

SOCIAL SURVEY

**FOR THE JEWISH COMMUNITY MEMBERS IN
ZAGREB AGED 65 YEARS AND MORE**

Preliminary report

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I. Objectives and goals of the survey

The initiative for Survey is given by Research and Documentation centre for Holocaust victims and survivors in Zagreb, with support by Jewish community Zagreb, Claims conference research funds and JOINT.

This is the second social Survey on the same population of Jewish community in Zagreb. First survey which was realized before ten years – in 1995, had a great success by providing with relevant data social and humanitarian work in Community, what was important at that time, after the war in ex-Yugoslavia.

With the present research in 2005, we wish to obtain a key informant survey to facilitate community social work, with respects to the needs of the Jewish elderly and the implication of the aging in the Jewish community.

Objectives of the survey is to describe actual and recent situation and needs for the elderly members of community older than 65 years, and to renew and support social work, voluntaries actions and solidarity in the Jewish communities.

In the last ten years, between two surveys, we can perceive several mayor changes in demographic, social, economical and health situation of the elderly, mainly holocaust survivors:

- Increased proportion of elderly persons in the Jewish population in Croatia
- Increased proportion of persons, aged 75 years and more in the population of elderly
- The rise in the number of persons aged 75 and more, increase the number of disabled elderly
- Restrictions of public basic medical care and decline of public social welfare expenditure
- Worsening of the economical situation and lowering standard of living
- Changes in the role of the Jewish family in caring for the elderly
- Lack of the data in community on the needs of the elderly

II. Methodology

Survey was conducted on the basis of mail Questionnaire sent to home address of every member older than 65 years, identified on the list. Survey may be completed during the visit to the Research and documentation center, in community or in home of the respondents.

Special phone-line and person who was educated for social work (Ana Hermanović) is available for help, answers and instructions and thank to her we have so great respond to Survey in short time.

Information and instructions for survey are printed in Community journals, publications and circular letters.

The first stage of the survey is to collect demographic information available in the Communities and obtain administrative records about the sex, marital status and households of the elderly.

In the first stage of the survey we focused on:

- Analysis of the demographic structure of the Jewish population,
- Review of the list of community members, their addresses, telephone numbers
- Made separate list of absentees, deaths, moving, going to old age home, non-Jewish members in community (spouses from mixed marriages),
- Collect data about results in international and national investigations and survey

III. Previous Studies on the Jewish population in Zagreb

Before we started with our report, it is necessary to explain previous studies and demographic changes in Croatia.

Constant monitoring of the demographic trends in small community gives opportunity for more detailed examinations, analysis and verifications of the changes in Jewish population.

1) Holocaust

In the Holocaust about 80% of Croatian Jews were killed, whole Jewish community was destroyed and Jewish way of life disappeared. Number of the survivors (1999) (last column on the table 1) in the Jewish communities (column 1) are the best illustration of the consequences of Holocaust on Jewish population in Croatia.

Table 1: Number of Jews before Holocaust in the Jewish communities which do not exist any more and number of survivors 1999

Community 1930 - rabbi data	Population 1930	Members 1940	Survivors 1999
Bjelovar	600	337	4
Dakovo	548	337	2
Gradiška Nova	220	198	0
Ilok	320	310	0
Karlovac	400	297	1
Križevci	210	119	1
Kutina	200	132	1
Ludbreg	74	82	0
Miholjac Donji	224	173	2
Našice	399	229	0
Orahovica	53	No data	0
Pakrac	209	99	0
Požega	468	123	1
Sisak (memb)	248	258	4
Slatina Podravska	262	136	1
Valpovo	157	140	0
Vinkovci	995	630	1
Vukovar	600	213	0
Varaždin	1400	515	8

Table 2: Number of Jews before Holocaust in the communities which today exist in Croatia and survivors 1999

Community 1930	Population 1930	Members 1940	Survivors 1999
Zagreb	12.000	9.647	660
Osijek	3.020	2.584	57
Split	120	284	55
Dubrovnik	101	87	14
Čakovec	800	404	11
Daruvar	239	169	4
Koprivnica	148	358	4
Slavonski Brod	418	423	3
Virovitica	643	204	1
Rijeka (Fiume)	Italy (1938)	1783	55

2) Jewish Community Zagreb

The present demographic structure of the Jewish population in Zagreb and the relations between age groups can be compared with the age structure registered in the Jewish Community Zagreb in 1941, immediately before Holocaust.

Table 3: Jewish Community Zagreb-distribution by age groups in years 1941 and 2005

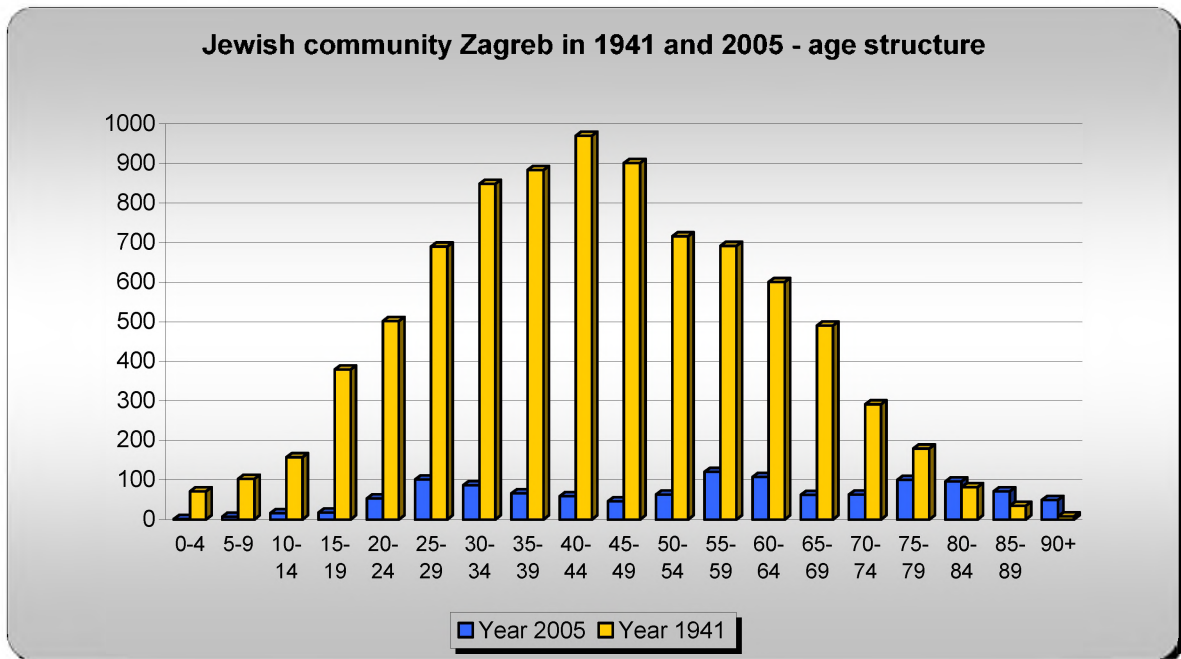
Distribution by age groups in Jewish community Zagreb				
	Year 2005		Year 1941	
	n = 1182		n = 8592	
age	number	%	number	%
0-4	1	0,1%	71	0,8%
5-9	7	0,6%	102	1,2%
10-14	16	1,4%	157	1,8%
15-19	17	1,4%	379	4,4%
20-24	53	4,5%	501	5,8%
25-29	101	8,5%	690	8,0%
30-34	86	7,3%	848	9,9%
35-39	66	5,6%	883	10,3%
40-44	59	5,0%	970	11,3%
45-49	46	3,9%	901	10,5%
50-54	63	5,3%	716	8,3%
55-59	120	10,1%	691	8,0%
60-64	107	9,0%	600	7,0%
65-69	62	5,2%	490	5,7%
70-74	63	5,3%	291	3,4%
75-79	100	8,5%	179	2,1%
80-84	96	8,1%	81	0,9%
85-89	71	6,0%	34	0,4%
90+	48	4,1%	8	0,1%

Data about age structure for year 1941 has been collected from the evidence made by Nazi for distribution of special Jewish sign ("Ž").

That is probably the reason why in this records has been small number of children (only 4%) because they are not obliged to have "Jewish sign" and parents did not wish to register them.

Children in preschool age who were not registered have more chances to survive.

Graph 1: Jewish Community Zagreb in 1941 and 2005 - age structure



3) Aliya

Only about 20% of Croatian Jews survived the Holocaust.

According to the documents from Archive Eventov, from the territory of ex-Yugoslavia, 9,020 Jews immigrated in Israel between 1921. and 1952.

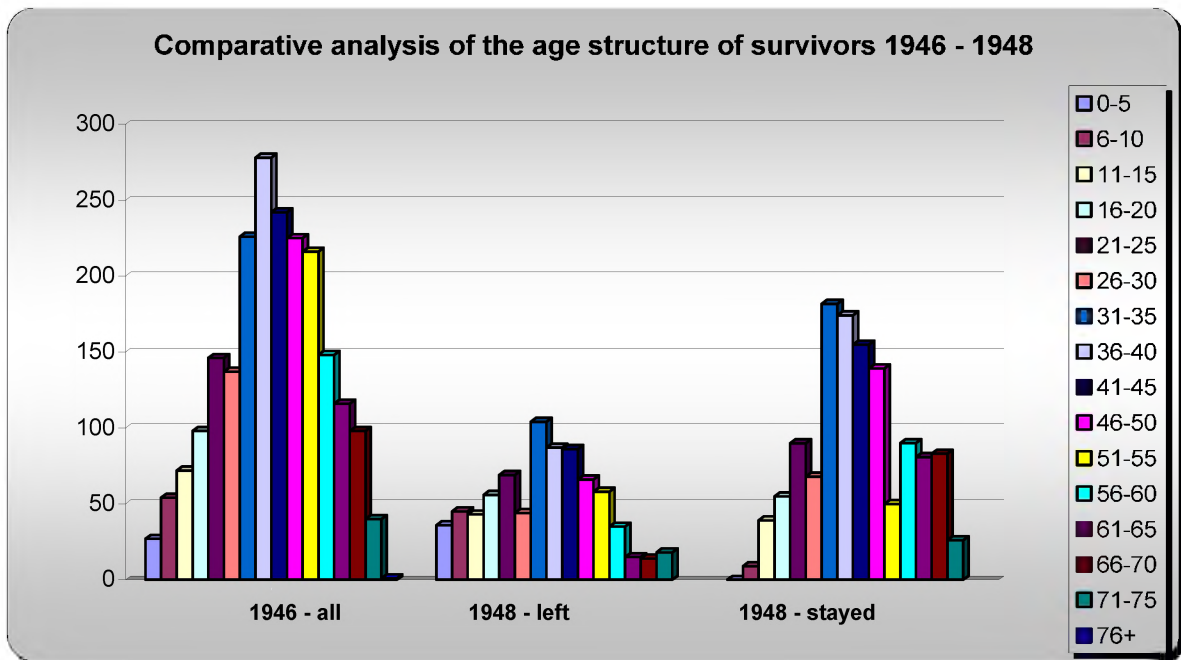
Half of the Holocaust survivors immigrated to Israel after establishment of the State of Israel, in the period 1948-1953.

Yugoslavia was the first socialistic country to allow free immigration of Jews to Israel (June 21, 1948). They permitted an unlimited number of Aliyah, with also non Jewish family members and children from mixed marriages. But they must declare that they are no longer Yugoslav citizens and leave all their property to state.

After this big Aliyah the Jews in Croatia did not immigrate in large number in Israel, and also not during the last war in ex-Yugoslavia in 90-ties.

We made comparative analysis of the age structure of the Holocaust survivors in Zagreb 1946, immigrant to Israel 1948 and population who stay in Croatia.

Graph 2: Comparative analysis of the age structure of survivors (1946), Aliya (1948) and population who stay in Zagreb



Age structure of the Holocaust survivors in 1946 demonstrated so called “deficit generations”, generations with the greatest lost in Holocaust.

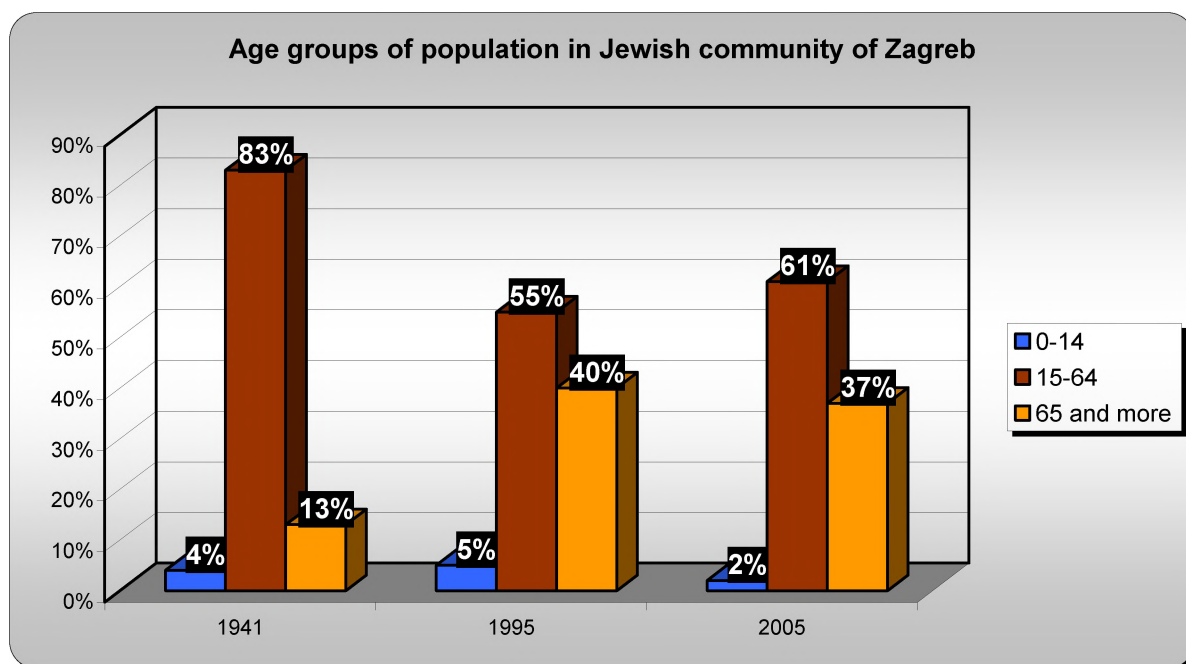
During Aliya, Jewish community in Zagreb lost generations in the fertile and working-age with their children (who survived Holocaust or are born in postwar “baby boom”). Older generations of Holocaust survivors usually stay in Croatia.

This reconstruction is made only for demonstration of population changes.

4) Social survey in 1995

During the social survey in Zagreb 1995, we found similar changes in demographic structure as we demonstrated above: small group of young generation (age 0-14), growing group of elderly (age 65 and more) and diminished group of fertile and economically active persons (according demographic standards in age 15-64).

Graph 3: Age groups of population in Jewish Community of Zagreb



The main findings in the Social Survey in 1995 are:

Elderly women (66%) outnumber elderly men in the population aged 60 years and over and in population aged 75 years and over (77%).

In one person households (41%) - dominate women (89%), mostly widowed. In two persons households (37%) mostly live elderly couple. Only 21% of respondents live in households with their children.

40% need help for households work, and 20% in medical care in their house. In 1995 about 100 Jews (40% of respondents) from Zagreb wish to go in Jewish old age home, 80% of them are women.

Most frequent chronically conditions are related to cardiovascular diseases, gastrointestinal and locomotion problems. About 50% has problems with mobility. There was substantial number with diabetes, glaucoma and eye problems.

About 50% have problems (at that postwar time) with supply of medicine, and community organized pharmacy and donation.

During and after the war (in 1991) economic situation has been very difficult. Only 28% of respondents cover expenses with their income, 43% have income under the existential minimum.

A big number of Jewish refugees from Bosnia and Sarajevo migrate to Croatia. Problems with accommodation for the old Bosnian Jews, who stay in Croatia (and their younger members of family immigrated to the third countries), has been mainly solved by sending them in Jewish old age home.

