GENERATIONAL DIFFERENCES IN SELECTED ASPECTS OF SOCIAL SITUATION AND HEALTH STATUS OF FOREIGNERS LIVING IN THE CZECH REPUBLIC

Jitka Vacková[1], Kvetoslava Rimárová[2], Lenka Motlová[1], Renata Švestková[1], Eva Fichtnerová[1], Anna Kuželková[1], Erik Dorko[2], Lívia Kaňuková[2], Jana Diabelková[2], Lesia Shuranová[1], Markéta Bendová[1]

[1]Institute of Social and Special-Pedagogical Sciences, Faculty of Health and Social Sciences, University of South Bohemia in České Budějovice, České Budějovice, Czech Republic
[2]Department of Public Health and Hygiene, Faculty of Medicine, Pavol Jozef Šafárik University in Košice, Košice, Slovak Republic

SUMMARY

Objectives: Demographic differentiation caused by the history of migration in the Czech and Slovak Republics led the authors of this article to analyse generational differences in the groups of foreigners living in the Czech Republic (CR) and the impact of generational differences on selected aspects of their social situation and perceived health. The crucial research question was whether and to what degree do different generations of foreigners vary from each other and what impact this has had on their social situation and health determinants.

Methods: The main goal was to examine mutual relationships between selected characteristics of social situation and health determinants in various groups of foreigners living in the CR. A total of 1,003 questionnaires among foreigners officially living in the Czech Republic were collected and analysed. In the area of subjective perception of health, a comparison of foreigners with Czech citizens (representative sample of Czech seniors; 1,172 respondents) in the age category 65+ was made in order to find out whether this perception differs between senior foreign nationals and senior Czechs.

Results: Older individuals (50–64 years and 65+ years) appeared to have the best integration into Czech society. This age generation felt positive about stay and migration status in the CR. Older foreigners differ from older Czech citizens who tend to refer to their health as very good to rather good compared to foreigners who described their health as neither good nor bad. The middle generation (30–49 years) of foreigners was characterized by hard work and the initial stages of integration into Czech society. This group also reported positive feelings about living in the CR relative to their home country.

Conclusion: The oldest generation of foreigners is the best integrated in the Czech Republic (with regard to selected aspects tested in this article). This generation is able to offer new immigrant effective integration strategies. However, they assess their subjective health one degree worse in comparison with Czech seniors (representative sample), this finding should lead to the setting of preventive programmes related to a healthy lifestyle, including lifestyle for foreigners living in the Czech Republic.

INTRODUCTION

Basic Demographic and Theoretical Background

Since 1989, the Czech Republic (CR) and Slovak Republic (SR) have dealt with the positive and negative impacts of migration. The process can be seen in the percentage change of foreigners related to the total population in OECD countries (the Czech Republic and Slovak Republic), as well as neighbouring countries. Among Visegrad countries (Fig. 1) the time trends from 2009 are confirming the highest proportion of foreigners living in the Czech Republic. Immigrants (economic) and recognized refugees (de facto refugees), based on international and national legislation, form national minorities within the host country. Within these minorities, certain generational differences can be assumed to exist based on age and length of stay in the host country (1).

Immigrants who first came to the CR and SR many years ago to work or study (based on territorial agreements) are now at retirement age. Since 1989, there has been a significant differentiation of the immigrant population and recognized refugees (foreigners legally residing in the CR and SR) related to age or related to the generation. The differentiation manifests as different characteristics reflected in various aspects of immigrant social situation and health.
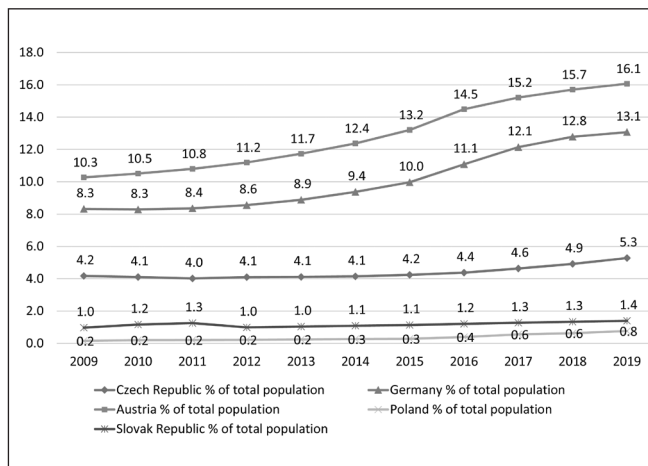
Fig. 1. *Time trends for frequency of foreigners in selected OECD countries.*

The demographic differentiation caused by the history of migration in the Czech Republic and the Slovak Republic led the authors of the article to analyse generational differences among foreigners living in the CR and assess the impact of generational changes on selected aspects of their social situation and health.

Generation vs. Social Determinants of Health

Social determinants of health, first published by Wilkinson and Marmot in 1998 (2, 3), represent a specific framework for defining fundamental health inequalities. The primary prerequisite of the theory is the relationship between selected characteristics of social situation and selected aspects of health determinants (4–7).

The relationship between age/generation and social determinants of health was described in detail by Marmot et al. (8). According to literature (9–11), migration is a significant factor in health inequalities and affects all generations. Living conditions have a cumulative effect that can impact a personal start at an early age, continuing through adulthood, and into older age (12). The cumulative advantage/disadvantage theory (CAD), according to Corna (13), uses age as a variable (age as leveller hypothesis) and creates an axis on which the accumulation of advantages or disadvantages in human life and their effects in old age can be presented and assessed.

