

JOURNAL TITLE

Health & Humanity

PUBLISHER

International Education Academy, n.o.

PUBLICATION FREQUENCY

Quarterly

ISSN ONLINE

ISSN 2989-526X

ISSN PRINT

ISSN 2989-5278

JOURNAL PUBLICATIONS DETAILS

Vol. 1, No. 2

TECHNICAL EDITOR

Ing. Mgr. Lucia Kimpanová, DSc.

VISITOR EDITOR**Publisher**

International Education Academy, n.o.

Železničný rad 70/8

968 01 Nová Baňa, Slovakia

Contact

Tel.: 00421 905 565 624

Mail: info@ieacademy.eu

Web: www.ieacademy.eu



EDITORIAL BOARD

Editor-in-Chief

doc. PhDr. PaedDr. Silvia Barnová, PhD., MBA

DTI University, Dubnica nad Váhom, Slovakia
Department of School Pedagogy and Psychology
e-mail: barnova@dti.sk

Members of Editorial Board

prof. PhDr. Miron Zelina, DrSc.

DTI University, Dubnica nad Váhom, Slovakia
Department of School Pedagogy and Psychology
e-mail: zelina@dti.sk

prof. Dr. Hakan Tozan, Ph.D.

American University of the Middle East, Salmiya, Kuwait
Department of Industrial Engineering, College of Engineering and Technology
e-mail: htozan@aum.edu.kw

prof. Dr. habil. PaedDr. Ing. István Szókö, PhD.

Trnava University in Trnava, Trnava, Slovakia
Department of School Psychology
e-mail: istvan.szokol@truni.sk

prof. Dr. Özalp Vayvay, Ph.D.

Marmara University, Istanbul, Turkey
e-mail: ozalp.vayvay@istun.edu.tr

prof. MUDr. Mária Šustrová, CSc.

St. Elizabeth University of Health and Social Work in Bratislava, n.o. Bratislava, Slovakia
Institute of Social Work and Nursing of MUDr. Pavol Blaha, Skalica, Slovak Republic
e-mail: sustrova@vssvalzbety.sk

prof. Dr. philos. Hans Jørgen Wallin Weihe

Inland Norway University of Applied, Lillehammer, Norway
Faculty of Education, Campus Hamar / Lillehammer
e-mail: h-j.wallin.weihe@inn.no

prof. Dr. Vasyl Popovych

University of Global Strategies „Altera“, Zaporuzhzhia, Ukraine
Faculty of Social Sciences
e-mail: popovic.vasil@gmail.com

dr hab. Wiesław Wójcik, prof.

Jan Długosz University in Częstochowa, Poland
Faculty of Humanities
w.wojcik@ujd.edu.pl

prof. PaedDr. Mgr. Eva Zacharová, PhD.

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

Institute of Social Work and Nursing of MUDr. Pavol Blaha, Skalica, Slovak Republic

e-mail: zacharova@vssvalzbety.sk

prof. Dr. Onur Köksal

Selçuk University, Konya, Turkey

Faculty of Literature, Department of English Translation and Interpreting

e-mail: okoksal@ohu.edu.tr

prof. Dr. Arab Naz

University of Malakand, Chakdara, Pakistan

Faculty of Social Sciences

e-mail: arab_naz@yahoo.com

doc. Ing. Jiří Dušek, Ph.D.

College of European and Regional Studies, České Budejovice, Czech Republic

Department of Management of Public Administration

e-mail: dusek@vsers.cz

JUDr. PhDr. Tomáš Klokner, PhD., MBA, univ. doc.

Danubius University, Sládkovičovi, Slovakia

Faculty of Law

e-mail: tomas.klokner@vsdanubius.sk

doc. PhDr. Monika Nová, PhD.

Charles University, Prague, Czech Republic

Department of Psychosocial Sciences and Ethics

e-mail: monika.nova@htf.cuni.cz

Dr. Monika Gwóźdź

University of Silesia in Katowice, Katowice, Poland

Faculty of Theology

e-mail: monika.m.gwozdz@gmail.com

PhDr. Dagmar Magurová, PhD., MPH

University of Prešov, Prešov, Slovakia

Faculty of Health Care

e-mail: dagmar.magurova@gmail.com

Mgr. Stanislav Ondrášek, Ph.D.