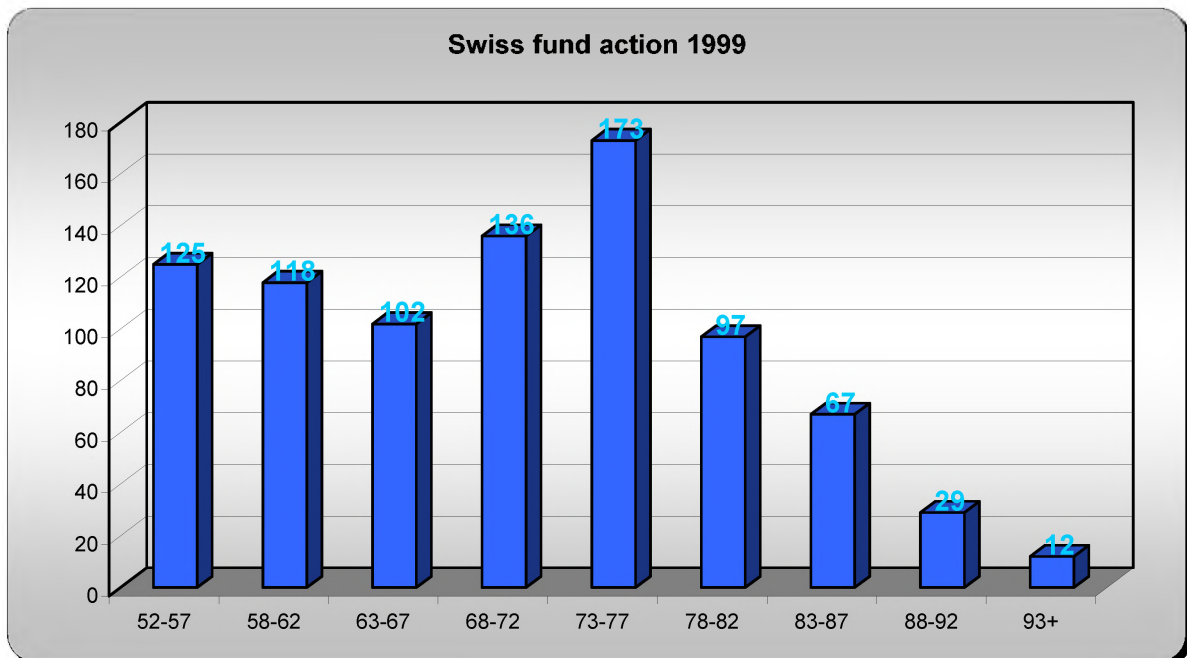
5) Swiss Fund 1998/1999

Demographic structure of the Holocaust survivors in Croatia has been analyzed during the humanitarian action of Swiss fund in 1998/1999 organized from WJRO (Spanic)

Table 4: Swiss Fund action 1999

Swiss Fund 1999		
Age groups	Number	Born in year
52-57	125	1945-1940
58-62	118	1939-1932
63-67	102	1931-1926
68-72	136	1925-1920
73-77	173	1919-1914
78-82	97	1913-1908
83-87	67	1907-1902
88-92	29	1901-1896
93+	12	1895-and earlier
Total in Croatia	859	

Graph 4: Age structure of Holocaust survivors 1999



Population of Holocaust survivors has been heavily concentrated in Zagreb and several other towns (Osijek, Split, Rijeka, Dubrovnik) and at the same time dispersed in 50 small places of living, with internal migration and relocation. These influenced

on degree of affiliation to Jewish community and possibility to provide them with social services and help.

Holocaust survivors in Croatia are remain of the large and developed Jewish community, which before the Holocaust numbered about 25.000 members. Suffering during the Holocaust has a great consequence on the mortality rate among the Holocaust survivors and their health conditions.

Table 5: Survivors in Croatia – Swiss Fund 1999

Suffering during the Holocaust	1999
	No of survivors who are alive
Concentration camps in Germany and NDH	55
Another camps (working, war prisoner, refugee etc)	31
Under Italy (including camps)	180
Under Hungary (including camps)	49
Survived as a hidden children	245
Participation in National Liberation War	187
Hiding on different places	112

The biggest group of survivors 1999 was generation of preschool children, born during or before Holocaust, who survived mostly as hidden children.

The next big groups of survivors were those who participated in partisans (NOB) and those who were refugees in camps in Italian zone of NDH or in Italy.

There was small number of Jews in Croatia (still in life) who survived the concentration camps in NDH (Jasenovac (8) Stara Gradiška (5), Đakovo (6) etc. or German camps Auschwitz (13), Bergen-Belsen (6) Ravenbruck (3) Strasshoff (2) etc.

Holocaust survivors in Croatia did not receive restitution of property stolen by Nazi and later by communist (process now “started”).

Survivors in Croatia after the end of WWII did not receive help from Claims conference funds and other humanitarian support, which received Jews who live in Western countries or Israel. Almost all support, mostly throughout the Jewish institutions (not individually), has been organized by JOINT (Yechiel Bar-Chaim).

After the fall of Berlin Wall and fall of communism, Claims conference offer funds and help also to the Jews in post-communistic countries, but in smaller amount then for survivors on the West.

6) Size and age structure of the Jewish population in Zagreb 2005

There is always concern about the viability of the smaller Jewish communities because of several main factors: decline of the number of births, rise of the population aged 65 and more (aging of the community), decline of economically-active persons and growing number of out-marriages (mix- marriages).

Among those Jews who lived (survived) after the Holocaust, according the most known Jewish demographer Della Pergola, consequence is in irreversible or reversible physical and mental health deterioration, loss of dear persons, loss of property, residential dislocation, limitation of educational and occupational opportunities etc).

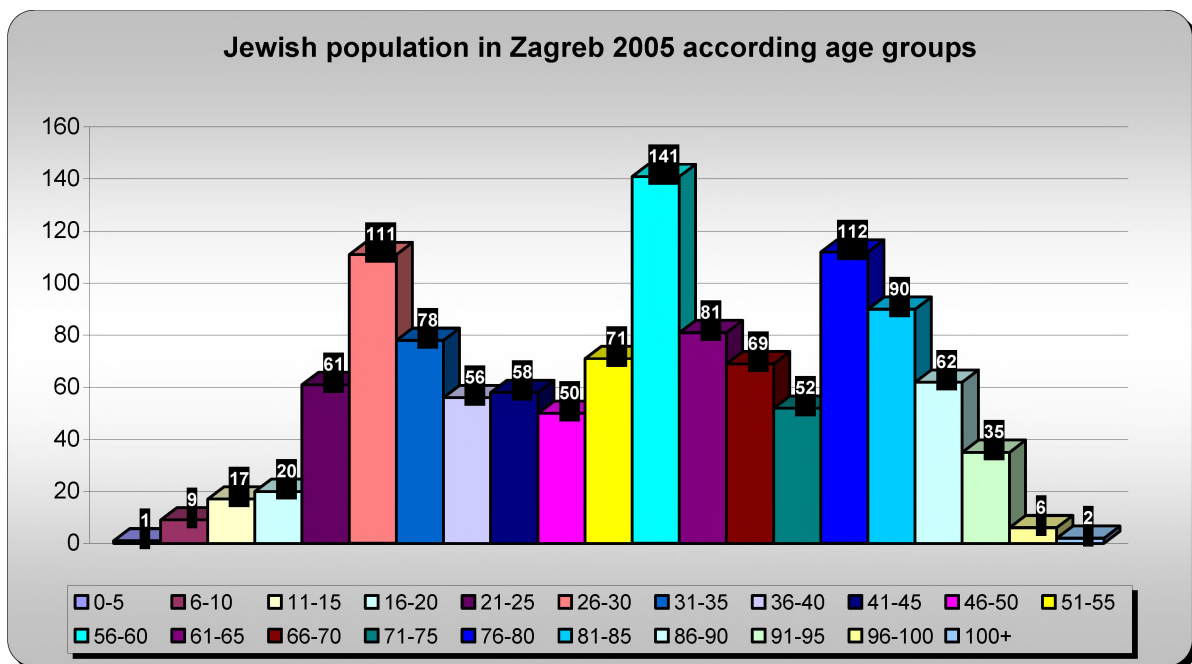
The first step in Survey about present status and needs is research demographic structure of the population in which Holocaust survivor live.

Jewish population (members) in Zagreb is currently estimated to number 1.182, after review of the membership list and consultations with number of peoples like social worker, voluntaries, survivors etc.

From the distribution by age groups (table and graph 5) we can demonstrate tree main cohorts (from right to left)

- ❑ First generation-holocaust survivors (mostly age 75 and more)
- ❑ Second generation-their children (now in age of 55-65 years)
- ❑ Third generation (now in age 25-30)

Graph 5: Jewish population in Zagreb 2005, according age groups

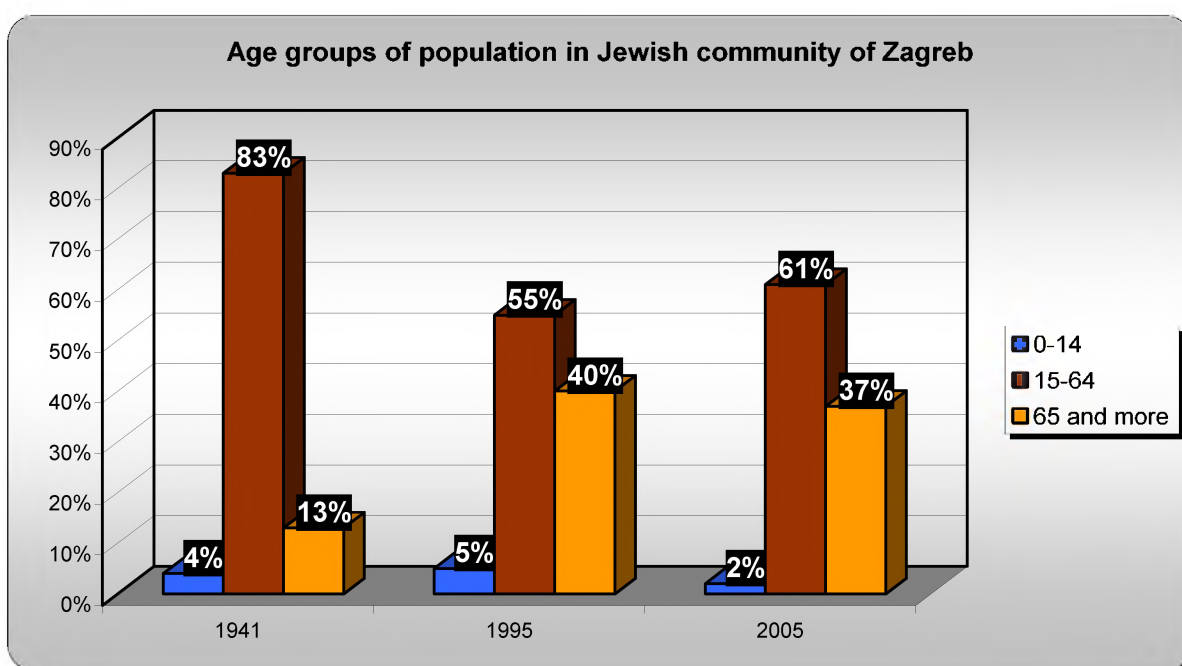


Present situation in demographic structure give hope in improvement.

Table 6: Age Structure of the Jewish population in 1941, 1995 and 2005

Age structure of the Jewish population in Zagreb in %			
	2005	1995	1941
Age groups			
0-14	2	5	4
15-64	61	55	84
65 and more	37	40	13

Graph 6: Age Structure of the Jewish population in 1941, 1995 and 2005



There are differences between Jewish population before the Holocaust (1941) and Jewish populations after Holocaust in size (%) in the groups aged 15-64 and 65 years and more.

Ratio between persons in working age and persons who depend on them (children and elderly) influenced economical capacity of the community, what can be demonstrated by "dependency ratio".

When we calculated total dependency ratio (i.e. ratio between children 1-19 + elderly and population in working age 20-64), results are 0.93. This means that (1995) 100 persons in working age care on 93 persons who depend on them.

In year 2005 we can report some improvement in ratio between elderly and population in working age.

IV. Preliminary results from the survey

1) Sample

Survey has been carried on the population, aged 65 and more years who are at the same time Holocaust (Shoah) survivors.

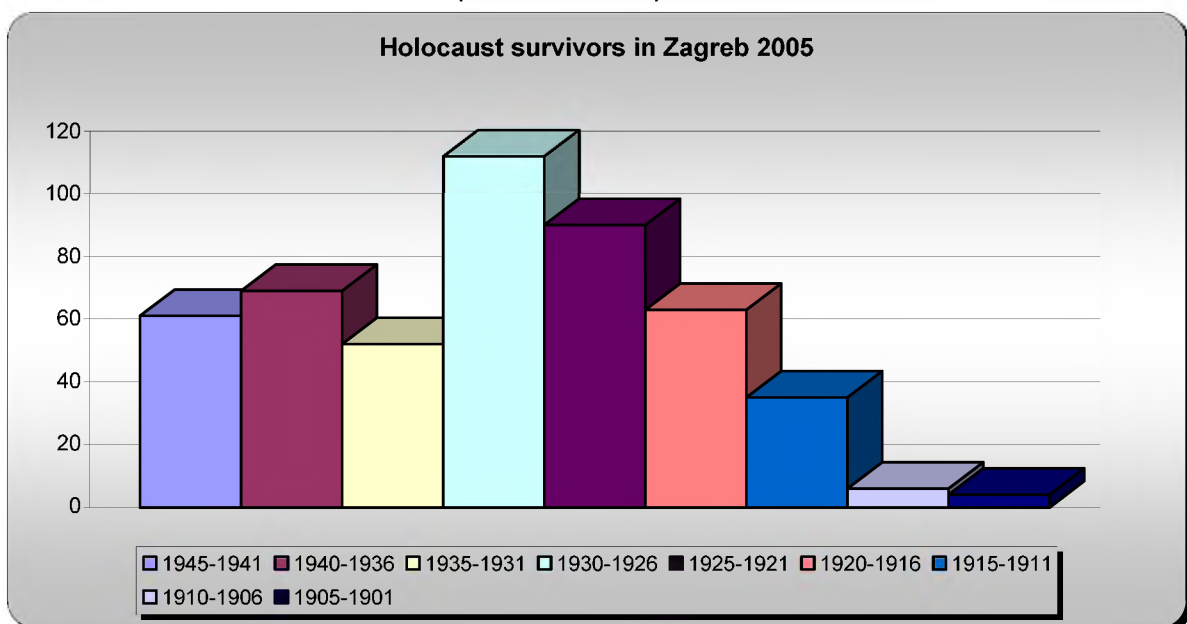
We analyzed membership list in community Zagreb where we found names of 492 Holocaust survivors.

On the table 7 we present their structure according age groups together with the data of their years of birth (first column).

Table 7: Holocaust survivors in Zagreb

Holocaust survivors in Zagreb (according to membership list) 2005			
Year of birth	Age years	Number	%
1945-1941	60-64	61	12,40%
1940-1936	65-69	69	14,02%
1935-1931	70-74	52	10,57%
1930-1926	75-79	112	22,76%
1925-1921	80-84	90	18,29%
1920-1916	85-89	63	12,80%
1915-1911	90-95	35	7,11%
1910-1906	95-99	6	1,22%
1905-1901	100+	4	0,81%
Total		492	100%

**Graph 7: Holocaust survivors in Zagreb 2005
(Years of birth)**



From the list of membership with 492 names (from community register), we excluded 98 persons:

- 39 persons who live abroad (longer than 12 months)
- 8 people who moved to unknown place
- 13 to whom mails returned because person is unknown
- 41 people who died

We did not send questionnaires to 61 persons in age between 60 and 64 years because they are (mostly) still employed and don't need or wish to answer to the questionnaire.

We only partly succeed with survey in the Jewish old age home "Lavoslav Schwarz", and received answers from only 30 persons, because there live a number of severely disabled persons who can not give us answers.

We established **final list of 320** persons of our sample and we received, till now, **230** answers (80 men and 150 women) or 72% of the sample. Survey is still in action and we expect at least 80-85% answers.

We started with demographic research in other Jewish communities in Croatia, what is very difficult task because of sample dispersion.

We are in contacts with the Jewish communities and individuals, and till now we received more than 100 questionnaires from communities: Osijek, Split, Rijeka, Dubrovnik, Daruvar, Virovitica, Slavonski Brod, Čakovec, and from individuals living in 20 other smaller places. They are not included in this report.

In this report we present preliminary results from the analysis of 230, until now, received Questionnaire answers in Jewish community Zagreb.

2) Questionnaire

Questionnaire is similar to those which we used before ten years, but with smaller changes and adaptation to the new situation.

Questionnaire has several set of the basic questions:

- Personal information - including information about year and place of birth, marital status, education, employment (retirement), household and about income (i.e. the percentage of incomes which cover cost of living), needs.
- Health - special attention is given to the health condition, mobility problems, type of diseases, medical control, problems with medicine supply, needs for nursing care, physiotherapy and assistance in household, needs.
- Nutrition - regular or not, supply of food, quality of food, needs for special dietary system, need for meals on wheels, problems.
- Housing situation - ownership, quality of housing, size of household, urgent needs, wishes for old age home, needs.

- Recipients of Social and humanitarian help from Swiss or Claims conference (CEEF) funds, help from fund distributed by Jewish community, cooperation with community social services; visits disabled person in their home, needs.
- Relations with Jewish community, how often come to community, does he receive information, what programs is convenient, problems with transportation, needs.

There were also possibilities for personal remark and discussion with skilled social assistant Ana Hermanović who work in this project.

