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968 01 Nová Baňa, Slovakia

Contact

Tel.: 00421 905 565 624

Mail: info@ieacademy.eu

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Editorial

Contemporary health and social challenges increasingly demonstrate that human well-being cannot be understood independently of the social, institutional and environmental conditions in which individuals and communities' function. Vulnerability may emerge at different stages of life and in different contexts – through adverse childhood experiences, health risks, unemployment, caregiving responsibilities, extraordinary events or new forms of threat associated with technological development. At the same time, these challenges reveal the importance of prevention, preparedness, accessible support systems and effective institutional responses.

The present issue of *Health & Humanity* reflects this multidimensional perspective by bringing together contributions situated at the intersection of health, social sciences, law and helping professions. Despite their thematic diversity, the studies share an interest in factors that influence the capacity of individuals and communities to respond to risk, maintain quality of life and mobilise available resources.

Several contributions draw attention to vulnerability across the life course. The relationship between adverse childhood experiences and quality of life in young adulthood highlights the possible long-term relevance of early experiences for psychological and social well-being. Questions of responsibility and preparedness also emerge in the context of population ageing, where willingness to provide family care does not necessarily correspond with sufficient practical, financial or emotional preparedness. Similarly, the transition from unemployment to employment demonstrates that formal labour-market integration does not automatically eliminate social vulnerability, particularly during the period before financial stability is achieved.

Prevention and preparedness constitute another connecting dimension of this issue. The contribution addressing human papillomavirus vaccination points to the significance of health literacy, credible information and accessible preventive interventions. The analysis of emergencies in the Komárno district broadens this perspective from the individual to the community level and underlines the relevance of communication, institutional trust, social cohesion and psychosocial preparedness in crisis situations.

The changing nature of contemporary risks is further reflected in the analysis of cybercrime and its legal regulation. Digitalisation creates new forms of vulnerability and simultaneously places increasing demands on the adaptability of legal frameworks, international cooperation and mechanisms for securing and exchanging electronic evidence.

Taken together, the contributions illustrate that vulnerability is rarely determined by a single factor. Rather, it develops through the interaction of individual experience, social relationships, material resources, information, institutional arrangements and broader societal conditions. The studies presented in this issue therefore reinforce the importance of interdisciplinary approaches that connect prevention, evidence-based intervention, social support and institutional responsibility. Such perspectives are essential for understanding contemporary challenges to health and human well-being and for developing responses that are both professionally grounded and socially sustainable.

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Health & Humanity

The Relationship between Physical Abuse in Childhood and Quality of Life in Young Adulthood

Michaela Dubová, SK

St. Elizabeth University of Health and Social Work in Bratislava, Department of Psychology,
Bratislava, Slovak Republic

e-mail: michaela.dubova718@gmail.com

Soňa Rossi, SK, ORCID: <https://orcid.org/0009-0003-4761-0340>

St. Elizabeth University of Health and Social Work in Bratislava, Department of Psychology,
Bratislava, Slovak Republic

e-mail: rossi@vssvalzbety.sk (corresponding author)

Abstract

This study examines the relationship between physical abuse in childhood and subjectively perceived quality of life in young adulthood. The aim of the research is to examine the connection between these two phenomena and to determine how the extent and severity of physical abuse experienced are associated with quality of life in young adulthood. We assessed the prevalence of physical abuse and the current quality of life among respondents using a battery of two standardized questionnaire instruments: the Childhood Trauma Questionnaire – Short Form (CTQ-SF) and the World Health Organization Quality of Life Questionnaire (WHOQOL-BREF). The sample consisted of 102 adults aged 20–35 years ($M = 23.1$, $SD = 3.36$), of whom 86.3% were women. The results revealed a statistically significant moderate negative association between childhood physical abuse and overall quality of life ($\rho = -.41$, $p < .001$). The strongest negative associations were found for psychological health ($\rho = -.44$, $p < .001$) and social relationships ($\rho = -.41$, $p < .001$). The results of this study may help professionals in the helping professions better understand the issue and contribute to important societal and family awareness campaigns aimed at eliminating physical punishment in child-rearing.

Keywords: physical abuse, childhood, young adulthood, quality of life, well-being, attachment

1 Introduction

Childhood represents a formative period in human ontogenesis, during which the foundations of an individual's future personality, emotional stability and social integrity are laid. Current psychological research confirms that early experiences within the family environment not only have a fundamental influence on behavior during adolescence but also may influence a person's overall life trajectory in adulthood. Physical punishment of children remains one of the most hotly debated and, at the same time, most widespread phenomena in the context of family upbringing. Although it has historically been regarded as a legitimate tool for discipline in many cultures, modern scientific discourse is increasingly and unequivocally classifying it as a form of violence that violates a child's physical integrity and human dignity.

Global statistics from the World Health Organization (WHO, 2025) indicate that approximately 1.2 billion children are subjected to physical punishment in the home each year. Available evidence does not support beneficial effects of corporal punishment on child development (Gershoff, 2002; Heilmann et al., 2021). On the contrary, longitudinal studies by Gershoff (2002) and Heilmann et al. (2021) consistently show that this practice predicts an increase in aggression, antisocial behavior, and an overall deterioration in mental health.

A key aspect brought to light by more recent research is the neurobiological impact of child abuse. Physical punishment may act on the developing organism as a source of toxic stress, with potential implications for brain development and self-regulatory mechanisms (Durrant, 2020). Beyond these potential neurobiological consequences, longitudinal research has also documented adverse outcomes extending into adulthood. The Cambridge-Somerville Youth Study (CSYS; Welsh et al., 2022), for example, reported long-term adverse outcomes, including higher rates of alcohol-related problems and mental health difficulties. These negative experiences are currently classified as *Adverse Childhood Experiences* (ACEs), which, according to Afifi et al. (2017), tend to accumulate and may be associated with poorer quality of life in adulthood.

Quality of life (QOL) is no longer viewed solely through the prism of objective indicators, but as a multidimensional construct. The integrative model proposed by Costanza et al. (2007) defines quality of life as the extent to which objective needs, such as safety or autonomy, are met in direct relation to an individual's perception of personal well-being.

The period of young adulthood, which Arnett (2015) defines as "*emerging adulthood*" and Vágnerová (2012) as the era of assuming more permanent professional and family roles, represents a critical transitional stage. A history of harsh discipline may have implications for self-esteem and interpersonal relationships in adulthood, which can be understood in the context of Bowlby's (1969) attachment theory and the importance of early caregiver relationships for later psychosocial functioning.

The main aim of this study is to examine the relationship between retrospectively reported physical abuse in childhood and current quality of life among young adults (aged 20–35).

In line with this objective, we pose the following research questions:

RQ1: What is the prevalence and severity of retrospectively reported physical abuse in childhood among respondents in the research sample?

RQ2: Is there a significant relationship between the severity of retrospectively reported physical abuse in childhood and quality of life in young adulthood?

RQ3: Does the level of subjectively perceived quality of life differ between men and women?

Based on the theoretical background and research questions, we formulated the following hypotheses:

H1: Greater severity of retrospectively reported physical abuse in childhood is associated with lower overall quality of life in young adulthood.

H2: Greater severity of retrospectively reported physical abuse in childhood is associated with lower quality of life in the psychological domain.

This study seeks to contribute to a better understanding of the association between childhood physical abuse and quality of life in young adulthood, particularly across its physical, psychological, social, and environmental domains.

2 Theoretical Background

2.1 Physical Punishment and Physical Abuse in Childhood

Physical punishment of children is one of the most widespread, yet also one of the most controversial aspects of child-rearing in the family setting (Lenta, 2018). Currently, in professional discourse, it is increasingly viewed not as a parenting tool but as a form of violence that violates a child's fundamental rights to bodily integrity and human dignity (Durrant, 2020; WHO, 2025).

From a conceptual standpoint, physical punishment is defined as the conscious and intentional use of physical force to cause a child pain or discomfort for the purpose of correcting or controlling the child's behavior (Gershoff, 2002; WHO, 2025). The professional literature distinguishes between less severe forms (e.g., a slap or a hit with the hand) and more severe forms, in which the caregiver uses objects such as a belt or a stick (Poulsen et al., 2025).

However, current research emphasizes that the line between normative punishment and abuse is, to a large extent, merely theoretical. In reality, physical punishment and physical abuse exist on a common continuum of violence and differ primarily in intensity (Garces-Davila et al., 2024; Gershoff, 2002). As many as 75% of confirmed cases of physical abuse of children originate from a parent's primary intention to merely "*punish*" or "*discipline*" the child, with the situation subsequently escalating (Heilmann et al., 2021; WHO, 2025).

For the purposes of empirical analysis, experiences of physical abuse in childhood were assessed using the Physical Abuse subscale of the CTQ-SF (Bernstein & Fink, 1998), with higher scores indicating greater severity of physical abuse.

2.2 Psychological and Neurobiological Consequences

Scientific research over the past two decades has consistently shown that physical punishment yields no positive outcomes for a child's development but, on the contrary, increases the risk of negative developmental consequences (Durrant & Ensom, 2012; Heilmann et al., 2021). From a neurobiological perspective, exposure to physical punishment may act as a source of toxic stress and has been associated with alterations in brain development, including differences in prefrontal gray matter, amygdala functioning, and stress-related physiological processes, which may have implications for self-regulation and cognitive development (Durrant, 2020; Gershoff & Grogan-Kaylor, 2016).

On a psychosocial level, physical punishment may influence the process of social learning by conveying the message that aggression is an acceptable means of resolving conflicts (Poulsen et al., 2025). Attachment theory suggests that physical aggression by a primary caregiver may undermine a child's sense of security and disrupt the attachment relationship, potentially increasing vulnerability to stress and difficulties in interpersonal relationships (Hašto, 2005). Humanistic and individual psychology add that punishment makes a child's acceptance contingent on their obedience, undermines their sense of self-worth, and deepens feelings of inferiority (Adler, 1927; Rogers, 1961).

Physical punishment has been conceptualized as an adverse childhood experience (ACE) and has been associated with adverse outcomes extending into adulthood, including internalizing problems (e.g., anxiety and depression), externalizing problems (e.g., aggression), and the

intergenerational transmission of violence (Afifi et al., 2017; Gershoff & Grogan-Kaylor, 2016).

2.3 Quality of Life in Young Adulthood

The concept of quality of life (QoL) represents a complex and multidimensional phenomenon that integrates the fulfillment of objective environmental conditions with the subjective perception of personal well-being (Costanza et al., 2007). The World Health Organization defines quality of life as an individual's subjective perception of their place in life, which is rooted in the cultural and value system of a given society (WHO, 2025).

The period of emerging adulthood is characterized as a specific transitional stage toward full independence and the development of one's own identity (Arnett, 2015). Overall life satisfaction during this period has been associated with personal resilience and perceived social support (Hanımoğlu, 2025). Although objective socioeconomic indicators (e.g., income, education) provide an important foundation, a comprehensive picture of an individual's adaptation is primarily derived from an assessment of their subjective well-being in terms of physical, mental, and social functioning (Barrance & Hampton, 2023; Costanza et al., 2007).

Given that early exposure to toxic stress and disrupted emotional bonding may be associated with difficulties in emotional regulation that persist into adulthood (Hašto, 2005; Heilmann et al., 2021), examining the relationship between physical abuse in childhood and quality of life in young adulthood represents an important area of research.

3 Methods

In this section of the study, we present the methodological framework of our research, which focuses on analyzing the relationship between retrospectively perceived physical abuse in childhood and the current quality of life among young adults. The study is quantitative in nature and employs a cross-sectional (correlational) design, which allows us to capture the relationship between the variables of interest at a specific point in time within the selected study sample.

For data collection, we selected a battery of two standardized psychodiagnostic instruments: the Childhood Trauma Questionnaire – Short Form (CTQ-SF) and the abbreviated version of the World Health Organization Quality of Life Questionnaire (WHOQOL-BREF). These tools make it possible to assess retrospectively reported childhood maltreatment and subjectively perceived quality of life across four basic domains: physical, psychological, social, and environmental.

In terms of research design, we adopted a non-experimental approach. Rather than manipulating the variables of interest, we examined the association between retrospectively reported physical abuse in childhood and current quality of life in young adulthood.

3.1 Conducting the Research

Data collection was conducted via an online survey using the Google Forms platform. This method allowed us to reach a wide range of respondents in a short period of time while maintaining respondents' anonymity, which we consider crucial given the sensitivity of the topic under study.

3.1.1 Characteristics of the Study Participants

A total of 106 respondents participated in the survey; however, because the study focused on young adulthood, only participants aged 20 to 35 were included in the final analysis ($N = 102$). Four respondents were excluded from the study sample because they did not meet the specified age criteria.

Table 1 Demographic Characteristics of the Study Sample ($N = 102$)

Variable	Category	<i>n</i>	%
Gender	Female	88	86.3
	Male	14	13.7
Education level	High school graduate	61	59.8
	Master's degree	20	19.6
	Bachelor's degree	19	18.6
	Other	2	2.0
Marital status	Single	64	62.7
	Cohabiting / Living with partner	33	32.4
	Married	5	4.9
Age	<i>M</i>		23.1
	<i>SD</i>		3.36
	Min-Max		20–35

3.2 Research Methods

To achieve the research objectives and test the hypotheses set out, we compiled a set of two standardised questionnaires, supplemented by basic demographic questions (gender, age, education level, marital status).

3.2.1 Set of Research Methods

CTQ-SF Questionnaire

To assess retrospectively reported experiences of childhood maltreatment, we selected the CTQ-SF questionnaire, developed by Bernstein and Fink (1998). The authors designed this tool as a retrospective self-report scale that enables the assessment of experiences of abuse and neglect.

Structure: The questionnaire consists of 28 items, which are divided into five clinical subscales: emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect. It also contains three items designed to identify tendencies towards denial and

minimisation of trauma. The choice of this instrument is based on its high psychometric stability and validity, which have been confirmed by several studies conducted following the revision of the original long version of the questionnaire (Bernstein & Fink, 1998). The method is recognised worldwide for its ability to distinguish between different levels of trauma severity.

Scoring: Respondents indicate their level of agreement with individual statements on a 5-point Likert scale (1 – never, 5 – very often). Higher scores achieved on individual subscales indicate a higher level of trauma severity in that area. We interpreted the raw scores obtained on the physical abuse subscale (5–25 points) on the basis of the cut-off values established by the authors of the methodology (Bernstein & Fink, 1998). These values allow experiences to be categorised from minimal to severe (Table 2).

Use in research: In our study, we focused primarily on the Physical Abuse subscale, which assesses retrospectively reported experiences of physical abuse during childhood.

Table 2 Clinical Cut-Off Points for the Physical Abuse Subscale (Bernstein & Fink, 1998)

Score	Severity Category
5–7	None to minimal
8–9	Low to moderate
10–12	Moderate to severe
13 and above	Severe

WHOQOL-BREF Questionnaire

We assessed the respondents’ current quality of life using the short form of the WHOQOL-BREF (World Health Organisation Quality of Life) questionnaire, which was developed in 1998 by the World Health Organisation (WHO).

Structure: The questionnaire comprises 26 items. The first two items focus on overall quality of life and general health. The remaining 24 items cover the four core domains of quality of life:

1. Physical health (e.g. pain, energy, sleep).
2. Psychological health (e.g. positive/negative feelings, self-confidence).
3. Social relationships (e.g. social support, sex life).
4. Environment (e.g. safety, financial resources, access to healthcare).

Scoring: As with the previous method, respondents answer on a 5-point scale; after converting the raw score to a scale of 4 to 20 (or 0 to 100), higher values represent a higher quality of life in the given domain.

3.3 Research Process

The research itself was carried out in several consecutive phases during March 2026.

Preparatory phase: In the first phase, we selected suitable psychometric tools (CTQ-SF and WHOQOL-BREF) and converted them into electronic format using the Google Forms platform. The questionnaire was designed to be clear and user-friendly, and adapted for completion on both computers and mobile devices.

Data distribution and collection: A link to the online questionnaire was distributed via social media (Facebook and Instagram) and e-mail, using the “*snowball method*” – we asked respondents to share it further, if possible, with their friends who met the age requirement.

Data processing: Once data collection was completed, the raw data was exported from Google Forms into MS Excel. At this stage, the data was cleaned, during which we excluded incomplete responses and respondents who did not meet the specified age criterion (20–35 years).

3.4 Assessment of Research Quality

The use of standardized and internationally validated instruments (CTQ-SF and WHOQOL-BREF) contributed to the methodological quality of the study. The data analysis process was carried out in the following steps:

Data coding and transformation: The raw data obtained from the online survey were exported to MS Excel. Items in the WHOQOL-BREF questionnaire that were phrased negatively were recoded in accordance with the official WHO manual, so that higher scores in each domain consistently reflected a higher quality of life.

Descriptive statistics: To characterise the research sample and describe the main variables (the severity of childhood physical abuse and quality of life), we calculated the arithmetic mean (*M*), standard deviation (*SD*), minimum and maximum values, and percentage distribution.

Inferential statistics: We used correlation analysis to test the hypotheses and identify relationships between variables (the association between physical abuse in childhood and domains of quality of life in adulthood). An independent-samples t-test was used to compare overall quality of life between men and women.

3.5 Research Ethics and Privacy Protection

Given the sensitive nature of the subject matter under investigation (adverse childhood experiences, ACEs), the research was conducted in accordance with the ethical principles of psychological research:

Informed consent: At the beginning of the questionnaire, respondents were informed of the aim and purpose of the research. They were informed that by completing and submitting the questionnaire, they were giving their voluntary consent to participate and to the processing of the data provided for the purposes of this research.

Voluntary participation: Participation in the research was entirely voluntary. Respondents were free to withdraw from the survey at any time whilst completing it, without giving a reason.

Anonymity and data protection: Data collection was carried out anonymously. No part of the questionnaire required information that would allow the direct or indirect identification of a specific individual (such as a name, email address or IP address). The data were processed in aggregate form and were used exclusively for scientific and research purposes.

4 Research Findings

In this section, we present an analysis of the data obtained from a sample of 102 respondents. The findings are divided into three logical sections. First, we present the descriptive characteristics of the main variables under study; we then proceed to test the established hypotheses and research questions using inferential statistical analyses; and, finally, we provide

a summary assessment of the extent to which the research questions and objectives have been met.

4.1 Descriptive Analysis of the Research Sample and Key Variables

In this section, we focus on a basic statistical description of the sample in terms of two key variables: the severity of retrospectively reported physical abuse in childhood and the current quality of life.

4.1.1 Characteristics of the Research Sample

The research sample consisted of 102 respondents in early adulthood ($N = 102$). The mean age of the respondents was 23.1 years ($SD = 3.36$), with ages ranging from 20 to 35 years. In terms of gender representation in the sample, women (86.3%; $n = 88$) substantially outnumbered men (13.7%; $n = 14$). Most participants stated that their highest level of education was secondary school with a school-leaving certificate (59.8%; $n = 61$), and in terms of marital status, the majority were single (62.7%; $n = 64$).

4.1.2 Level of Physical Abuse in Childhood (CTQ-SF)

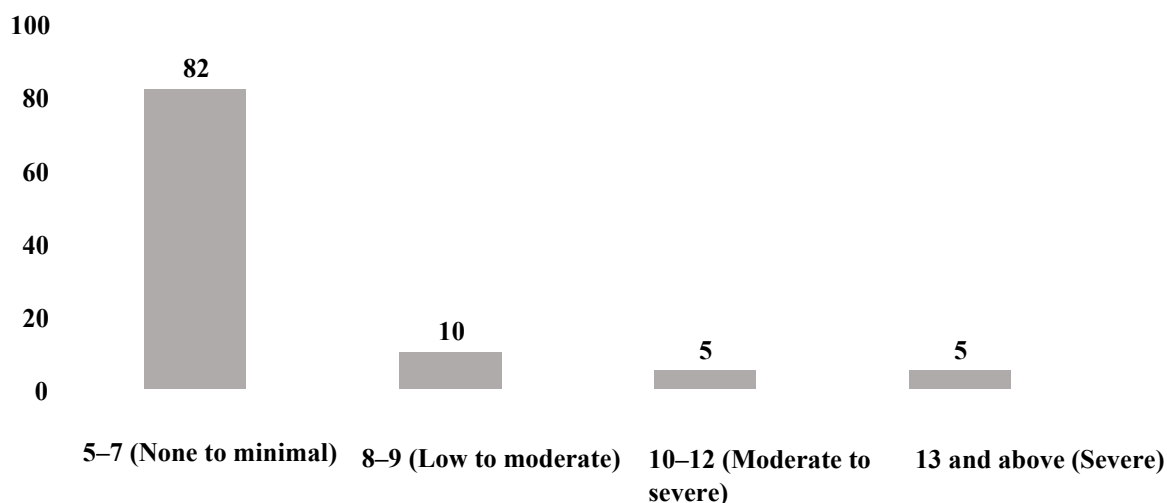
Table 3 Descriptive Statistics for the Physical Abuse Subscale ($N = 102$)

Variable	<i>M</i>	<i>SD</i>	Min	Max
Physical Abuse	6.41	2.47	5	18

The data presented in Table 3 suggest a relatively low level of retrospectively reported physical abuse in the study sample. The mean value, $M = 6.41$, falls at the lower end of the scale's theoretical range (5–25 points). The majority of participants (80.4%; $n = 82$) scored in the “*no to minimal trauma*” category, with 59.8% of respondents reporting the absolute minimum (5 points).

Despite the low overall average, 19.6% ($n = 20$) of respondents scored above the “none to minimal” category, including 9.8% ($n = 10$) who scored in the “moderate to severe” or “severe” categories. The maximum observed score was 18 points. This variation in the data allows us to examine the association between the severity of retrospectively reported physical abuse and current quality of life in young adulthood. The distribution of respondents by severity category is shown in Figure 1.

Figure 1 Distribution of the Research Sample by Severity of Physical Abuse in Childhood (N = 102)
Number of Respondents



In terms of severity, 9.8% ($n = 10$) of respondents reported “*low to moderate*” physical abuse. In the “*moderate to severe*” and “*severe*” categories of physical abuse, 4.9% ($n = 5$) of respondents were found in each category.

As shown in Figure 1, physical abuse scores were concentrated in the lower severity categories. Nevertheless, the observed variability in scores allowed us to examine their associations with quality-of-life domains, as presented in the following subsections.

4.1.3 Quality of Life (WHOQOL-BREF)

The results presented for each domain are scaled to a range of 4 to 20, with higher values representing a higher quality of life and a value of 12 representing the theoretical midpoint of the scale.

Table 4 Descriptive Statistics for Quality of Life Domains (N = 102)

Quality of Life Domain	<i>M</i>	<i>SD</i>	Min	Max
D1: Physical Health	15.22	2.14	8.57	20
D2: Psychological Health	14.48	2.41	7.33	20
D3: Social Relationships	14.86	2.95	6.67	20
D4: Environment	14.71	2.28	8.5	20

The data presented in Table 4 show that mean scores across the four quality-of-life domains ranged from 14.48 to 15.22, with all domain means above the theoretical midpoint of the 4–20 scale.

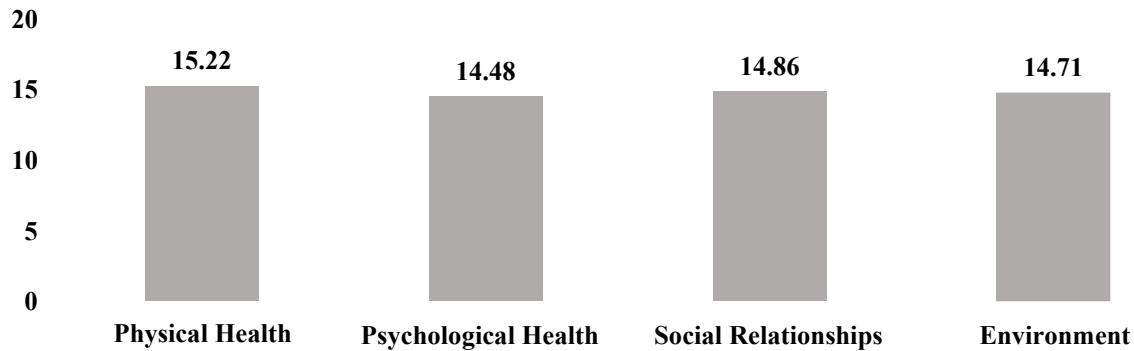
The highest average score was achieved in the physical health domain ($M = 15.22$; $SD = 2.14$). Respondents rated aspects such as mobility, sleep, and work capacity most positively.

The lowest average score was recorded in the psychological health domain ($M = 14.48$; $SD = 2.41$).

