trend was increasing. For example, in the year 1926 the number of the disabled and pension beneficiaries together was 4,530. In the year 1927 we can see an increase. The number of the disabled and pension beneficiaries was 5,717 (Social welfare and social policy in the first decade of the republic, 1928, p.120–122). In the year 1929, the number of the disabled and pension beneficiaries was 5,853, and in the year 1930 the number was 17,429 altogether. The average pension amount (for the disabled and pension beneficiaries) in the year 1929 was 777 crowns for men and 722 crowns for women (Statistics of disability and old-age insurance and sickness of workers over the years, 1934, p. 155).

3.2. Factors Affecting the Quality of Life in Old Age

The establishment of the Czechoslovak state undoubtedly marked a significant turning point in the history of the state's social policies. Greater attention to social issues brought an emphasis on the quality of life in old age. Balík (1925, p. 287), in preparation of notable old age, quoted František Palacký (1798–1876, Czech historian and politician), who wrote that the “the Bohemian and Slovak is unaware of the future”. He saw this preparation not only in financial preparation, in the sense of provision for the future, but also in the care for one's health since a wise lifestyle (strong will, self-denial, and self-control) is the basis for physical and mental strength. However, the interpretation can also be related to the issue of so-called time preference, i.e. that the utility associated with the current consumption of virtually any good is perceived by the subject to be of greater value than its consumption in the future. In economic terms, it is whether the marginal propensity to save is constant (i.e. I consume everything I earn) or decreasing. The connection between old age and lifestyle is also mentioned by Kodym (1854, p. 7), who used examples

from the past to illustrate how to prolong and improve the quality of life through temperance. He also added that those who lived to old age were often enthusiastic walkers who walked far and frequently (Kodym, 1854, p. 171). In relation to physical activity, he mentioned the importance of physical education, which is good for health and serves to correct health problems (Kodym, 1854, p. 175). Hufeland (1902, p. 262) added that physical activity in old age is significant but must not be overdone. He especially stressed the importance of exercise in healthy air. He added at the same time that it does not have to be associated only with sports and walking; it is better to work in fresh air, in the fields, or in forests (Balík, 1925, p. 98). The main principles of sound living take into account life circumstances, i.e. gender, body size, old age, occupation, money etc., as it was also stressed. In the case of exercise, he also pointed to the need to avoid overdoing it, which could lead to disease (Springer and Barth, 1923–1930, pp. 122–182).

Kneipp and Ježek (1893, p. 51), in connection with the quality of the diet, quoted a certain doctor who introduced the idea that “human age has been greatly reduced since mills began to separate the bran from the flour. The greatest strength lies in the packaging, the skin of the grain ...” In connection with these considerations, they then asked themselves the question of the quality of pastries made of fine flour and how much strength can be drawn from such flour. To alleviate the difficulties associated with old age and to maintain health even in later life, they recommended moderate water intake and a simple, less spicy diet high in nutrients.

Also important for maintaining health in later life, as noted by Kneipp and Ježek (1893, p. 314), was washing with cold water, which is suitable even for the oldest. Improved blood circulation in the extremities and an improved spirit were by them considered significant benefits of cold water baths. The benefits of cold baths were also mentioned by Hufeland (1902, p. 18), who recommended lubricating the body with oils and ointments after bathing. The importance of hygiene and body washing was also emphasised by Šimač (1894, p. 105), who stated that there is no disease in which complete washing was not beneficial. However, during illness, weakness, or febrile conditions, he recommended to use warmer water.

Hufeland (1902, p. 224) also pointed to the importance of sleep, which he perceived as one of nature’s wisest measures for the restoration of physical and moral being. In connection with moral beings, there are also references to sex and marriage. Čapek (1927, p. 38), in a publication devoted to marriage, characterises sexuality as a very strong point of con-

tact, which, if nurtured, can be preserved into very old age. However, if it is not nurtured, it will be extinguished, and where it was the only point of contact, love will also be extinguished.

The importance of culture in improving health and prolonging life was not forgotten (Hufeland, 1902, p. 263). At the same time, they also highlighted the need to avoid intemperate dancing, unleashing evil passions, and succumbing to anger, vengeance, and impurity (Balík, 1925, p. 98). Mental health care was also emphasised by Masaryk, the first President of the Czechoslovak Republic in the period of 1918–1935 (1926, p. 5). Although his publication focused mainly on the issue of suicide, there were also ideas associated with old age and remaining active in old age. In these considerations, old age was by Masaryk associated with a lesser imagination and less tolerance for disappointment, which can easily lead a person to getting tired of life. Among other things, he noted that when a person lives to a very old age, it is normal for them to leave the world as a result of old age-related weakness, often with “senile stupidity” and madness (Masaryk, 1926, p. 113).