3) Age of respondents

Graph 8: Age of respondents (N=230)

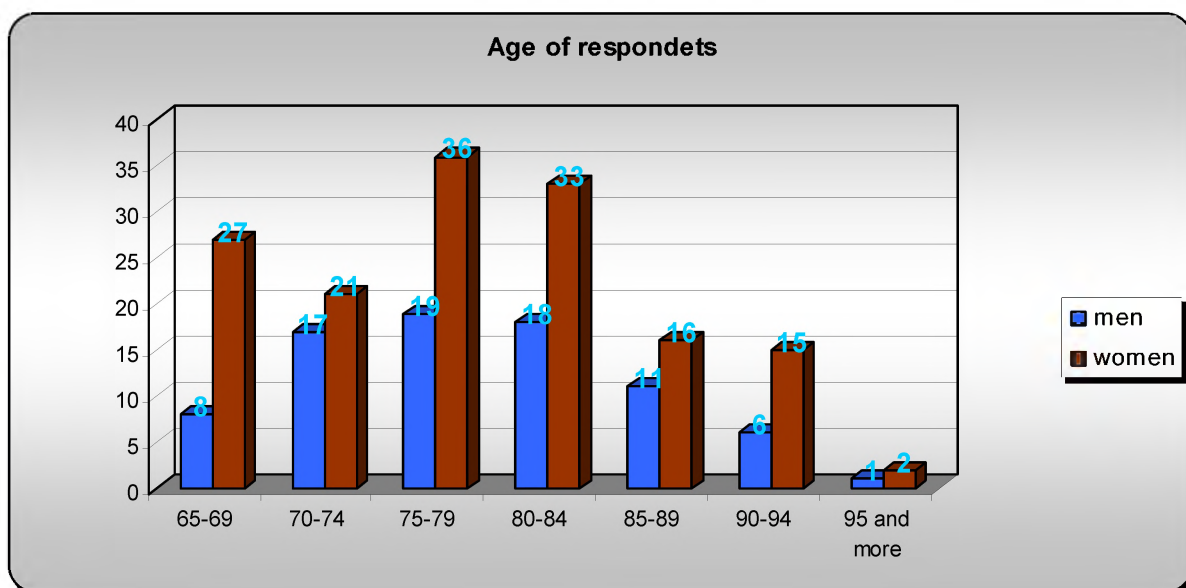


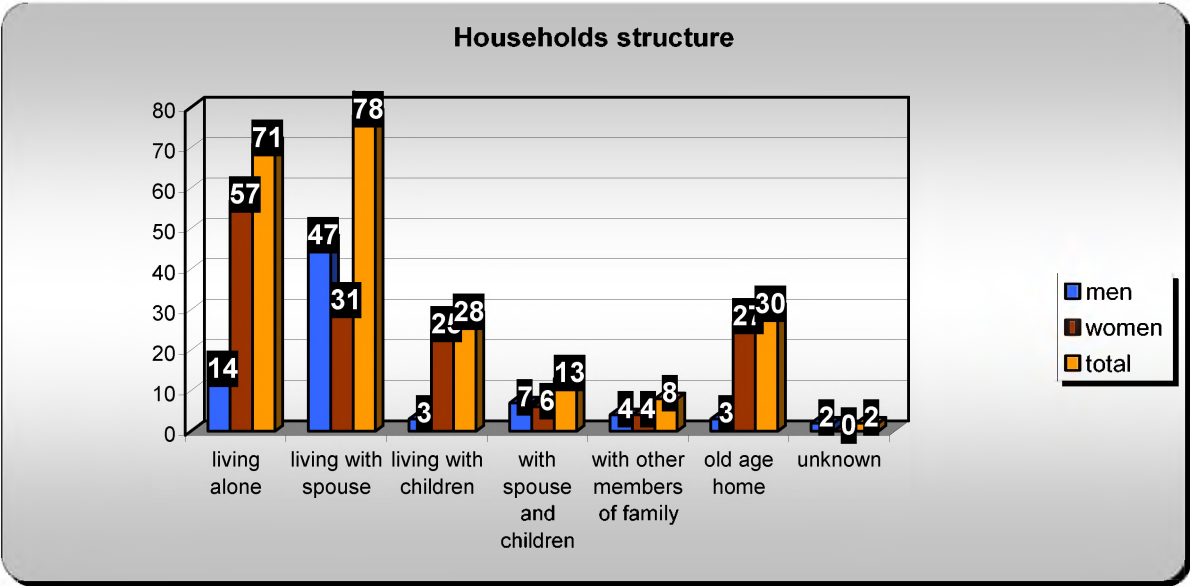
Table 8: Age of respondents

Age of respondents	men	men	women	women	total	total
65-69	8	10%	27	18%	35	15%
70-74	17	21%	21	14%	38	17%
75-79	19	24%	36	24%	55	24%
80-84	18	23%	33	22%	51	22%
85-89	11	14%	16	11%	27	12%
90-94	6	8%	15	10%	21	9%
95 and more	1	1%	2	1%	3	1%
total	80	100%	150	100%	230	100%
Division in only two old groups						
65-74	25	31%	48	32%	73	32%
75 and more	55	69%	102	68%	157	68%
total	80	100%	150	100%	230	100%

There is very interesting structure according age (in population which is included in survey) because is not big difference between women and men in size (%) of groups in age 65-74 and in group older than 75 years. Here is a special situation because usually women live longer and predominate in old age groups. Some difference exists in younger groups.

4) Households

Graph 9: Household structure of the respondents (N=230)



Graph 10: Household structure

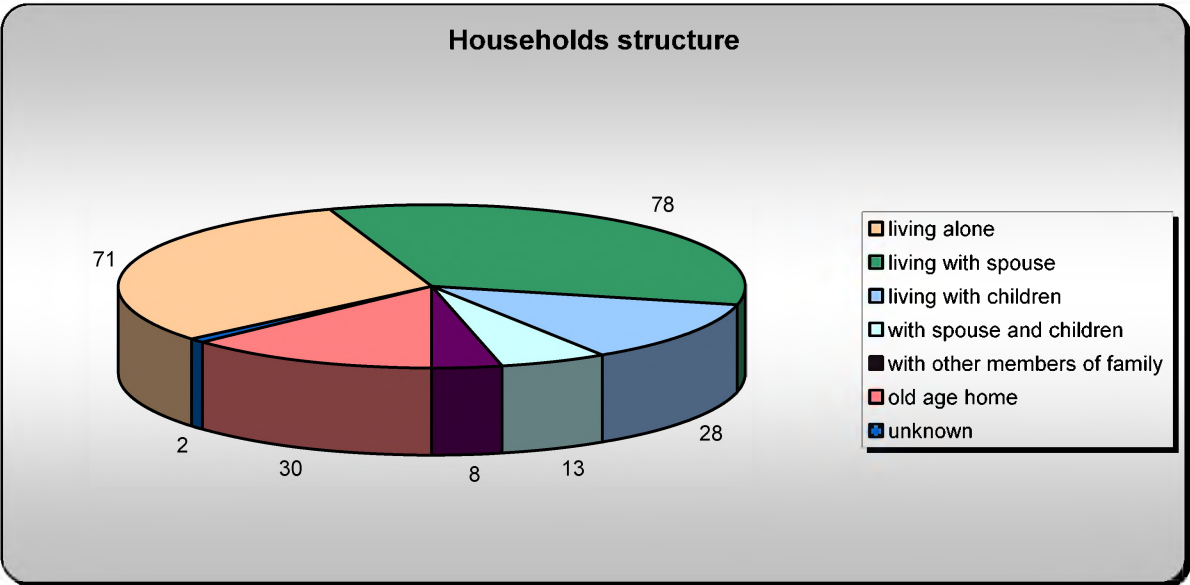


Table 9: Household structure of respondents (N=230)

Household structure						
	men	men	women	women	total	total
living alone	14	18%	57	38%	71	31%
living with spouse	47	59%	31	21%	78	34%
living with children	3	4%	25	17%	28	12%
with spouse and children	7	9%	6	4%	13	6%
with other members of family	4	5%	4	3%	8	3%
old age home	3	4%	27	18%	30	13%
unknown	2	3%	0	0%	2	1%
total	80	100%	150	100%	230	100%

Graph 11: Household structure – all members of the Zagreb Community available data for 690 households

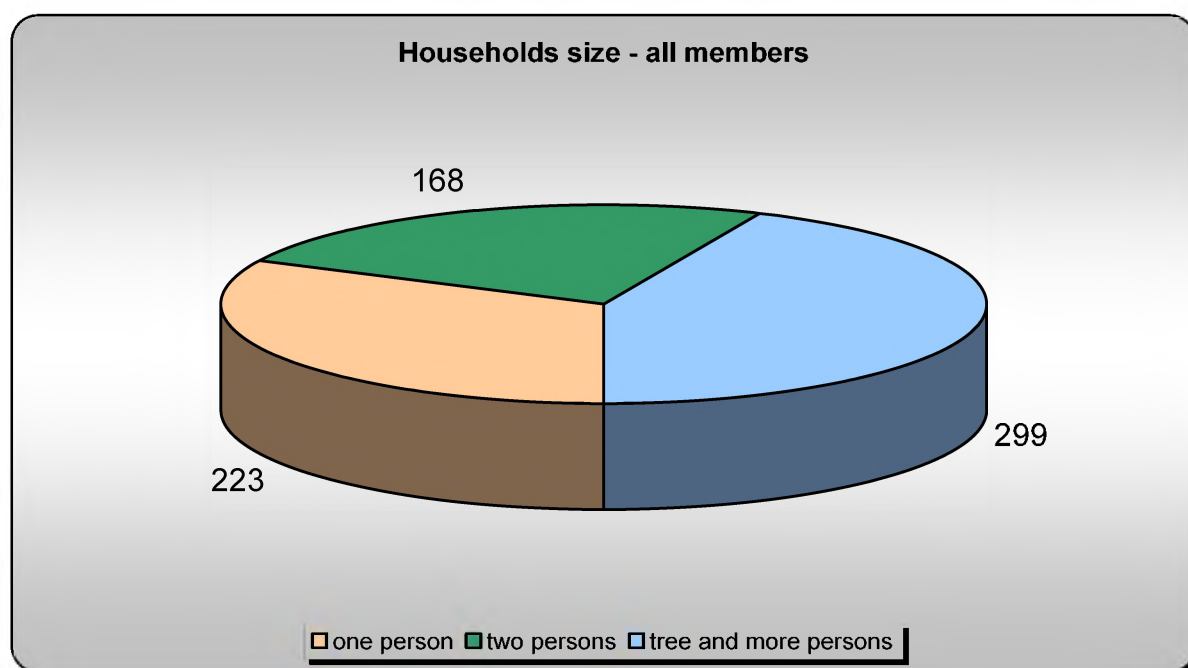


Table 10: Households size

Households size		
one person	223	32%
two persons	168	24%
tree and more persons	299	43%
available data from Community Zagreb	690	100%

It is known, from other research, that Jewish households are mostly nuclear, parents with their (unmarried) children.

Households in our survey are also “nuclear” but with different members.

Structure and size of household in our survey demonstrate that most respondents live alone or in households with two (mostly old) persons.

This is important findings for organization of home care, medical help and other services in order to enable the elderly remain in their homes.

There is difference between women and men. Women predominate in one person households (mostly widowed) and men in two person household, mostly with spouse.

In the households live a number of non-Jews because most marriages are mixed, especially among younger generation.

5) Marital status

Analysis of the present marital status showed difference between men and women.

About 34 % of old men and about 75% of old women are single (unmarried, divorced or widowed). At present time married are 66% men and 25% women, but under “married” will be appropriate count also those who are now divorced and widowed (91%).

Graph 12: Marital status (N=230)

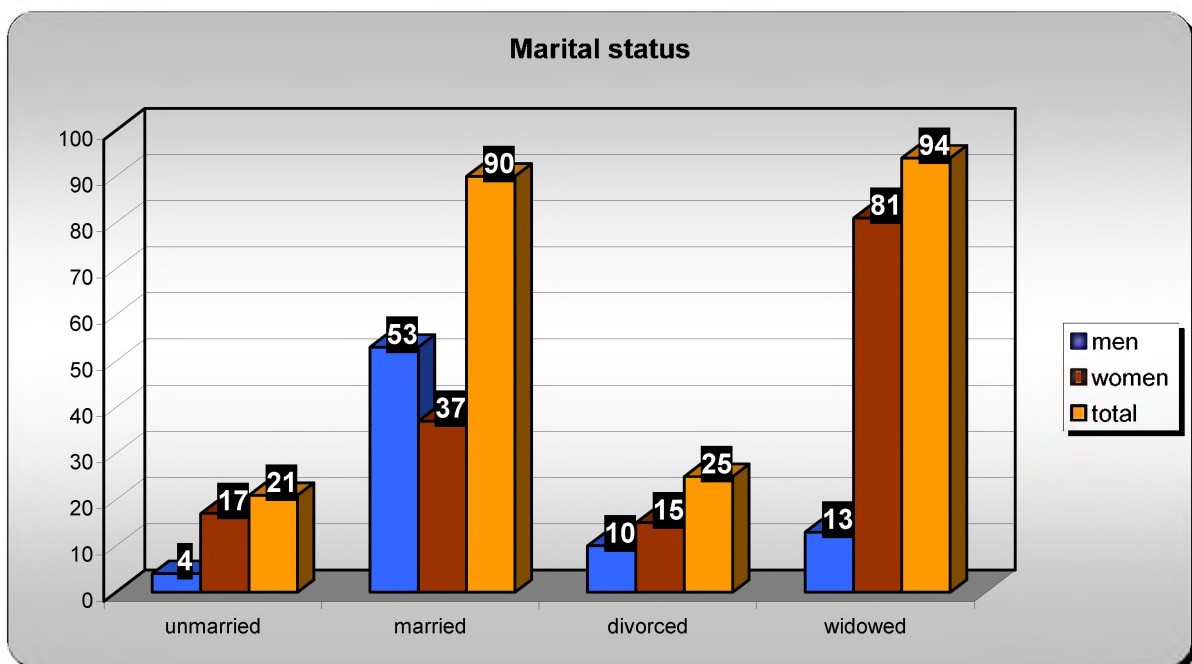


Table 11: Marital status

Marital status						
	men	men	women	women	total	total
unmarried	4	5%	17	11%	21	9%
married	53	66%	37	25%	90	39%
divorced	10	13%	15	10%	25	11%
widowed	13	16%	81	54%	230	41%
total	80	100%	230	100%	100%	100%

6) Marriages

**Graph 13: Members of Jewish community – marriages
N=394**

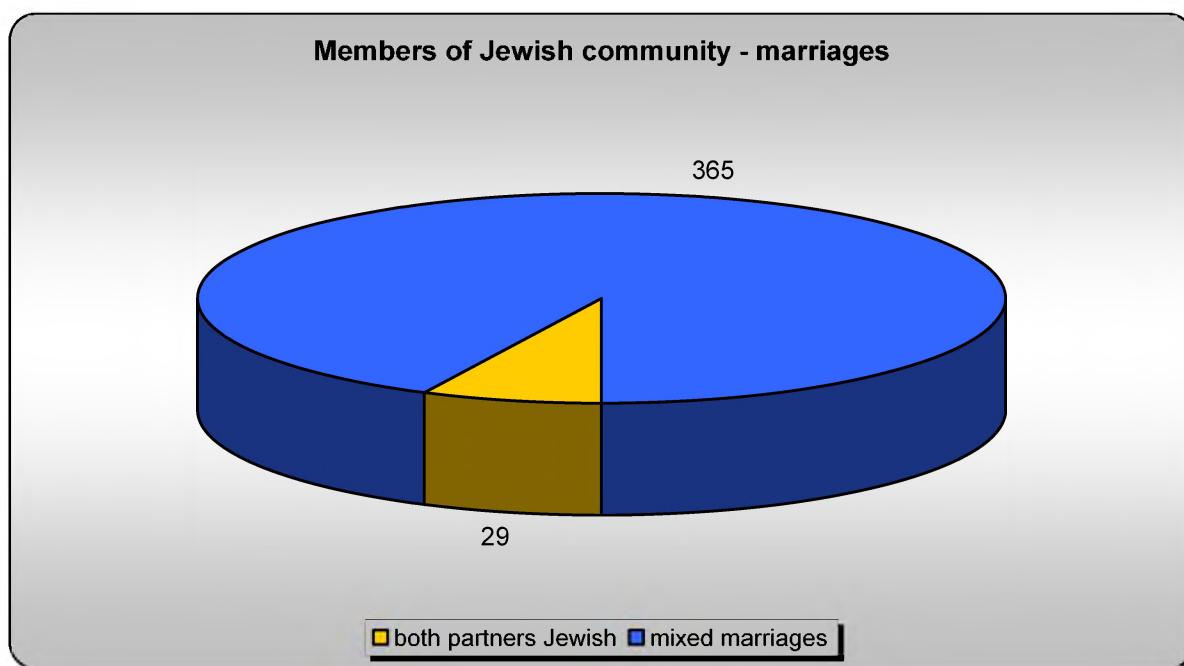


Table 12: Members of Jewish community – marriages

Marriages		
All members (N=394)		
both partners are Jewish	29	7%
mixed marriages *	365	93%
Available data about marriages from community members in Zagreb	394	100%

* See explanation below

These preliminary results about mixed marriages are of special interest and need further investigations.

This data we obtained from the list of community members, households size and from the numbers of non-Jews – spouses, who are associate members in community.

We must take in account that in old generation, in our sample, is a big number of persons who are widowed, and probably they had more Jewish spouses, then the younger generation.

Maybe relative big number of mixed marriages is results of the fact that mixed marriages has been accepted during the time of communism and was mostly civil (non- synagogue marriages).

It may be results of secularization trends in community and Jews from mixed marriages stay connected with community (what is not case on the West).

Recent trends in Jewish population in Diaspora are: Jewish marriage rates decline, Jews tends to marry less and later then in past and there is more celibacy (never married) and divorces.

Special attention in last time is given to the growing number of mixed marriages (mixed marriages are those in which the non-Jewish spouse did not convert to Judaism). It is estimated that percentage of mixed marriages are about 35% or more in most countries in Diaspora.

Mixed marriages, from a great number of researchers, are considered as a sign of assimilation and there is concern that children from mixed marriages will be not raised as a Jew and will not belong to the Jewish community.

In Croatia number of mixed marriages is very high, but almost children from mixed marriage (from Jewish mother or father) belong to community and there is return of young generation to religion.