In the area of social relationships ($M = 14.86$; $SD = 2.95$), we observe the highest degree of variability in responses.

The environment domain reached a mean score of $M = 14.71$ ($SD = 2.28$).

Figure 2 Comparison of Mean Scores for Quality-of-Life Domains (N = 102)



4.2 Hypothesis Testing and Research Questions

4.2.1 Correlation Analysis of Relationships Between Variables

This section examines the relationship between the severity of retrospectively reported physical abuse in childhood and current quality of life among young adults. Given the nature of the data collected and the presence of a non-normal distribution in the sample, we chose Spearman's correlation coefficient (ρ) to calculate the strength of the relationship. The analysis was conducted on a sample of 102 respondents.

Table 5 Correlations Between Physical Abuse (CTQ-PA) and Quality of Life Domains (WHOQOL-BREF)

Domain	ρ (CTQ-PA)	p
D1: Physical Health	-.29	.003
D2: Psychological Health	-.44	< .001
D3: Social Relationships	-.41	< .001
D4: Environment	-.25	.011

The results in Table 5 indicate that there is a statistically significant negative relationship between physical abuse during childhood and all of the quality-of-life domains examined.

Psychological and social dimensions. The highest degree of correlation is found in the domains of psychological health ($\rho = -.44$) and social relationships ($\rho = -.41$), indicating a moderately strong negative correlation. These findings indicate that retrospectively reported physical abuse was most strongly associated with lower quality of life in the psychological and social relationship domains.

The physical domain and the environment. Weak negative correlations were found for physical health ($\rho = -.29$, $p = .003$) and the environment ($\rho = -.25$, $p = .011$), indicating that higher levels of retrospectively reported physical abuse were associated with lower quality-of-life scores in these domains.

4.2.2 Answers to the Research Questions

Based on the results, the research questions can be answered as follows:

Answer to RQ1: The majority of respondents (80.4%; $n = 82$) scored in the “*none to minimal*” physical abuse category. A total of 19.6% ($n = 20$) scored above this category, including 9.8% ($n = 10$) in the “*low to moderate*”, 4.9% ($n = 5$) in the “*moderate to severe*”, and 4.9% ($n = 5$) in the “*severe*” category.

Answer to RQ2: There was a statistically significant negative association between the severity of retrospectively reported physical abuse in childhood and overall quality of life in young adulthood ($\rho = -.41$, $p < .001$). Significant negative associations were also found across all examined quality-of-life domains, with the strongest association observed for the psychological domain ($\rho = -.44$, $p < .001$).

Answer to RQ3: No statistically significant difference in overall quality of life was found between men and women ($t(100) = 0.742$, $p = .460$).

4.2.3 Testing Hypothesis H1

H1: Greater severity of retrospectively reported physical abuse in childhood is associated with lower overall quality of life in young adulthood.

The correlation analysis revealed a statistically significant negative association between retrospectively reported physical abuse in childhood and overall quality of life ($\rho = -.41$, $p < .001$). Thus, higher levels of physical abuse were associated with lower overall quality of life in young adulthood. H1 was supported.

4.2.4 Testing Hypothesis H2

H2: We hypothesise that greater severity of retrospectively reported physical abuse in childhood is significantly associated with lower quality of life in the psychological domain.

The analysis revealed a statistically significant moderate negative association between retrospectively reported physical abuse in childhood and the psychological domain of quality of life ($\rho = -.44$, $p < .001$). Higher CTQ-PA scores were associated with lower scores in the psychological domain. H2 was supported.

4.3 Summary Assessment of the Results and Achievement of the Research Objectives

In this section, we summarise the findings in relation to the main research objective, research questions, and hypotheses.

4.3.1 Achievement of the Main Objective and of the Research Tasks

We consider the main objective of this study to have been achieved. Research conducted on a sample of 102 respondents demonstrated a statistically significant negative association between retrospectively reported physical abuse in childhood and quality of life in young adulthood. The following sub-tasks contributed to the achievement of this objective:

Assessment of the prevalence and severity of physical abuse: Although the average score ($M = 6.41$) indicates a low level of trauma among the majority of respondents, the analysis revealed that 19.6% of respondents had experienced physical abuse above the minimal level (maximum score of 18 points).

Assessment of current quality of life: Mean scores across the quality-of-life domains ranged from 14.48 to 15.22. The highest mean score was recorded in the physical health domain and the lowest in the psychological health domain.

Analysis of the statistical significance of the relationship: This objective was achieved through a correlation analysis, which confirmed a moderately strong negative relationship between the level of punishment and overall quality of life ($\rho = -.41, p < .001$).

Comparison of differences according to the severity of forms of punishment: The analysis confirmed that respondents who reported more severe forms (e.g. being struck with an object) exhibited lower levels of satisfaction, particularly in the psychological domain ($\rho = -.44$). More severe forms of physical abuse, which may include being struck with an object, may therefore be particularly relevant to psychological well-being in young adulthood.

Gender differences: To compare the means of the overall quality of life scores between men and women, we used a t-test for independent samples. The results of the analysis did not reveal any statistically significant differences in overall quality of life based on the respondents' gender ($t(100) = .742; p = .460$).

More severe forms of physical abuse, which may include being struck with an object, may therefore be particularly relevant to psychological well-being in young adulthood. However, when drawing conclusions about the impact of corporal punishment on both genders, it is essential to exercise a considerable degree of caution, as our research sample exhibits a marked gender imbalance.

Given that only a small number of men ($n = 14$) took part in the survey, compared with a substantial majority of women ($n = 88$), the findings primarily reflect the female segment of the sample. This imbalance significantly limits the external validity of the study and prevents us from reliably generalising the results to the population of young adult men.

Table 6 Comparison of Quality of Life by Gender (t-test)

Gender	<i>N</i>	<i>M</i>	<i>t</i>	<i>p</i>
Female	88	14.88	0.742	.460
Male	14	14.42		

The observed significance level ($p = .460$) is higher than the set threshold of .05. Although the mean score for overall quality of life among women ($M = 14.88$) is slightly higher than that among men ($M = 14.42$), this difference did not reach statistical significance.

5 Discussion

The main objective of the research was to clarify whether, and to what extent, experiences of physical abuse in childhood are associated with quality of life in young adulthood. Based on an analysis of data from 102 respondents, we conclude that the main objective was achieved.

The primary objective was to assess the severity of retrospectively reported physical abuse. We consider the finding that almost a fifth of the sample reported physical abuse above the “none to minimal” category to be noteworthy, as it indicates the presence of retrospectively reported

physical abuse in a non-clinical sample. With regard to the domains of quality of life, it emerged that although respondents were generally satisfied, their psychological well-being was rated somewhat lower compared with their physical functioning.

The analysis of these relationships confirmed the initial assumptions. The moderately strong negative correlation found suggests that greater severity of retrospectively reported physical abuse in childhood is associated with lower subjective well-being in young adulthood. The findings suggest that the domains most strongly associated with physical abuse are psychological well-being and social relationships.

An interesting finding is the absence of statistically significant gender differences in overall quality of life. However, given the marked gender imbalance in the sample ($n = 14$ men), this finding should be interpreted with caution and cannot be taken as evidence that the association between physical abuse and quality of life is comparable between men and women. The key finding of this study is that higher levels of retrospectively reported physical abuse are associated with lower quality of life, providing evidence of this relationship in a sample of Slovak young adults.

The complexity of quality of life: Findings on the multidimensional nature of quality of life are consistent with the theoretical framework defined by Costanza et al. (2007). Consistency with this model may be interpreted in terms of a disruption of the needs for security and autonomy in individuals with a history of harsh discipline. Hašto (2005) emphasises that a disruption to a sense of security in childhood caused by physical aggression increases vulnerability to stressors in adulthood, which may be consistent with the strongest association observed in the psychological domain in our sample.

The evolution of research: When comparing older and more recent findings, we observe a clear trend indicating the adverse effects of disciplinary violence. Both earlier and more recent meta-analytic findings have consistently linked corporal punishment with adverse developmental outcomes (Gershoff, 2002; Gershoff & Grogan-Kaylor, 2016). Our results are consistent with these findings. Matoušek and Pazlarová (2022) add that corporal punishment is often a sign of parental helplessness and may negatively affect the parent-child relationship, which is consistent with our finding of a negative association between physical abuse and the social relationships domain of quality of life. This interpretation is also consistent with attachment theory, which emphasises the importance of a secure caregiver relationship for later psychosocial functioning.

Neurobiological changes: As Durrant (2020) notes, a child's exposure to fear and pain has been associated with differences in prefrontal grey matter. Such neurobiological mechanisms may contribute to understanding the persistence of adverse outcomes into adulthood. Long-term adverse outcomes have also been documented in the Cambridge-Somerville Youth Study (Welsh et al., 2019, 2022). Our findings are consistent with this long-term perspective, as retrospectively reported physical abuse was associated with lower subjective well-being in young adulthood.

Protective factors: With regard to mitigating the effects of a risky environment, the findings may be considered in relation to the ecological model proposed by Zúñiga et al. (2024). Current research also highlights the potential importance of interpersonal support. Wiggers and Paas (2022) and Hanimoglu (2025) suggest that psychological resilience and parental warmth may act as a protective buffer.

5.2 Interpretation of unexpected or less clear-cut results

Although the research revealed a negative correlation, mean quality-of-life scores across all domains were above the theoretical midpoint of the scale, which may suggest the presence of compensatory mechanisms.

The phenomenon of “*normative*” violence: In the Central European context, mild physical punishment is often perceived as a legitimate tool (Matoušek & Pazlarová, 2022). If a child perceives the punishment as “*deserved*”, their internal working model (Bowlby, 1973) may not be disrupted as devastatingly as it would be in the case of unjust violence.

Retrospective optimism: Respondents may tend to repress negative emotions or interpret the past through the lens of “*educational necessity*”. According to Hašto (2005), the presence of a stable attachment figure acts as a neutraliser of toxic stress.

Gender issues: Although no statistically significant gender differences in overall quality of life were found, this finding must be interpreted with caution given the limited number of men included in the sample. Theoretically, this finding may be consistent with the WHO’s (2025) view that the need for physical safety is universal and that its violation through aggression may be associated with poorer quality of life regardless of gender.

5.3 Limitations of the research

When interpreting the results, the following methodological limitations must be taken into account:

Sample size and structure: The sample ($N = 102$) does not allow for objective generalisation to the entire population. Gender imbalance (14 men) limits the ability to analyse the specific male experience, which reduces the external validity of the study.

Data collection strategy: The self-selection method (online questionnaire on social media) precludes random sampling. Respondents may have shown a higher level of engagement with the topic, which could have introduced self-selection bias.

Retrospective nature: Assessing one’s childhood with the benefit of hindsight is subject to memory bias. Memories may be influenced by one’s current state of mind, which is a natural but limiting factor when dealing with sensitive topics.

Study design: The cross-sectional correlational design does not allow causal conclusions to be drawn regarding the relationship between childhood physical abuse and quality of life in young adulthood.

5.4 Contributions and recommendations for practical application

The main contribution of this study is the empirical evidence that higher levels of retrospectively reported physical abuse are associated with a reduced subjective quality of life.

Primary prevention: We recommend strengthening parental education regarding the potential adverse consequences of corporal punishment and promoting positive parenting programmes. Public awareness campaigns should promote non-violent disciplinary strategies and positive parenting practices.

Helping professions: The findings support the relevance of trauma-informed approaches in helping professions. When working with clients experiencing chronic anxiety or relationship difficulties, it may be important to sensitively explore a history of physical violence, including less severe forms.

Legislation and society: The findings add to the broader evidence concerning the potential adverse consequences of corporal punishment. Public awareness initiatives should promote greater understanding of these consequences and encourage non-violent parenting practices.

Conclusion

The main aim of this study was to examine the relationship between retrospectively assessed experiences of physical abuse in childhood and current quality of life among young adults (aged 20–35). The research, conducted using quantitative correlation analysis ($N = 102$), yielded key findings regarding the association between retrospectively reported physical abuse in childhood and psychological and social well-being in young adulthood.

Summary of the achievement of the set objectives:

Severity of physical abuse: The results confirmed the presence of physical abuse in everyday, non-clinical settings, with almost a fifth of the sample scoring above the “*none to minimal*” physical abuse category. This finding indicates that experiences of physical abuse were present among young adults in the Slovak sample.

Quality of life: Mean quality-of-life scores across all domains were above the theoretical midpoint of the scale. The psychological domain showed the lowest mean score and, at the same time, the strongest negative association with retrospectively reported physical abuse ($\rho = -.44, p < .001$).

The relationship between physical abuse and quality of life: The statistically significant negative correlation identified supports the assumption that retrospectively reported physical abuse in childhood is associated with lower subjective well-being in young adulthood.

Associations with specific domains: The strongest negative associations were observed for the psychological health and social relationships domains. More severe forms of aggression (e.g. hitting with an object) may be particularly relevant to an individual’s psychological well-being, suggesting possible long-term associations between adverse childhood experiences and quality of life.

Gender-specific findings: Statistical analyses did not reveal any significant gender differences in overall quality of life ($p = .460$). However, given the marked gender imbalance in the sample (13.7%; $n = 14$ men), these findings should be interpreted with caution, and further research using more gender-balanced samples is needed.

The findings of our study provide empirical evidence that retrospectively reported physical abuse in childhood is associated with lower quality of life in young adulthood. Our findings suggest that experiences of physical abuse in childhood may have relevance for psychological and social well-being in young adulthood.

The findings highlight the importance of primary prevention and public awareness regarding the potential adverse consequences of physical abuse and corporal punishment, as well as the promotion of non-violent parenting practices. Future research should examine the potential role of protective factors, such as resilience and social support, in the association between childhood physical abuse and quality of life in young adulthood.

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Generations Free from Human Papillomavirus – The Role of Vaccination in Protecting Public Health

Eliška Knošková, SK, ORCID: <https://orcid.org/0000-0002-4445-8772>

Department of Dental Technology, St. Elizabeth University of Health and Social Work,
Bratislava, Slovakia

e-mail: knoskova@vssvalzbety.sk (corresponding author)

Milan Knoško, SK

Department of Dental Technology, St. Elizabeth University of Health and Social Work,
Bratislava, Slovakia

e-mail: milan.knosko@vssvalzbety.sk

Jaroslava Krkošová, SK, ORCID: <https://orcid.org/0000-0003-0424-0274>

Department of Public Health, St. Elizabeth University of Health and Social Work, Bratislava,
Slovakia

e-mail: krkosova@vssvalzbety.sk

Michal Balko, SK

Department of Dental Technology, St. Elizabeth University of Health and Social Work,
Bratislava, Slovakia

e-mail: michal.balko@vssvalzbety.sk

Katarína Pisáková, SK

Department of Dental Technology, St. Elizabeth University of Health and Social Work,
Bratislava, Slovakia

e-mail: katka.pisakova@gmail.com

Abstract

Human papillomavirus (HPV) is one of the most common sexually transmitted infections worldwide, affecting the majority of men and women at some point in their lives. To date, more than 200 types of this virus have been identified, differing in both genetic structure and the level of risk they pose to human health. HPV infection can lead not only to the development of various types of warts but, with certain strains, to malignant tumors. This article aims to highlight the pivotal role of HPV vaccination in primary prevention and public health protection. The study focuses on analyzing current population vaccination rates and identifying factors that influence individual decision-making regarding the prevention of this viral disease. Research results indicate that, although awareness of HPV infection is relatively high, many respondents, despite having university-level education, experience uncertainty and a lack of reliable information. Physicians serve as the primary source of knowledge for the public, whereas the school environment and educational institutions possess untapped potential for raising awareness. The observed discrepancy between high risk perception and low vaccination rates points to the existence of barriers, specifically financial, informational, and psychological. The study emphasizes the need for coordinated communication, support for vaccination, and the enhancement of public health literacy.

Keywords: HPV, infection, human papillomavirus, prevention, vaccination

Introduction

The purpose of this article is to examine the role that vaccination against human papillomavirus plays in primary prevention and in the protection of public health. Its focus is on reported vaccination uptake and on the factors that respondents identify when describing their decisions about prevention of this viral disease. These issues are considered through a quantitative questionnaire survey, followed by discussion of the findings in relation to the studies cited in the article. The survey addresses respondents' awareness of HPV, their perceptions of the possible health consequences of infection, and their views on vaccination and other preventive measures. It also examines the sources from which respondents obtain information and the sources they regard as trustworthy. The topics covered by the questionnaire thus include both information about HPV and the respondents' reported approach to prevention. The aim is to describe these issues in the surveyed group, identify gaps in awareness and formulate recommendations for improving public information about prevention. In discussing the questionnaire findings alongside the cited studies, the authors seek to contribute to understanding the factors involved in vaccination decisions. The findings are intended to provide a basis for preventive activities in this area and for further research addressing awareness of HPV and decisions about vaccination.

Research questions (RQs):

RQ1: Are respondents' attitudes towards vaccination associated with a responsible approach to prevention?

RQ2: What type of information source has a significant influence on respondents' preventive behaviour?

RQ3: Is there a direct relationship between the level of knowledge, experience, perceptions of HPV and respondents' preventive behaviour?

Theoretical Background

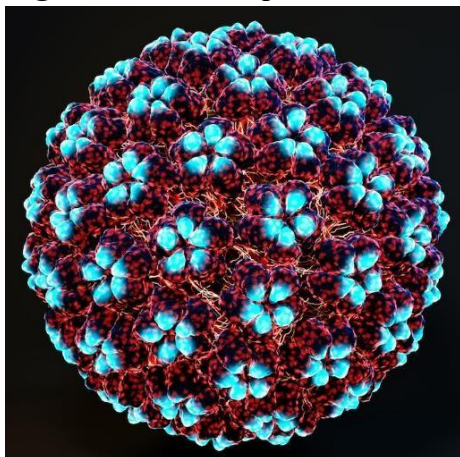
Human papillomavirus (Figure 1) is among the most widespread sexually transmitted infections in the world. Several types of HPV have been identified, and the description of these types distinguishes between high-risk and low-risk genotypes. High-risk genotypes may lead to cancer, whereas low-risk genotypes mainly cause warts and respiratory papillomas. The possible manifestations of HPV infection therefore include genital warts as well as malignant tumours. Among these malignant diseases, cervical cancer is the most common. The other cancers mentioned in connection with HPV include cancers affecting the vulva, vagina, penis and anus, together with cancers in the head and neck region. The designation head and neck cancers is used as a collective term for malignant diseases affecting the oral cavity, pharynx and larynx. This description brings together the different forms of disease discussed in relation to infection with HPV.

HPV infections are usually classified into three groups, described as non-genital or cutaneous infections, mucosal or anogenital types, and epidermodysplasia verruciformis. Epidermodysplasia verruciformis is a rare genetic disorder of the skin in which the affected person has an unusual susceptibility to certain types of HPV. The description of HPV-related lesions also distinguishes between those that are visible and those that remain latent. Some

lesions can be seen, whereas others may be present in a latent state and require testing for viral DNA in order to be detected. Most HPV infections exist in this latent state. When symptoms do occur, they usually take the form of warts rather than malignant tumours. The description therefore includes both visible manifestations of infection and the latent forms for which detection requires viral DNA testing.

Prevention of this infection consists of vaccination with a 9-valent vaccine, ideally administered before puberty. This vaccine can prevent infection with the virus and, consequently, the diseases associated with that infection. The preventive role of vaccination is thus described in relation to both HPV infection itself and the diseases that may accompany it. HPV vaccination is recommended for boys as well as girls. The age range considered most appropriate for vaccination is between 9 and 14 years, with the timing depending on the national vaccination programme. The recommendation therefore concerns both sexes within the age range specified by the relevant vaccination programme. Following HPV infection, recurrences are common. The term recurrence refers here to repeated episodes of the disease, or its return after an earlier episode.

Figure 1 Human Papillomavirus



Source: Centers for Disease Control and Prevention (CDC), 2026.

Methodology

The methodological procedure used in conducting the research involved defining the research method, specifying the respondent sample and determining how the data would be collected and subsequently evaluated. The information used in the study was obtained through an anonymous questionnaire administered online. This questionnaire contained 21 questions and was sent to a random sample of respondents that included both sexes and different age groups. The collection of responses took place anonymously during January 2026. A total of 130 respondents participated in the research by completing the questionnaire. The questions were closed-ended and provided for the selection of one response option. Respondents therefore answered these questions by choosing a single option from those provided. The question concerning age was the exception to this format. For that question, respondents could provide their own answer rather than select one of the closed response options used elsewhere in the

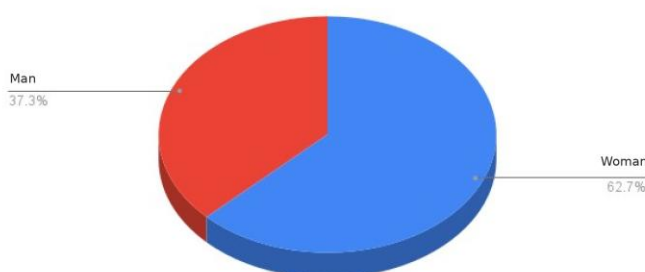
questionnaire. The responses collected through this procedure were then used for the evaluation presented in the results section.

Results

The following section presents the results obtained from the questionnaire responses. The findings are organised by question and illustrated in the accompanying charts. The descriptions address the composition of the sample, respondents' knowledge and perceptions of HPV, their reported preventive behaviour, and their views on information and vaccination. The presentation follows the research objectives set out above.

Figure 2 Demographic Composition of the Sample by Sex

1) Sex.

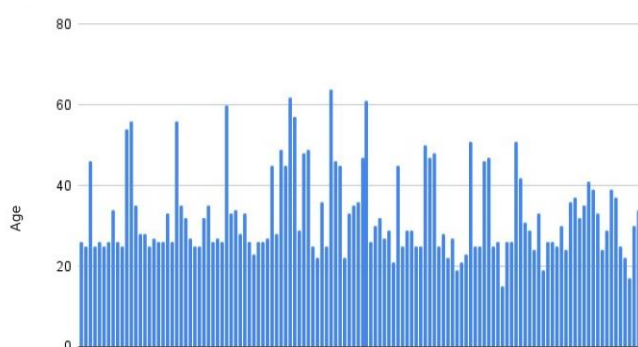


Source: authors' own processing.

Figure 2 presents the composition of the research sample in terms of the sex of the respondents. The sample comprised a total of 130 people who took part in the questionnaire survey. Within this group, 82 respondents were women, representing 62.70%, and 48 were men, representing 37.30%. The results presented in the chart therefore show that women predominated in the respondent sample. Their representation was higher than that of men among the people who participated in the research. This greater representation of women may be related to the nature of the topic addressed by the study. The questionnaire concerns a health issue, and women often show greater interest in health-related topics of this kind.

Figure 3 Demographic Composition of the Sample by Age

2) Age.

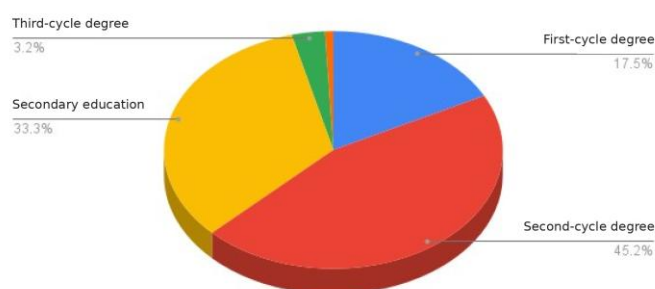


Source: authors' own processing.

Figure 3 presents the age distribution of the respondents who took part in the questionnaire survey. The youngest person in the respondent group was 15 years old, while the oldest was 64 years old. These ages define the range represented in the research sample. The mean age of respondents across the sample was 33.03 years. Within the age distribution, the largest group consisted of young adults aged 25 and 26 years. Respondents of these ages together represented 30% of the sample. The chart thus describes the age composition of the people whose answers form the basis of the questionnaire results, including the reported age range, the mean age and the most numerous age group.

Figure 4 Respondents' Educational Attainment

3) Highest educational attainment.

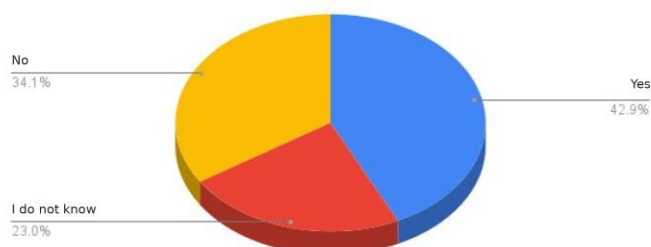


Source: authors' own processing.