University of South Bohemia in České Budějovice, České Budejovice, Czech Republic

Faculty of Health and Social Sciences

e-mail: ondrasek@zsf.jcu.cz

SCIENTIFIC BOARD

prof. PhDr. Miroslava Szarková, CSc.

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

doc. JUDr. Jana Vallová, PhD., univ. profesor

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

doc. JUDr. PhDr. PaedDr. Slávka Krásna, PhD. et Ph.D.

DTI University, Dubnica nad Váhom, Slovakia

doc. PhDr. Ľubomíra Tkáčová, PhD., MPH

University of Prešov, Prešov, Slovakia

doc. Mgr. Gabriela Rozvadský Gugová, PhD.

DTI University, Dubnica nad Váhom, Slovakia

doc. PhDr. Slávka Čepelová, PhD.

DTI University, Dubnica nad Váhom, Slovakia

PhDr. Ľubomíra Lizáková, PhD., MPH, DPA

Ministry of Labour, Social Affairs and Family of the Slovak Republic, Bratislava, Slovakia

Dr. Ayesha Gul, Ph.D.

University of Malakand, Chakdara, Pakistan

doc. PaedDr. PhDr. Filip Gerec, PhD., MBA, MPH

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

CONTENT

<i>Editorial.....</i>	<i>8</i>
<i>The Relationship between Physical Abuse in Childhood and Quality of Life in Young Adulthood</i> Michaela Dubová, Soňa Rossi.....	<i>9</i>
<i>Generations Free from Human Papillomavirus – The Role of Vaccination in Protecting Public Health</i> Eliška Knošková, Milan Knoško, Jaroslava Krkošová, Michal Balko, Katarína Pisáková.....	<i>26</i>
<i>The Social Impact of Emergencies in The Komárno District: A Comparative Analysis for Crisis</i> Milica Páleníková, Noemi Ballová.....	<i>47</i>
<i>Bridging the Gap to the First Salary: Social Vulnerability During the Transition from Unemployment to Employment</i> Daniela Lorko Praznovská.....	<i>69</i>
<i>Readiness to take Responsibility for Role of Family Caregivers</i> Hilda Gönczöl Tóthová, Beata Dobová.....	<i>86</i>

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.

The Editorial Board
Health & Humanity

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 Komarno 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 Šal'a 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.

References

AHOJKOMARNO. (2021). Obete morovej epidémie zaznamenávali holiči. Poznáte históriu čiernej smrti v Komárne?. [online]. [cit. 2026-01-10]. Dostupné na internete: ahojkomarno.sk

Angyal, B. (2015). *Az árvíz, Gúta 1965-1966*. Somorja: Fórum Kisebbségkutató Intézet. 125 s. ISBN 978-80-89249-78-7.