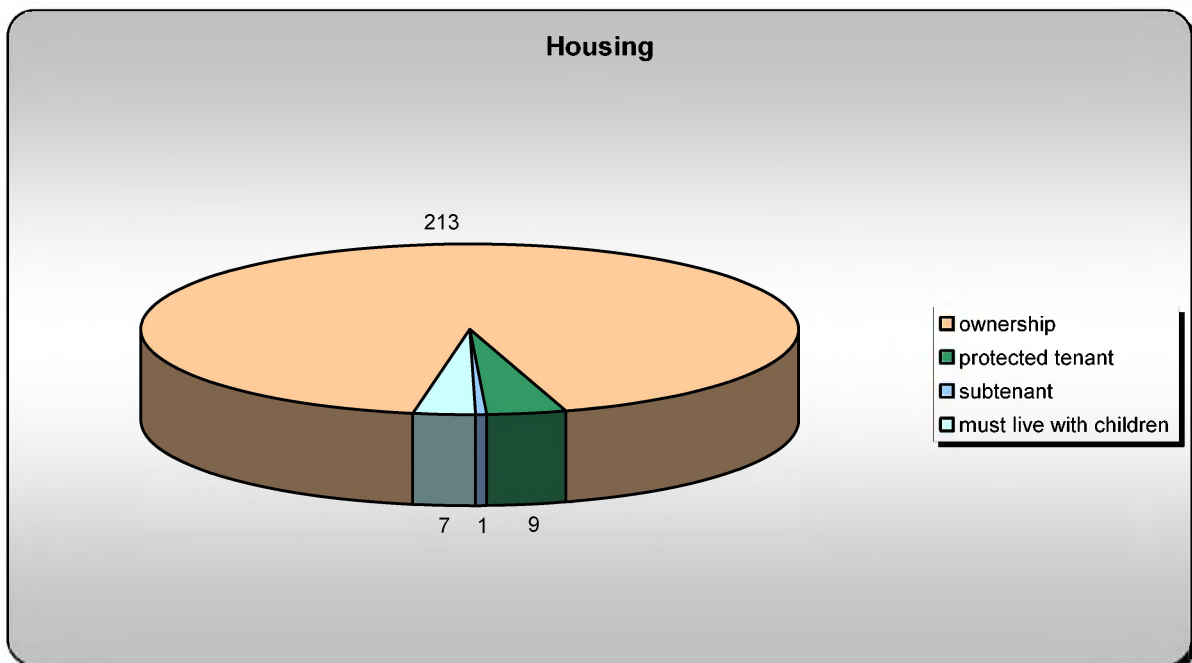
Non-Jewish spouses are members of community (only have no rights to vote or to be elected).

7) Housing

Table 13: Housing

Housing						
	men	men	women	women	total	total
ownership	72	90%	141	94%	213	93%
protected tenant	5	6%	4	3%	9	4%
subtenant	1	1%	0	0%	1	0%
must live with children	2	3%	5	3%	7	3%
total	80	100%	150	100%	230	100%

Graph 14: Housing (N=230)



Most citizens in Zagreb, during the communistic era, lived in so called Social (governmental) flats.

Property of Jews was first stolen by Nazi and after the WW II by communist (so called nationalization); therefore this was a double robbery.

After the fall of communism, government offer possibility to buy apartment in which somebody live, under relatively good conditions and long period of loan.

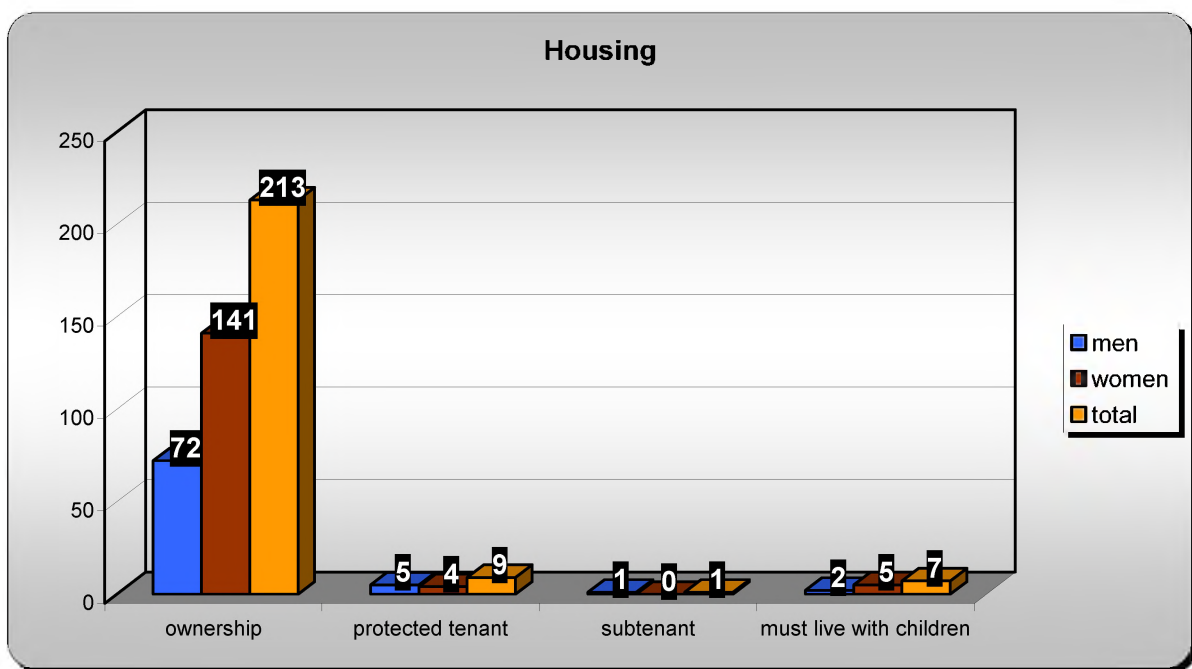
This is the reason why over 90% of Jews are owner of their apartment and housing is not a central concern among Jews in Zagreb.

Most of these apartments are old and need repair, and there is also a question of expenses which are not covered by income.

“Protected tenant” is a new situation for the person who lives in apartment which is private ownership or return property. Such person may live in this apartment until death (but not their spouse or children).

There is a problem for new generations to buy apartment, and sometimes in one household live several generation of the same family. Such “intergenerational” housing arrangement has mostly women who live with children (and grandchildren). Some of them wish to live alone (they declare “must live with children”).

Graph 15: Housing (N=230)



8) Pension

Graph 16: Pension (N=230)

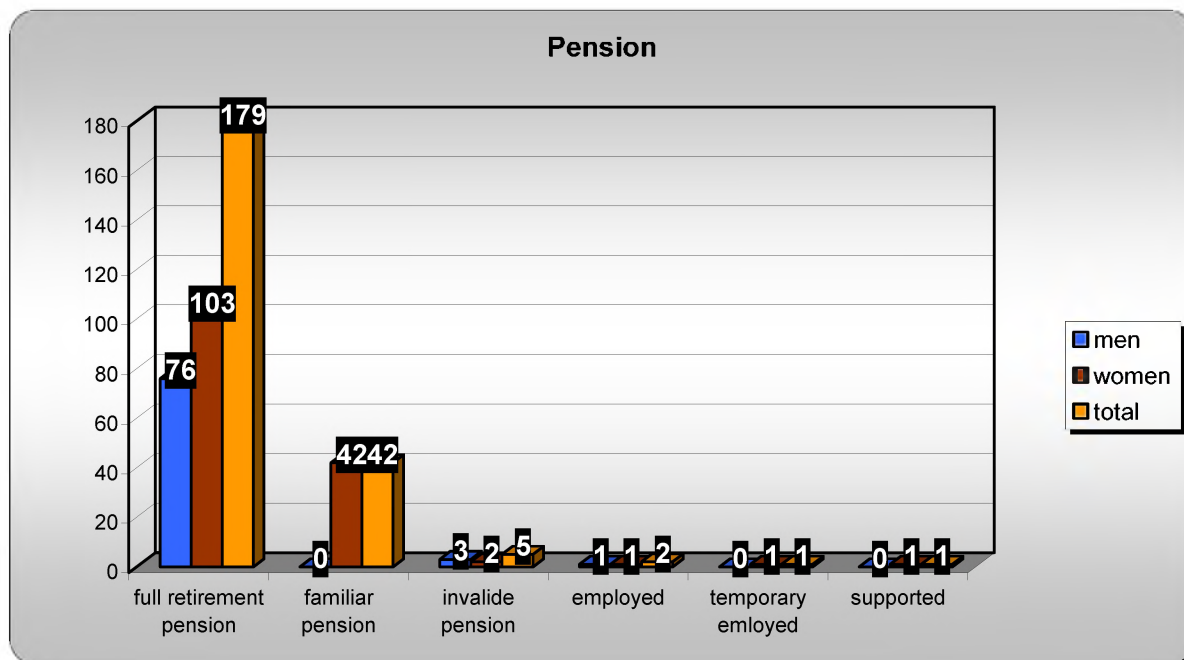


Table 14: Pension

Pensions						
	men	men	women	women	total	total
full occupational pension	76	95%	103	69%	179	78%
family pension	0	0%	42	28%	42	18%
invalid pension	3	4%	2	1%	5	2%
employed	1	1%	1	1%	2	1%
temporary employment	0	0%	1	1%	1	0%
supported	0	0%	1	1%	1	0%
total	80	100%	150	100%	230	100%

Pension is almost only source of income for old generation, and is in average too low to assure normal life and cover needs of old people. These are a problem for all pensioners in Croatia, because pension is only about 50-60% of average salary. There is action to return money to pensioners.

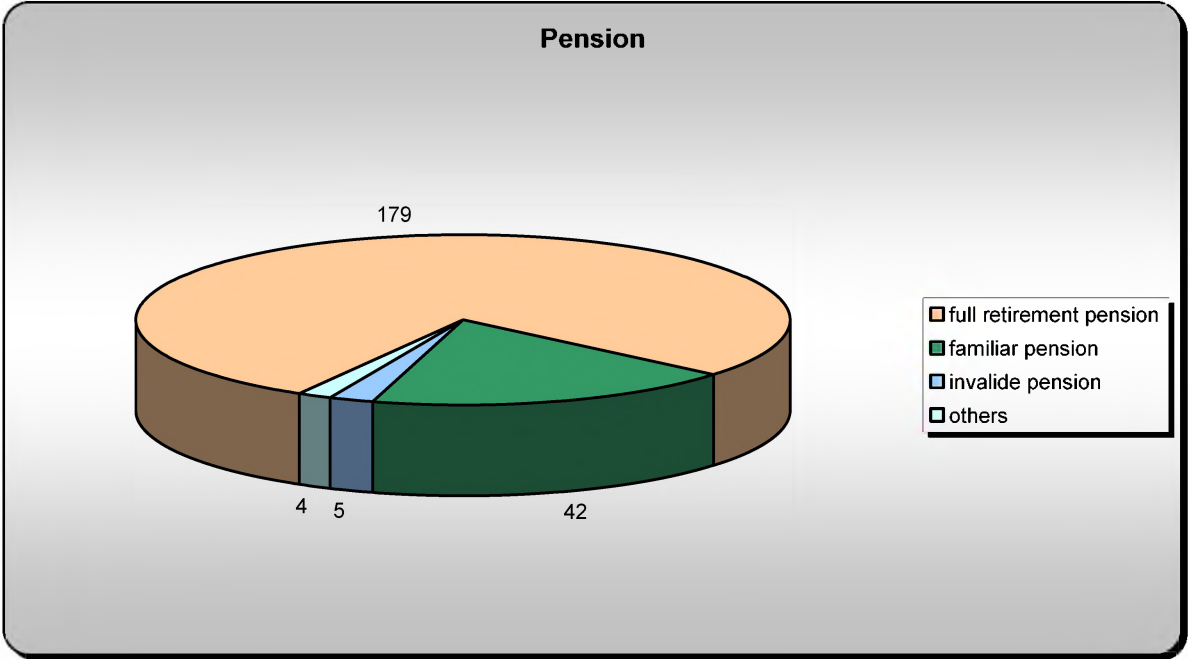
Old women has in average less income because of their lower educational level and because they have family pension.

Special problem is differences between pension for former citizen of ex-Yu countries (Serbia and Bosnia), who now live in Croatia.

These problems exist also in old age home for refugees from Bosnia.

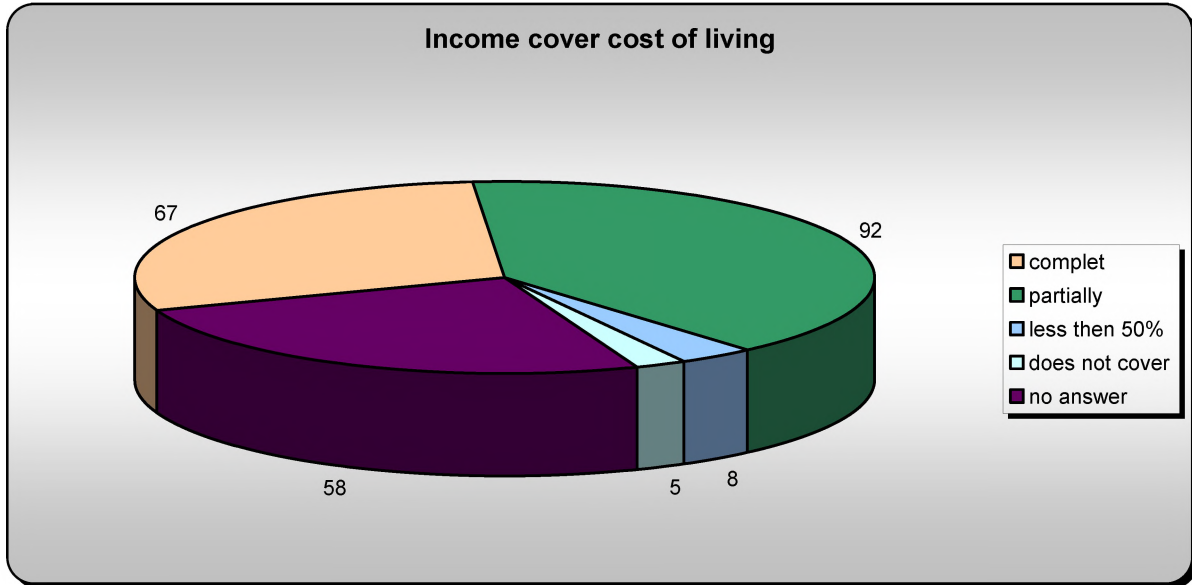
Pensioners have difficulties to find employment or extra job because of new law and high unemployment rate in Croatia.

Graph 17: Pension (N=230)



9) Income

Graph 18: Income and cost of living (N= 230)



Graph 19: Income and cost of living (N=230)

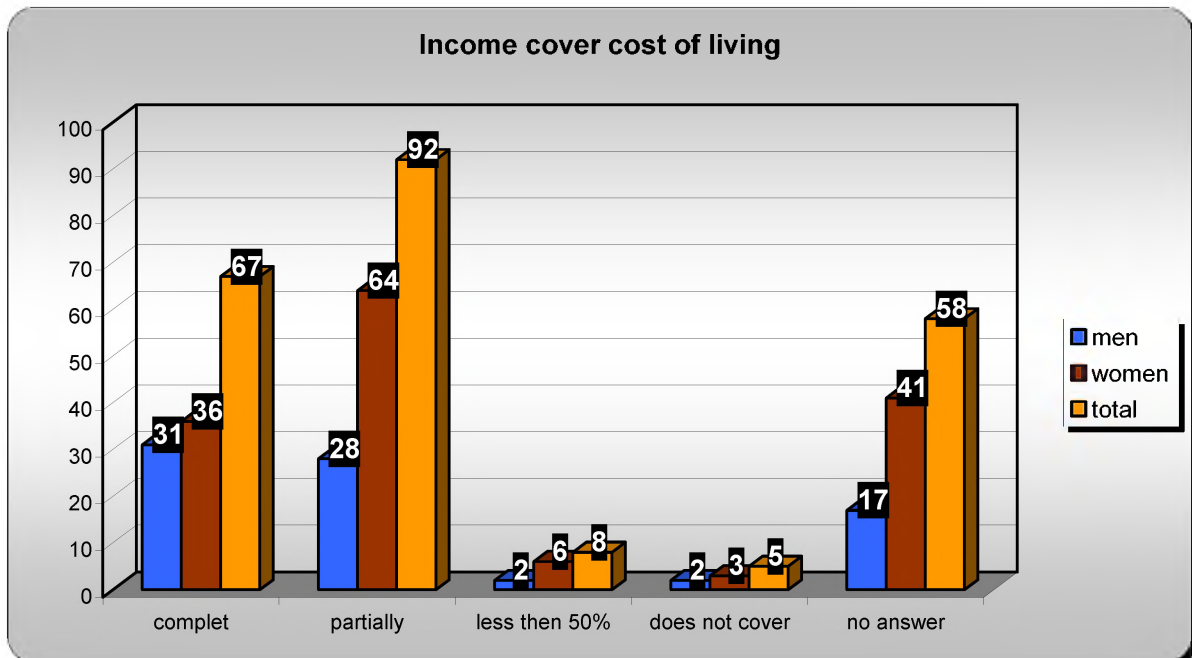


Table 15: Income and cost of living

Income						
Income cover cost for living						
	men	men	women	women	total	total
complete	31	39%	36	24%	29%	29%
partially	28	35%	64	43%	40%	40%
less than 50%	2	3%	6	4%	3%	3%
does not cover	2	3%	3	2%	2%	2%
no answer	17	21%	41	27%	25%	25%
total	80	100%	150	100%	100%	100%

These is the personal evaluation of the respondents

In these survey we did not ask question about amount of income (from pension or supplementary sources), we ask only how somebody cover their cost for living.

We had experiences from the previous survey (in 1995) when we did not get real answer on that question.