Figure 4 describes the highest level of education completed by the respondents in the research sample. The largest group consisted of people who had completed a second-cycle university degree, representing 45.20% of respondents. The next largest group was made up of respondents with secondary education, who accounted for 33.30%. A further 17.50% of respondents had completed a first-cycle university degree. The remaining educational categories had the lowest representation in the sample. Respondents with a third-cycle university degree accounted for 3.20%, while those whose highest completed level was primary education accounted for 0.80%. The distribution shows substantial representation of university-educated respondents, particularly those with a second-cycle degree, alongside respondents who had completed secondary or primary education.

Figure 5 Self-assessed Knowledge of HPV and its Risks

4) Do you consider your knowledge of HPV and its risks sufficient?

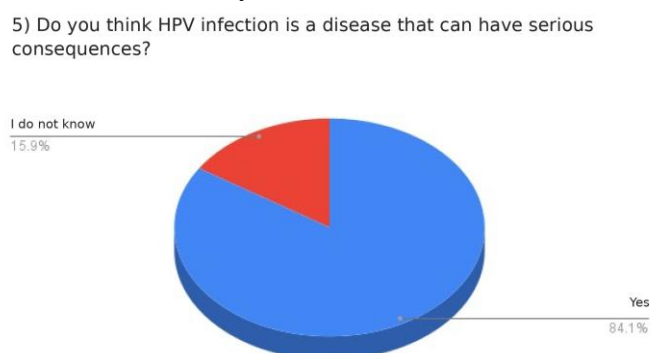


Source: authors' own processing.

Figure 5 presents the respondents' assessment of how sufficient they considered their knowledge about HPV and its risks. In answering this question, 42.90% of respondents considered their knowledge sufficient. This finding suggests a relatively good level of

awareness among respondents who assessed their knowledge in this way. Conversely, 34.10% reported that their knowledge was insufficient, indicating that they did not consider themselves adequately informed about the subject. The remaining 23% were unable to assess their level of awareness clearly. Their answer did not provide a definite assessment of whether their knowledge was sufficient or insufficient. The responses therefore include those who considered their knowledge adequate, those who considered it inadequate and those who could not clearly assess it.

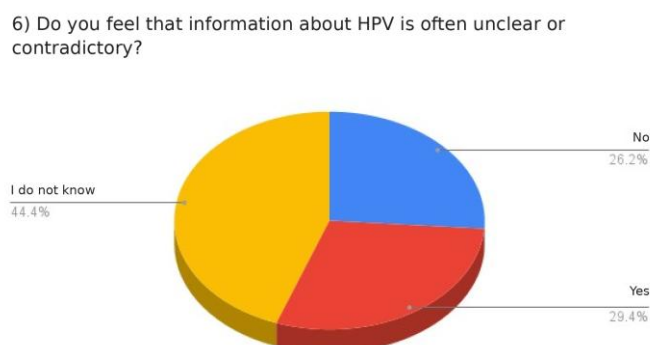
Figure 6 Perceived Severity of HPV Infection and its Consequences



Source: authors' own processing.

Figure 6 concerns the seriousness of the diseases caused by HPV infection and respondents' assessment of that seriousness. The majority of respondents who answered the question, representing 84.10%, were aware of the seriousness of these diseases. A smaller proportion, accounting for 15.90%, expressed uncertainty when asked to assess disease severity. The reported responses therefore describe a larger group who recognised the seriousness of HPV-related disease and a smaller group who were uncertain in their assessment. None of the respondents selected the answer "I do not know". This suggests that all of the respondents had at least a basic understanding of the health risks associated with HPV, even though their assessments of the seriousness of the diseases differed.

Figure 7 Assessment of the Clarity of HPV Information



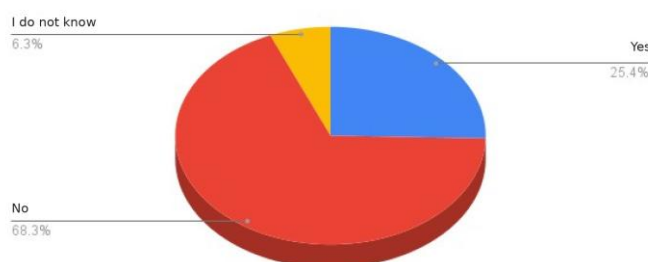
Source: authors' own processing.

Figure 7 addresses the clarity of the information available about HPV and the extent to which respondents regarded that information as contradictory. A total of 29.40% considered the information unclear or contradictory. By contrast, 26.20% did not consider the information contradictory when responding to the question. The largest group, representing 44.40%, could not provide a definite assessment of the information in this respect. The results report that the

question was answered by 129 respondents. The responses therefore describe differing assessments of the same aspect of HPV information. Some respondents identified a lack of clarity or consistency, others did not consider the information contradictory, and the most frequently selected position was an inability to give a definite assessment.

Figure 8 Personal Experience of HPV Infection

7) Have you had personal experience of HPV infection, either in yourself or in someone close to you?

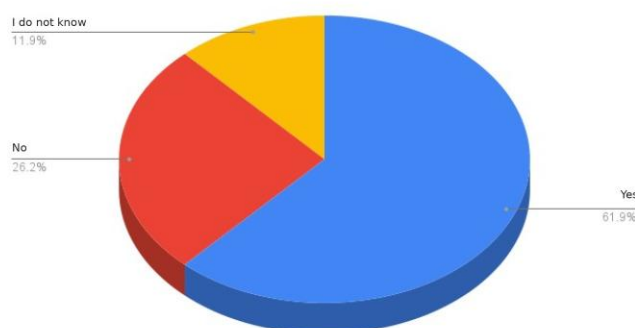


Source: authors' own processing.

Figure 8 presents responses concerning personal experience of HPV infection. The question included experience of infection in the respondent as well as experience involving someone close to them. Such an experience was reported by 25.40% of respondents. Most respondents, representing 68.30%, stated that they had not had an experience of this kind. A further 6.30% were unsure when answering the question. The result therefore distinguishes between respondents who reported an experience of HPV involving themselves or a close person, those who reported no such experience and those who could not answer with certainty. Within this distribution, reporting no experience was the most common response to the question about HPV in the respondent or their close circle.

Figure 9 Perceived Influence of Awareness on Respondents' Preventive Behaviour

8) Do you believe that your knowledge of HPV influences your preventive behaviour (e.g. attendance at preventive examinations, vaccination, use of protection during sexual activity)?



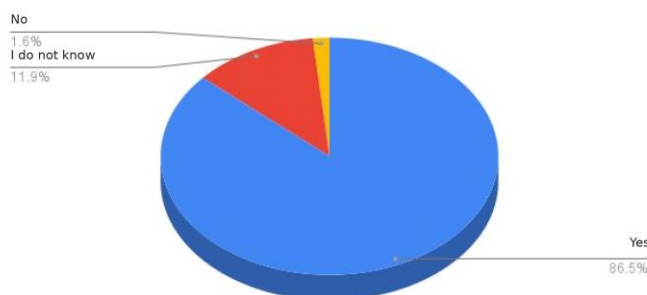
Source: authors' own processing.

In the question presented in Figure 9, respondents confirmed the assumption that raising awareness is important in relation to preventive behaviour. The majority of those who answered, accounting for 61.90%, recognised a connection between their knowledge and their willingness to undertake preventive measures. The measures concerned included preventive

examinations and vaccination. Their answers therefore related their level of awareness to their own willingness to participate in these activities. A further 26.20% reported that awareness did not influence their preventive behaviour. The remaining 11.90% expressed a neutral position on the issue. The question was answered by 129 respondents, whose responses describe the connection they perceived, or did not perceive, between information and their approach to prevention.

Figure 10 Agreement with the Description of HPV as a Serious Health Problem

9) I consider HPV a serious health problem.

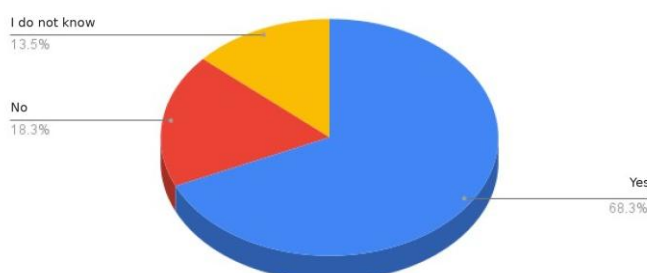


Source: authors' own processing.

Figure 10 presents respondents' degree of agreement with the statement that HPV constitutes a serious health problem. Most of those who answered the question, representing 86.50%, agreed with the statement. Their responses indicated that they regarded HPV as a serious problem in relation to health. A further 11.90% selected the answer indicating that they did not know, and therefore did not state agreement or disagreement with the proposition. Only 1.60% disagreed with the statement. Agreement was consequently the predominant response in the distribution shown in the chart. Among the other responses, uncertainty about the statement was more common than explicit disagreement with the description of HPV as a serious health problem.

Figure 11 Concern about the Potential Health Consequences of HPV Infection

10) I am concerned about the possible health consequences of HPV infection.



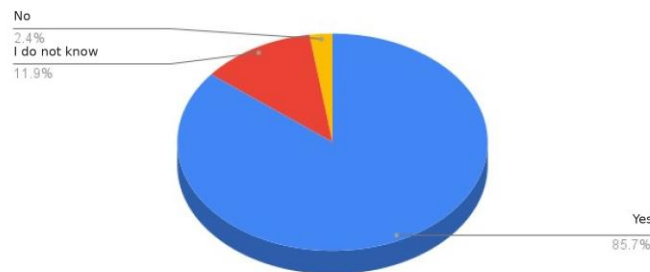
Source: authors' own processing.

Figure 11 concerns the worries respondents expressed about the possible consequences of HPV infection for their health. A total of 68.30% reported concerns about their health in connection with HPV. By contrast, 18.30% stated that they did not have such concerns when answering the question. The remaining 13.50% were unsure or were unable to assess the extent of their concern about possible health consequences. The distribution therefore includes an expression of concern, an absence of concern and uncertainty about how to assess that concern. The most

frequently reported position was concern about health in relation to HPV infection, while the other respondents reported either no concern or an inability to give a definite assessment.

Figure 12 Perceived Health Risk of HPV Infection for Men

11) Do you consider HPV infection a risk for men as well as women?

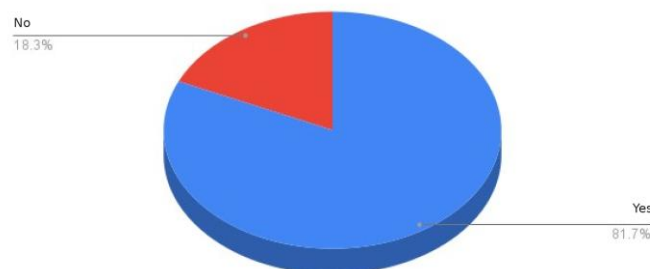


Source: authors' own processing.

Figure 12 examines respondents' views on whether HPV infection presents a health risk to men as well as to women. Most respondents, accounting for 85.70%, recognised that men are also concerned by this health risk. Their responses indicated that they did not regard HPV as an issue affecting women alone. A smaller group, representing 2.40%, considered HPV to be exclusively a women's health issue. The remaining 11.90% could not assess whether the infection also poses a health risk to men. The most frequent position among the respondents was therefore recognition of the relevance of HPV to both sexes, alongside smaller groups who regarded it as exclusively a women's issue or could not assess its relevance to men.

Figure 13 Regularity of Respondents' Attendance at Preventive Examinations

12) I regularly attend preventive health examinations.

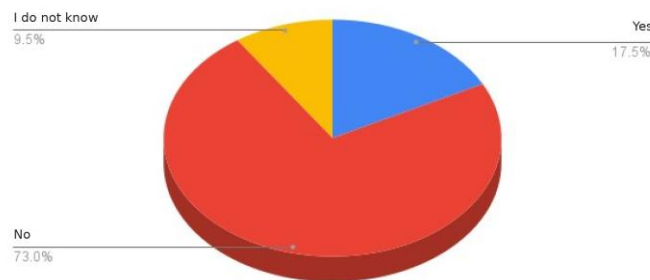


Source: authors' own processing.

Figure 13 presents the results concerning respondents' regular attendance at preventive health examinations. Most respondents, representing 81.70%, reported attending these examinations regularly. Their answers described regular participation in preventive examinations as part of their approach to health. The remaining respondents, accounting for 18.30%, neglect these examinations. The distribution presented in the chart therefore distinguishes between the larger group who attend preventive health examinations on a regular basis and the smaller group who neglect them. Regular attendance was the predominant pattern reported in response to this question about preventive examinations. These findings form the part of the questionnaire results that concerns participation in examinations, alongside the separate questions dealing with vaccination against HPV.

Figure 14 Respondents' HPV Vaccination Status

13) I am vaccinated against HPV.

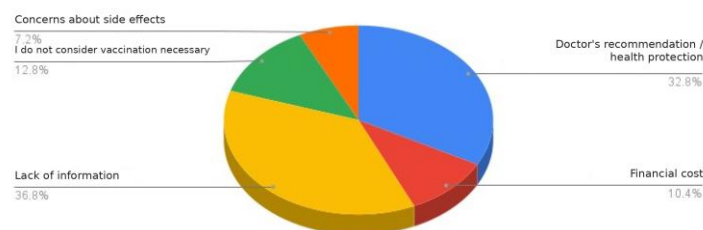


Source: authors' own processing.

Figure 14 describes respondents' reported vaccination status in relation to HPV. The largest group, accounting for 73%, stated that they had not received vaccination against the virus. A further 17.50% reported that they had been vaccinated. The remaining 9.50% were unsure of their vaccination status and could not give a definite answer about whether they had received HPV vaccination. The distribution therefore contains reports of no vaccination, reports of vaccination and uncertainty about vaccination status. Most respondents belonged to the group reporting that they had not been vaccinated. The results consequently indicate low reported uptake of HPV vaccination in the sample, with a smaller vaccinated group and a further group unable to state their status with certainty.

Figure 15 Factors Determining the Decision to Receive HPV Vaccination

14) What influenced your decision to receive or not receive HPV vaccination?

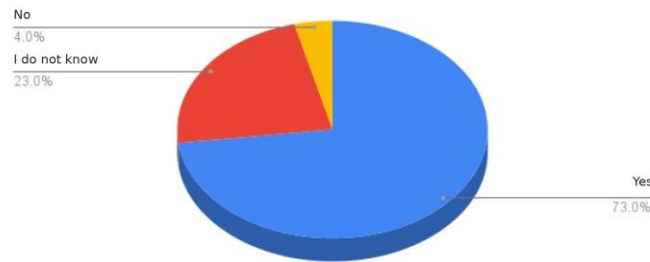


Source: authors' own processing.

Figure 15 describes the factors respondents selected in connection with their decisions about HPV vaccination. A lack of information was reported by 36.80% of respondents. The other barriers included the belief that vaccination was unnecessary, which was reported by 12.80%, and the financial cost of vaccination, reported by 10.40%. Concern about possible side effects was reported by 7.20%. The option concerning a doctor's recommendation and protection of one's own health accounted for 32.80% of responses. The question thus included considerations associated with accepting vaccination as well as factors described as barriers to it. The results state that 129 respondents answered this question. The distribution presents the factors they selected, covering information, perceived necessity, cost, possible side effects, professional recommendation and protection of health.

Figure 16 Respondents' Attitudes towards Vaccination for Health Protection

15) Do you think HPV vaccination is important for protecting health?

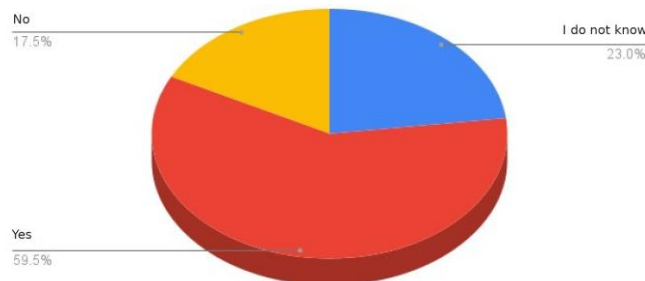


Source: authors' own processing.

Figure 16 presents the views of respondents on the importance of HPV vaccination in protecting health. The majority of those who answered the question, as many as 73%, were convinced that vaccination against HPV was important. Their responses therefore expressed a positive assessment of its importance. Only 4% considered vaccination unimportant in this respect. A further 23% were able to take a position on the importance of vaccination. The question was answered by 129 respondents. The distribution presented in the chart describes these positions in relation to the importance respondents assigned to HPV vaccination, with the largest reported group consisting of those who were convinced that vaccination had an important role in protecting health.

Figure 17 Perceived Relationship between Vaccination and Sexual Behaviour

16) Do you believe that HPV vaccination influences more responsible sexual behaviour?

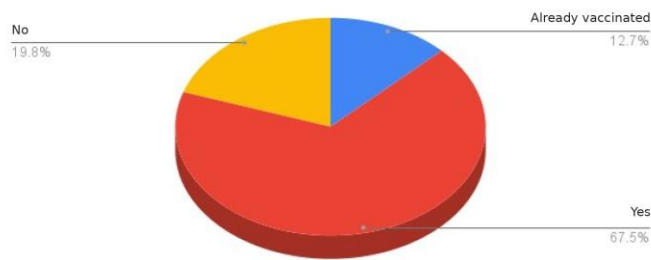


Source: authors' own processing.

Figure 17 concerns respondents' views on the relationship between vaccination and more responsible sexual behaviour. Analysis of the responses indicates that 59.50% believed vaccination had a positive influence on such behaviour. The behaviours described in this connection included regular vaccination and attendance at preventive examinations. These respondents therefore perceived a positive connection between vaccination and the responsible behaviour addressed by the question. Conversely, 17.50% did not perceive this connection. The remaining 23% were unable to take a definite position on the relationship. The reported distribution describes respondents who believed in a positive influence, those who did not see this connection and those who could not state a definite view on the matter.

Figure 18 Dependence of Vaccination on Reimbursement by Health Insurance

17) Would you consider HPV vaccination if it were fully reimbursed by health insurance?

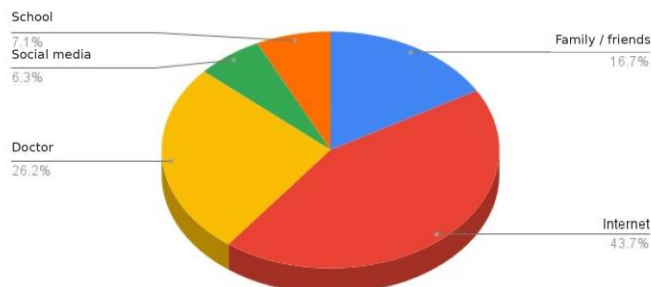


Source: authors' own processing.

Figure 18 presents respondents' answers to the possibility of HPV vaccination being fully reimbursed by health insurance. More than two thirds, representing 67.50%, stated that they would consider being vaccinated if the full cost were covered. Another 12.70% indicated that they had already received vaccination. The remaining 19.80% stated that they would not be vaccinated even if health insurance covered the costs. The distribution therefore includes willingness to consider vaccination under the specified reimbursement condition, an indication of vaccination already received and an unwillingness to be vaccinated despite full coverage. The result describes what respondents stated in response to the proposed financial condition, together with the separate response given by those who reported already being vaccinated.

Figure 19 Respondents' Primary Information Sources about HPV

18) I obtained information about HPV mainly from:

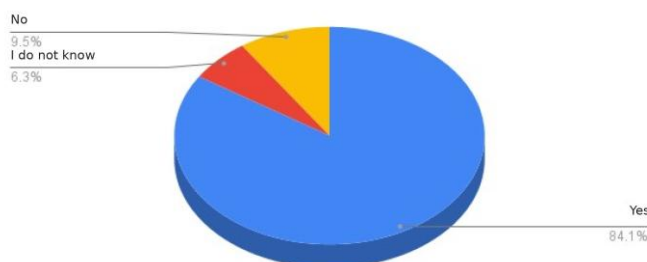


Source: authors' own processing.

Figure 19 describes the sources from which respondents obtained information about HPV. The main source was the internet or social media, reported by 43.70%. This suggests that young people obtain information about the subject through informal channels. A doctor was cited as a source of information by 26.20% of respondents. Family and friends were the next source reported, accounting for 16.70%. School ranked last as a source of information about HPV, at 7.10%. The distribution therefore presents the sources identified by respondents, ranging from internet or social media information to doctors, family and friends, and school. Within the reported distribution, internet or social media information occupied the leading position, while school had the lowest position among the sources described.

Figure 20 Trust in Information from Professionals and Online Sources

19) I trust information from healthcare professionals more than information from the internet.

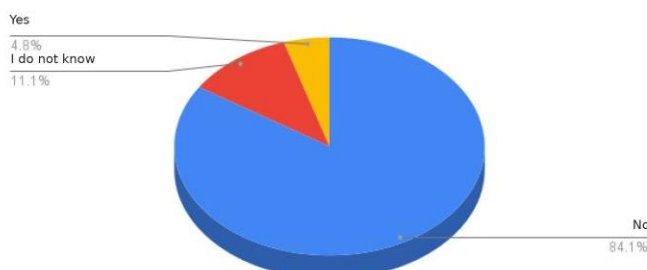


Source: authors' own processing.

Figure 20 examines the trust respondents placed in information from healthcare professionals in comparison with information obtained online. Most respondents, representing 84.10%, expressed greater trust in information provided by healthcare professionals. A further 9.50% did not express greater trust in professional information than in information from the internet. The remaining 6.30% were unable to state a definite position on this comparison. The result therefore concerns the credibility assigned to information from the sources specified in the question. The predominant response favoured information from healthcare professionals, while the other responses either did not express this preference in trust or did not provide a definite assessment of the relative credibility of professional and online information.

Figure 21 Public Discussion of HPV Vaccination in the SR

20) Do you think HPV vaccination is discussed sufficiently in Slovakia?

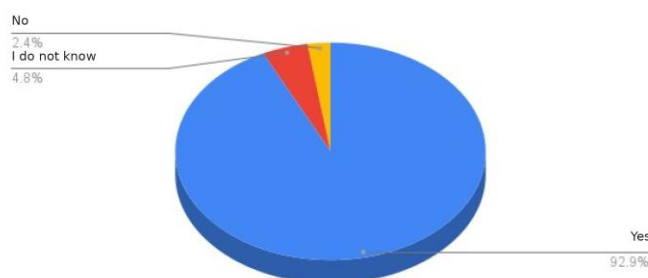


Source: authors' own processing.

Chart 20 presents respondents' assessments of the public discussion about HPV vaccination in Slovakia. Most respondents, accounting for 84.10%, considered this discussion insufficient. Their responses expressed the view that HPV vaccination was not being discussed sufficiently in the public sphere. Only 4.80% expressed satisfaction with the discussion taking place. The remaining 11.10% were unable to provide a definite assessment. The results therefore distinguish between those who considered public discussion insufficient, those who were satisfied with it and those who could not take a definite position. Within the distribution shown in the chart, the view that public discussion was insufficient was the predominant response to the question about HPV vaccination in Slovakia.

Figure 22 Support for HPV Education in Schools

21) In your opinion, should young people receive more information about HPV and vaccination while at school?

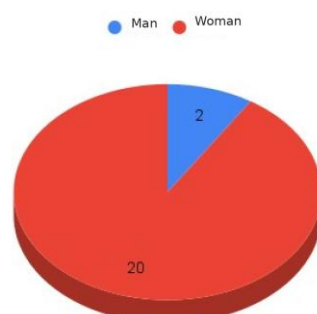


Source: authors' own processing.

Figure 22 presents the responses concerning education about HPV in the school environment. The data show almost complete agreement among respondents, with 92.20% supporting the need for education about HPV in schools. This response expressed agreement with making the topic part of education in that setting. The answer "I do not know" was selected by 4.80% of respondents, who did not give a definite position on the need for such education. The remaining 2.30% disagreed. The distribution therefore describes a large group supporting HPV education in schools and smaller groups who were uncertain or disagreed. Agreement with the need for school-based education was the predominant position expressed by respondents in answering this question.

Figure 23 HPV Vaccination by Sex

22) Difference in vaccination between the sexes.



Source: authors' own processing.

Figure 23 presents the proportion of respondents vaccinated against HPV according to sex. Within the entire research sample of 130 respondents, only 22 were vaccinated. This vaccinated group included two men, with the reported proportion of 4.30%, and twenty women, with the reported proportion of 25.30%. The results therefore show substantially higher vaccination uptake among women than among men. The vaccination rate among women is described as approximately six times the rate among men. The chart and its accompanying description present this comparison by identifying the vaccinated respondents of each sex within the overall study sample. The difference described is between the vaccination rate reported for women and the vaccination rate reported for men.