- Antušak, E., Vilášek, J. (2016). *Základy teórie krízového managementu*. Praha: Univerzita Karlova v Praze, Karolinum. 134 s. ISBN 978-80-246-3443-2.
- ARCANUM. (2019). Az 1710-iki pestis. [online]. [cit. 2024-08-25]. Dostupné na internete: arcanum.com.
- Beck, U. (2026). *Riziková spoločnosť*. Praha: Karolinum. 432 s. ISBN 978-80-246-6246-6.
- Berhanu, G., Pal, M., Koliopoulos, T. (2020). *Emerging Environmental Technologies and Health Protection*, vol. 3, s. 46. ISSN 2623-4874.
- Bhakdi, S., Reiss, T. (2020). *Koronavírus vaklárma - Tények, számok és háttér-összefüggések*. Tamasi kft. 157 s. ISBN 978-615-00970-3-9.
- Bučko, L., Páleníková, M. a kol. (2024). *Tímová práca záchranných zložiek v mimoriadnych situáciách*. Bratislava: Vysoká škola zdravotníctva a sociálnej práce sv. Alžbety v Bratislave, n.o. 104 s. ISBN 978-80-8132-289-1.
- Bukovics, I. (2019). *A katasztrófavédelem szervezet rendszere*. Budapest: NKE. 90 s. ISBN 978-963-498-031-5.
- Csák, K., Juhász, Cs. (2025). *Krízis kommunikáció és a vezető: A válság kezelés kulcstényezői*. SZTMK. 214 s. ISSN 2676-9867.
- Dobson, M. (2009). *Choroby - postrach ľudstva*. Bratislava: Slovart. 256 s. ISBN 978-80-8085-861-2.
- GABČÍKOVO. (2016). Mapa zaplaveného územia Žitného ostrova v roku 1965. [online]. [cit. 2026-01-10]. Dostupné na internete: gabcikovo.gov.sk
- Hábermayer, T., Varga, I., Ackermann, Z. (2022). *Katasztrófák és következmények, segítők és áldozatok*. PAKS. 145 s. ISBN 978-615-82022-1-3.
- Hendl, J. (2024). *Kvalitativní výzkum*. Praha: Portál. 496 s. ISBN 978-80-262-1968-2.
- Hofreiter, L. (2016). *Bezpečnostné prostredie súčasného sveta*. Zlín: VeRBuM. 160 s. ISBN 978-80-875-0079-8.
- Horváthová, B. (2003). *Povodeň to nie je len veľká voda*. Bratislava: Veda. 224 s. ISBN 80-224-0735-6.
- Kardal, L. (2024). *Vállalati válságmenedzsment és reorganizáció*. Underground Kiadó. 260 s. ISBN 978-963-574-560-9.
- KLUB NOVÉHO SLOVA, 2025. Téma týchto dní – slintačka a krívačka. [online]. [cit. 2025-12-20]. Dostupné na internete: noveslovo.eu
- Laca, N., Letková, A. (2025). *Bezpečnostné zložky štátu ako garant národnej a medzinárodnej bezpečnosti*. Zborník príspevkov z medzinárodnej vedeckej konferencie. Bratislava: Akadémia Policajného zboru v Bratislave. 298 s. ISBN 978-80-8293-046-0.
- Linhart, P., Roudný, R. (2005). *Krizový management I*. Pardubice. 97 s. ISBN 80-7194-674-5.
- MAGYAR NEMZETI LEVÉLTÁR. (2021). A pestis. [online]. [cit. 2025-12-10]. Dostupné na internete: mnl.gov.hu
- MAGYAR TUDOMÁNYOS ACADÉMIA. (2025). Tájékoztatója a ragadós száj- és körömfájásról. [online]. [cit. 2025-12-20]. Dostupné na internete: mta.hu
- Matoušek, O., 2013. *Metody a řízení sociální práce*. Praha: Portál. 400 s. ISBN 978-80-2620-213-4.
- Mertl, J. (2023). *Sociální politika*. Praha: Wolters Kluwer ČR. 472 s. ISBN 978-80-7676-675-4.

MESTO KOMÁRNO. (2026). Krízové riadenie. [online]. [cit. 2026-01-20]. Dostupné na internete: komarno.sk

MINISTERSTVO PÔDOHOSPODÁRSTVA A ROZVOJA VIDIEKA SR. (2025a). Aktuálne - slintačka a krívačka v SR. [online]. [cit. 2025-12-20]. Dostupné na internete: mpsr.sk

MINISTERSTVO PÔDOHOSPODÁRSTVA A ROZVOJA VIDIEKA SR. (2025b). Slintačka a krívačka v SR. [online]. [cit. 2025-12-20]. Dostupné na internete: mpsr.sk

MINISTERSTVO ŠKOLSTVA, VÝSKUMU, VÝVOJA A MLÁDEŽE SR. (2025). Slak. [online]. [cit. 2025-12-17]. 7 s. Dostupné na internete: minededu.sk

MINISTERSTVO VNÚTRA SR. (2020). Koronavírus COVID-19. [online]. [cit. 2025-12-29]. Dostupné na internete: minv.sk