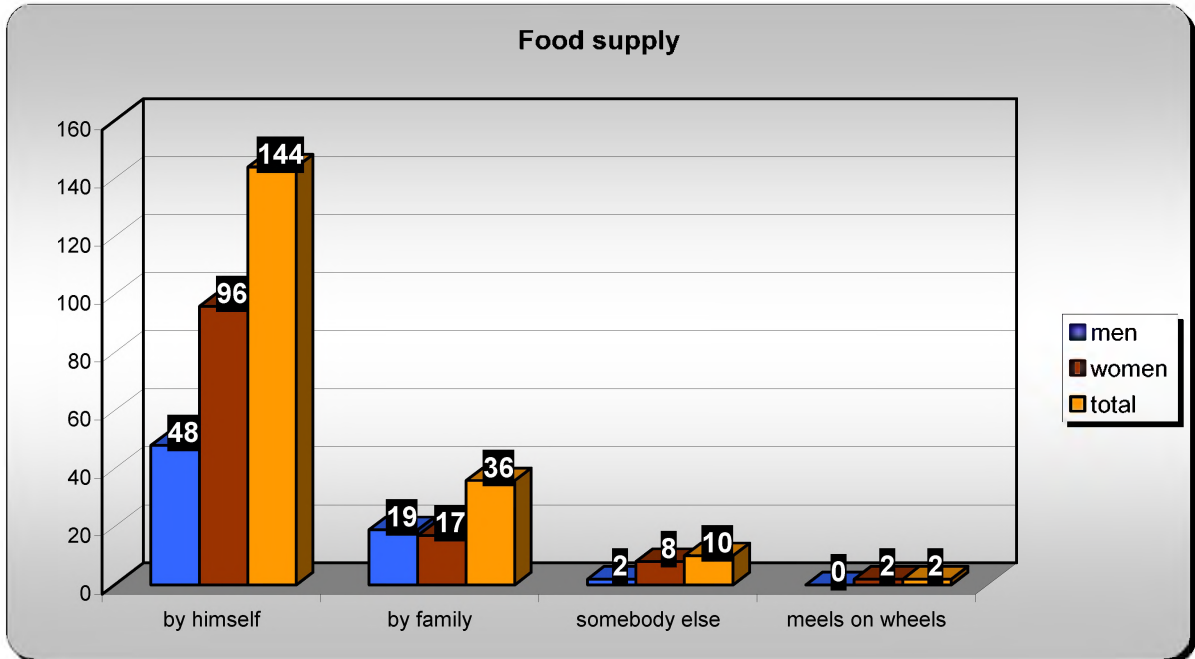
The official statistical data from government and from syndicate about cost of living and income in Zagreb, confirm that answers are realistic.

The number of application for support from social funds also confirm difficult situation in which old persons live.

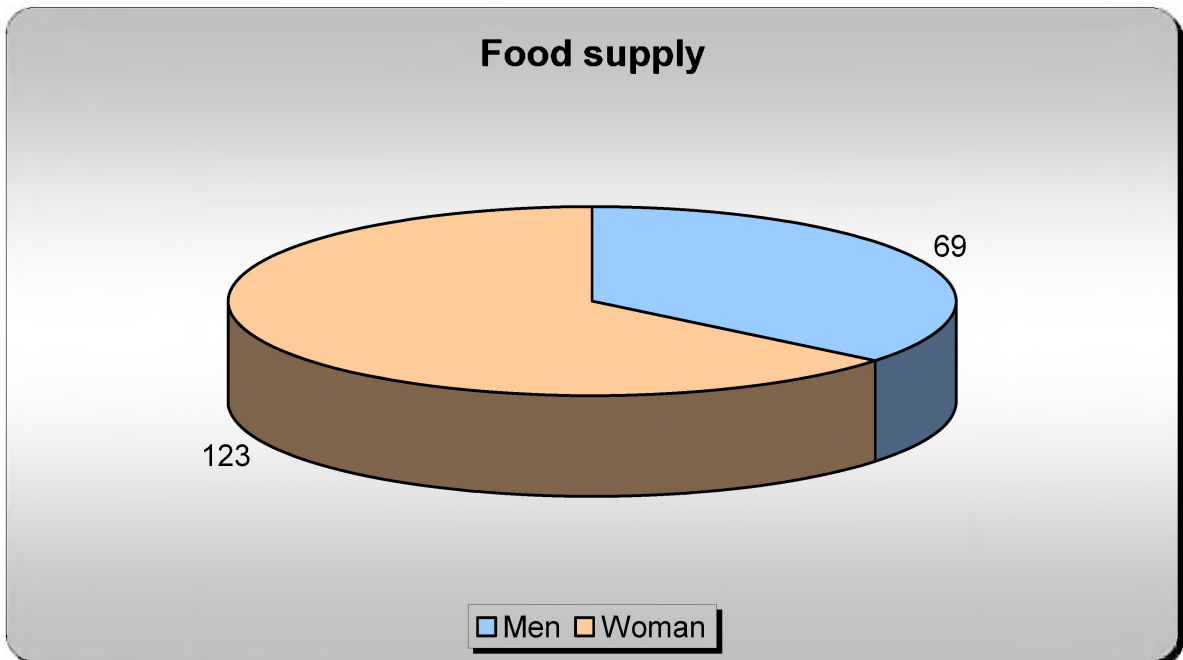
When somebody apply for the social support or help from funds, he must submit documents about income.

10) Food supply

Graph 20: Food supply (N=192)



Graph 21: Food supply (N=192)



Graph 22: Food supply (N= 192)

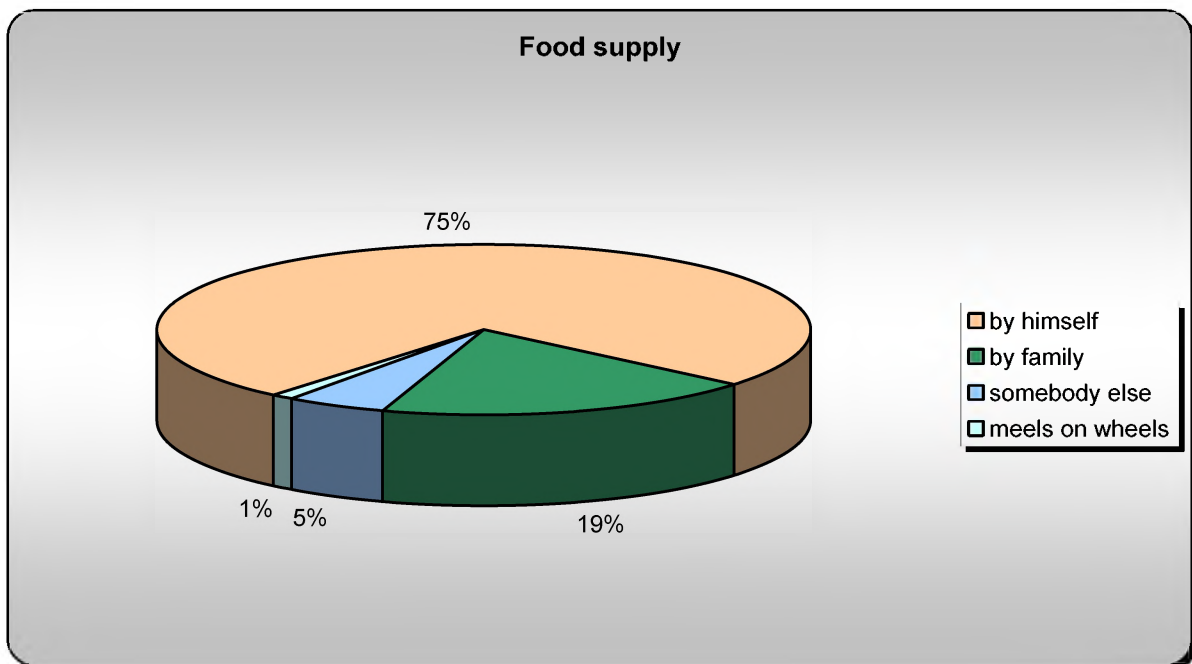


Table 16: Food supply- answer of respondents (N=192)

Food supply				
Modes of food supply	men	women	total	total %
by himself (cook)	48	96	144	75
by family	19	17	36	19
by somebody else	2	8	10	5
meals on wheels	0	2	2	1
Total answers	69	123	192	100
no answers	11	27	38	17
Total sample	80	150	230	100%

“Food supply by himself” (cooking) have 75% of respondents on this question.

In this number probably are included households with two members in which old women cook for her older husband.

More men than women have supply from family members.

Meals on wheels or going for a lunch to Old age home are not often; these are probably a question of organization.

11) Dietary food

Graph 23: Dietary food (N=65)

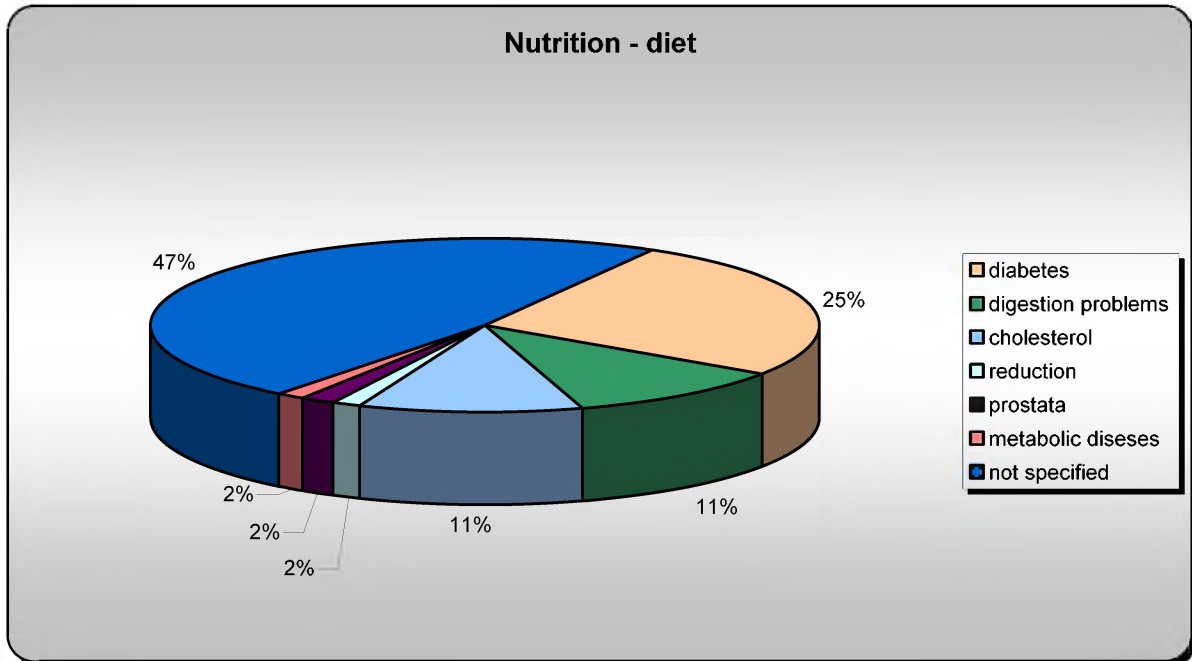


Table 17: Dietary food (N= 65)

Nutrition - diet		
must have special diet because of:	No	%
diabetes	17	26,2
digestion problems	7	10,7
cholesterol	7	10,7
reduction	1	1,6
prostate gland	1	1,6
metabolic diseases	1	1,6
not specified	31	47,6
Total - who need dietary food	65	100,0%

From sample of 230 respondents (16 of them live in old age home) about one third (65) need special dietary food.

Dietary food should be controlled by physician or expert and usually is more expensive than normal food.

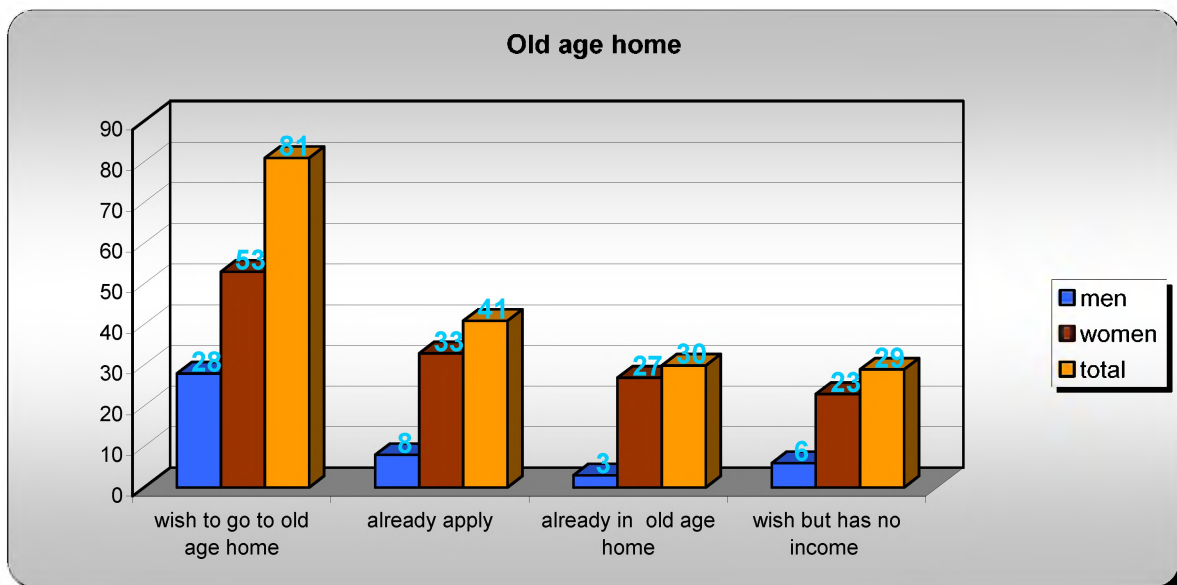
We believe that only those who live in old age home have proper dietary food. Meals of wheels organized by old age home will probably help in providing with dietary food.

12) Old age home

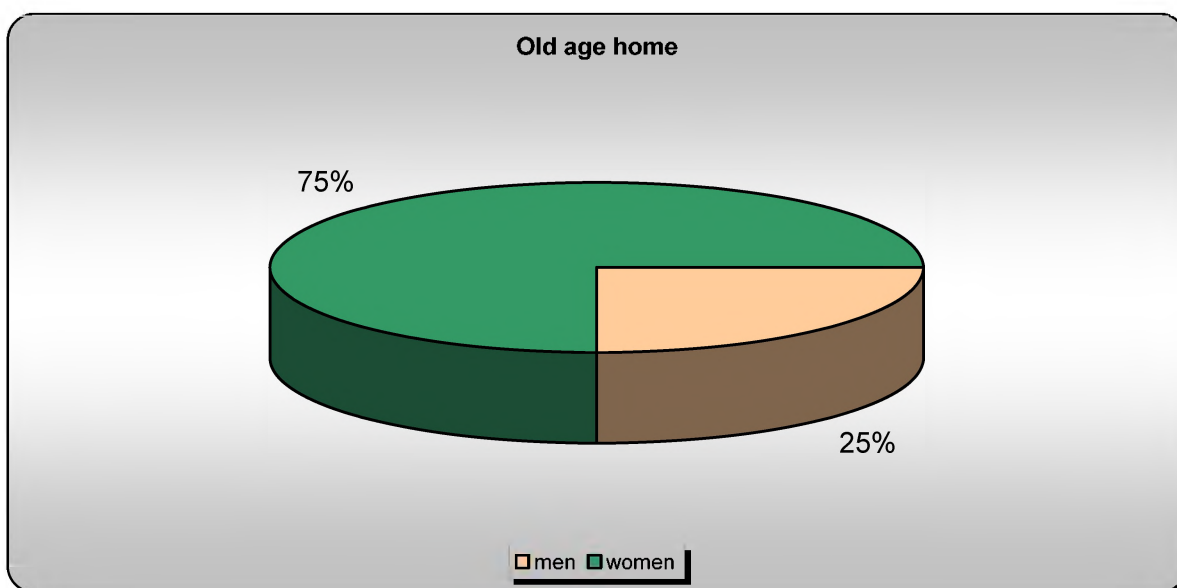
Table 18: Old age home

	men	women	total
wish to go to old age home	28	53	81
already applied	8	33	41
wish to go but has no income	6	23	29
already in old age home	3	27	30

Graph 24: Old age home (N=181)



Graph 25: Old age home (N=181)



Graph 25 presented percentage of men (25%) and women (75%) of the total number of persons who wish to go (151) or live already in old age home (30).

There is obvious discrepancy between wishes to go to the old age home (Jewish old age home Lavoslav Schwarz) and available places and acceptable prices.

Here we recorded only wishes of the members in community Zagreb, but there are even more candidates for old age home from other communities and small places where only several old Jews live (Survey is in process).

This problem is even, in last time, worsened by opening the old age home to general population (for “economical reasons”).

It seems that our old age home start to be hospitalization service for severely disabled and frail persons from all Zagreb (who can afford high price).

Such trends can developed in the situation that old age home Lavoslav Schwarz lost his Jewish character and humanitarian and social role, for the population who build that home, and for whom is a “safety valve” for their present and future needs.

Community and humanitarian funds and organization should develop alternative solutions like good services provided for the elderly in their homes (personal care, homecare, household help, meals on wheels) and services provided in the community (day care center).