Discussion

The sample included in the study comprised a total of 130 respondents, consisting of 82 women and 48 men. The mean age of the respondents was 33.03 years. Women therefore predominated in the group that participated in the questionnaire survey. Their greater representation may indicate greater interest in the topic of HPV. This interpretation is consistent with findings from other studies that point to greater awareness among women regarding the prevention of cervical cancer. The composition of the sample, including this predominance of women, may have influenced the results obtained in the survey. The discussion of the findings therefore begins with the respondent group from which the questionnaire data were obtained.

One of the most important findings was the discrepancy between the relatively high perception of the risks associated with HPV and the low rate of vaccination. The article reports that 81.70% of respondents declared preventive behaviour, while 73% had not received vaccination against HPV. The discrepancy between knowledge and actual preventive behaviour is also confirmed by other studies. Lumia (2026) reports that as many as 89% of women in the study sample declared knowledge of HPV. Sexual intercourse was correctly identified as the main route of transmission by 87%, and 77% recognised the association of HPV with cervical cancer and other cancers. Despite this awareness, only 14% reported that they had been vaccinated. Knowledge about the specific types of vaccines was also low: only 42% knew that several variants of the HPV vaccine exist. These results closely align with the findings of our survey. They describe awareness of HPV and its consequences alongside limited vaccination uptake. General knowledge of the existence of HPV, or of the risks associated with it, does not automatically lead to acceptance of vaccination.

A Slovak survey reported by TASR (2025) also addressed awareness of vaccination against HPV. According to the findings of that survey, eight in ten parents knew that a vaccine against HPV exists. However, almost half did not know exactly what protection the vaccine provides or what it protects against. The most commonly reported sources of information were paediatricians, gynaecologists and social media. These findings draw attention to the quality and clarity of the information available, together with the extent to which people are aware of vaccination. The issue described therefore concerns both the amount of information people receive and their understanding of that information, particularly their understanding of the protection associated with the vaccine.

The most significant barriers to vaccination were a lack of information, the financial cost of vaccination, concerns about side effects, and economic and psychological barriers. Other studies provide support for these findings. Sokale et al. (2025) report that the major barriers to HPV vaccination among ethnic minorities include distrust of healthcare and concerns about the safety of the vaccine. They also include insufficient knowledge of HPV and a lack of recommendations from healthcare providers. In immigrant populations, limited awareness was accompanied by language barriers, costs, difficulties in navigating the healthcare system and cultural beliefs. These issues were significant alongside the lack of awareness already described. In Hispanic populations, the barriers included parental misconceptions concerning sexuality and an absence of recommendations from healthcare professionals. The barriers presented in the discussion therefore concern information and knowledge, views about

vaccination and healthcare, and the financial and other difficulties described in the cited research.

The Slovak findings reported by TASR (2025) also describe the reasons given by parents who refused vaccination or remained hesitant about accepting it. A total of 42% could not provide a specific reason for their position. Insufficient information was reported by 16%, while concerns about possible side effects were reported by 11%. A further 6% considered vaccination unimportant or had heard negative reports about it. Another 5% did not consider the vaccine sufficiently effective. The responses therefore include both stated reasons for refusal or hesitation and an inability to identify a specific reason. These are the reasons and responses presented in the cited survey and discussed in the article in relation to barriers to vaccination.

Sokale et al. (2025) report findings from a study of racial and ethnic disparities in HPV vaccination among adults aged 18-26 years in the United States of America (USA). In that study, vaccination coverage for both sexes was below the target of 80%. The reported vaccination rate was 37.8% among men, compared with 57.2% among women. Coverage was therefore substantially lower in the male group than in the female group. The findings described in the article include both the comparison with the stated target and the difference between men and women. Neither sex reached the target in the reported results, and men had the lower vaccination rate of the two groups.

Kar et al. (2024) also reported differences between women and men in awareness of HPV and in vaccination uptake. In the study they described, awareness of HPV was reported for 64.0% of women, compared with 46.0% of men. The corresponding figures for vaccination were 16.9% among women and 6.7% among men. Women therefore had a higher level of reported awareness as well as a higher rate of vaccination in the cited sample. The difference between the sexes was present in both of the indicators discussed. Nevertheless, the overall level of vaccination coverage in the study sample was low, as noted in the discussion of these findings. The article also refers to vaccination figures reported for the Slovak Republic (SR). Folentová (2023), citing Petra Ištokovičová, an analyst at the Institute for Health Analyses, describes the proportion of girls and boys who had received at least one vaccine dose. Among those born in 2010, at least one dose had been received by 43% of girls and 22% of boys. For those born in 2009, the corresponding proportions were 34% of girls and 13% of boys. These figures concern receipt of at least one dose in the birth cohorts specified. They are included in the discussion of vaccination uptake among girls and boys in Slovakia and describe the reported proportions separately for each birth cohort.

Our further findings agree with those reported by Stephens et al. (2023). The authors conducted a population-based cross-sectional analysis in the USA, drawing on data from the national HINTS 5 survey collected between 2017 and 2020. The analysis included 15,637 adult respondents. Its aim was to assess awareness of HPV in relation to educational level and race or ethnicity. The authors demonstrated that general awareness of HPV increases with educational attainment. However, knowledge of the association between HPV and individual cancers remained insufficient, including among respondents with higher levels of education. Thus, the findings described in the study concern both the increase in general awareness with education and the continuing lack of knowledge about the connection with particular cancers (Stephens et al., 2023).

Marlow et al. (2012) provide an international comparison of knowledge about HPV and vaccination against HPV. Their study used an online comparative approach and included 2,409 respondents aged 18 to 70 years. Participants were from the USA, the United Kingdom and Australia. A validated instrument was used by the authors to assess knowledge of HPV and HPV vaccination. Awareness of HPV was higher among respondents in the USA than among those in the United Kingdom and Australia. Across all three countries, lower knowledge was associated with male sex and lower education. Gaps also remained in the more detailed knowledge respondents had about the infection. The study is therefore included in the discussion of differences in HPV awareness across these populations.

Azzi et al. (2025) examined awareness of HPV, HPV vaccination and cervical screening among women in Saudi Arabia. The research took the form of a cross-sectional online questionnaire study and involved 858 women aged 18 years and older. The topics assessed therefore concerned awareness of the infection, awareness of the vaccine and cervical screening. The findings discussed in the article describe awareness of HPV and the vaccine as limited. At the same time, the provision of vaccination free of charge was identified as a positive factor. This study is included in the discussion of financial accessibility as an issue associated with vaccination, with particular reference to the positive role assigned to free provision in the reported findings.

The discussion considers access to vaccination together with attitudes towards vaccination and awareness of HPV. A positive attitude and basic awareness may not lead to vaccination when financial or organisational obstacles remain. In these circumstances, the issue concerns the accessibility of vaccination as well as the information available about it. Support for vaccination is consequently discussed in terms of communication and also in terms of access to preventive services. The recommendations presented below address these same areas, combining attention to information and awareness with attention to financial accessibility. The discussion therefore retains the focus on both understanding vaccination and the financial or organisational obstacles described in relation to receiving it.

In our research, respondents considered a doctor to be the most important source when making a decision about vaccination. The role assigned to the doctor in this decision is therefore central to the practical discussion of the findings. If a doctor is regarded as the key authority by respondents, active communication by that doctor may be a decisive step in influencing their willingness to accept vaccination. The practical implications of the research consequently lie in strengthening the involvement of healthcare professionals in targeted education about HPV. This recommendation concerns general practitioners, gynaecologists and other healthcare professionals, whose role in communication about HPV is emphasised in the discussion.

Conclusion

Overall, the findings of the research are largely consistent with the studies discussed above. Research conducted in the USA, the United Kingdom, Australia, Saudi Arabia and the SR shows that the issues associated with HPV extend beyond basic awareness of the infection. They also concern the quality of knowledge and the credibility assigned to the sources from which information is obtained. Further issues include differences related to sex and education, the strength of recommendations from healthcare professionals and the financial accessibility

of vaccination. Our research confirmed these conclusions and showed that effective support for vaccination requires more than informing people that HPV exists. The response described in the article involves systematically building trust in professional information sources and communicating the importance of vaccination in a targeted way. It also involves strengthening the role of schools and healthcare professionals in education, while reducing the economic and psychological barriers to preventive behaviour discussed in the article.

Regarding the research questions, the findings confirm that a relationship exists between the level of knowledge, experience, perceptions of HPV and preventive behaviour, although this relationship is not clearly direct. Respondents' attitudes towards vaccination are associated with a responsible approach to prevention. At the same time, the results suggest that a positive attitude on its own is insufficient when it is weakened by uncertainty, a lack of information or concerns about vaccination. The discussion of attitudes therefore includes these circumstances alongside the positive views expressed by respondents. The type of information source has a significant influence on respondents' preventive behaviour. A doctor was perceived as the most important source of information and as the most important factor in making a decision. Social media, meanwhile, were a frequent source of information, but the information obtained through them was not always sufficiently reliable.

The recommendations for practice are as follows:

- direct educational activities also towards people with university education, with attention to awareness of HPV and vaccination;
- strengthen the role of doctors and nurses in providing information and supporting decisions about HPV vaccination;
- improve the financial accessibility of HPV vaccination through broader reimbursement from public health insurance;
- conduct nationwide media campaigns addressing vaccination safety and promoting health literacy;
- direct interventions towards groups with low participation in prevention and limited access to health services;
- monitor the effectiveness of preventive measures regularly and adapt the preventive strategy to the current needs of society;
- create and share trustworthy, professionally verified information about HPV through online platforms and campaigns in schools;
- emphasise the risks of HPV infection for men and support their involvement in prevention through awareness and testing,
- introduce systematic education about HPV into school programmes, including biology and health education classes;
- support cooperation between schools, healthcare professionals and state institutions in public education, with attention to the long-term sustainability of these activities.

Such comprehensive and coordinated measures can make a significant contribution to reducing HPV infection, increasing vaccination coverage, and improving understanding of the importance of prevention across all age groups.

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The Social Impact of Emergencies in The Komárno District: A Comparative Analysis for Crisis

Milica Páleníková, SK, ORCID: ORCID ID: 0009-0008-7929-5142

St. Elizabeth University of Health and Social Work in Bratislava, Slovak Republic,

Faculty of Health and Social Work of St. Ladislav, Nové Zámky, Slovak Republic

e-mail: milica.palenikova@vssvalzbety.sk (corresponding author)

Noemi Ballová, SK

St. Elizabeth University of Health and Social Work in Bratislava, Slovak Republic, Faculty of Health and Social Work of St. Ladislav, Nové Zámky, Slovak Republic

noemi.ballova210340@seuniversity.eu

Abstract

This research paper focuses on a comparative analysis of the social impacts of selected emergencies in the Komárno district, both historically and in the present day. The subjects of the study are epidemics (plague, COVID-19), floods (1965, 2024) and outbreaks of foot-and-mouth disease (1973, 2025). Attention is focused on the impact of crises on everyday life, the behaviour of the population, the social resilience of the community, and a comparison of crisis management and communication. The main objective was to analyse the social impacts of these events and to identify differences or similarities in public reactions. The qualitative research was conducted in the form of semi-structured interviews with respondents from various age and occupational groups. The data were analysed using open and axial coding methods. The results revealed a significant impact of crises on social relationships, mental well-being and the economic circumstances of individuals. Generational differences were demonstrated in the perception of threats, changes in social cohesion and an ambivalent assessment of crisis communication by institutions. The contribution of this study lies in its regional analysis of social resilience, which can be utilised in social work and crisis management.

Keywords: COVID-19, crisis management, floods, foot-and-mouth disease, plague epidemic, social impact

Introduction

Extraordinary events such as epidemics, natural disasters or biological threats repeatedly shape the functioning of society. They affect not only the material sphere but also significantly influence social relations, public behaviour and the level of trust in state institutions. Research into these social impacts is crucial for understanding communities' preparedness for increasingly complex modern crises.

The Komárno district, given its geography and history, provides an ideal setting for comparative research. The region has been exposed to a number of crises, both in the past and in the present: from the plague in the 18th century, through devastating floods (1965, 2024), to the COVID-19 pandemic and outbreaks of foot-and-mouth disease (1973, 2025). Despite this rich history of events, the academic literature has so far focused predominantly on technical or

organisational aspects. The subjective experiences of residents, their psychological responses, and generational differences in the perception of risk in this region have not yet been systematically investigated.

The aim of this work is to analyse, through qualitative research, the social impacts of selected emergencies in the Komárno district, focusing on the attitudes and experiences of different generations and professional groups. The study compares historical and modern approaches to crisis management, whilst reflecting on the importance of social solidarity and community support. The findings may serve as a practical basis for optimising crisis communication between local authorities, state bodies and the public, as well as for improving the effectiveness of preventive interventions in the field of social work.

Theoretical Background and Introduction to the Topic

Emergencies have accompanied humanity throughout history and repeatedly test its ability to respond to threats, maintain social cohesion and ensure the protection of the population. From historical epidemics to contemporary crisis situations, influenced by technological progress and mass communication, these phenomena play a significant role in the development of society. Their consequences are not limited to material damage or health risks; they also affect social relations, alter people's behaviour and transform the level of trust in public institutions. The subsequent chapter evaluates the theoretical foundations of regional emergencies, accompanied by a chronological risk assessment of the Komárno region.

Key Terms

A scientific grounding of the issue requires a clear definition of key terms and the establishment of theoretical foundations. The key terminology pertinent to this study is defined below.

An emergency is a serious, temporally unpredictable and spatially limited situation caused by a natural disaster, an accident, an operational failure, deliberate action or a terrorist attack, which disrupts the stability of the system and endangers lives, health, property and the environment (Bučko et al., 2024, p. 35). The legal framework in the Slovak Republic defines a subsequent emergency situation, within the meaning of Act No. 42/1994 Coll. on Civil Protection of the Population, as a period of threat or impact of the consequences of an emergency event on life, health or property, during which measures are declared and implemented to safeguard assets, mitigate risks and prevent the spread of the consequences of the incident in question. In the event of an extreme intensity of a threat to life, health, property or the internal security of the state, the government declares a special crisis regime in the form of a state of emergency (Veselá and Pekara, 2015).

The tool for mitigating such situations is *crisis management*, which is an interdisciplinary field of study and a system of activities aimed at managing and coordinating resources with the aim of protecting society and material assets from the effects of crises, requiring a flexible choice of approaches within a specific administrative and governance environment (Ministry of Health of the Slovak Republic, 2024). Its operational core is *crisis planning*, which is a purposeful activity carried out by a managing body that, based on available information, effectively coordinates and directs operational units in terms of both time and space, with the aim of making optimal use of material and financial resources to manage the crisis (Antušák, 2010, p.

61). The entire process is based on three fundamental pillars defined by UNISDR (2017): prevention (a set of targeted measures aimed at preventing the occurrence of undesirable events), preparedness (the ability to respond in a timely and appropriate manner based on risk analysis, early warning, the development of contingency plans, stockpiling of supplies and training) and community social resilience (the ability of a system to absorb the effects of a hazard, adapt to them, transform itself and recover effectively whilst maintaining and restoring its essential structures and functions).

From a practical operational perspective, rescue operations are overseen by *the Integrated Rescue System* (IZS), which constitutes a comprehensive system of measures for the rapid notification, activation, coordination and effective deployment of rescue services in preparation for emergencies and in dealing with their consequences (Ministry of the Interior of the Slovak Republic, 2025).

Within the context of the regional research conducted in this study, the key threats under investigation are biological epidemics and zoonoses. These include *foot-and-mouth disease* (FMD), defined as an acute, highly contagious viral disease affecting both domestic and wild cloven-hoofed animals, with the potential to cause massive socio-economic losses (UVSR.SK, 2025), as well as *COVID-19*—an infectious respiratory disease caused by the SARS-CoV-2 coronavirus, spread via droplet transmission, which triggered a global social and institutional crisis (Public Health Authority of the Slovak Republic, UVZSR.SK, 2020) — and *the historical plague* — an acute, rapidly progressing and highly lethal infectious disease caused by the bacterium *Yersinia pestis*, historically known as the ‘Black Death’, spreading through transmission from rodents via fleas or directly via droplet transmission (Dobson, 2009, p. 8).

Crisis Management System and Structure

Crisis management is an integrated management system focused on prevention, preparedness, response and recovery following the occurrence of emergencies, with the aim of minimising negative impacts on life, health, property and the environment (Karda, 2024, p. 22). In the context of social impacts, crisis management has a fundamental influence on crisis communication, the availability of assistance and the protection of vulnerable groups. Effective management therefore does not merely constitute a technical and organisational solution, but integrates the psychosocial needs of the population, support for social cohesion and the building of trust in institutions (Šimák, 2016, p. 77). In the context of the Komárno district, the system’s priority is the elimination of hydrological risks resulting from the presence of the Danube and Váh rivers, which requires systematic planning of flood-protection measures (City of Komárno, 2026). The legislative framework for crisis management in the Slovak Republic comprises Act No. 227/2002 Coll. on State Security, Act No. 387/2002 Coll. on State Management in Crisis Situations outside Times of War and Martial Law, No. 42/1994 Coll. on Civil Protection of the Population, and No. 129/2002 Coll. on the Integrated Rescue System (OKR KN, 2026).

The levels of crisis management are defined from two complementary perspectives (Bučko, Páleníková et al., 2024, pp. 41–43). The first comprises institutional (administrative) levels, where the national level encompasses management by central state authorities, legislative drafting and inter-ministerial coordination; the regional level coordinates higher territorial units and districts, including the distribution of resources; and the local level of municipalities and towns ensures the initial response, public warning and support for post-crisis recovery. The

second aspect concerns the levels of management themselves, divided into the strategic level (defining objectives and priorities and declaring crisis regimes by public authorities and crisis management teams), operational (planning, coordination of field operations, delegation of tasks to units and assessment of the situation) and tactical levels (implementation of specific measures directly at the scene of the incident, such as rescue operations, evacuation, logistics and first aid). Institutional arrangements in the Komárno district are implemented at district level by the Komárno District Office in terms of civil protection planning, and at local level by the City of Komárno in terms of the implementation of measures and public information (OKR KN, 2026).

Crisis Management Resources and Means

Resources and means comprise the set of personnel, organisational and material-technical resources utilised in all phases of the crisis cycle (Míka, Hudáková, Šimák, 2015, pp. 52–54). The core forces of crisis management consist of the Integrated Rescue System (HaZZ, ZZS), security forces (units of the Police Force responsible for maintaining public order, traffic control, property protection and assistance with evacuation), civil protection and local government bodies (responsible for issuing warnings, organising evacuations, providing emergency accommodation and distributing humanitarian aid) and the Armed Forces of the Slovak Republic, which are deployed in the event of large-scale disasters. These are supplemented by specialist staff (doctors, psychologists and social workers providing psychosocial and medical assistance), volunteers and the non-governmental sector (humanitarian aid, distribution of supplies and community recovery) and critical infrastructure entities ensuring the continuity of energy, water and telecommunications services.

Key crisis management resources include warning and information systems (sirens, local public address systems, Cell Broadcast), communication resources for operations centres and radio networks, specialised emergency response equipment (firefighting, ambulance and transport vehicles) and civil protection resources in the form of emergency stocks, evacuation capacities and protective or decontamination equipment. Logistical capacities ensure the transport, storage and distribution of food and drinking water, whilst psychosocial support tools cover crisis intervention, support for vulnerable groups and the coordination of follow-up social services.

The Social Impact of Emergencies

In addition to material and economic damage, emergencies have profound social impacts that affect quality of life, social stability and levels of institutional trust in the long term. The primary consequence is the disruption of the daily routines of both individuals and communities. The loss of property, disruption to education, restrictions on work activities and a reduction in social contacts generate feelings of insecurity, acute stress and existential fear. These factors, in turn, destabilise family functioning, lower living standards and paralyse access to standard social services (Bukovics, 2019, pp. 37–38).

Overview of the key social impacts of crisis situations:

- Disruption to daily routines: The paralysis of professional, educational and community activities leads to a loss of social security.
- Psychosocial strain: An increase in anxiety disorders, fear, mental exhaustion and the development of post-traumatic symptoms.

- Transformation of social relationships: Ambivalent manifestations ranging from temporary displays of altruism and solidarity to interpersonal conflicts and social anomie.
- Fluctuations in trust in institutions: A strengthening or erosion of trust in state authorities and emergency services, depending on the effectiveness of their interventions and crisis communication.
- Deepening of social inequalities: between the majority population and vulnerable groups. This situation increases the risk of their complete marginalisation and hinders their access to basic living conditions.
- Behavioural changes amongst the population: Manifestations of social isolation, panic behaviour (e.g. uncontrolled stockpiling) or resistance to imposed restrictions.
- Changes in the family and work subsystems: Loss of housing, unemployment, a shift to emergency working arrangements and increased levels of domestic tension.
- Long-term post-crisis consequences: Permanent weakening of social networks, a decline in quality of life and mistrust of the public sector (Hábermayer, Varga, Ackermann, 2022, pp. 14–24).

Social workers, as defined by Act No. 448/2008 Coll. on social services, play a key role in mitigating these impacts. Their crisis intervention involves providing expert social counselling, administrative assistance with compensation for damages, arranging emergency accommodation, facilitating reintegration into the labour market, and ensuring access to specialised psychological support. The absence of timely and systematic social support exacerbates the feelings of helplessness among those affected and significantly increases the risk of the development of socio-pathological phenomena, including addictions and criminal behaviour (Mertl, 2023, pp. 110–113).

The Impact of technological and Social Developments on the Course of Emergencies

Current technological and social developments are fundamentally altering the nature and course of emergencies. Modern crisis situations unfold in an environment characterised by digitalisation and mass communication platforms, which alters the mechanisms of information dissemination, the logistics of emergency services and public participation; this progress generates new opportunities, but also unprecedented risks (Šimák, 2016).

The development of digital infrastructure ensures the immediate distribution of warning signals and information via social media, the mass media and integrated cell broadcast systems, which reduces the population's vulnerability and enables the provision of psychosocial support and remote counselling (tele-assistance). However, a counterproductive effect of information overload is the uncontrolled spread of disinformation and hoaxes (infodemic), which escalates panic, provokes social tension and erodes trust in official institutions (Laca, Letková, 2025, pp. 7–8). The impact of technological developments on emergencies is therefore ambivalent. Whilst, on the one hand, it optimises preventive mechanisms and accelerates the implementation of crisis management, on the other hand, it exacerbates digital and social inequalities and creates new forms of vulnerability. These changes place increased demands on the flexibility of crisis planning, interdisciplinary cooperation and the professional preparedness of social workers and integrated rescue system units (Hofreiter, 2016, pp. 35–38).

Characteristics of The Komárno District

The present-day Komárno District was established in 1960 as a result of the reorganisation of public administration, with its territory partially overlapping with the historic Komárno County. It is situated in the southern part of the of western Slovakia, on the Danube Lowlands and the eastern tip of Žitný ostrov. As the southernmost district of the Nitra Region, it has an average altitude of 110 metres above sea level, making it the lowest-lying area in the Slovak Republic. The southern boundary of the district is formed by the River Danube, which runs for 70 km and also serves as the state border with Hungary. To the north, it borders the districts of Šaľa and Galanta; to the west, Dunajská Streda; and to the east, Nové Zámky. The district is a strategic water management area with abundant sources of groundwater and a dense river network (the Danube, Váh, Žitava and Nitra). Part of the cadastral area of the town of Komárno and the village of Nová Stráž falls within a protected water management area.

The district covers an area of 1,100.14 km², of which 30 per cent is urban and 70 per cent rural. The total population is approximately 98,900. The administrative centre is the town of Komárno, situated at the confluence of the Váh and Danube rivers. The climate is warm and dry, with an average annual temperature of 11.9 °C and annual rainfall totalling 250–600 mm. The coldest month is January (–2.1 °C) and the warmest is July (28 °C). The high-quality soil here provides optimal conditions for agricultural production. The district comprises 4 towns (Komárno, Hurbanovo, Kolárovo, Nesvady) and 37 villages. In terms of endogenous geodynamic phenomena, the Komárno area is seismotectonically active. The most significant exogenous risk is posed by floods, which occur when protective embankments along the Danube, Váh, Nitra and Žitava rivers are breached, directly threatening the neighbouring settlements (www.unsk.sk).

Emergencies in The Komárno District

The geographical location and tectonic characteristics predispose the Komárno district to natural disasters (storms, gales, earthquakes with a local epicentre), floods, epidemics and humanitarian crises linked to illegal migration.