4. Conclusion

Population health is very important to every country and has been in every period (including historical). Population health is one factor influencing the country's socioeconomic situation and the possibility of growth. Also, we can perceive population health as an index of quality of life in the country. From history we know that war conflicts bring a lot of changes and impact population health in affected countries. After its foundation, the First Czechoslovak Republic faced a number of important tasks. It was necessary to work on the restoration of the country (restoration of the infrastructure, economics, national awareness, prevention of infectious diseases etc.). Because of the problems of old age and ageing, it was also essential to create an old-age and disability insurance system, where old age was defined by age groups of 65 years and over (Mička et al., 1985). Immediately after the establishment of the new state, the Czechoslovak government proclaimed that its priorities would include the adoption of a law establishing old age and disability insurance, which was achieved in 1924 (the law itself entered into force in 1926). The civic-democratic foundations of the first Czechoslovak Republic, which was established in the autumn of 1918 after the First World War, created completely new and modern policies to advance the development of society in virtually all

areas of life. It was during the First Czechoslovak Republic that the foundations of modern social policies were laid, corresponding to the needs of the time. In this context, interest in the quality of life of the state's inhabitants, including the elderly, increased. In today's Czech Republic, as in the past, we put an emphasis on pension insurance and on taking responsibility for one's own health in the form of proactive living and preparation for old age.

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PREPARATION FOR OLD AGE AND AGEING IN THE TIME OF THE FIRST CZECHOSLOVAK REPUBLIC: THE PROFESSIONAL DISCOURSE ON OLD AGE AT THE TIME

Summary

Old age and ageing are part of everyday life. Healthy ageing and population health have been essential issues throughout history. After the First World War, in the newly founded First Czechoslovak Republic, this topic was also important. This young republic had a lot of difficulties. It was a multi-ethnic state with substantial consequences of war. The republic's infrastructure was damaged, the population's health condition could have been better, the incidence of infectious diseases was very high while health literacy was very low. It was necessary to take care of the population's health and adopt laws on health, old age and disability insurance. Basic and modern policies were developed in the First Czechoslovak Republic in 1918–1938, to advance the society's development in virtually all areas of life. Interest in the quality of life of the state's inhabitants, including the elderly, increased. Educational activities were implemented to improve the population's knowledge and attitudes. The idea of proactive living and preparation for old age was essential for building a healthy society. The role of family members was also highlighted in the preparation for old age. In present-day Czech Republic, as in the past, we put an emphasis on pension insurance and taking responsibility for one's health.

Keywords: *old age, ageing, insurance, health, lifestyle*

PRIPREMA ZA STAROST I STARENJE U VRIJEME PRVE ČEHOSLOVAČKE REPUBLIKE: STRUČNI DISKURS TOG VREMENA O STAROSTI

Sažetak

Starost i starenje dijelovi su svakodnevnog života. Zdravo starenje i zdravlje starije populacije bili su jednako važni i u povijesti. Nakon Prvoga svjetskog rata u novoosnovanoj prvoj Čehoslovačkoj Republici ovo je bila važna tema. Nova je država imala mnogo problema. To je bila multietnička država sa znatnim negativnim posljedicama rata, uništene ili oštećene infrastrukture, razmjerno loših zdravstvenih uvjeta u kojima je živjelo stanovništvo s mnogo slučajeva zaraznih bolesti te niskim stupnjem pismenosti stanovništva. Stoga je bilo nužno pobrinuti se o zdravstvenim uvjetima života i donijeti zakone o zdravstvenom sustavu te osiguranju starih i radno nesposobnih osoba. U razdoblju između 1918. i 1938. godine kreirane su temeljne moderne socijalne politike koje su unaprijedile društveni razvoj u svim sferama života. Općenito se povećao interes za kvalitetu života svih stanovnika, posebno starijih osoba. Uspostavljene su brojne edukacijske aktivnosti koje su unaprijedile znanje i raspoloženje starijih stanovnika. Kako bi se ostvarile ideje zdravog društva, bile su bitne ideje proaktivnog življenja i pripreme za stariju dob. Tekovine tog vremena i danas se vide u Češkoj Republici u kojoj je i dalje naglasak na društvenome mirovinskom osiguranju i društvenoj odgovornosti za zdravlje pojedinaca.

Ključne riječi: starost, starenje, osiguranje, zdravlje, stil života