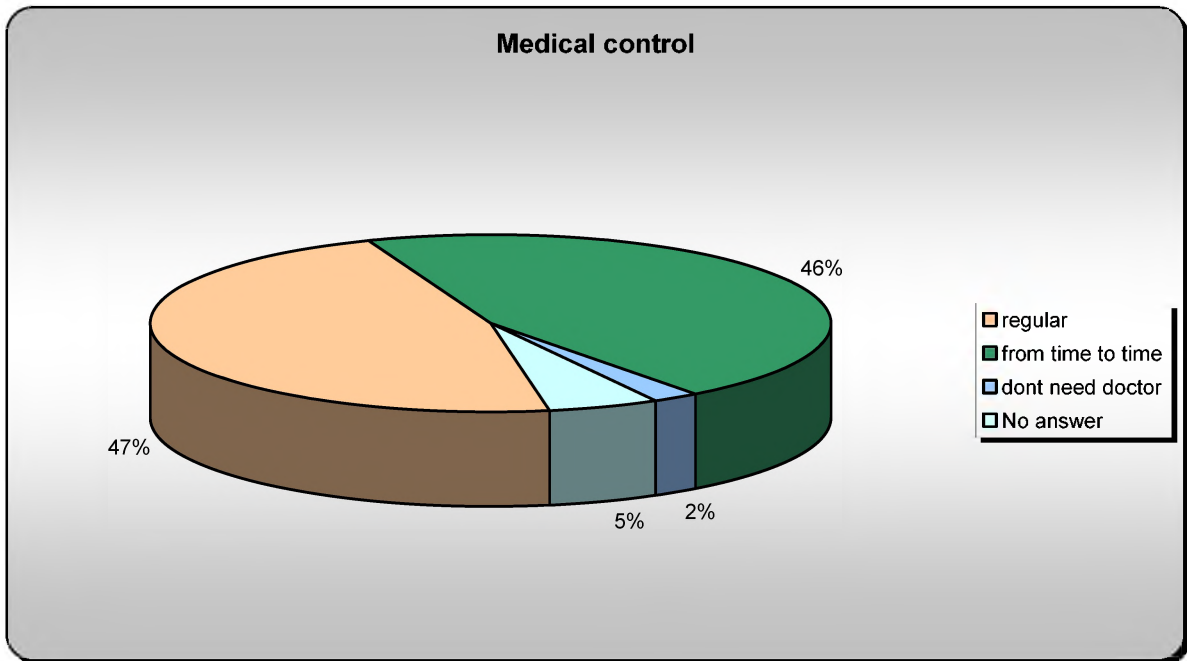
13) Medical control

We can only indirectly collect data about utilization of the ambulatory (non-hospital) services (visit to a physician or nurse, laboratory and x-ray tests and other services provided by governmental primary health services.

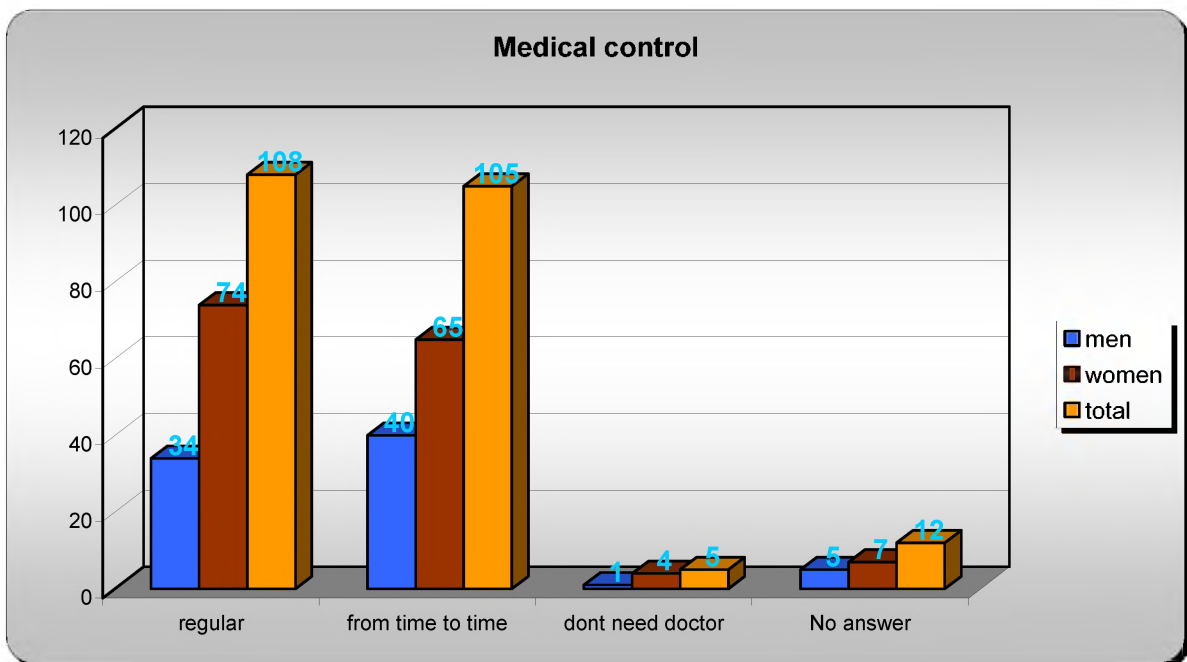
Table 19: Medical control (N=230)

Medical control						
	men	men	women	women	total	total
regular	34	43%	74	49%	108	47%
from time to time	40	50%	65	43%	105	46%
"don't need doctor"	1	1%	4	3%	5	2%
No answer	5	6%	7	5%	12	5%
Total	80	100%	150	100%	230	100%

Graph 26: Medical control (N=230)



Graph 27: Medical control (N=230)



According to the answers, over 90% of the respondents are under medical control (regular or "from time to time").

Last limitation of health services, higher personal financial participation and privatization of medicine services, diminished the possibilities for good medical help especially for holocaust survivors with their health problems.

14) Health problems

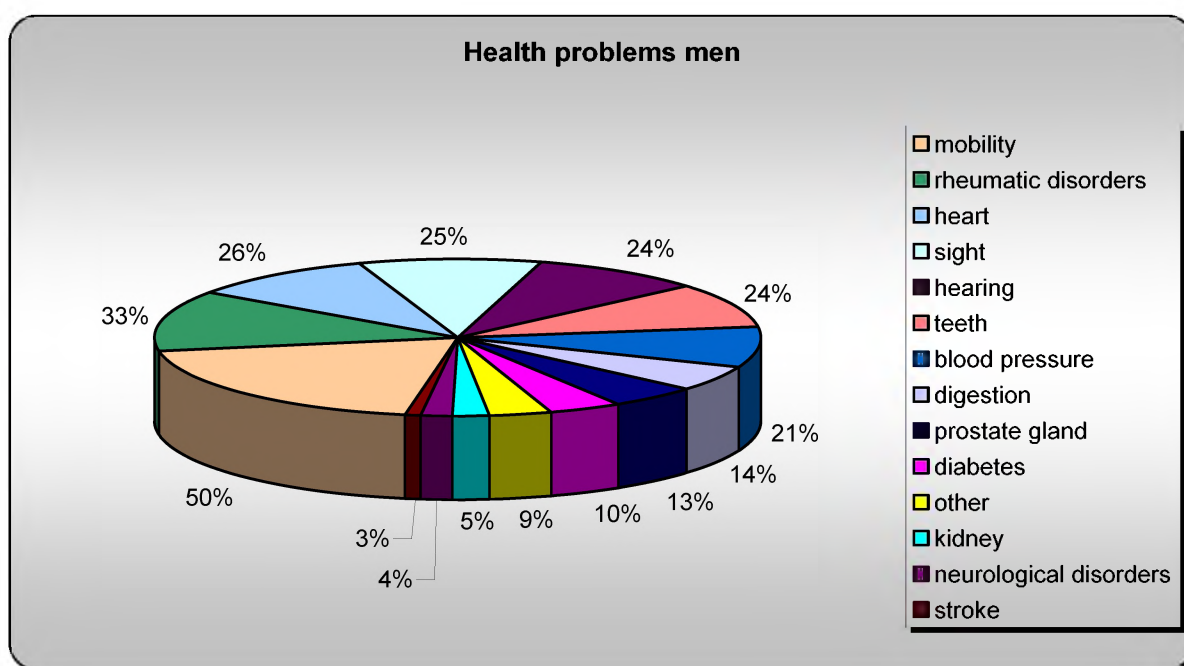
Table 20: Health problems

Health problems (answers) - one person may have several problems			
	men	women	Total no
Sight	20	50	70
Hearing	19	34	53
Teeth (dental help)	19	32	51
Rheumatic disorders	26	52	78
Diabetes	8	14	22
Hearth diseases	21	27	48
Veins	1	1	2
Digestion problems	11	19	30
Blood pressure	17	26	43
Stroke	2	3	5
Kidney	4	4	8
Urological problems	2	0	2
Prostate gland	10	0	10
Mobility problems	40	90	130
Osteoporosis	0	16	16
Thyroid gland	0	9	9
Cancer	2	3	5
Respiratory disorders	2	9	11
Neurological disorders	3	2	5
Other	7	11	18

Table 21: Health problems (N=230)

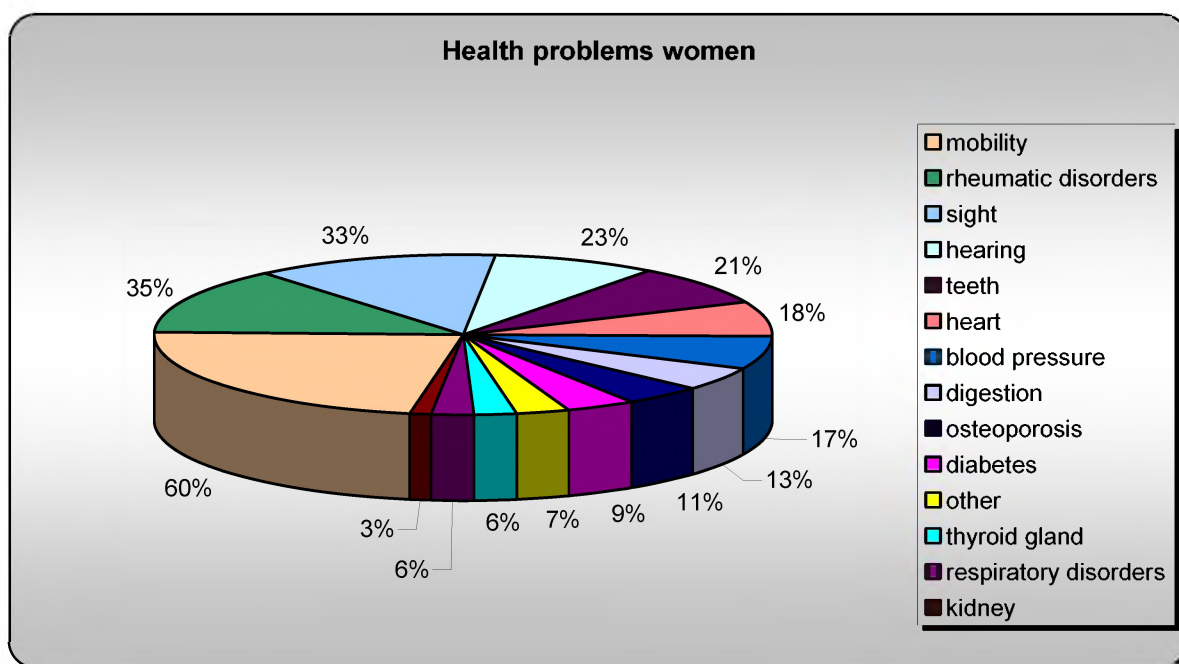
Health problems					
Men (80)			women (150)		
40	Mobility	50%	90	Mobility	60%
26	Rheumatic disorders	33%	52	Rheumatic disorders	35%
21	Hearth	26%	50	Sight	33%
20	Sight	25%	34	Hearing	23%
19	Hearing	24%	32	Teeth	21%
19	Teeth	24%	27	Hearth	18%
17	Blood pressure	21%	26	Blood pressure	17%
11	Digestion	14%	19	Digestion	13%
10	Prostate gland	13%	16	Osteoporosis	11%
8	Diabetes	10%	14	Diabetes	9%
7	Other	9%	11	Other	7%
4	Kidney	5%	9	Thyroid gland	6%
3	Neurological disorders	4%	9	Respiratory disorders	6%
2	Stroke	3%	4	Kidney	3%
2	Urological problems	3%	3	Stroke	2%
2	Cancer	3%	3	Cancer	2%
2	Respiratory disorders	3%	2	Urological problems	1%
1	Veins	1%	2	Neurological disorders	1%
0	Thyroid gland	0%	1	Veins	1%
0	Osteoporosis	0%	0	Prostate gland	0%

Graph 28: Health problems (men %) N=80



One person may have several diseases.

Graph 29: Health problems (women in %) N=150



one person can have several problems

15) Mobility problems

Graph 30: Mobility problems (in numbers) (N=129)

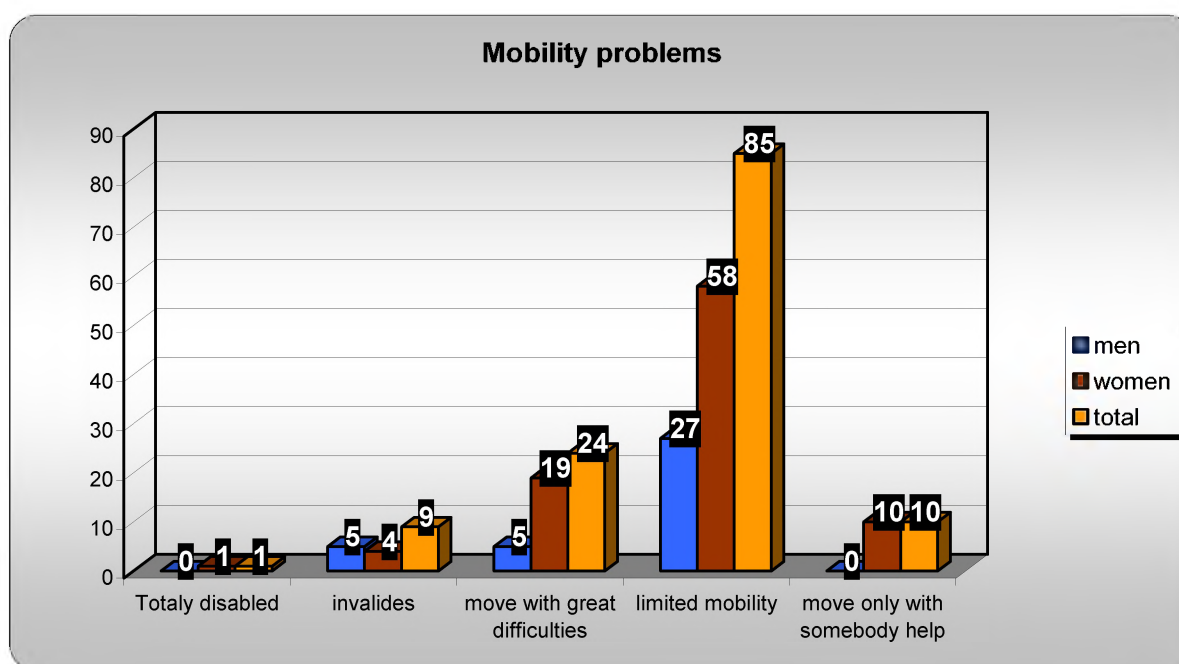
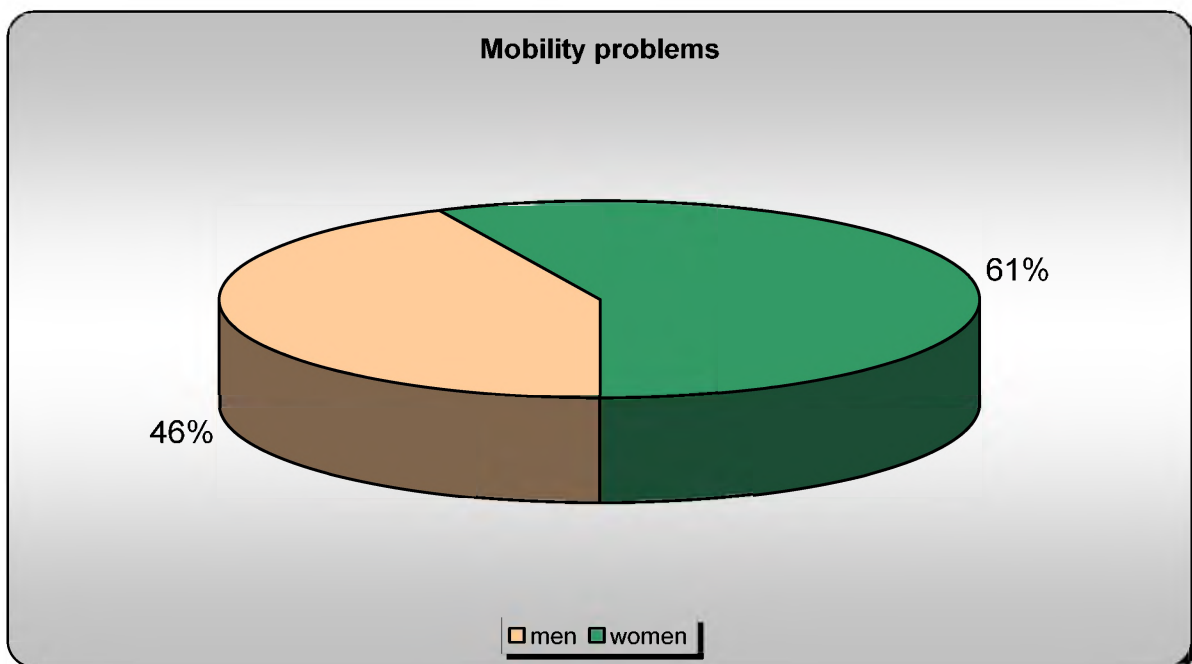


Table 22: Mobility problems (N=129)

Mobility problems	men	women	total
severely disabled	0	1	1
invalids	5	4	9
move with great difficulties	5	19	24
limited mobility	27	58	85
move only with somebody help	0	10	10
have problems with mobility	37	92	129
Percentage of the sample	46% of 80	61% of 150	56% of 230