Chronological overview of key emergencies:

- 1710–1711: A devastating plague epidemic.
- 1763: The strongest earthquake ever recorded in Slovakia (magnitude 6.5 on the Richter scale).
- 1767: A catastrophic fire in the region.
- 1965: Devastating flood (breach of the embankment near Patince and Čičovo).
- 1973: An epidemic of foot-and-mouth disease (FMD) among farm animals.
- 2002: Flooding on the Danube (842 cm) and the Váh (699 cm) – 2nd SPA.
- 2013: Flooding on the Danube (889 cm) and the Váh (739 cm) – 3rd SPA.
- 2015–2016: The first wave of illegal migration.
- 2016: Flash floods caused by severe storms and hailstorms.
- 2020: The COVID-19 pandemic.
- 2022–2023: Second wave of illegal migration.
- 2024: Flooding on the Danube (836 cm – flood alert level 3) and the Váh (685 cm – flood alert level 2).

- 2025: Widespread outbreak of foot-and-mouth disease (FMD) in southern and western Slovakia.

Plague Epidemic (1710–1711)

In the Komárno district, the plague epidemic reached its peak in 1710. The emergency situation necessitated strict anti-epidemic measures. Funerals took place without ceremonies in the early hours of the morning (at 3.00 am) or late in the afternoon (after 4.00 pm). The victims' clothing and bedding were immediately burnt. Work involving the disposal of infectious material was carried out by paid volunteers. Only doctors employed by the town (at a daily wage of 1 ducat) and barbers (50 *grajciars*) were permitted to come into contact with the sick. Concealing the disease was punishable by banishment from the town. Medicine at the time used, as a therapeutic agent, powder from the seeds of the 'truxverica' plant dissolved in wine vinegar, and fumigation with bark (*arcanum.com*). The town authorities implemented a strict quarantine: the free movement of the population and leaving the town were prohibited. Checkpoints were set up at entry points and borders to inspect and disinfect goods and traders. Military guards isolated the sources of infection, and infected houses were required to be marked with a white cross on their doors (Dobson, 2009, pp. 15–17). The epidemic lasted just under two years and claimed thousands of lives. According to Jesuit records, between 30 and 80 new patients were recorded daily, leading to burials in mass graves. The original plague cemetery (now Kossuth Square) was permanently closed once the epidemic had subsided. As a token of gratitude for the end of the disaster, the town council, at the instigation of the parish priest István Cserkó, commissioned the construction of the Holy Trinity Column (Gen. Klapka Square) and a chapel by the Bratislava Gate (*arcanum.com*).

Floods in The Komárno district

The catastrophic flood of 1965 was the result of excessive rainfall, which had long undermined the stability of the flood defences and caused extensive seepage and breaches. Despite preventive measures, the protective embankments breached in Moča, Patince and Čičovo, with the resulting breaches measuring between 60 and 80 metres in length. The peak flow of the Danube reached 9,224 m³/s at a water level of 915 cm. The flood wave inundated 94,000 hectares of land and affected 46 municipalities, including the towns of Komárno, Kolárovo and Dunajská Streda. The disaster completely destroyed 3,910 homes and damaged a further 6,180 dwellings. Contamination of water sources necessitated an emergency supply of drinking water to the population from water tankers. The carcasses of dead animals carried along by the floodwaters were rapidly incinerated to prevent the spread of disease. The emergency affected 250 km of roads and 70 km of railway lines. It necessitated the evacuation of nearly 60,000 residents and 100,000 head of livestock, though there were no loss of life. The most critical situation occurred in the village of Kolárovo, where the water level exceeded two metres and gusts of wind created waves a metre high. In the village, 876 houses collapsed, 1,400 were seriously damaged and 6,220 people had to be evacuated, many of whom were rescued directly from their roofs. The solidarity and dedication of 47,850 citizens and members of the armed forces, utilising 1,200,000 sandbags and thousands of pieces of machinery, remains a significant socio-historical milestone, a fact also reflected in the place names still preserved in the region today (e.g. *Pražské námestie*, *Bratislavská ulica*) (Angyal, 2015, pp. 10–38). The

hydrological crisis of 2002 was triggered by extreme rainfall. At its peak in Komárno, the Danube's flow rate reached 9,674 m³/s, whilst the river level rose to 843 cm and the Váh peaked at 699 cm (Horváthová, 2003, pp. 62–63). In June 2013, the Danube at Komárno recorded a historic high of 887 cm and the Váh 739 cm. Although the concrete flood defences showed minor cracks and the town was threatened by rising groundwater, the solid core of the defence infrastructure withstood the onslaught. Forty-two soldiers and cadets from the Police Academy were deployed to stabilise the embankments, using over 77,000 sandbags. The crisis management team had to evacuate 65 residents from the DAFNE Social Services Home in Nová Stráž, which had been flooded (shmu.sk, 2013).

During the floods of 2024, the water level of the Danube in Komárno reached 836 cm (flood alert level 3) and the Váh rose to 685 cm (flood alert level 2). Although the flood defence wall protected the town centre, it did not prevent the flooding of properties, cellars and the harbour located within the floodplain. The overflowing Váh flooded Elektrárenská Street and the premises of the Čárda pri Váhu restaurant to a depth of 30 cm. Preventive measures taken by the local authority included the installation of mobile flood barriers along the Danube embankment, with the assistance of the Police Force. To protect the residential area of Housing Estate VII, the shipyard's pool was closed off and strategic drinking water wells were secured with sandbags. Patrols by the Police Force monitored the embankments and road closures on adjacent roads (shmu.sk, 2024).

Foot-and-mouth Disease (FMD) Epidemics

Between 1973 and 1975, the Komárno district was hit by a widespread foot-and-mouth disease epidemic, which necessitated long-term quarantine measures lasting several months, with a direct social impact on the families of agricultural workers. In the initial phase, the infection mainly threatened pig farms. Following the necessary depopulation of infected premises, the mechanical removal and burning of wooden structures, window frames and door frames was ordered in order to eliminate viral residues.

In the spring of 1974, crisis management shifted to a regime of strict isolation of farms. Residents working on the Unified Farmers' Cooperatives (JRD) were required to remain in continuous quarantine within the premises. Supplies of food and clothing were delivered exclusively to the farm gates, which were preventively sprinkled with lime. To prevent the pathogen from spreading beyond the premises, the cooperatives ensured the on-site washing and disinfection of work clothes. Social life in the affected villages was subject to control by the armed forces – the army, Public Security (VB) and the fire brigades. In the affected sections of the district, a 10 to 12-metre stretch of asphalt was removed from the roads to create fords, whilst continuous disinfection pools containing a sodium hydroxide (lye) solution were set up at the borders of the Komárno district. All transit hubs and exits from villages were subject to constant surveillance by the army and the Public Security Service (noveslovo.eu, 2025). In the final phase of the historic epidemic in 1975, when approximately 300,000 head of cattle were affected, the eradication of the outbreaks was carried out by killing the animals with slaughter pistols directly beside prepared disposal pits 4 to 5 metres deep. The carcasses were doused with diesel, burnt and then buried using heavy machinery. This procedure was necessitated by the technical condition of the disposal vehicles at the time, as leaks at the sealing surfaces of

their lids posed too high a risk of disease transmission during transport. The state of emergency was officially lifted after the Easter holidays in 1975 (Pravda.sk, 2025).

In 2025, foot-and-mouth disease posed a critical epizootic risk to the Komárno district. The reason for this was its immediate geographical proximity to the primary outbreaks of the disease in the Republic of Hungary and to the subsequently infected Dunajská Streda district. Although no positive laboratory findings were confirmed in susceptible animals within the Komárno district itself, the entire region was included within the restricted zones and was subject to a strict regime of veterinary measures (svps.sk, 2025). Confirmation of an outbreak of foot-and-mouth disease in the Hungarian district of Győr on 7 March 2025 led to the immediate establishment of a restricted zone in southern Slovakia (www.mpsr.sk, 2025). Pursuant to Slovak Government Resolution No. 147/2025 of 22 March 2025, internal border controls with Hungary and Austria were reinstated. During the night of 26 March 2025, disinfection trays and mats were installed at the border crossings in Komárno with the assistance of the Fire and Rescue Service (HaZZ), the Police Force (PZ) and the city's crisis management director. Co-operation between the PZ, the Financial Administration of the Slovak Republic, the HaZZ, volunteer firefighters and the Regional Veterinary and Food Administration (RVPS) involved continuous checks and chemical disinfection of all vehicles entering Slovak territory. The import and transit of susceptible animals were strictly prohibited. In the event of an illegal transport being detected, a protocol was implemented to immediately notify the Police Force's operations centre and the director of the RVPS, who would dispatch an inspector to the scene to determine the necessary enforcement measures. At the same time, a ban was imposed on the organisation of animal shows and races, and restrictions were placed on access to the district's woodland areas (MINVSK, 2025).

Strict biosecurity protocols were made mandatory on agricultural farms in the region (disinfectant mats, barriers, gates and repeated sanitisation of stables and farmyards). Within a 10 km radius of the outbreaks, a preventative cull of all susceptible animals was ordered, regardless of test results. This blanket cull resulted in massive economic losses for farmers and small-scale breeders, who had to finance the initial costs of the mandated measures from their own resources, whilst state reimbursement and financial compensation were subject to administrative delays. The contaminated biomass was transported in specially sealed rendering containers. The state of emergency in the district was officially lifted on 19 November 2025 once the risk had been eliminated (MY SME, 2025).

The COVID-19 Pandemic

A state of emergency was declared in the Slovak Republic on 12 March 2020 (Ministry of Health of the Slovak Republic, 2020). Restrictive measures imposed by state authorities included the blanket closure of educational institutions, leisure, cultural and sports facilities, indoor dining areas in restaurants, bars and cafés. At the same time, a ban on mass gatherings and restrictions on airport operations were implemented, along with the suspension of international rail and coach services. A special crisis regime was introduced in social care facilities and hospitals. People returning from abroad were subject to a mandatory 14-day quarantine, and failure to comply was subject to penalties. On 8 February 2021, the so-called 'COVID-19 alert system' was launched, which categorised districts into four levels of

epidemiological risk. Based on incidence rates, the Komárno district was classified at the third alert level (MINV SK, 2021).

The pandemic hit the Komárno district with great intensity. A key aspect of crisis management was securing the state borders. Members of the Police Force (PZ), in cooperation with the Armed Forces of the Slovak Republic (OS SR), carried out round-the-clock border checks. During the worsening epidemiological situation, people entering the territory of the Slovak Republic were escorted to state quarantine facilities for compulsory isolation. Staff at border crossings operated under the highest level of biological protection (protective suits, respirators, gloves).

At the height of the second wave of the pandemic, a strict lockdown was introduced, along with a curfew and a ban on movement between districts. Public movement was restricted to strictly defined exceptions only (travelling to work, purchasing essential goods, visiting a doctor). The daily lives of the population were subject to widespread testing at mobile testing centres (MOMs), where, upon receiving a negative result, citizens were issued with a certificate allowing for restricted movement. The logistics of testing were managed by integrated teams comprising doctors, nurses, the Police Force, the Slovak Armed Forces, the Fire and Rescue Service (HaZZ) and volunteers (MINV SK, 2020). The peak of the outbreak in the Komárno district was recorded in September 2020, when the cumulative number of infected people rose sharply (MY SME, 2020). The critical situation persisted in January and February 2021, when 76 patients with severe cases were permanently hospitalised at Komárno General Hospital, 18 of whom were in the intensive care unit and 16 on mechanical ventilation. At the same time, the hospital faced a staffing crisis due to a massive shortfall of staff caused by infections. The vaccination of healthcare staff and high-risk groups in the district began in the early months of 2021. Restrictions were gradually eased and society returned to normal functioning during 2022. The COVID-19 pandemic had devastating demographic consequences for the region. Whilst more than 20,000 citizens died from the disease nationwide (UVZSR SK, 2020), approximately 1,000 deaths were recorded in the Komárno district alone from the start of the pandemic until 2022 (SODBTN SK, 2021).

Research Methodology

The research focuses on analysing the experiences and social consequences of extraordinary events in a specific region of the Komárno district. Given the stated aim of exploring respondents' subjective experiences and identifying intergenerational or occupational disparities, a qualitative research strategy was adopted. This approach allows for a deeper understanding of the interpretations of crisis situations and the meanings that those involved attribute to them. The phenomenon under investigation has a significant psychosocial dimension, as it alters everyday life, nuclear families, community structures and intergroup relations, whilst evolving in line with technological and social developments.

Research Objective

The main aim of the research is to analyse the individual experiences and social impacts of selected extraordinary events (plague, floods, COVID-19, foot-and-mouth disease and rinderpest) on the inhabitants of the Komárno district, with an emphasis on intergenerational

differences and occupational specifics. The research project also involves evaluating the institutional response (from the state, local authorities and crisis management bodies), comparing levels of public trust in the authorities, and identifying practical insights that can be applied to strengthen the social resilience of local communities in the future.

Research Questions

- RQ1: How did residents of the Komárno district experience the emergencies and what significance do they attach to them?
- RQ2: What social impacts did the emergencies have on individuals, families and the community?
- RQ3: How do respondents assess the response of the state, local authorities and crisis management?
- RQ4: What are the differences in the experience and interpretation of emergencies between different generational groups?
- RQ5: What role do information sources and trust in them play during crisis situations?
- RQ6: What experiences and insights can contribute to improving crisis management in the future?

Research Sample

The research sample consists of 12 respondents from the Komárno district. A purposive sample was used, which, in qualitative methodology, ensures data saturation by approaching individuals with direct, relevant experience of the phenomenon under investigation. To achieve a multidimensional perspective, the sample was stratified into four categories:

- Group A (elderly residents of the region): Older individuals with personal or second-hand retrospective experience of historical crises (the 1965 floods, the 1973 foot-and-mouth disease). They enable the analysis of traditional social mechanisms for coping with stress (R1, R2, R3).
- Group B (members of the emergency services): Professionals working in crisis management and the Integrated Rescue System. They provide an expert perspective on the logistics of interventions, intersectional cooperation and the behaviour of the evacuated population (R4, R5, R6).
- Group C (the younger generation): Respondents whose reflections centre on modern crises, particularly the COVID-19 pandemic, floods (2024) and biological threats (2025). They reflect on the impact of restrictions on education and socialisation (R7, R8, R9).
- Group D (farmers and former employees of the JRD): Individuals affected by epizootic diseases, foot-and-mouth disease 1973, 2025). The analysis of socio-economic losses and the impacts on the agricultural sector and rural communities is of particular value (R10, R11, R12).

Conduct of The Research

Empirical data were collected between 2025 and 2026 through individual semi-structured interviews. Before the interview began, respondents were informed of the research objective, the principle of voluntary participation and their right to withdraw from the study at any time.

In accordance with Act No. 18/2018 Coll. on the protection of personal data and the GDPR, anonymity was strictly guaranteed; respondents gave their verbal informed consent and are identified in the text by the codes R1 to R12.

The interview manual contained a common core for all participants and specific supplementary modules:

- Common section: Perception of social consequences, transformation of interpersonal relationships and evaluation of institutional management.
- Specific modules: Group A (comparison of past and present crisis paradigms), Group B (tactical and operational aspects and public response), Group C (the impact of COVID-19 on mental health and digital socialisation), Group D (economic and livelihood implications of the culling of livestock).

The interviews were conducted in the respondents' natural environment, with each session lasting between 30 and 60 minutes. The audio recordings were subsequently transcribed verbatim, and the text corpora served as the primary basis for coding.

Data Analysis Methods

The data collected were analysed using qualitative data analysis employing open coding followed by axial coding. During the analysis, units of meaning were identified in the interview transcripts relating to the respondents' experiences of extraordinary events, their social impacts, and their assessment of the response by the state, local authorities and individual crisis management units. These units of meaning were subsequently labelled using codes and grouped into thematic categories.

The analysis of the interviews was carried out separately for each group of respondents. For each group, a separate analytical coding table was created, which recorded the identified units of meaning, the assigned codes and the thematic areas emerging from the respondents' statements. This procedure resulted in four analytical coding tables, each corresponding to a specific group of respondents. The results from the individual groups were then compared and incorporated into a single analytical table using axial coding. The table was created on the basis of the research questions formulated in this study and enabled the identification of both common and differing elements in the statements of respondents from the individual groups. This analytical approach made it possible to systematically interpret the data obtained and, at the same time, to compare different perspectives on the issue under investigation: emergency situations in the Komárno district. The individual sub-sections of this chapter present the results of the interview analysis and are supplemented by selected statements from respondents, which illustrate their experiences and views on the issue under investigation.

Research Findings and Data Interpretation

The empirical data were analysed separately for each stratification group of respondents using open coding. Conceptual codes were assigned to the units of meaning (statements). Subsequently, these partial findings were synthesised using axial coding into a common matrix, which reflects the defined research questions and reveals changes and constants in the experience of crisis situations in the Komárno district (Hendl, 2005, p. 248).

Open Coding of Sub-groups of Respondents

Group A – Older residents of the region: Retrospective life experience of extraordinary events (floods, epidemics); historical memory; comparison of psychological resilience in the past and present; disruption of daily routines; the key role of the nuclear family, neighbourly assistance and spontaneous community solidarity; assessment of retrospective crisis management; development of information sources (predominance of verbal communication and local radio); high level of baseline trust in information.

Group B – Members of the emergency services: Direct professional experience of interventions; the execution of rescue and evacuation operations; logistical and operational problems; confrontation with the public's lack of awareness of the fatal consequences of risks; psychosocial impacts on affected communities; the extent of the public's cooperation or resistance to mandated measures; assessment of the effectiveness of the integrated emergency response system.

Group C – The younger generation: First-hand experience of modern crises (COVID-19); restrictions on personal freedom and mobility; a fundamental disruption to the educational process (distance learning), leisure activities and face-to-face socialising; the transformation of interpersonal relationships (the shift to the digital sphere); intergenerational differences in the perception of risk; the absolute dominance of online information sources (social media); low levels of trust in mainstream and state-run channels.

Group D – Farmers and former employees of the JRD: Specific professional experience with epizootic threats (foot-and-mouth disease); direct negative impact on livestock production; acute existential and economic consequences; fear of the total culling of herds; impact of long-term quarantine on cooperative premises on family life; critical assessment of veterinary and state repressive measures (widespread depopulation of herds); lack of timely information and absence of financial compensation.

Axial Coding and Inter-group Comparison

In the second phase of the analysis, the identified open codes were linked and recontextualised. The results of axial coding indicate that respondents' experiences of extraordinary events can be divided into several thematic areas. Respondents most frequently described personal or professional experiences of crisis situations, particularly floods, the COVID-19 pandemic and the foot-and-mouth disease epidemic. These events had a significant social, psychological and economic impact on the daily lives of individuals and their families. Another important theme was changes in family and community relationships, as crisis situations in some cases strengthened solidarity between people, whilst in others they led to social isolation. Respondents also assessed the functioning of crisis management and the state's response, highlighting both positive and negative experiences with the measures taken. Information sources and communication during crises also played a significant role. The Following Comparative Matrix Summarises the Findings from all Four Groups of Respondents.

Table 1 Interpretation of Axial Coding

Axial category	Open codes	Characteristics of the category
Experience of extraordinary events	life experience of emergencies, memories, personal experience, professional experience, crisis experiences	personal or second-hand experiences of extraordinary events (floods, COVID-19, foot-and-mouth disease, migration).
The impact of crisis situations on individuals and society	the impacts of crisis situations, negative impact, existential impact of the crisis, social impacts, changes to everyday life, changes in life	Extraordinary events had social, psychological and economic impacts on the lives of respondents and those around them.
Changes in family and community relationships	community and family solidarity, impact on the family, impact on daily life, changes in interpersonal relationships	Crisis situations affected family relationships, community solidarity and communication between people.
The population's response to crisis situations	the public's response, coping with crisis situations	Respondents describe how residents reacted to the measures taken and how they coped with the situations that arose.
The functioning and evaluation of crisis management	evaluation of crisis management, functioning of crisis management, evaluation of crisis measures	Respondents evaluate the response of the state, local authorities and emergency services during emergencies.
Problems with management and interventions	problems during interventions, lack of awareness of the consequences	Emergency services highlight a lack of information, equipment or coordination during interventions.
Information and communication during crises	development of information sources, digital information sources, sources of information, improvement of crisis communication	Information plays a significant role in managing crisis situations and influences public confidence.
Generational differences in the perception of crisis situations	generational differences in perception	Different generations perceive emergencies differently, depending on their experiences and access to information.
Support and assistance during crisis situations	Support	Respondents describe the support provided by the state, local authorities or the community during crises.

Source: authors, 2026

Interpretation of Qualitative Research Findings

Using open-ended and axial coding, the main thematic categories were identified, enabling answers to the defined research questions. The individual axial categories were subsequently linked to specific research questions RQ1 to RQ6.

RQ1: How did residents of the Komárno district experience extraordinary events and what significance do they ?

Residents of the Komárno region perceive extraordinary events as significant life experiences that have a major impact on their daily lives. Respondents most frequently mentioned floods, the COVID-19 pandemic and the foot-and-mouth disease outbreak, with these events being associated with feelings of fear, uncertainty and anxiety about the future. Older respondents associate extraordinary events primarily with the region's historical experiences, such as the floods of 1965 or the foot-and-mouth disease epidemic of the 1970s. According to them, these events have left a significant mark on the collective memory of the population. In contrast, the younger generation cited, above all, their experiences of the COVID-19 pandemic, which had a direct impact on their daily lives, particularly in the areas of education and social contacts. For members of the emergency services, these events primarily represented work experience associated with increased responsibility, psychological strain and the need for rapid decision-making in crisis situations.

RQ2: What social impacts did these extraordinary events have on individuals, families and the community?

Emergencies have significant social impacts on both individuals and entire communities. Respondents highlighted, in particular, changes to daily life, restrictions on social contact and increased psychological strain. During the COVID-19 pandemic, respondents frequently mentioned isolation, restrictions on meeting with family and friends, and changes to their work or school routines. Young respondents highlighted in particular the shift to online learning and restrictions on leisure activities. For farmers, emergencies also had significant economic consequences. The foot-and-mouth disease epidemic posed a serious threat to farmers' economic activities, as the infection could lead to the culling of herds and significant financial losses. Respondents also highlighted the psychological pressure associated with uncertainty and fears about the future.

RQ3: How do respondents assess the response of the state, local authorities and crisis management?

The response from the state and institutions was assessed differently by respondents. Some respondents appreciated the assistance provided by the state, local authorities or emergency services, particularly in dealing with floods or in providing support to residents. On the other hand, criticism also emerged in the interviews, relating mainly to communication and the coordination of individual measures. Respondents from the emergency services pointed to a lack of clear information and frequent changes to measures during the COVID-19 pandemic, which may have caused chaos and uncertainty amongst the population. An interesting finding is that cooperation between the various components of the integrated emergency response system was assessed predominantly positively, with respondents emphasising the importance of coordination and cooperation in dealing with crisis situations.

RQ4: What are the differences in the experience of emergencies between different generational groups?

The research findings point to the existence of generational differences in the perception of emergencies. Older generations often have broader life experience of various crisis situations, which enables them to better understand their impact and significance. Conversely, the younger generation perceives crisis situations differently, particularly due to their access to modern technologies and digital forms of communication. Young respondents reported that during the pandemic they maintained social contacts via social media or online communication, which mitigated the negative effects of social isolation. Older respondents, on the other hand, emphasised the importance of personal relationships, neighbourly help and community solidarity, which had played a key role in coping with crisis situations in the past.

RQ5: What role do information sources and trust in them play during crisis situations?

The research findings highlight differences in how information is obtained across generations. Older respondents cited traditional media, such as television, radio or local radio, as their main sources of information. The younger generation, on the other hand, obtained information primarily via the internet and social media. Respondents also highlighted the risk of false or unverified information spreading rapidly in the online environment. For members of the emergency services, the most important sources of information were official channels and guidance issued by the competent authorities.

RQ6: What experiences and insights can contribute to improving the management of crisis situations in the future?

Respondents agreed that one of the most important factors in managing emergencies is effective communication between the state, local authorities and the public. Several respondents emphasised the need for clear and comprehensible information to help reduce uncertainty and panic amongst the public. Prevention and preparedness for crisis situations also play an important role, particularly in the areas of contingency planning, the coordination of emergency services, and the provision of material resources. With regard to agriculture, respondents also highlighted the need for swifter financial assistance and support from the state in dealing with the consequences of animal epidemics or natural disasters.

Discussion

The results of the qualitative research highlight the complex and multidimensional nature of the social impacts of emergencies in the Komárno district. The findings suggest that the perception and experience of these events are not uniform, but are conditioned by several interrelated factors, in particular generational background, the availability and reliability of information, the quality of communication from institutions, and the level of trust in them.