MINISTERSTVO VNÚTRA SR. (2021). Od 8. februára štartuje COVID automat, núdzový stav sa predlžuje o 40 dní. [online]. [cit. 2025-12-27]. Dostupné na internete: minv.sk

MINISTERSTVO VNÚTRA SR. (2024). Integrovaný záchranný systém. [online]. [cit. 2025-12-11]. Dostupné na internete: minv.sk

MINISTERSTVO VNÚTRA SR. (2025). SLAK - Aktuálne informácie o opatreniach a režime na hraniciach. [online]. [cit. 2025-12-19]. Dostupné na internete: minv.sk

MINISTERSTVO ZDRAVOTNÍCTVA SR. (2020). Covid-19 opatrenia. [online]. [cit. 2025-12-20]. Dostupné na internete: health.gov.sk

MINISTERSTVO ZDRAVOTNÍCTVA SR. (2024). Krízový manažment. [online]. [cit. 2025-12-10]. Dostupné na internete: health.gov.sk

Míka, V. T., Hudáková, M., Šimák, L. (2015). *Úvod do krízového manažmentu*. Žilina: Žilinská univerzita v Žiline/EDIS. 234 s. ISBN 978-80-554-1161-3.

MY SME. (2025). Podozrenie na slintačku a krívačku sa objavilo v ďalšom okrese. Zatiaľ ju nepotvrdili. [online]. [cit. 2025-12-20]. Dostupné na internete: sme.sk

NAPUNK. (2025). Rajkánál nagyon odafigyelnek a fertőtlenítésre, Komáromban ennél jóval kisebb a szigor. [online]. [cit. 2026-01-10]. Dostupné na internete: dennikn.sk

NITRIANSKY SAMOSPRÁVNÝ KRAJ. (2015). Okres Komárno. [online]. [cit. 2025-12-10]. Dostupné na internete: unsk.sk

ODBOR KRÍZOVÉHO RIADENIA OKRESNÉHO ÚRADU KOMÁRNO. (2026). Krízové riadenie okres Komárno. [online]. [cit. 2026-01-10]. Dostupné na internete: wbl.sk

PLUS JEDEN DEŇ. (2015). Pamätníci spomínajú, takto pred 50 rokmi zaplavilo južné Slovensko. [online]. [cit. 2026-01-10]. Dostupné na internete: pluska.sk

PRAVDA.SK. (2025). Považovali ju za choleru dobytka a liečili aj pálenkou. Večná otázka znie: prečo utrátiť aj zdravé kravy. [online]. [cit. 2025-10-21]. Dostupné na internete: pravda.sk

SČÍTANIE OBYVATEĽOV, DOMOV A BYTOV (SODBTN). (2021). Covid-19. [online]. [cit. 2025-12-29]. Dostupné na internete: sodbtn.sk

Silverman, D. (2005). *Ako robiť kvalitatívny výskum*. Bratislava: Ikar. 327 s. ISBN 80-551-0904-4.

SLOVENSKO. (2013-2025). Okres Komárno. [online]. [cit. 2025-12-10]. Dostupné na internete: slovensko.sk

SLOVENSKÝ HYDROMETEOROLOGICKÝ ÚSTAV (SHMÚ). (2015). Povodeň 2013. [online]. [cit. 2025-12-20], s. 18-23. Dostupné na internete: shmu.sk

Zákon č. 448/2008 Z. z. Zákon o sociálnych službách a o zmene a doplnení zákona č. 455/1991 Zb. o živnostenskom podnikaní (živnostenský zákon) v znení neskorších predpisov

Zákon č. 47/2012 Z.z. Úplné znenie zákona Národnej rady SR č. 42/1994 Z. z. o civilnej ochrane obyvateľstva

Zákon č. 387/2002 Z. z. o riadení štátu v krízových situáciách mimo času vojny a vojnového stavu

Zákon č. 18/2018 Z.z. o ochrane osobných údajov a o zmene a doplnení niektorých zákonov v znení neskorších predpisov