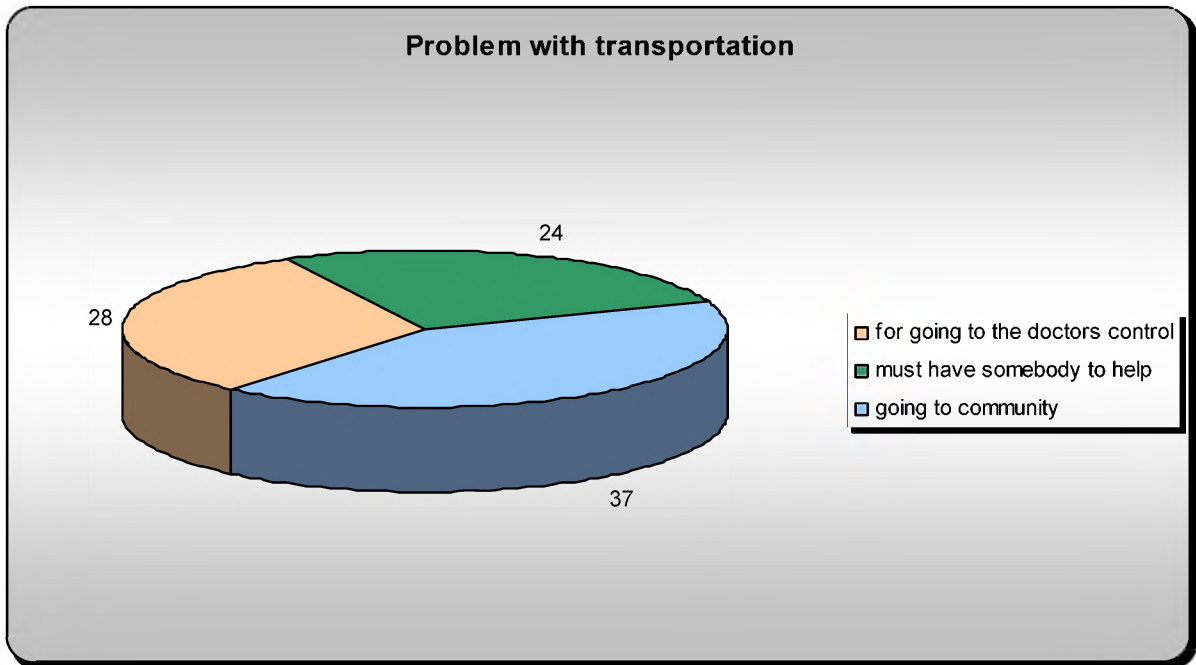
56% of sample (N=230) have problems with mobility; 46% of men (80) and 61% of women (150).

Graph 31: Mobility problems (N=230)



16) Problems with transportation

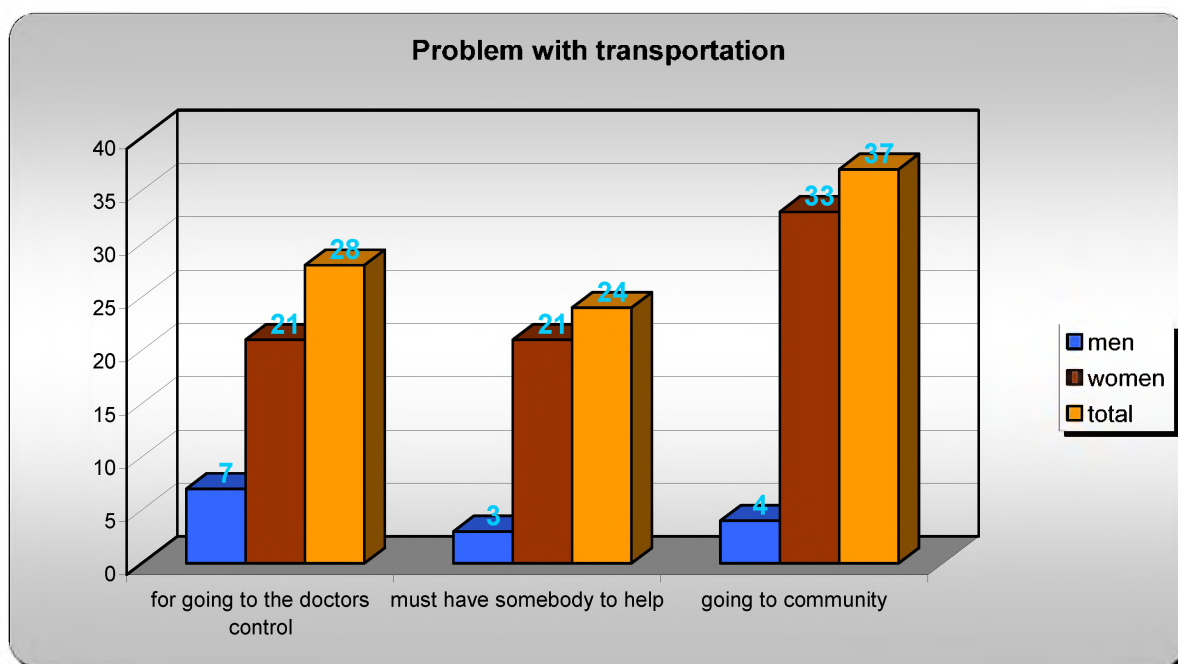
Graph 32: Problems with transportation, needs according to the answers, one person can give several answers



**Table 23: Problems with transportation
one person can give several answers**

	men	women	total
Need transport for			
going to the doctors control	7	21	28
must have somebody to help	3	21	24
going to community	4	33	37

**Graph 33: Problems with transportation
one person can give several answers**



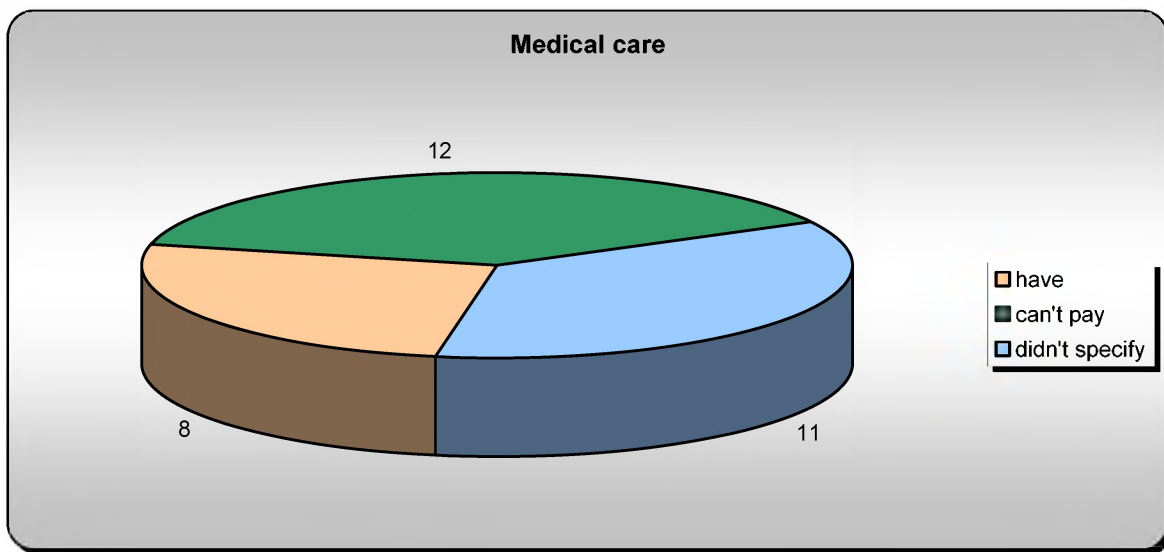
Health problems of Holocaust survivors are mostly connected with high incidence of the mobility problems. This influenced their needs for medical care at home, help in household, rehabilitation, physiotherapy and transportation to the medical services.

17) Medical care

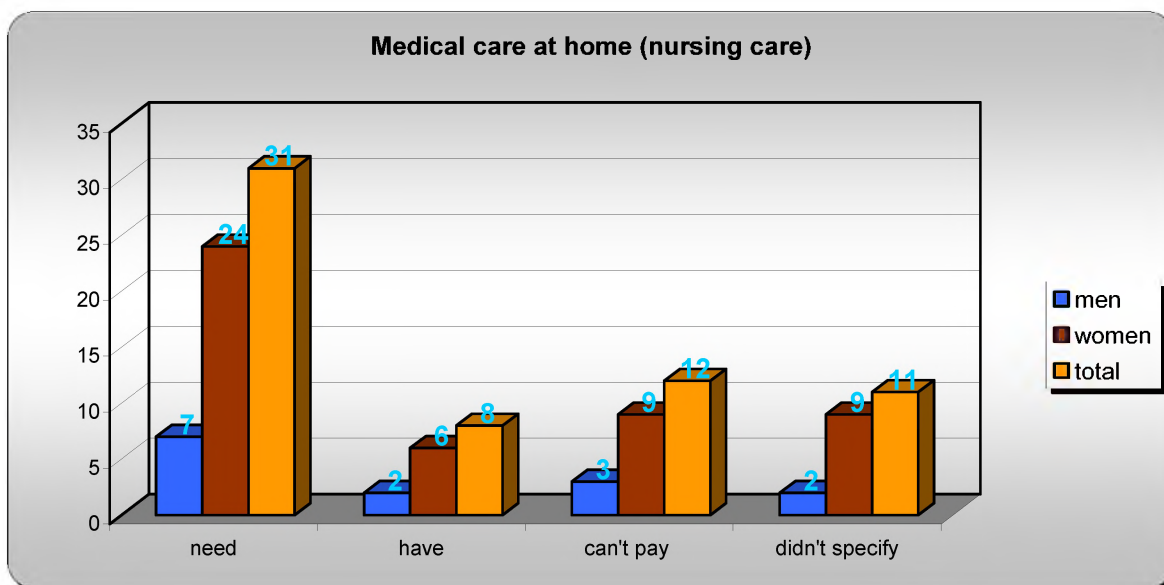
Table 24: Medical care in the home of respondents (N=31)

Medical care	men	women	total
Have	2	6	8
Need, have not because can't pay	3	9	12
Need, did not specify why have not	2	9	11
Total needs	7	24	31

Graph 34: Medical care (N=31)



Graph 35: Medical care N=200



Respondents who live in old age home (30 - 3 men and 27 women) are excluded from this question because they have assured medical care.

It is interesting that relatively small number of respondents (31 or 15,5%) declare that they need medical care (nurse, physician) in their home, but this results are realistic if we take into account their problems with mobility presented on table 22 (in total sample of 230 i.e. including 30 respondents in old age home).

Analysis of the needs for physiotherapy and help in household , as well for most of other problems, show that can be organized help for respondents in their home or solved their problems by establishment of day care center.

18) Physiotherapy

Table 25: Physiotherapy (N=93)

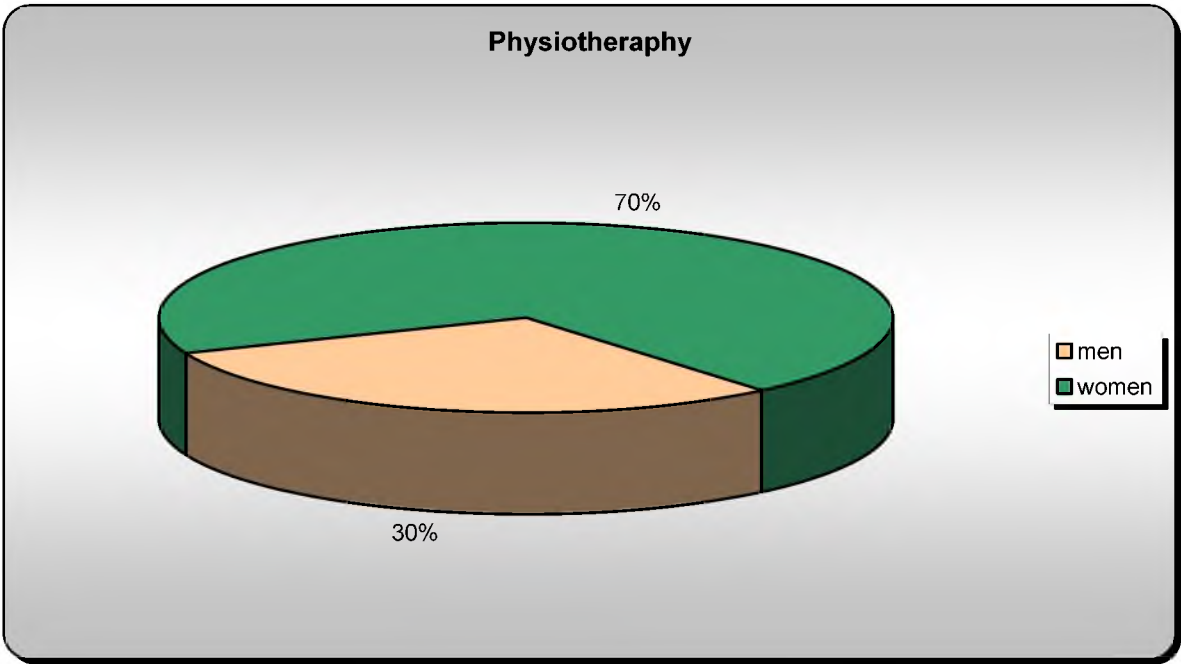
	Men	Women	Total
Have physiotherapy	12	17	29
Need, have not but did not specify why	9	20	29
Need, have not because can't pay	7	28	35
Total	28	65	93

Residents in old age home (30) are excluded, because they have organized physiotherapy.

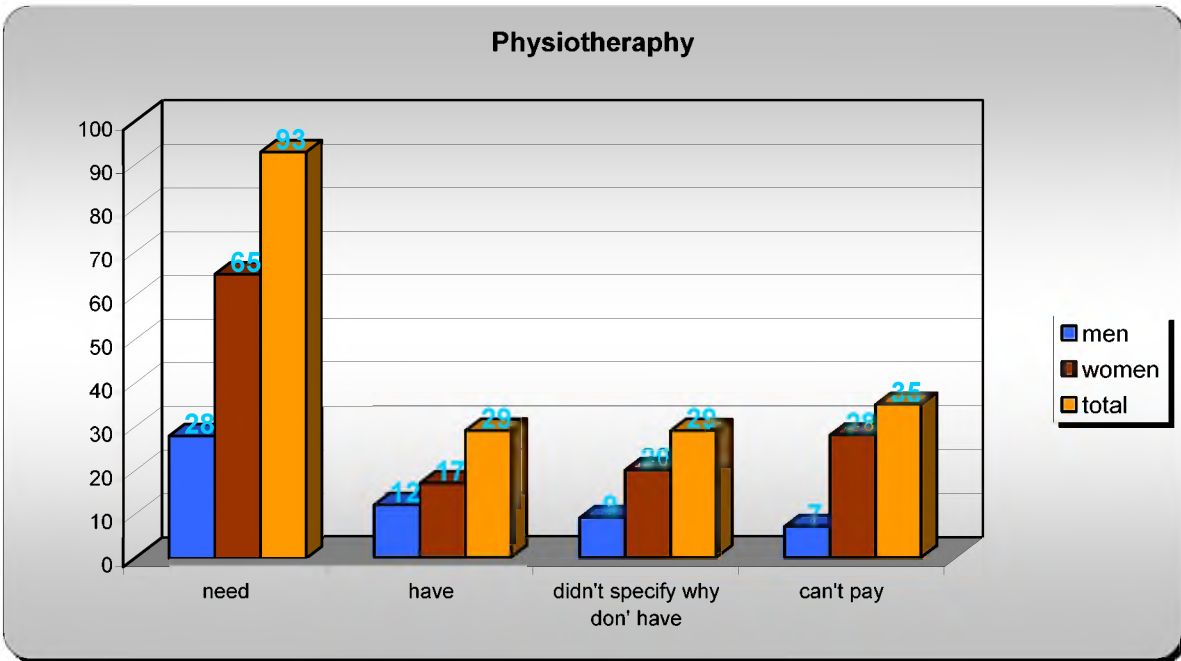
Only about one third of respondent (93) have physiotherapy and about one third of those who need physiotherapy, have no money to pay (these is very expensive and private service).

From the sample of 93 persons, who need physiotherapy, 30% are men and 70% are women.

Graph 36: Needs for physiotherapy (N=93)



Graph 37: Physiotherapy (N=93)



93 persons (28 men and 65 women) need physiotherapy (first column), only 29 of them have (second column) and 64 have not (last two columns).