The research findings highlighted that emergencies are perceived by residents as significant life experiences which have not only an immediate but also a long-term impact on their daily lives. Strong emotional experiences, particularly feelings of fear, uncertainty and anxiety about the future, indicate that crisis situations have a profound effect on individuals' subjective

experiences. Particularly significant impacts were identified during the COVID-19 pandemic, as well as in the case of foot-and-mouth disease epidemics in agriculture, where social problems were intertwined with economic losses. These findings are consistent with crisis intervention approaches, according to which extraordinary events trigger intense psychological reactions and disrupt an individual's sense of security and stability. Vodáčková et al. (2020) highlight the individual nature of experiencing crisis situations, which is influenced by previous experiences, social background and the availability of support. The research findings thus confirm the need to view crisis situations not only as objective events, but also as subjectively experienced situations requiring psychosocial support. Exceptional events significantly disrupt the day-to-day functioning of individuals, families and communities. Restricted social contact, increased psychological strain and economic consequences are interlinked factors that affect the population's quality of life. These findings correspond with the research of Mík, Hudáková and Šimák (2015), who highlight the multidimensional nature of crisis situations. At the same time, they are consistent with approaches to social work which, according to Matoušek et al. (2013), emphasise the importance of the social environment, social relationships and the availability of support in coping with adverse life situations. Matoušek points out that the weakening of social ties and a lack of support can lead to a deterioration in an individual's ability to cope with crisis situations, which was also confirmed by the research findings, where respondents highlighted the negative consequences of social isolation and the disruption of daily life. The research findings also show that the social impacts are not evenly distributed, but affect certain population groups more significantly, which highlights the need for a differentiated approach when addressing the consequences of crisis situations.

The assessment of the response by the state and institutions was characterised by ambivalence. In particular, the cooperation between the emergency services and their rapid deployment were viewed positively, which is consistent with the findings of Antušák (2016), who emphasises the importance of coordination in crisis management. Similarly, Bučko, Páleníková et al. (2024) highlight the key role of effective communication, coordination and teamwork in managing emergencies. On the other hand, criticism has been levelled at inadequate communication, a lack of clarity regarding measures and frequent changes to them, which highlights the importance of consistent and comprehensible communication as a fundamental element of trust in crisis management.

A significant aspect of the findings is the generational differences in the perception of emergencies. The older generation emphasises the importance of solidarity, personal relationships and community support, whilst the younger generation uses digital technologies as a tool for maintaining social contacts and coping with social isolation. This difference can be interpreted as a consequence of broader societal changes. Beck (2026) points to a process of individualisation that is leading to the transformation of traditional social ties, whilst Utasi (2013) highlights the weakening of traditional forms of solidarity in Central Europe. The research findings confirm these theoretical approaches whilst also contextualising them within a regional framework.

The research findings also highlight differences in the perception of crisis management between the past and the present. Older respondents emphasised a higher degree of community solidarity and informal assistance in coping with emergencies, whilst the present is characterised by a higher degree of institutionalisation and professionalisation of crisis management. This shift

can be interpreted as a consequence of social and technological developments. Antušák (2016) highlights the transition from spontaneous reactions to organised crisis management, whilst Míka, Hudáková and Šimák (2015) emphasise the importance of planning, coordination and a systematic approach. Bučko, Páleníková et al. (2024) also point out that, despite this professionalisation, cooperation and communication between individual actors remain crucial. The research findings thus suggest that the effectiveness of crisis management continues to be conditioned by social factors, particularly trust and the quality of communication.

Significant generational differences have been observed in the area of information sources, with the older generation preferring traditional media and the younger generation favouring digital platforms. This trend reflects broader changes in the information environment of modern society. Mertl (2023) highlights the growing information overload and issues relating to the credibility of information, which is consistent with the research findings. The results also indicate that the availability of information does not automatically imply its quality, whilst the dissemination of unverified information can negatively influence the behaviour of the population during crisis situations.

The research findings also highlight the importance of preparedness, prevention and effective communication in managing emergencies. Respondents emphasised the need for better coordination between the state, local authorities and the public, as well as the importance of clear and comprehensible information. These findings are consistent with the work of Antušák (2016) and Buček, Páleníková et al. (2024), who emphasise the importance of coordination, communication and preparedness as the fundamental pillars of crisis management. The research findings thus highlight the need for a systematic and prevention-oriented approach to crisis management. From the perspective of an overall assessment, it can be concluded that the social impacts of emergencies are complex in nature and are determined by several interrelated factors. The research findings are consistent with theoretical approaches that emphasise the importance of social cohesion, trust and effective communication in managing crisis situations (UNISDR, 2017; WHO, 2020). At the same time, they highlight that shortcomings in these areas can significantly undermine society's ability to respond adequately to crisis situations.

From a social work perspective, it seems justified to focus on the systematic support of vulnerable population groups, the strengthening of community ties and the improvement of crisis communication. This conclusion is consistent with approaches to social work which, according to Matoušek et al. (2013), emphasise the importance of supporting individuals within their social environment, strengthening their ability to cope with adverse life situations, and the importance of social relationships and the community in resolving crisis situations. Matoušek also points out that effective social support is based on linking individual support with community resources, a point confirmed by the research findings, in which respondents emphasised the importance of communication, cooperation and the availability of support when coping with emergencies.

Conclusion

The aim of this study was to analyse and compare the social impacts of selected emergencies in the Komárno district both historically and in the present day, focusing on the experiences, attitudes and perceptions of residents from different generations and professional groups. The

research findings highlighted that emergencies represent significant life experiences which have a long-term impact on both individuals and the community. Respondents associate them primarily with feelings of uncertainty, fear and changes in everyday life, with these impacts manifesting themselves on social, psychological and economic levels. The analysis also demonstrated that emergencies have significant social impacts on families and the community, particularly in the form of restricted social contact, disruption to the normal functioning of society and increased psychological strain. In the case of the agricultural sector, significant economic consequences were also identified, which affect the stability and survival of economic entities.

A key finding of the study is the existence of generational differences in the perception of extraordinary events. The older generation emphasises the importance of solidarity, neighbourly help and community cohesion, whilst the younger generation uses modern technologies to maintain social contacts and obtain information. These differences highlight a shift in the nature of social ties as a result of technological and societal developments. From the perspective of assessing crisis management, the response of the state and its institutions was viewed with mixed feelings. The cooperation between emergency services and their practical deployment were rated positively; however, shortcomings were identified, particularly in the areas of communication, coordination and the clarity of the measures taken. The research findings also highlighted the importance of information sources during crisis situations. Whilst the older generation relies primarily on traditional media, the younger generation uses digital platforms, which also carries the risk of spreading disinformation and undermining trust in official information.

The contribution of this study lies in deepening our understanding of the social impacts of emergencies within the context of a specific region and in identifying the factors that influence a community's social resilience. The findings can be applied in social work practice, particularly when planning interventions in crisis situations and when supporting vulnerable population groups.

Based on the research findings, the following recommendations for practice can be formulated:

- improve communication between the state, local authorities and the public,
- ensure clear, comprehensible and consistent information during crisis situations,
- strengthen community ties and social cohesion,
- promote the public's preparedness for emergencies,
- streamline the system of financial assistance for affected groups, particularly in agriculture.

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Bridging the Gap to the First Salary: Social Vulnerability During the Transition from Unemployment to Employment

Daniela Lorko Praznovská, SK, ORCID: <https://orcid.org/0009-0007-5817-1792>

St. Elizabeth University of Health and Social Work in Bratislava

e-mail: praznovska@vssvalzbety.sk

Abstract

The article focuses on the transition from unemployment to employment from the perspective of unemployed persons in the District of Rožňava. Although obtaining employment is generally considered a successful outcome of labour market integration, less attention has been paid to the challenges associated with the period between entering employment and receiving the first salary. This transition may represent a source of social vulnerability, particularly for individuals with limited financial resources and support networks. The qualitative research, based on Kathy Charmaz's Constructivist Grounded Theory, explores the experiences, challenges and coping strategies of unemployed persons during this transition. Data were collected through semi-structured interviews and analysed using initial, focused and theoretical coding. The findings indicate that individuals may remain socially vulnerable despite entering employment and that labour market integration extends beyond obtaining a job to include a transitional period of resource mobilisation and employment sustainability until financial stability is achieved. The study contributes to a deeper understanding of employment transitions and provides implications for social work practice and employment support services.

Keywords: unemployment, transition to employment, labour market integration, social vulnerability, constructivist grounded theory, social work

Introduction

“Unemployment represents a complex social phenomenon that affects individuals and societies worldwide. Its impact on human lives can be severe, causing economic instability, social disorientation and psychological stress. Therefore, it is important to understand the concept of unemployment and its various aspects in order to address this problem effectively” (Dirgová, 2024, p. 7).

Employment represents an important component of social integration, economic security and quality of life. In addition to providing financial resources, it enables participation in social life, supports the development of social relationships and contributes to the fulfilment of individual life aspirations.

For people experiencing unemployment, obtaining employment often represents a significant life transition associated with expectations of improved living conditions, greater independence and increased social participation.

The transition from unemployment to employment is generally perceived as a positive outcome of labour market integration. However, the process of entering employment is not always straightforward and may involve a range of challenges influencing an individual's ability to successfully adapt to a new life situation. Professional experience from employment services

suggests that obtaining a job offer does not automatically guarantee successful entry into employment. Individuals may encounter financial, social and organisational difficulties related to transportation, work equipment, accommodation, family responsibilities or adaptation to a new work environment.

Particular attention should be paid to the period immediately following entry into employment, when individuals face new demands and responsibilities while not yet having access to regular employment income. For some unemployed persons, this period may represent a significant burden requiring the mobilisation of personal, family and community resources. Understanding how individuals experience and manage this transition may contribute to a deeper understanding of labour market integration as a social process and provide valuable insights for social work practice.

Although unemployment, employability and labour market participation have received considerable attention in research and professional discourse, less attention has been paid to the subjective experiences of unemployed persons during the transition from unemployment to employment. Exploring these experiences may help identify factors that facilitate or hinder successful labour market integration and reveal aspects of social vulnerability that remain insufficiently recognised within employment support systems.

The main aim of this paper is to explore the transition from unemployment to employment from the perspective of unemployed persons in the District of Rožňava and to develop a theoretical understanding of the processes through which they experience and manage this transition. Particular attention is paid to the challenges, resources and coping strategies associated with entering employment.

The findings of the study may contribute to a better understanding of labour market integration among unemployed persons and support the development of social work interventions and employment services that respond more effectively to the needs of individuals during their transition to employment.

The main research question was formulated as follows:

MRQ: How do unemployed persons experience and manage the transition from unemployment to employment?

To address the main research question, the following sub-questions were established:

RQ1: What challenges emerge during the transition from unemployment to employment?

RQ2: What resources and coping strategies do unemployed persons mobilise during this transition?

RQ3: What meanings do unemployed persons attribute to their transition into employment?

Theoretical Basis

Unemployment represents one of the most significant social and economic challenges affecting contemporary societies. Beyond the loss of income, unemployment may influence multiple dimensions of human life, including social participation, interpersonal relationships, psychological well-being and social functioning. From the perspective of social work, unemployment is associated with increased risks of social vulnerability and may negatively affect an individual's ability to maintain social roles, fulfil obligations and participate fully in community life (Dirgová, 2024).

The consequences of unemployment cannot be understood solely through economic deprivation. Contemporary research suggests that unemployment may affect social identity, social roles and interpersonal relationships, thereby influencing broader processes of social integration. Individuals experiencing unemployment often face challenges related to self-esteem, social recognition and a sense of belonging within society. The disruption of employment may therefore represent not only a loss of income but also a disruption of established social identities and patterns of participation in social life (Giustozzi, 2023a; Giustozzi, 2023b).

At the same time, employment fulfils functions that extend beyond economic security. Employment provides opportunities for social participation, facilitates the development of social networks and contributes to an individual's integration into society. Through employment, individuals gain access to social resources, social recognition and opportunities for personal development. Contemporary studies emphasise that employment remains one of the most important mechanisms through which social integration is generated and maintained in modern societies (Grimm, Hense & Vogel, 2023).

For this reason, the transition from unemployment to employment is generally perceived as a positive outcome of labour market integration. Entering employment is commonly associated with expectations of improved economic circumstances, increased independence and enhanced social participation. However, the transition from unemployment to employment should not be understood as a simple or linear process. Although employment may reduce economic insecurity in the long term, the initial phase of labour market integration may itself create new forms of vulnerability and uncertainty (Gebel & Gundert, 2023).

Research indicates that transitions from unemployment to employment are closely linked to changes in poverty risks and economic security. While obtaining employment generally reduces the likelihood of income poverty, individuals may continue to experience financial strain during the initial period following labour market entry. In particular, persons with limited economic resources may encounter difficulties associated with meeting immediate financial demands before receiving their first salary (Gebel & Gundert, 2023).

Despite its practical importance, the period between entering employment and receiving the first wage remains relatively underexplored within existing literature. Labour market research frequently focuses on employability, unemployment duration or employment outcomes, while less attention has been devoted to the financial and practical demands associated with entering employment. These demands may include transportation costs, accommodation expenses, work equipment, meals or mandatory medical examinations. For individuals with limited financial

resources, such requirements may create a period of increased economic insecurity despite successful labour market entry (Gebel & Gundert, 2023).

The transition from unemployment to employment is not limited to obtaining a job offer or signing an employment contract. For many individuals, it involves a period of adjustment during which new obligations emerge before regular employment income becomes available. The interval between entering employment and receiving the first wage may require individuals to manage transportation costs, accommodation expenses, work-related equipment, meals and other expenditures associated with labour market participation. Although employment is generally regarded as a pathway out of economic insecurity, these initial demands may create a temporary period of financial strain and social vulnerability, particularly among individuals with limited economic resources. From this perspective, successful labour market integration should be understood not only as obtaining employment but also as the ability to sustain employment during the transition period preceding the first salary.

Particular attention should be paid to the subjective experience of entering employment. While labour market statistics typically classify individuals as successfully integrated once employment has been obtained, considerably less attention has been devoted to how individuals themselves experience this transition. The period between accepting employment and receiving the first wage may involve uncertainty, financial pressure and the mobilisation of personal and social resources. Understanding these experiences is particularly important for social work because successful labour market integration cannot be reduced solely to obtaining a job but also involves the ability to sustain employment under changing social and economic conditions. Despite its practical significance, this transition remains insufficiently explored from the perspective of unemployed persons themselves.

Methodology

The main objective of the conducted qualitative research was to explore the transition from unemployment to employment from the perspective of unemployed persons in the District of Rožňava. „The formulation of the research objective represents an important step in narrowing and specifying the research problem, thereby providing direction for the entire research process“. (Hricová, Ondráš, Urban, 2023, p. 16).

The purpose of the research was to develop a theoretical understanding of the transition from unemployment to employment as experienced by unemployed persons. Particular attention was paid to the financial and social demands associated with entering employment, especially during the period between starting work and receiving the first salary. Although obtaining employment is generally perceived as a successful outcome of labour market integration, individuals may simultaneously face transportation costs, accommodation expenses, work-related equipment costs, medical examinations and other expenditures connected with entering employment. For persons with limited financial resources, these demands may create a paradoxical situation in which employment represents both an opportunity for social integration and a source of temporary social vulnerability. The study therefore sought to explore how unemployed persons experienced and managed this transition and how these circumstances influenced their integration into employment.

In line with the main research objective, the following partial objectives were established:

- to identify the challenges experienced by unemployed persons during the transition from unemployment to employment,
- to explore the resources and coping strategies used by unemployed persons when adapting to employment,
- to examine the meanings that unemployed persons attribute to their transition from unemployment to employment.

The research was based on Kathy Charmaz's Constructivist Grounded Theory (Charmaz, 2014). This methodological approach enables the exploration of social processes through the perspectives of participants and supports the development of theoretical explanations grounded in empirical data. Constructivist Grounded Theory assumes that meanings emerge through interaction between the researcher and participants and that theoretical concepts are developed through the interpretation of participants' experiences (Charmaz, 2017).

Given the nature of the research objectives, a qualitative research design was selected. Data were collected through semi-structured interviews, which provided participants with sufficient space to describe their experiences, perceptions and interpretations of the transition from unemployment to employment.

One of the advantages of qualitative research lies in the possibility of direct interaction with participants, allowing the researcher to capture not only verbal content but also communication style, intonation and accompanying behavioural expressions. These aspects may contribute to a deeper understanding and interpretation of the studied phenomenon than would be possible through quantitative research procedures (Selická, 2015).

The research was conducted among unemployed persons residing in the District of Rožňava who had recently entered employment or had previous experience with the transition from unemployment to employment. „Purposive sampling was employed because it enables the deliberate selection of participants who possess key characteristics relevant to the studied phenomenon and who belong to the population of interest“ (Masaryk, 2021, pp. 39–40). Eligibility criteria required experience of unemployment followed by entry into employment. To facilitate access to individuals who met these criteria, purposive sampling was supplemented by snowball sampling, whereby participants recommended other individuals with relevant experiences. As categories began to emerge from the data, theoretical sampling was employed to seek participants who could contribute to the further development of emerging categories, elaborate their properties and relationships, and refine the evolving theoretical explanation (Charmaz, 2014).

The final research sample consisted of 12 participants. Data collection continued until theoretical saturation was achieved, meaning that no substantially new properties of the emerging categories were identified (Charmaz, 2014).

Theoretical saturation was considered achieved when additional interviews no longer contributed new properties, dimensions or relationships to the emerging categories. The sample consisted of 12 participants aged between 27 and 58 years. Eight participants were women and four were men. With regard to educational attainment, two participants had completed primary education, eight had completed secondary education and two held university degrees. Participants had experienced varying durations of unemployment prior to entering employment,

ranging from short-term unemployment to longer periods of labour market exclusion. The diversity of participants in terms of age, gender and educational background contributed to capturing a range of experiences related to the transition from unemployment to employment and supported the development of emerging categories during theoretical sampling. The interview guide focused on participants' experiences with entering employment, adaptation to a new work environment, perceived challenges, available sources of support and the strategies they used to manage changing life circumstances. The interviews lasted between 35 and 55 minutes and were conducted face-to-face at locations agreed upon with the participants. Particular attention was devoted to the financial demands associated with entering employment, including transportation costs, accommodation expenses, work-related expenditures and the period preceding the receipt of the first salary. With participants' consent, all interviews were audio-recorded and subsequently transcribed verbatim for analysis.

Data analysis was conducted using initial coding, focused coding and theoretical coding in accordance with the procedures proposed by Charmaz (2014). Throughout the analytical process, the constant comparative method and memo-writing were employed to support theoretical sensitivity, category development and theoretical integration (Thornberg & Charmaz, 2014).

The study was guided by a sensitizing concept related to the transition from unemployment to employment and the financial and social challenges associated with entering employment. In accordance with the principles of Constructivist Grounded Theory, the sensitizing concept served as an initial point of orientation rather than a predetermined explanatory framework.

Given the constructivist orientation of the study, the researcher acknowledged that data and meanings were co-constructed through interactions with participants. Reflexive memo-writing was employed throughout the research process to examine emerging interpretations and enhance theoretical sensitivity.

The research was conducted in accordance with the ethical principles of qualitative social research. Participation in the study was voluntary and based on written informed consent obtained prior to each interview.

Prior to each interview, participants were informed about the purpose of the research, the procedures of data collection and analysis, the confidentiality of the collected information and their right to withdraw from the study at any stage without any consequences.

Special attention was devoted to the protection of participants' privacy and anonymity. All identifying information was removed from interview transcripts and research records. The collected data were used exclusively for scientific purposes and stored in a secure manner accessible only to the researcher.

Given that the study focused on individuals who may experience economic hardship and social vulnerability, particular emphasis was placed on respecting participants' dignity, autonomy and emotional well-being throughout the research process.

Results

Following the data collection and analysis procedures described in the methodology section, the interview data were analysed using initial coding, focused coding and theoretical coding in accordance with the principles of Constructivist Grounded Theory (Charmaz, 2014). The aim

of this stage of the research was to identify the processes through which unemployed persons experienced and managed the transition from unemployment to employment and to develop a theoretical explanation grounded in participants' experiences.

The analysis resulted in the identification of 87 initial codes, which were subsequently condensed into 16 focused codes and four analytical categories. Through theoretical coding, these categories were integrated into a central explanatory process referred to as ***Bridging the Gap to the First Salary***.

The findings suggest that participants did not perceive labour market integration as completed upon obtaining employment. Instead, they described a transitional period characterised by financial pressure, uncertainty and the need to mobilise available resources until regular employment income became available.

1.Initial Coding

During the initial coding phase, 87 initial codes were identified from participants' narratives. These codes reflected various aspects of participants' experiences related to obtaining employment, financial demands associated with entering employment, available sources of support and adaptation to new work-related responsibilities. Through constant comparison, the initial codes were grouped into four preliminary coding clusters representing recurrent patterns across participants' narratives. These coding clusters served as an intermediate analytical step between the initial coding process and the development of focused codes and conceptual categories.

Table 1 Distribution of Initial Codes Across Coding Clusters

Coding Cluster	Number of Codes	Examples of Initial Codes
Meaning of employment	21	feeling useful again, regaining dignity, becoming independent, looking towards the future
Financial demands of employment entry	28	transportation costs, work clothing, accommodation expenses, meals, medical examinations
Sources of support	19	family support, borrowing money, help from friends, practical assistance
Adaptation and persistence	19	enduring difficulties, adjusting to work routines, maintaining motivation, remaining employed

Source: own research

The distribution of initial codes revealed that participants' experiences extended beyond obtaining employment itself. While employment was generally perceived as a positive life event associated with hope, independence and future opportunities, participants simultaneously described a range of financial and practical demands emerging during the initial period of employment. These demands frequently required the mobilisation of support resources and the adoption of coping strategies aimed at maintaining employment until the first salary was

received. The coding clusters therefore suggested that the transition from unemployment to employment was experienced not as a single event, but as a dynamic process involving adaptation, resource mobilisation and the management of temporary financial vulnerability.

2. Focused Coding and Category Development

Through focused coding, the initial codes were compared, refined and grouped according to their conceptual similarities. The analytical process revealed that participants' experiences were organised around four interconnected dimensions: the meaning attributed to employment, the financial demands associated with entering employment, the mobilisation of support resources and the effort to sustain employment despite continuing economic pressure. These categories did not emerge independently but formed interconnected components of the transition process.

Table 2 Focused Codes and Emerging Categories

Focused Codes	Emerging Category
Feeling useful again; Regaining independence; Looking towards the future	Employment as a New Beginning
Paying for transportation; Purchasing work clothing; Medical examinations; Accommodation expenses	Encountering the Costs of Employment Entry
Receiving support from family; Borrowing money; Budgeting; Practical assistance	Mobilising Support and Coping Resources
Enduring financial strain; Remaining employed despite difficulties; Adapting to new responsibilities	Maintaining Employment Despite Financial Pressure

Source: own research

Taken together, the findings indicate that unemployed persons experience the transition from unemployment to employment as a process of confronting employment-entry costs, mobilising available support resources and maintaining employment despite temporary financial pressure. Employment was perceived as a positive life transition; however, successful integration depended on participants' ability to bridge the period between employment entry and receipt of the first salary.

The category *Encountering the Costs of Employment Entry* primarily addressed **RQ1** by identifying the challenges emerging during the transition to employment. The category *Mobilising Support and Coping Resources* provided answers to **RQ2** by illustrating how participants managed these challenges. The category *Employment as a New Beginning* addressed **RQ3** by capturing the meanings participants attributed to employment.

Together, these categories contributed to answering the main research question concerning how unemployed persons experience and manage the transition from unemployment to employment.

▪ Employment as a New Beginning

Participants consistently described employment as a significant turning point in their lives. Obtaining employment represented not only a source of future income but also the restoration of self-worth, social recognition and personal autonomy. Employment was perceived as an

opportunity to regain control over one's life and to move beyond the uncertainty associated with unemployment. As one participant explained: *"When I got the job, I finally felt that things were moving forward."* (P2)

For other participants, employment signified a return to normality after a prolonged period of unemployment. Participants associated employment with responsibility, independence and the possibility of planning for the future. The findings indicate that employment fulfilled not only economic functions but also important psychosocial functions related to identity and social inclusion.

▪ Encountering the Costs of Employment Entry

Although participants viewed employment positively, obtaining employment simultaneously generated a series of financial obligations. Transportation costs emerged as one of the most frequently reported challenges, particularly among participants commuting to neighbouring towns or industrial zones. Additional expenses included work clothing, meals, accommodation and mandatory medical examinations.

