

## **ABSTRACTS**

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### **CHANGING FAMILY – CHANGING FAMILY POLICIES**

This article presents the findings of a qualitative research project which aimed to map out the political evaluations and the social effects of the changing concept of family and the changing forms of family life. By interviewing political and economic decision-makers we intended to highlight the goals and the motives of the different family policy approaches, the characteristic features of the family concepts reflected by the policy-makers' decisions, as well as the relationship between state family policies and labor market policies on the one hand, and equal treatment expectations concerning both genders, on the other. On the basis of interviews conducted with ordinary people we examined how much people's lives are practically influenced by the family policy measures introduced by the political and the economic decision makers. According to our findings the two different categories of respondents saw specific family policy issues in different ways – however, their interpretations of family policy as a whole were rather convergent. The importance of providing equality of opportunity for men and women, increasing the female employment rate, acknowledging the plurality of family lifestyles, reconciling work and family life – being European expectations as well as conditions of a worthy life – seemed to be overshadowed by the demographic issues of fertility and procreation.

*Benedek Kovács–Zoltán Gálig–Réka Vályi*

### **WHY DO FAMILY DOCTORS (NOT) SIGNAL? OPPORTUNITIES AND LIMITATIONS OF THE COLLABORATION BETWEEN FAMILY DOCTORS AND SOCIAL SERVICE PROVIDERS**

Public health and social welfare subsystems are principally linked together by mutual interest in the basic care of elderly people. Family doctor services are parts of the social signaling system that promotes revealing unprovided needs. On the other hand, taking indigents into social care would make considerably easier the work of family doctors. As a consequence of this family doctors' signaling should be a general practice everywhere. But social specialists experience the contrary. In order to explain the difference between the unity of interest in principle, and the weak collaboration in reality, a theoretical model was elaborated and tested empirically. We have found that social service providers' preferences are not evident for family doctors, therefore, their willingness to signalize depends on their opportunity of obtaining information.

*György Jóna*

**ON THE GROUP IDENTITY OF THE JEWISH YOUTH IN DEBRECEN  
- IN THE LIGHT OF JEWISH ETHNICITY**

This article examines the new, alternative assimilation strategies among the Hungarian Jewish ethnicity after the decade following the II. World War. As a hypothesis, the author assumes that the Jewish forms its integration (formerly assimilation) strategy according to the substantial elements of the internal, latent structures of its identity (Taylor 1996). The study describes the realization of this new identity frame emerging after the regime change among the Jewish Youth living in Debrecen, and concludes that the existence of the frame of this ethnical identity is obviously recognizable and should the current tendencies not change, such new identity concept would gain even more extent in the areas of their beliefs and concepts. The Jewish Youth living in Debrecen is forthright and proud of its ethnical identity that is in contrary to the reactive identity concept of their ancestors.