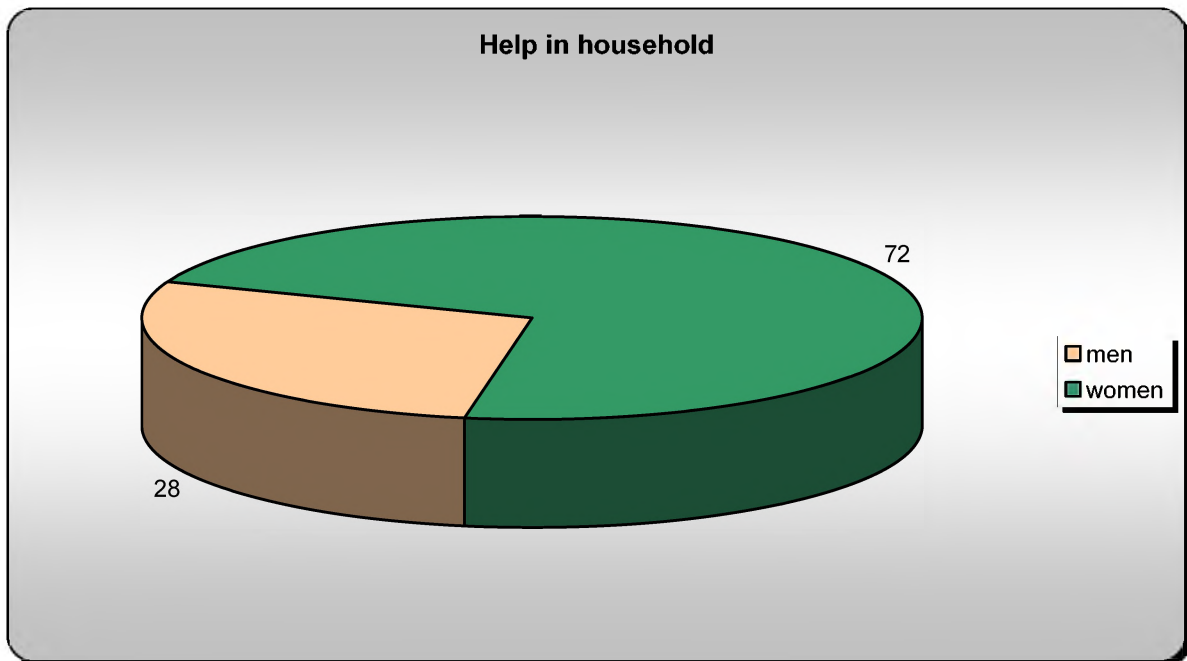
19) Help in household

Table 26: Help in household (N=90)

	Men	Women	Total
Have help	11	22	33
Need, have not (did not specify why)	5	16	21
Need, have not because can't pay	9	27	36
Total	25	65	90

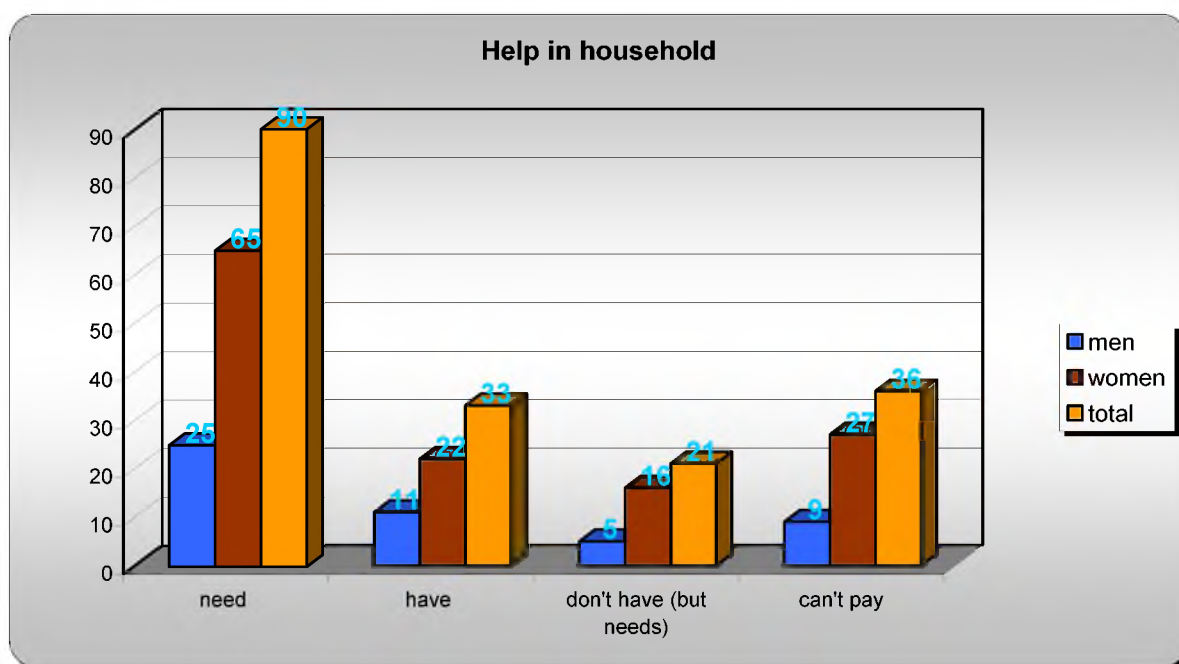
Residents of old age home (N=30) are not included.

Graph 38: Help in household (N=90)



It is very significant that 90 respondents, who live in their homes, need help in households; 28 men and 72 women

Graph 39: Help in households (N=90)



From the total number of those who need help in household (first column), only about one third (33) have help (second column) and 57 have not (last two columns).

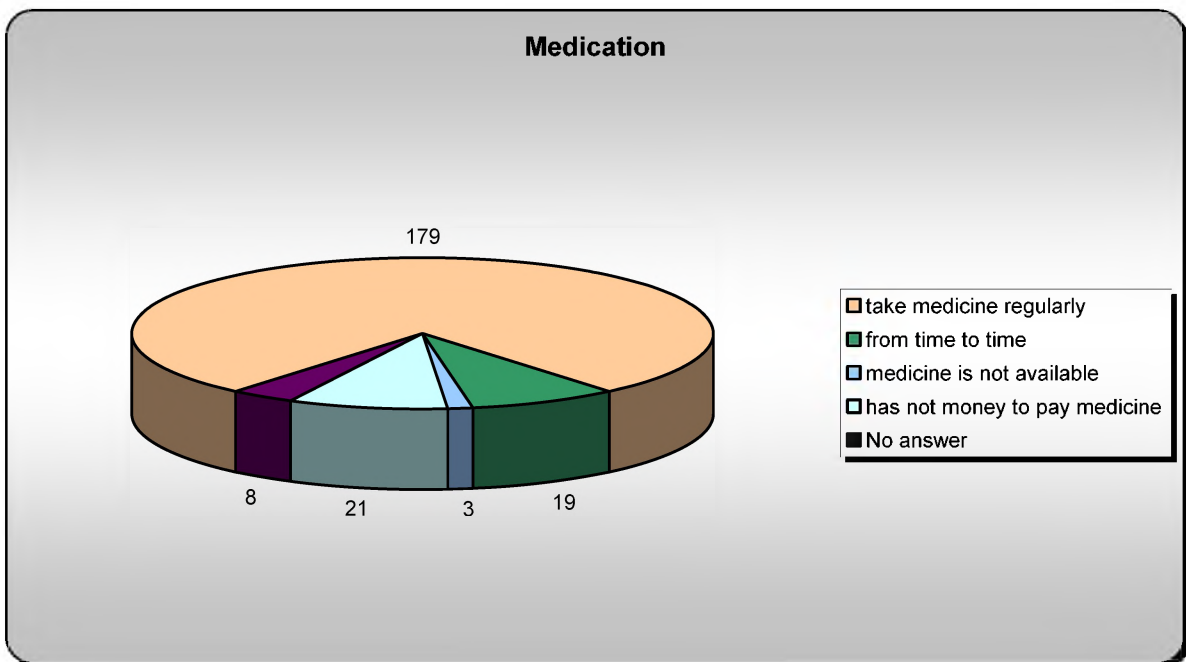
There are not organized services, but helper is private and must to be paid by cash. These make problems to get bill from them which must be submitted for social (re) funding.

20) Medication

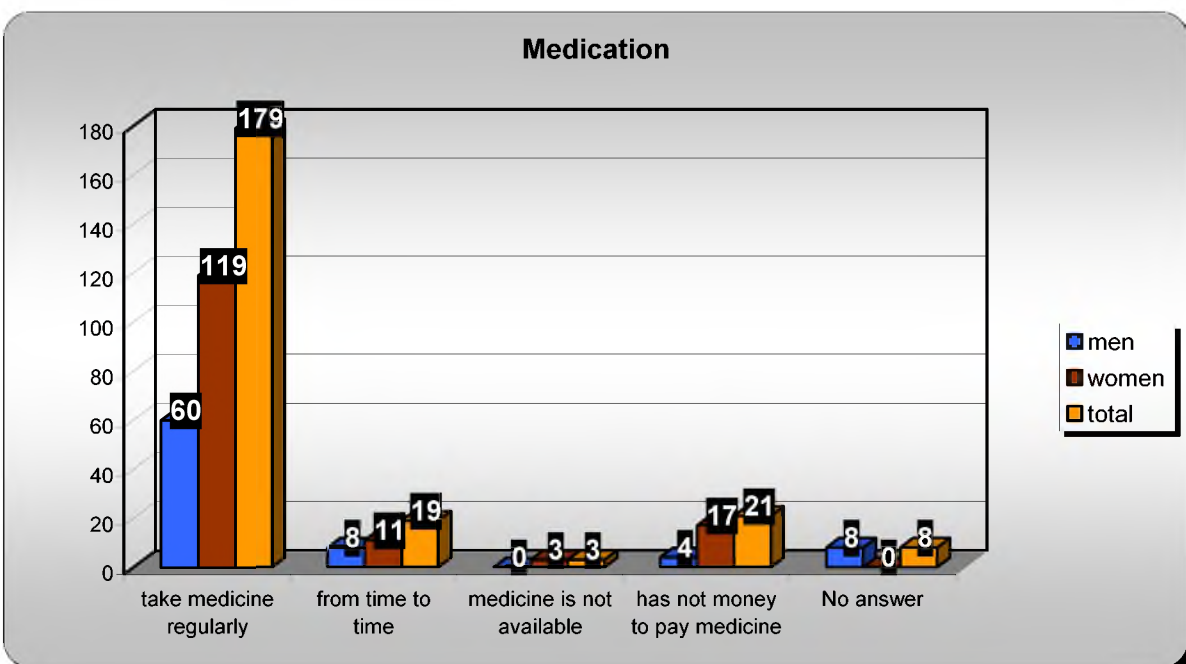
Table 27: Medication (N=230)

Medication						
	men	men	women	women	total	total
take medicine regularly	60	75%	119	79%	179	78%
from time to time	8	10%	11	7%	19	8%
medicine is not available	0	0%	3	2%	3	1%
has not money to pay medicine	4	5%	17	11%	21	9%
No answer	8	10%	0	0%	8	3%
Total	80	100%	150	100%	230	100%

Graph 40: Medication (N=230)



Graph 41: Medication (N=230)



Today in Croatia there is not a problem to get any medicine if you have money, but holocaust survivors, mostly pensioners have financial problem.

They can not pay all medicine which they need. List of the medicine is approved by Ministry of health and is everyday more restrictive. Physician has “norm” how many laboratory examinations and recipes for drugs can give to patients.

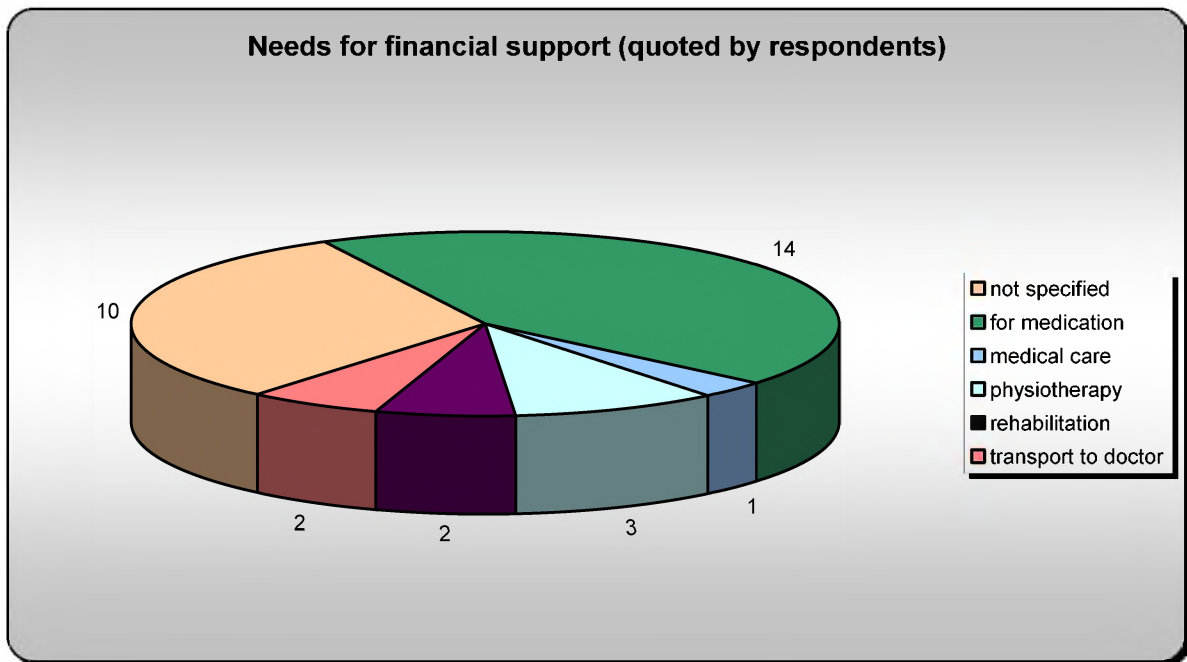
Many drugs and medicaments which elderly need every day, like vitamins and minerals, are not on list, and must be paid.

21) Need for financial support quoted by respondents

Table 8: Need for financial support

Needs for financial support (quoted by respondents)	
for health problems	
not specified	10
for medication	14
for medical care	1
physiotherapy	3
rehabilitation	2
transport to doctor	2
for other problems	
cost of living	5
house repairs	16
clothing	1
food	3

Graph 42: Need for financial support for health problems



House repair is a big problem because official services are too expensive and even doesn't come for small repair.

In engagement private persons, usually is not possible to obtain regular bill which is needed for return money from funds.

V. Conclusion

Results obtained from analysis of the questionnaires have only general information about the social and health situation in the Jewish community Zagreb in year 2005.

There is need for constant monitoring of general and special situation in elderly population which is the most vulnerable part of the Jewish population in Croatia.

From the demographic analysis and distribution by age groups we can demonstrate improvement in ratio between elderly population and other age groups.

Percentage of elderly falls on 37% in the total Jewish population, because new younger generations appeared.

Demographic structure of the elderly is very interesting, there is twice as much woman than men, but there are no more differences (in percentage of total) between women and men in groups aged 65-74 and in group older than 75 years.

Here is a special situation because usually women live longer and predominate in older age groups, as we also found in our survey in 1995, on the same population. 1995 we found that women outnumber men (77%) in the population aged 75 years.

We assume that now exist higher mortality rate in very old women's population, than in men population.

In Croatia, according survey, number of mixed marriages is very high (93%), but almost all children from mixed marriage (from Jewish mother or father) belong to community and young generation return to religion.

Non-Jewish spouses are members of community (only have no rights to vote or to be elected).

Analysis of marital status showed difference between men and women. About 34 % of old men and about 75% of old women live as single (unmarried, divorced or widowed). Married are 66% men and 25% women.

Structure and size of household in our survey demonstrate that most respondents live alone or in households with two (mostly old) persons. Women predominate in one person households (mostly widowed) and men in two person household, mostly with spouse.

This is important findings for organization of home care, medical help and other services in order to enable the elderly remain in their homes.

Analysis showed that mobility problems are first on the list of health problems because 46 % of all men (80) and 61% of all women (150) has mobility problems and rheumatic disorders.

Limited mobility has 27 men and 58 women; with great difficulties move 5 men and 19 women; 10 women can move only with somebody help. There are 9 invalids and 2 severely disabled.

On the second place are problems with sight, hearing and teeth. More men (26%) than women (18%) reported hearth diseases, but both have problems with blood pressure, digestion and diabetes (about 10%). About 13% men have problem with prostate gland and 11% women with osteoporosis.

Increased proportion of elderly persons aged 75 years and more, increase the number of disabled elderly in the Jewish population in Zagreb. One quarter of respondent need transportation services for going to the medical or laboratory control.

Community, till now, does not develop adequate solutions like services provided in the home (help with personal care, homecare, household help, meals on wheels) and

services in the community (day care center). Recent support from different social funds (Claims, Swiss fund, Assurance) for Holocaust survivors are of a great (but temporary) help.

Establishment of Day care center with minibus for transportation of elderly (also for going to medical and laboratory control and test) will not represent only new support from community or donators to elderly, but also mode of better and permanent organization and rationalization of social work, time and expenses for services given to dispersed consumer with different needs.

There is obvious discrepancy between wishes to go to the Jewish old age home Lavoslav Schwarz and available places (rooms and beds). There are 151 respondents who wish to go to old age home (more men than women) and half of them already made application.

This problem is in last time worsened by opening the old age home to general population (for "economical reasons").

It is a danger that Jewish old age home may be hospitalization service for severely disabled and frail persons from all Zagreb (who can afford high price). Such trend can develop that old age home will lost his Jewish character and humanitarian and social role for the population who build that home and for whom is a "safety valve" for their present and future needs.

Restrictions of public basic medical care, decline of public social welfare expenditure, worsening of the economical situation and lowering standard of living has been additional factor for need that social work in Community should be better organized.

Situation in small communities, without social worker and no contact between elderly and community are even worst, and for many persons who are in need, help from humanitarian fund is not available, because they have no proper information.

We believe that with reestablishment of network of voluntaries, with better organization and cooperation, and with more support and understanding from donators and funds for priority in help, difficult social and health status of the elderly in Croatia can be improved.

We continue with our work on the survey and definitive results will be presented for the all Jewish population in Croatia.

We wish to thanks for support to Jewish community, Claims conference and Hanadiv funds, JOINT and Mr. Yechiel Bar-Chaim, and for hard work to young assistants engaged from Research and documentation center: Ana Hermanović (for Questionnaires) and Štrac Leonardo (for graphs).

For the preliminary report we did not engaged professional English lector.

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