Several participants described a discrepancy between the formal achievement of employment and their continued economic insecurity. *"I already had a job, but I still had no money."* (P5) Another participant stated: *"The first month was the hardest. I had to pay for travelling, lunches and work clothes before I received any salary."* (P8)

The findings suggest that the transition into employment may create a temporary period of financial strain during which individuals remain economically vulnerable despite successfully entering the labour market.

▪ Mobilising Support and Coping Resources

Participants rarely managed the transition period entirely on their own. Family members, partners and friends represented important sources of financial, practical and emotional support. Participants frequently described borrowing money, receiving assistance with transportation or relying on temporary accommodation arrangements in order to maintain employment. *"Without my parents helping me with transport costs, I probably would not have managed the first weeks."* (P7)

Participants also described personal coping strategies such as careful budgeting, reducing non-essential expenses and prioritising work-related costs over other household expenditures. These findings indicate that labour market integration is influenced not only by individual motivation but also by the availability of social resources that can be mobilised during periods of temporary economic hardship.

The analysis further revealed that participants rarely relied on a single source of support. Instead, they combined multiple forms of assistance depending on their individual circumstances. Family support emerged as the most significant resource, particularly in relation to transportation costs, temporary financial assistance and accommodation arrangements. Participants also demonstrated active coping strategies aimed at maintaining employment despite limited resources. These strategies included reducing household expenditures, postponing non-essential purchases and prioritising expenses directly related to employment.

“Every euro went towards getting to work. Everything else had to wait.” (P6) “I borrowed money from my brother because I knew that if I missed work, I could lose the job.” (P11)

The findings suggest that labour market integration is not solely an individual process but also a socially embedded one. Access to supportive relationships significantly influenced participants’ ability to overcome challenges during the transition period.

▪ Maintaining Employment Despite Financial Pressure

The final category integrated participants’ efforts to remain employed despite continuing financial pressure and uncertainty. Although employment was associated with positive expectations, participants frequently described the first weeks after entering employment as a period requiring perseverance and adaptation. *“I knew it would get better once the salary arrived, but until then it was about holding on and not giving up.” (P10)*

Participants emphasised determination, patience and responsibility as important factors enabling them to overcome difficulties associated with the transition period. The findings suggest that successful labour market integration involves more than obtaining employment; it also requires the capacity to sustain employment until financial stability is achieved. Participants frequently described the transition period as requiring persistence and resilience. Maintaining employment was often perceived as an investment in future stability rather than an immediate improvement in living conditions. Participants accepted temporary hardship because they anticipated that regular employment income would eventually improve their situation.

“I kept telling myself that the first salary would change everything.” (P1) “It was difficult, but quitting was not an option because I had already come too far.” (P12)

This finding highlights an important distinction between obtaining employment and achieving labour market stability. While employment represented a significant milestone, participants perceived stability as something that would only be achieved after successfully overcoming the transition period.

3.Theoretical Coding

The aim of theoretical coding was to identify relationships among the emerging categories and to develop a theoretical explanation of the studied phenomenon.

Table 3 Development of the Emerging Theory

Category	Condition	Interaction	Consequence
Employment as a New Beginning	Obtaining employment	Developing expectations of change and improvement	Increased motivation and future orientation
Encountering the Costs of Employment Entry	Beginning employment	Facing immediate financial and practical demands	Financial pressure and uncertainty
Mobilising Support and Coping Resources	Insufficient financial resources	Seeking support and implementing coping strategies	Temporary stabilisation of the situation

Category	Condition	Interaction	Consequence
Maintaining Employment Despite Financial Pressure	Continuing economic strain	Persisting in employment and adapting to new conditions	Progress towards financial stability

Source: own research

Theoretical coding demonstrated that the identified categories did not operate independently but formed a coherent social process. Participants first perceived employment as a new beginning and an opportunity to improve their lives. Subsequently, they encountered the financial demands associated with entering employment. In response to these challenges, they mobilised personal and social resources that enabled them to cope with emerging difficulties and maintain employment despite continuing economic pressure.

Core Category: Bridging the Gap to the First Salary

Theoretical coding revealed that all identified categories were interconnected through a central process referred to as **Bridging the Gap to the First Salary**. This core category emerged across all interviews and represented the principal process through which participants experienced the transition from unemployment to employment.

Unlike the other categories, which described specific dimensions of participants' experiences, the core category integrated all categories into a single explanatory framework. It captured the period between obtaining employment and receiving the first salary, during which participants faced financial demands, mobilised available resources and attempted to maintain employment despite ongoing economic pressure.

The category emerged repeatedly regardless of participants' age, gender, educational background or employment history. Although individual circumstances varied, all participants described some form of adjustment period between entering employment and achieving financial stability. This recurring pattern suggested that the transition was not completed by obtaining employment itself but continued until regular income became available.

"Getting the job was only the first step. The real challenge started afterwards." (P4)

Participants initially perceived employment as a new beginning associated with hope, independence and improved life prospects. However, these positive expectations were quickly confronted by the practical realities of entering employment. Transportation expenses, accommodation costs, work clothing, meals and other work-related expenditures created immediate financial demands that had to be addressed before the first salary was received.

In response to these challenges, participants mobilised a variety of resources and coping strategies. Family support, informal financial assistance, borrowing money and careful budgeting enabled many participants to continue working despite limited financial means. The availability of such resources often determined whether participants were able to successfully navigate the transition period. *"Without help from my family, I would not have managed to stay in the job long enough to get paid." (P7)*

The findings indicate that the transition from unemployment to employment represents a process characterised by temporary social vulnerability. Participants formally left

unemployment but had not yet achieved economic security. They occupied an intermediate position in which employment provided future prospects but not immediate financial stability. This intermediate position was reflected in participants' accounts of simultaneously experiencing employment and economic insecurity. As one participant explained: *"I was working every day, but financially I still felt unemployed because I had not received any salary yet."* (P9)

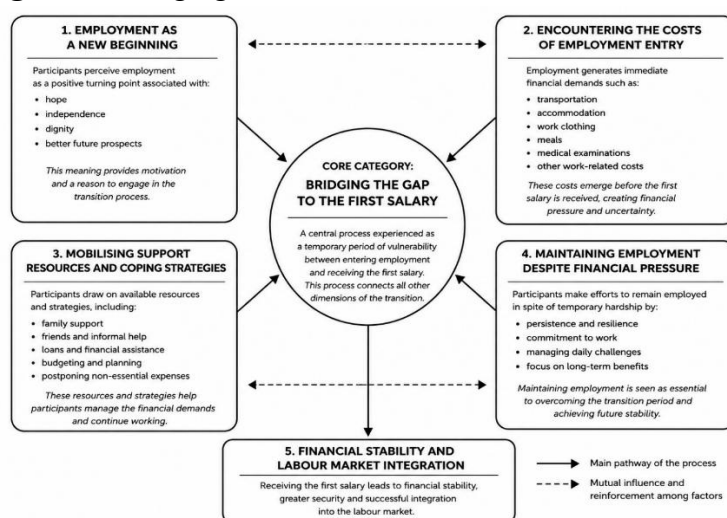
The core category therefore explains how participants navigated this intermediate period. It links the meaning attributed to employment, the financial demands of employment entry, the mobilisation of support resources and the effort to maintain employment into a coherent process. From this perspective, labour market integration should not be understood as a single event but as a gradual process extending beyond the first day of employment.

Building on this finding, the emerging theory further suggests that participants occupied a transitional social position situated between unemployment and financial self-sufficiency.

Although they had formally entered employment, many continued to experience conditions commonly associated with unemployment, including financial insecurity, dependence on family support and uncertainty regarding their ability to meet everyday expenses. The transition was therefore characterised by a discrepancy between formal labour market status and actual economic circumstances. *Bridging the Gap to the First Salary* represented a process through which participants gradually transformed employment from a symbolic achievement into a source of tangible economic stability.

The findings further indicate that employment sustainability during this period was shaped by the availability of personal, family and social resources. Access to financial assistance, practical support and coping resources enabled participants to manage employment-entry costs and remain employed until regular income became available. The ability to mobilise such resources emerged as an important factor facilitating the transition towards financial stability and long-term labour market integration. Figure 1 was developed through theoretical coding and illustrates the relationships among the categories identified during the analysis.

Figure 1 Emerging Theoretical Model of The Transition from Unemployment to Employment



Source: own research

The model illustrates that labour market integration is not completed when employment is obtained. Rather, it develops through a sequence of interconnected processes culminating in financial stability.

The core category, Bridging the Gap to the First Salary, represents the mechanism linking participants' expectations, challenges, resources and adaptation strategies into a coherent process of employment sustainability.

Discussion

The present study suggests that obtaining employment represents only one stage of labour market integration. The findings indicate that the transition continues beyond labour market entry and includes a period during which individuals strive to achieve financial stability and employment sustainability. While employment is commonly viewed as the successful outcome of labour market activation, the findings suggest that formal employment status does not necessarily coincide with immediate economic security. This distinction contributes to current discussions on labour market integration by highlighting the complexity of transitions from unemployment to employment and the challenges that may persist despite successful labour market entry.

The psychosocial significance attributed to employment by participants corresponds with contemporary research demonstrating that employment fulfils functions extending beyond income generation. Employment has been associated with improvements in wellbeing, self-esteem, social participation and identity reconstruction following periods of unemployment (Gedikli et al., 2023; Giustozzi, 2023a). Comparable findings have been reported by Grimm, Hense and Vogel (2023), who emphasise the role of employment as an important mechanism of social integration and societal participation. From this perspective, employment may be understood not only as an economic resource but also as a source of social recognition, personal agency and renewed future orientation.

The present findings extend existing knowledge by drawing attention to a relatively underexplored stage of labour market integration. Existing labour market policies and activation measures predominantly focus on facilitating access to employment, whereas considerably less attention has been devoted to the period immediately following employment entry.

The findings suggest that individuals may remain vulnerable despite successfully leaving unemployment. This interpretation aligns with evidence presented by Gebel and Gundert (2023), who demonstrated that labour market transitions may continue to be accompanied by economic strain even after employment has been secured. The present study contributes to this discussion by highlighting the discrepancy that may emerge between formal labour market participation and actual economic stability during the initial phase of employment.

These findings further suggest that social vulnerability should not be viewed solely as a condition associated with unemployment. Rather, vulnerability may persist during labour market transitions when individuals continue to experience financial insecurity despite holding paid employment. This perspective broadens current understandings of social vulnerability by emphasising its dynamic nature and by recognising that economically precarious situations may also emerge among individuals who have formally entered the labour market.

Another important contribution of the study concerns the role of social relationships in facilitating successful labour market transitions. The findings highlight that labour market integration is influenced not only by individual motivation and employability but also by the availability of supportive social environments. Similar conclusions were reached by Grimm, Hense and Vogel (2023), who emphasised the importance of social participation and social connectedness in processes of labour market integration. The present findings indicate that supportive interpersonal relationships may function as important protective resources that help individuals navigate periods of economic uncertainty and maintain employment during the transition process.

The study also contributes to broader discussions concerning adaptation during employment transitions. Rather than conceptualising labour market integration as a passive consequence of obtaining employment, the findings suggest that it involves an active process of adjustment to changing economic and social circumstances. This interpretation corresponds with contemporary perspectives that emphasise the interaction between structural labour market conditions and individual capacities to respond to challenges associated with employment transitions.

The emerging theory, conceptualised as *Bridging the Gap to the First Salary*, offers a theoretical explanation of how individuals experience and manage the period between employment entry and the achievement of financial stability. The theoretical contribution of the emerging theory lies in its explanation of how formally unemployed individuals transform employment acquisition into sustainable labour market participation.

Rather than conceptualising labour market integration as a discrete outcome, the theory conceptualises it as a process of resource mobilisation, adaptation and persistence through which individuals gradually convert symbolic employment status into actual economic security. The findings therefore suggest that labour market integration should be understood not merely as obtaining employment but as achieving the capacity to sustain employment until financial stability is established.

While previous research has predominantly focused on unemployment, employability and labour market participation, the present findings highlight the importance of examining what occurs after employment has been obtained. The study therefore expands existing knowledge by identifying a distinct transitional phase characterised by temporary social vulnerability, uncertainty and the need to mobilise available resources in order to achieve sustainable labour market integration. Building upon this theoretical explanation, the present study identifies a transitional mechanism linking formal employment status and actual economic security. The concept of *Bridging the Gap to the First Salary* extends existing understandings of labour market integration by demonstrating that successful integration depends not only on obtaining employment but also on the ability to mobilise resources and sustain employment during a period of temporary social vulnerability.

From a social work perspective, the emerging theory contributes to a broader understanding of labour market integration as a process that extends beyond obtaining employment. It demonstrates how temporary social vulnerability may persist despite formal labour market participation and draws attention to the interaction between economic resources, social support and employment sustainability. This interpretation is further illustrated by one participant's

observation that *“Getting the job did not immediately change my situation. The real change came when I received my first salary and no longer needed help from others.”* (P3)

From a social work perspective, the results highlight the importance of recognising the period immediately following labour market entry as a potentially vulnerable phase requiring targeted attention. Existing employment support measures frequently focus on obtaining employment, whereas considerably less attention is devoted to challenges emerging during the initial phase of employment. The findings point to the need for a broader understanding of employment support that extends beyond job placement alone and takes into account the circumstances affecting individuals after employment has been secured.

Practical support measures may include transportation subsidies, reimbursement of employment-entry expenses, temporary financial assistance and coordinated interventions aimed at reducing the risk of employment discontinuation.

Particular attention should be devoted to individuals with limited financial resources and restricted access to informal support networks, as these circumstances may increase vulnerability despite successful labour market entry. Furthermore, closer cooperation between employment services, social workers and local support organisations may facilitate the identification of individuals at risk and enable the provision of timely assistance during this transition period.

Several limitations should be considered when interpreting the findings. The study was conducted among participants residing in the District of Rožňava and reflects their subjective experiences of the transition from unemployment to employment. Consequently, the findings are not intended to provide statistical generalisation but rather an in-depth understanding of the studied phenomenon. Future research could examine whether similar experiences occur in different labour market contexts, geographical regions or occupational sectors. Additional research may also explore the role of institutional support mechanisms in promoting sustainable labour market integration and reducing vulnerability during employment transitions.

Conclusion

The findings reveal that obtaining employment does not automatically result in economic stability or complete labour market integration. Although participants successfully entered employment, they frequently continued to experience financial pressure associated with transportation costs, accommodation expenses, work-related expenditures and the absence of regular income during the first weeks of employment. These circumstances created a period of temporary social vulnerability despite formal labour market participation.

The emerging theory conceptualises this period as a transitional phase during which individuals transform employment acquisition into sustainable labour market participation. The findings suggest that the sustainability of employment is influenced not only by access to work opportunities but also by the availability of financial, social and practical resources that enable individuals to manage the immediate demands associated with employment entry.

The study further highlights the importance of family support, informal assistance and individual coping strategies in overcoming the financial demands associated with entering employment. The findings indicate that these resources played an important role in helping participants manage the period between starting work and receiving their first salary. This

suggests that employment sustainability is shaped not only by individual motivation but also by the broader social and economic conditions in which labour market participation takes place. From the perspective of social work, the findings draw attention to a phase of labour market integration that remains largely overlooked within existing employment support systems. Participants' experiences indicate that obtaining employment does not necessarily eliminate immediate financial hardship. On the contrary, the costs associated with entering employment, including transportation, work clothing, accommodation, meals and mandatory medical examinations, may create barriers that threaten employment retention before the first salary is received. The findings therefore point to the need for measures specifically targeting this transition period. Such measures may include temporary financial assistance, reimbursement of employment-entry expenses, emergency support schemes or coordinated interventions between employment services and social workers aimed at helping individuals overcome the period preceding the first salary.

The study contributes to the existing body of knowledge by identifying a form of social vulnerability that may remain hidden behind formal employment status. The findings suggest that sustainable labour market integration is achieved not simply through access to employment but through the successful management of the transition period leading to financial stability. By drawing attention to the period preceding the first salary, the study expands current understanding of employment transitions and highlights an area that deserves greater consideration within social work research, labour market policy and employment support practice.

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Readiness to take Responsibility for Role of Family Caregivers

Hilda Gönczöl Tóthová, SK, ORCID: <https://orcid.org/0009-0001-9341-7483>

Student at PhD. Programme at Department of Social work

St. Elizabeth University of Health and Social Work in Bratislava,

e-mail: hildy84@gmail.com (corresponding author)

Beata Dobová, SK, ORCID: <https://orcid.org/0009-0009-5348-9544>

Student at PhD. Programme at Department of Social work

St. Elizabeth University of Health and Social Work in Bratislava,

e-mail: beata.dobova@gmail.com

Abstract

The aim of this research presented in the article was to figure out the readiness of middle-aged adults to assume future caregiving responsibilities for their ageing parents, identify factors influencing caregiving preparedness, and examine concerns and stereotypes related to family and institutional care. The findings revealed that participants generally perceived caring for ageing parents as a moral obligation and an expected family responsibility. Four patterns of caregiving readiness emerged: positive preparedness, conditional willingness, temporal distancing, and perceived unpreparedness. Although most participants expressed willingness to provide care, many reported insufficient caregiving knowledge and expected to require professional support. Family care was strongly preferred over institutional care and was primarily justified by family values, reciprocity, filial obligation, and moral responsibility. Positive parent-child relationships strengthened caregiving intentions; however, even participants with weaker relationships reported a sense of obligation to ensure adequate care. Major concerns included financial burden, deterioration of quality of life, lack of caregiving competencies, unequal distribution of caregiving responsibilities, role conflict between employment and caregiving, and fear of caregiver burnout. Participants also expressed negative stereotypes regarding institutional care, frequently associating it with abandonment of parents and transfer of family responsibility to the state.

Keywords: ageing parents, family caregiving, caregiving preparedness, intergenerational solidarity, family responsibility, long-term care

Introduction

Population ageing and increasing life expectancy have intensified concerns regarding the sustainability of family caregiving for older adults. While families remain the primary source of support for ageing parents in many European countries, social transformations such as labour market participation, migration, changing family structures, and economic pressures have complicated the ability of adult children to provide care. This qualitative study explores the readiness of middle-aged adults to assume future caregiving responsibilities for their ageing parents. Sixteen participants aged 45–50 years, all of whom had at least one living elderly parent potentially requiring future assistance, participated in semi-structured interviews. The research investigated perceptions of filial responsibility, willingness to provide care

Previous research among young people indicates that the majority perceive caring for ageing parents as a natural and expected part of family life (Dervišbegović & Šadić, 2012). Respondents who expressed reservations usually referred not to unwillingness but to objective barriers such as employment obligations, financial insecurity, housing conditions, migration, and limited support services. Although attitudes toward family caregiving have been widely studied among younger populations, less attention has been devoted to individuals approaching the life stage when caregiving responsibilities become increasingly realistic and immediate.

Adults aged 45 to 50 is often described as the "sandwich generation", simultaneously balancing employment, responsibilities toward their own children, and increasing support needs of ageing parents. This life stage represents a critical period for examining preparedness for future caregiving because many individuals begin anticipating parental dependency while still maintaining active professional and social lives.

The present study addresses this research gap by exploring the readiness of middle-aged adults to assume caregiving responsibilities for ageing parents. Particular attention is devoted to concerns related to employment, financial stability, social relationships, and personal well-being. Understanding these perceptions is essential for developing policies and support systems capable of sustaining family caregiving in ageing societies. Caregiving was often perceived as an activity that could significantly restrict personal autonomy and reshape everyday life. Such concerns were frequently linked to participants' observations of relatives, friends, or acquaintances who had previously cared for dependent family members. Many respondents anticipated a reduction in leisure opportunities, loss of personal freedom, emotional exhaustion, and increased stress.

Methods

The study sample consisted of 16 participants aged between 45 and 50 years who were identified as being at a life stage when they were increasingly likely to assume caregiving responsibilities for their ageing parents. At the beginning of 2026, all participants had at least one living elderly parent whose health condition, advancing age, or growing dependency suggested a potential future need for assistance and long-term care. Although most parents remained relatively independent, respondents anticipated that caregiving demands would become more significant in the coming years.

All participants were economically active and employed, representing a group balancing multiple responsibilities associated with middle adulthood. In addition to their professional roles, participants were established within their own family systems, living with a spouse or partner and/or raising children. Consequently, many occupied a "sandwich generation" position, simultaneously managing obligations toward their children and anticipating increasing responsibilities toward ageing parents.

All participants resided in urban environments, including towns and cities where access to healthcare and social services was generally more available than in rural regions. Nevertheless, participants frequently reported concerns regarding the future availability, affordability, and adequacy of formal care services should their parents become dependent.

Regarding living arrangements, seven participants (46.7%) shared a household with their ageing parents, allowing them direct daily contact and involvement in their parents' everyday

lives. These respondents often reported already providing occasional practical assistance, emotional support, transportation, or help with household activities. In contrast, nine participants (53.3%) lived separately from their parents, although most maintained regular contact through visits, telephone communication, and family activities. Participants living separately expressed particular concerns regarding the logistics of providing care, especially in cases of increasing dependency or emergency situations.

Participants were considered potential future family caregivers, reflecting cultural expectations and family norms prevalent in Slovak society, where adult children are commonly expected to care for ageing parents. The interviews explored participants' attitudes toward this anticipated role, perceived obligations, readiness to provide care, and concerns related to balancing caregiving with employment, financial responsibilities, family commitments, and personal well-being.

Data were collected through semi-structured individual interviews conducted between January and March 2026. Interviews lasted between 45 and 55 minutes. The interview guide focused on:

- Perceptions of responsibility toward ageing parents;
- Willingness to provide future care;
- Anticipated challenges and concerns;

The interview data were analysed using **thematic analysis** following the six-phase framework developed by Braun and Clarke (2006). This method was selected because it provides a systematic approach for identifying, analysing, and interpreting recurring patterns of meaning within qualitative data.

The first phase involved **familiarisation with the data**. All interviews were audio-recorded, transcribed verbatim, and read repeatedly by the researchers to gain a comprehensive understanding of participants' experiences and viewpoints. Initial observations and preliminary ideas were documented during this stage.

In the second phase, **initial codes** were generated. Relevant segments of text related to participants' perceptions of caregiving responsibilities, anticipated challenges, concerns, and preparedness were systematically identified and assigned descriptive labels. Coding was conducted across the entire dataset to ensure that all potentially relevant meanings were captured.

The third phase focused on **searching for themes**. Similar codes were grouped together and organised into broader categories representing common patterns across participants' accounts. Particular attention was given to recurring perceptions of family responsibility, employment-related concerns, anticipated impacts on personal life, and perceived needs for support.

During the fourth phase, the preliminary themes were **reviewed and refined** through continuous comparison between the coded extracts and the original interview transcripts. This process ensured that the themes accurately reflected participants' experiences and that meaningful distinctions between themes were maintained.

The fifth phase involved **defining and naming themes**. Each theme was clearly conceptualised and described, including the identification of relevant subthemes that captured specific dimensions of participants' perspectives. Through this process, four overarching themes were identified: (1) Readiness for Caregiving as part of Family Responsibility, (2) Fear of Future Caregiving, (3) Subjective prejudices about caregiving.

Results

The research analyse attitudes toward future caregiving among employed middle-aged adults who anticipate that their ageing parents may require increasing support in the coming years. Although participants differed in their levels of preparedness, coping confidence, and expectations regarding future caregiving,

Category: Readiness Caregiving as part of Family Responsibility

RQ1: Do you think that you are ready to take responsibility for full-time caregiving of your parents in the future?

The findings suggest that respondents generally did not feel fully prepared to provide long-term care for their ageing parents. Only two participants living with their parents reported having sufficient knowledge to manage caregiving responsibilities independently. Most respondents acknowledged possessing only partial knowledge and anticipated the need for external support, training, or professional assistance should their parents become dependent.

Participants living with elderly parents appeared slightly more confident in their caregiving abilities, likely due to their daily interactions and previous experience assisting their parents with practical needs. In contrast, respondents living separately expressed greater uncertainty regarding caregiving requirements and available support resources.

Table 1 Perceived Knowledge and Preparedness for Future Caregiving

Code	Axial Coding	Living with Elderly Parents (N = 7)	Living Separately (N = 9)
I have enough knowledge about it	High perceived caregiving competence and preparedness	2	0
I have a little knowledge and I will definitely need support	Limited knowledge and anticipated need for professional guidance	1	3
I know something but it is not enough to provide quality caregiving for my parents in the future	Partial preparedness and awareness of caregiving limitations	3	3
I think I have enough knowledge for the start and then I will need support	Initial preparedness combined with expectation of future assistance	2	2
I have a lack of knowledge at all; I feel lost in all things necessary to care for a dependent person	Perceived incompetence and uncertainty regarding caregiving responsibilities	0	1

RQ 1: How do you perceive your responsibility for caring for your ageing parent(s) if they require assistance in the future?

Code: Prepared for caregiving

The analysis identified four patterns of readiness for future caregiving. The first group, described as **"ready for caregiving,"** expressed confidence in their capacity to assume caregiving responsibilities when required. A second group demonstrated **conditional willingness**, indicating that their ability to provide care would depend on future circumstances such as health, financial stability, family support, and employment conditions. A third group adopted a form of **temporal distancing**, acknowledging the likelihood of future caregiving while perceiving it as a distant issue that did not yet require active preparation. Finally, some participants expressed **perceived unpreparedness**, characterized by uncertainty, anxiety, and doubts about possessing the emotional, practical, or financial resources necessary for caregiving. These differing patterns suggest that caregiving preparedness exists along a continuum rather than representing a simple dichotomy between willingness and unwillingness. Differences also emerged according to living arrangements. Participants who shared a household with ageing parents often described caregiving as an extension of existing support activities and believed they would likely become primary caregivers in the future. Although these respondents appeared more familiar with everyday care responsibilities, they also anticipated greater levels of burden. By contrast, participants living separately expressed equally strong feelings of obligation but were more concerned about practical issues such as geographical distance, coordination of care, and balancing caregiving with work and family commitments.

A thematic analysis of the interviews revealed four distinct patterns reflecting participants' readiness to assume future caregiving responsibilities for their ageing parents. These patterns illustrate varying levels of preparedness, confidence, and perceived capacity to cope with anticipated caregiving demands.

Code: Positive attitude and readiness for caregiving

The first code, **positive preparedness**, was represented by participants who perceived themselves as ready to undertake the caregiver role when needed. These respondents expressed confidence in their ability to adapt to changing family circumstances and viewed caregiving as a natural extension of their family responsibilities. Their narratives reflected psychological readiness, emotional commitment, and a belief that caregiving is an expected part of the life course. Participants within this category generally anticipated challenges but felt capable of managing them. As one respondent explained: *"If my mother needed help tomorrow, I think I would be able to manage it."*

Code: Showe willingness to take responsibility

A second code, identified as **conditional willingness**, characterized participants who expressed a clear intention to provide care but acknowledged that their future caregiving capacity would depend on various personal and structural circumstances. These respondents emphasized that factors such as employment obligations, financial security, health status, housing conditions, and family commitments could significantly influence their ability to become caregivers. While

their attitudes toward caregiving were generally positive, they recognised the uncertainty associated with future life situations. One participant stated: *"I hope I will be able to care for my father when the time comes, but it will depend on my work situation."* This pattern suggests that willingness to care and the practical ability to provide care are not necessarily identical.

Code: No thinking about future

The third code, referred to as **temporal distancing**, emerged among participants who acknowledged the likelihood of future caregiving but perceived it as a distant concern that did not yet require active planning. These respondents often emphasized that their parents were still relatively independent and therefore caregiving seemed remote and hypothetical. Although they accepted the possibility of assuming caregiving responsibilities in the future, they had not yet considered specific preparations or strategies. This perspective was illustrated by one participant who explained: *"My parents are still quite independent, so I don't really think about caregiving yet."* For these individuals, readiness had not yet translated into concrete planning or emotional preparation.

Code: Lack of preparedness to take responsibility

One code presents, **perceived unpreparedness**, included participants who openly expressed doubts about their ability to provide future care. These respondents reported feelings of anxiety, insecurity, and uncertainty regarding the demands associated with caregiving. Concerns related to emotional resilience, caregiving skills, time constraints, financial pressures, and the anticipated burden of long-term care frequently appeared in their narratives. Some participants questioned whether they would be capable of coping with the physical and emotional challenges associated with caring for a dependent parent. As one respondent admitted: *"Honestly, I don't feel ready to take care of someone full-time."*

Family Care Versus Institutional Care Preferences

Participants were asked about their preferred form of care should their ageing parents become dependent in the future. Analysis revealed that family care was generally perceived as the preferred and most desirable option, although respondents differed in their reasons for supporting family-based caregiving. Family care was most frequently justified by a sense of moral responsibility, family values, reciprocity, and the belief that adult children should assume primary responsibility for supporting ageing parents. Several participants also indicated that family caregiving would become necessary because they perceived few realistic alternatives within existing social service systems.

Among respondents living with their elderly parents, caregiving was often viewed as a natural continuation of their current support activities. These participants frequently described family care as both a practical necessity and an expression of family solidarity. Some also acknowledged that providing care themselves might represent the most economically viable solution, particularly if institutional services were unavailable or financially inaccessible.

Participants living separately from their parents similarly emphasized the importance of family responsibility, although they were more likely to discuss difficulties associated with distance, employment obligations, and coordinating support. Despite these challenges, most maintained that institutional care should be considered only when family care was no longer feasible.

Institutional care was generally perceived as a last resort rather than a preferred option. Respondents frequently associated residential facilities with situations involving severe dependency, advanced illness, lack of family resources, or caregiver exhaustion. Only a small number of participants considered institutional care a potentially preferable alternative due to professional expertise, continuous supervision, and relief from caregiver burden. Nevertheless, even among these respondents, institutional care was usually viewed as complementary to family involvement rather than a complete substitute for family responsibility (table 2).

Table 2 Preferences for Family and Institutional Care According to Living Arrangement

Code	Axial Coding	Living with Elderly Parents (N = 7)	Living Separately (N = 9)
Family care priority due to lack of alternatives	Care as necessity	3	2
Family care priority as a way of maintaining employment or household stability	Pragmatic caregiving	1	2
Family care priority as a value and family duty	Family values and solidarity	5	6
Family care priority as responsibility and moral obligation	Filial responsibility	6	7
Institutional care because there is no alternative	Last-resort institutionalization	2	3
Institutional care as preferred option	Preference for formal care	1	1
Institutional care only when family caregiving is no longer possible	Conditional acceptance of institutional care	5	6

Note. Frequencies represent the number of participants whose narratives reflected a particular category. Individual participants could express views corresponding to more than one category; therefore, totals exceed the sample size.

Participants' responses revealed a complex relationship between traditional family values and practical considerations regarding future elder care. Among respondents living with their elderly parents, family care was more frequently associated with everyday responsibility, moral obligation, and existing caregiving involvement. These participants often emphasized that caring for one's parents is a natural continuation of family reciprocity and gratitude for parental support received throughout life.

Respondents living separately from their parents also acknowledged family responsibility; however, they more frequently referred to practical limitations that might necessitate institutional care. Distance, employment obligations, and uncertainty regarding future caregiving demands influenced their perspectives on possible care arrangements.

Institutional care was generally not perceived as the preferred first choice. Instead, participants tended to view institutional placement as an option to be considered when caregiving demands

exceeded the family's physical, emotional, or financial capacities. Several respondents described institutional care as a "last resort," while only a small number considered it the preferred solution due to expectations of professional care and specialised services (table3).

Table 3 Preferences for Family Care and Institutional Care Among Participants

Interview question: *Would you prefer family care or institutional care? Why?*

Code	Axial Coding	Living with Elderly Parents (N = 7)	Living Separately (N = 9)
Family care priority – due to no other possibility	Family care perceived as the only realistic option	1	1
Family care priority – as a way of employment myself	Caregiving viewed as a potential source of employment or financial security	1	1
Family care priority – as a value and family duty	Strong commitment to family values and filial obligation	1	2
Family care priority – as responsibility and moral value	Caregiving perceived as a moral responsibility toward parents	1	1
Institutional care – no other choice	Institutional care accepted only when family care is not feasible	1	2
Institutional care – preferred priority	Institutional care viewed as the preferred care arrangement	1	1
Institutional care – only if I give up	Institutional placement considered only as a last resort after exhausting family resources	1	1

We analysed participants' readiness to provide future care. Most respondents described having a positive relationship with their parents, characterised by emotional closeness, mutual support, respect, and gratitude. These participants frequently reported that a good relationship strengthened their commitment to caring for their parents if support became necessary.

Participants with neutral relationships generally stated that they would still provide care despite the absence of strong emotional attachment. Their willingness was primarily rooted in a sense of family duty, social expectations, and moral responsibility rather than affection.

A small number of respondents reported a negative or distant relationship with their parents. Although these participants acknowledged that such experiences reduced their motivation for direct caregiving involvement, most still indicated that they would ensure their parents received adequate support. In these cases, respondents were more likely to consider combining family care with formal services or institutional care arrangements.

The findings in table 4 indicate that the quality of the parent-child relationship plays an important role

Representative statements included:

- **Positive relationship:** *"My parents have always helped me throughout my life, so I would naturally help them when they need it."*
- **Neutral relationship:** *"We are not particularly close, but they are still my parents and I feel responsible for them."*
- **Negative relationship:** *"Our relationship has never been very strong, but I would not leave them without help if they became dependent."*

Table 4 Influence of Parent–Child Relationship on Willingness to Provide Future Care

Interview question: *How would your relationship with your parent influence your decision to provide care?*

Code	Axial Coding	Living with Elderly Parents (N = 7)	Living Separately (N = 9)
Positive relationship with parents	Strong emotional bonds increasing willingness to provide care	5	6
Neutral relationship – not good but	Caregiving based on duty rather than emotional closeness	1	2
Negative relationship – weak	Limited emotional attachment influencing caregiving motivation	1	1

RQ2: What concerns or worries do you have about providing care for your parent(s) in the future?

In table 5, the most frequently reported concerns among respondents living with elderly parents were **deterioration of quality of life** (n = 5) and **lack of family support** (n = 5). Participants already sharing a household with their parents appeared more aware of the practical demands associated with caregiving and often anticipated that the primary responsibility would fall on them. They expressed concerns about reduced personal time, limitations in family activities, emotional stress, and a lack of support from siblings or other relatives. Financial concerns were also prominent. Four respondents living with their parents identified **insufficient financial resources for home-based care**, while three feared that caregiving would negatively affect their overall standard of living. Participants referred to anticipated expenses related to medications, assistive devices, home adaptations, transportation, and potential reductions in income resulting from caregiving commitments.

Among participants living separately from their parents, the most frequently mentioned concerns included **financial burden and reduced quality of life** (n = 4), **lack of funds to provide care at home** (n = 4), and **deterioration of quality of life** (n = 4). These respondents frequently anticipated difficulties associated with organising care from a distance while maintaining employment and their own family responsibilities. Several participants highlighted uncertainty regarding future care arrangements and the affordability of formal services. Knowledge deficits were another significant concern. Five participants overall reported lacking

sufficient competencies to provide quality care, and many anticipated a future need for professional training, information, or external support.

Table 5 Coding Structure Related to Fears and Concerns about Future Caregiving Responsibilities

Code	Axial Coding	Living with Elderly Parents (N = 7)	Living Separately (N = 9)
Lack of competences	Perceived insufficient knowledge and caregiving skills	2	3
Lack of finance to cover costs of taking care at home	Concerns about affordability of home-based care	4	4
Role conflict: caregiver and employee	Difficulty balancing employment and caregiving	2	1
Role strain and lack	Anticipated physical, emotional, and time burden	2	2
Financial concerns and poor qua	Fear of economic burden and reduced living standards	3	4
Fear	Fear of unequal distribution of caregiving responsibilities	5	2
Quick burnout and lack of emotional support	Anticipated caregiver fatigue and psychological overload	3	1
No understanding in family, job and society	Perceived lack of emotional and social support	3	3
Deterioration of quality	Concerns about reduced well-being and participation	5	4

Source: Authors' thematic analysis based on interviews with adult children of ageing parents (N = 16). They explained more than 1 factor-fear.

RQ3: What are most often prejudices linked to caregiving in family?

Category:: subjective prejudices

The findings reveal the presence of several subjective beliefs and stereotypes regarding caregiving and the use of institutional elder care services. Participants frequently associated institutional care with moral and social judgments rather than considering it solely a professional care option.

The most common perception among both groups was the belief that placement in a residential care facility represents a transfer of responsibility from the family to the state. This opinion was expressed by five participants living with elderly parents and seven participants living separately. These respondents often viewed elder care primarily as a family responsibility and considered institutional care as evidence of insufficient family involvement.

Another common prejudice was the belief that institutional placement may signify abandonment of parents who had previously cared for their children. This view was particularly

evident among participants living with their parents (n = 4), who appeared to have a stronger orientation toward family-based caregiving and intergenerational reciprocity.

Several respondents associated institutional care with financial constraints, suggesting that people select institutional services because they cannot afford alternative forms of support. Others perceived caregiving as a responsibility accepted primarily because there is "no other choice," reflecting a sense of obligation rather than personal preference.

Interview question: What negative stereotypes about caregiving have you encountered?

Table 6 Coding RQ3 about stereotypes

Statement - Caregiving is...	Axial Coding	Living with Elderly Parents (N = 7)	Living Separately (N = 9)
For people who are lazy to work and take care of parents	Negative stereotype of family caregivers and institutional care users	2	3
Way of supplying state responsibility	Perception that institutional care replaces family and state obligations	5	7
If you cannot afford to pay for care in a residential centre for seniors	Institutional care associated with financial disadvantage	3	1
You give up taking care of parents who raised you	Institutional care perceived as abandonment of family responsibility	4	2
You do it because you have to and there is no other choice	Caregiving perceived as an unavoidable obligation	1	1

Source: Authors' thematic analysis based on interviews with adult children of ageing parents (N = 16).

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Another common prejudice was the belief that institutional placement may signify abandonment of parents who had previously cared for their children. This view was particularly evident among participants living with their parents (n = 4), who appeared to have a stronger orientation toward family-based caregiving and intergenerational reciprocity.

Several respondents associated institutional care with financial constraints, suggesting that people select institutional services because they cannot afford alternative forms of support.

Others perceived caregiving as a responsibility accepted primarily because there is "no other choice," reflecting a sense of obligation rather than personal preference.

Discussion

The present study explored the readiness of middle-aged adults aged 45–50 years to assume future caregiving responsibilities for their ageing parents. The findings reveal a complex relationship between normative expectations of family caregiving, personal willingness to provide care, and concerns regarding the practical sustainability of caregiving roles. Consistent with Intergenerational Solidarity Theory (Bengtson & Roberts, 1991), the majority of participants viewed caring for ageing parents as a natural family responsibility grounded in reciprocity, emotional attachment, and moral obligation. At the same time, their narratives highlighted concerns that correspond closely with contemporary discussions of the care crisis, particularly the growing discrepancy between societal expectations of family care and the resources available to fulfil these expectations.

Readiness for Future Caregiving

The results indicate that participants generally demonstrated a positive orientation toward future caregiving, although levels of preparedness varied considerably. While some participants perceived themselves as ready to assume caregiving responsibilities, others expressed conditional willingness, uncertainty, or a lack of preparedness. These findings support previous research by Dervišbegović and Šadić (2012), which found that younger adults overwhelmingly regarded caring for ageing parents as a natural and expected aspect of family life. Similar to their findings, respondents in the present study rarely questioned the principle of caregiving itself; rather, they questioned their future capacity to provide care effectively.

Participants living with their parents appeared more prepared for caregiving, likely because they already assisted with everyday support activities and were familiar with age-related needs. Nevertheless, they simultaneously anticipated greater future burden. This finding corresponds with Bundzelová, Ludvigh Cintulová, and Buzalová (2023), who emphasize that families remain key providers of support for older adults and that caregiving obligations often evolve gradually through increasing involvement in everyday assistance. Daily contact may therefore contribute both to greater preparedness and increased awareness of caregiving demands.

An important finding concerns the perceived lack of caregiving competencies. Only a small proportion of participants believed they possessed sufficient knowledge to provide future care independently. Most respondents indicated that they would require professional guidance, education, or formal support services. This finding is particularly relevant given the increasing complexity of elder care associated with chronic illness, dementia, neurological disorders, and declining functional abilities (Bednařík et al., 2010; Topinková, 2005). Family members may be willing to provide care but often lack the professional knowledge necessary to respond effectively to changing health needs.

The distinction observed between willingness and preparedness also supports the Care Crisis Perspective. Participants generally expressed strong commitment to caring for their parents but simultaneously recognized limitations related to finances, competencies, time availability, and caregiving skills. As argued by Zaviršek (2014) and Salić (2024), modern societies increasingly

rely on families to provide care while simultaneously creating conditions that reduce their caregiving capacity.

Family Care as a Dominant Norm

The preference for family care identified in this study reflects strong cultural expectations concerning filial obligation and intergenerational solidarity. Most participants viewed family care as the preferred option and institutional care as a measure to be used only when family care became impossible. Similar conclusions were reported by Dervišbegović and Šadić (2012), who found that caring for ageing parents was perceived as a moral responsibility deeply rooted in family values.

Participants frequently justified family care through reciprocity, gratitude, and family solidarity. These findings strongly support Intergenerational Solidarity Theory, particularly the dimension of normative solidarity, which refers to beliefs regarding obligations toward ageing parents. Respondents often linked caregiving with the support they had received during childhood, perceiving future caregiving as a natural return of parental investment.

The findings also correspond with the historical development of elder care in Slovakia described by Ludvigh Cintulová, Budayová, and Buzalová (2022). Despite the expansion of formal social services, families continue to provide the majority of practical and emotional support to older relatives. The persistence of strong family-oriented caregiving norms among participants suggests that this pattern is likely to continue in future generations.

Family members also recognized the limits of family caregiving. Institutional care was generally accepted when dependency became severe, when specialized medical care was required, or when family resources became exhausted. These findings support research demonstrating that contemporary elder care increasingly requires cooperation between informal family caregivers and formal care services (Bundzelová et al., 2023).

The Importance of Parent–Child Relationships

The study further demonstrated that the quality of the parent-child relationship influenced caregiving motivation. Participants reporting positive relationships expressed stronger emotional commitment to providing future care. These findings are consistent with Intergenerational Solidarity Theory, which assumes that affectual solidarity strengthens mutual support between generations.

Nevertheless, even respondents who described neutral or negative relationships stated that they would ensure their parents received adequate care. This finding suggests that caregiving decisions are not based solely on emotional attachment but are also influenced by cultural norms and moral obligations. Such results confirm Family Responsibility Theory, according to which caregiving is embedded within broader social expectations rather than exclusively within individual preferences.

The continuing influence of family norms observed in this study aligns with findings from Hromadžić et al. (2015), who documented strong social expectations regarding family responsibility for older relatives despite increasing challenges associated with caregiving. Participants often felt an obligation to provide care regardless of the quality of previous family relationships.

Fears and Concerns Regarding Future Caregiving

Although participants generally supported family caregiving, they simultaneously reported substantial concerns regarding its consequences. The most prominent concerns involved financial burden, deterioration of quality of life, lack of family support, insufficient caregiving knowledge, and fear of burnout.

These findings strongly support the assumptions of Role Theory. Participants occupied multiple social roles, including spouse, parent, employee, and future caregiver. Many anticipated significant role conflict resulting from the need to balance employment with caregiving responsibilities. Similar concerns have been identified in research examining the impact of caregiving on labour market participation and family well-being (Zaviršek, 2014).

Financial concerns emerged as particularly significant. Respondents worried about the costs of medications, home modifications, assistive technologies, transportation, and professional support services. These concerns are consistent with findings on poverty and social vulnerability discussed by Ludvigh Cintulová (2021), who emphasizes that economic insecurity can substantially affect families' ability to respond to care-related challenges.

The fear of deterioration in quality of life was another major finding. Participants anticipated reduced leisure opportunities, greater stress, limited social participation, and increased emotional burden. Such concerns mirror findings from studies examining caregiver burden and well-being among family caregivers (Šadić et al., 2025). The expectation of future caregiver exhaustion also reflects growing awareness of the psychological consequences associated with long-term caregiving.

Notably, participants living with elderly parents expressed stronger concerns regarding unequal distribution of caregiving responsibilities. Many expected that they would become the primary caregivers due to geographical proximity or existing caregiving involvement. This finding highlights the importance of family dynamics and corresponds with Rác and Ludvigh Cintulová (2020), who emphasize the importance of family functioning and support networks when families face demanding life situations.

Subjective Prejudices and Attitudes Toward Institutional Care

The findings also revealed the persistence of stereotypes regarding institutional care. Participants frequently associated residential facilities with abandonment, failure of family responsibility, or transfer of care obligations from the family to the state. Such perceptions were particularly common among respondents already living with their ageing parents.

These attitudes correspond with findings reported by Hromadžić et al. (2015), who described how institutional placement is often socially interpreted as evidence of weakened family solidarity. Participants in the present study similarly viewed institutional care through a moral lens rather than solely as a professional care service.

However, these perceptions may not fully reflect contemporary realities. Research on quality of life in residential care settings suggests that institutional environments can provide important benefits, including professional healthcare, social interaction, rehabilitation opportunities, and safety (Šadić et al., 2025). Similarly, active ageing programmes described by Štilec (2004) demonstrate that professional services can contribute positively to older adults' well-being when appropriately designed.

Recommendations and limits

The research was based on a relatively small sample of 16 participants, which limits the generalizability of the findings. Although qualitative research does not seek statistical representativeness, the experiences and perceptions of these participants may not fully reflect the diversity of attitudes toward future caregiving among middle-aged adults in Slovakia or other countries.

All participants were employed, lived in urban areas, and had their own families, which may have influenced their perceptions of caregiving responsibilities and challenges. Individuals living in rural areas, unemployed persons, single adults, or those without children may experience and perceive future caregiving differently.

We figured out anticipated rather than actual caregiving experiences. Most participants were not yet providing intensive care for a dependent parent and therefore described expectations, concerns, and assumptions about future situations. Their views may change once caregiving responsibilities become reality and they acquire practical experience. Participants were interviewed during a period when their parents remained largely independent. Consequently, some respondents adopted a form of temporal distancing and had not yet actively prepared for future caregiving. This may explain the relatively high levels of uncertainty regarding caregiving competencies, support systems, and care arrangements.

Family communication represents an important aspect of caregiving preparedness. Discussing future care needs and sharing expectations among family members facilitates clearer allocation of responsibilities and may reduce the risk of unequal caregiving burdens. Shared involvement in caregiving strengthens family support networks and decreases the likelihood that one family member becomes solely responsible for care.

Based on the findings, several practical recommendations can be formulated for future family caregivers.

1. Begin Preparing Before Care Is Needed

The study revealed that many participants felt insufficiently prepared for future caregiving and lacked confidence in their caregiving competencies. Family members should therefore seek information about ageing, chronic illness, dependency, dementia, and available care services before a crisis occurs.

Early preparation can include:

- learning basic caregiving skills;
- becoming familiar with available social and healthcare services;
- attending educational workshops and caregiver training programmes;
- consulting healthcare and social work professionals.

2. Plan Future Care Arrangements Together With Parents

Many participants had not yet discussed future care expectations with their parents. Open family communication can help reduce future stress and misunderstandings.

It is recommended that families discuss:

- preferred care arrangements;
- expectations regarding family involvement;
- financial planning for future care;

- housing adaptations;
- preferences regarding home care and institutional care.

Early discussions allow family members to make informed decisions before crisis situations emerge.

3. Share Caregiving Responsibilities Within the Family

One of the most frequently reported fears involved unequal distribution of caregiving duties. Family caregiving should not rely solely on one individual whenever possible.

Families should:

- discuss caregiving roles among siblings and relatives;
- divide responsibilities according to abilities and availability;
- create realistic caregiving plans;
- ensure emotional and practical support for the primary caregiver.

Conclusion

The findings of this study demonstrate that although middle-aged adults generally perceive caring for ageing parents as a natural family responsibility, many feel insufficiently prepared for the practical, emotional, and financial demands associated with future caregiving. Participants expressed strong willingness to provide care but simultaneously reported concerns regarding a lack of caregiving competencies, financial burden, role conflict between employment and caregiving, deterioration of quality of life, and the possibility of caregiver exhaustion. These findings suggest that preparedness for caregiving extends beyond positive attitudes and requires active planning, knowledge acquisition, and access to appropriate support systems.

Based on the results, greater attention should be devoted to preparing future family caregivers before caregiving becomes necessary. Families should be encouraged to discuss future care arrangements openly, including expectations regarding caregiving responsibilities, financial planning, housing adaptations, and the potential use of formal support services. Early planning may reduce uncertainty and facilitate more sustainable caregiving arrangements when parents become dependent.

The study further highlights the importance of caregiver education. Given that most participants reported only partial knowledge about caregiving or anticipated a need for professional guidance, educational programmes focusing on ageing, chronic illness, dementia, home care skills, and available support services should become more widely accessible. Such initiatives may increase caregivers' confidence, reduce anxiety, and improve the quality of care provided to older adults.

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