In the dichotomy of generation vs. health, generation can be perceived as age differentiation within a population, which plays a vital role in influencing and creating solutions at the macro-level (at the level of regional and national policy). Marada (14) defines "a generation" as a group that shares a historical experience relative to age, especially as it relates to dramatic historical experiences such as war, economic crises, revolutions, political oppression, national revival, and radical cultural changes. A generation has a shared generational consciousness, which has a distinctive character and historical significance in particular periods. For example, in the Czech Republic, generations associated

with the First Republic, the Sixties, the Normalization, Husák's Children, and the post-revolutionary period are historically unique generations (14). Ryder (15) further defines a generation as a cohort, a group of individuals born within a given time interval. Vidovićová (16) defines generation with the inclusion of work and personal life linked to changing social, economic, and political conditions that are unique to a particular society. For this study, generation was defined as an age cohort. Features such as work, selected aspects of one's social or economic situation, and health represent key determinants that can be used to divide foreigners into age-differentiated groups with various characteristics.

Therefore, it follows that selected aspects of health, social situation, generation, and ethnic origin are closely related and that these elements play an important role in the integration process. According to Vacková et al. (17), this is the essential process that foreigners need to integrate successfully into the host society.

MATERIALS AND METHODS

On 31 September 2020, 616,659 people of foreign nationality were registered in the Czech Republic based on data from the Ministry of the Interior (1); in descending order, they are Ukrainians (158,300), Slovaks (123,266), Vietnamese (62,523), Russians (37,827), Germans (21,004), and Poles (20,588).

The large Agency for Cooperation on Scientific and Technical Research project (COST) entitled "Social Determinants of Health and their Impact on the Health of Immigrants Living in the Czech Republic" (Reg. No. LD 13044) focused on the above-listed nationalities (Germans were omitted). The essential research question for this study was whether and to what degree generational changes have affected foreigners and how they impacted their social situation and health. The main goal was to examine relationships between selected characteristics of social situation and health in particular groups of foreigners (18, 19). In 2014, data collection was completed. A total of 1,003 questionnaires collected (573 females and 430 males) represent Data set 1.

Data Set 1

Data set 1 (1,003 respondents) for our study was created with the immigrants living in the Czech Republic, which included Vietnamese (185 respondents, 18.4%), Polish (198 respondents, 19.7%), Ukrainian (237 respondents, 23.7%), Russian (190 respondents, 18.9%), and Slovak (193 respondents, 19.3%). The numbers of respondents in the analytical tables could be different due to blank answers to selected questions.

To compare the older generation of foreigners with a representative sample of seniors living in the Czech Republic, it was necessary to divide the older generation of foreigners (50+ years) into two subcategories: 50–64 years and 65+ years. This subdivision was only used in the analysis comparing senior Czech citizens and senior foreign nationals relative to their subjectively assessed health status.

In the Czech Republic, the term "generation" is mainly used to distinguish between foreigners born outside the Czech Republic (the 1st generation) and those born in the Czech Republic (the 2nd generation). Generation, in this sense, is thus conceived as a cohort, as seen from the point of view of age categories (15, 16).

The selected aspects of health were measured using a subjective perception of health assessed with a five-point Likert scale (1 = very good to 5 = very bad). Selected characteristics of the social situation included: assessing the relationship between immigrant groups and Czechs; subjective evaluations of how immigrant groups feel about being in the CR compared to their home country, and an evaluation of language skills (4 skills were measured: reading, writing, speaking, and a subjective assessment of satisfaction with overall language skills). Evaluated parameters also included the type of employment – manual, professional, or a combination of both.

Data Set 2

To compare selected characteristics of the health of foreigners aged 65+, a representative sample of Czech citizens were drawn from the INTER-COST project "Social Exclusion of Seniors Aged 65 and over Living in the Home Environment in the Czech Republic" (Reg. No. LTC18066). The target group was residents of the Czech Republic aged 65+ years living at home (respondents were chosen using a representative quota sample). The total number of interviews was 1,172; data collected from 27 January to 14 February 2020 represent the Data set 2.

For the analysis of selected data in categorical variables (generation vs. selected aspects of social situation and health), the Pearson's chi-square test was used (confidence level $\alpha \leq 0.05$, no cell had an expected frequency <1, and more than 20% of cells did not have an expected frequency <5). An analysis of adjusted residuals was used to determine the significance of data deviations and expected values (Sign scheme).

In this article, two terms require explicit definitions: an immigrant is a foreigner who came to the CR for economic reasons; and foreigners – those living in the CR that are not applicants for international protection, asylum seekers, or residing illegally in the CR.

Under the umbrella of the COST project there has not been examined the influence of generational changes on selected aspects of social situation and health.

RESULTS

The distribution of respondents according to their gender, age category and nationality describes the amount and percentage of study participants (Table 1). Age categories are represented in the younger generation (15–29 years), the middle generation (30–49 years), and the older generation (50–64 years), and elderly 65+ years were further analysed.

The length of the stay in the Czech Republic plays a significant role in relation to age differentiation (Table 2). The length of the stay increases from the youngest generation to the oldest, the oldest generations consist of foreigners who have been in the Czech Republic for the longest time.

Testing of selected characteristics of social situation and age categories confirmed that there was a statistically significant

Table 1. Distribution of foreigner groups by nationality, gender, and age in the selected sample (Data set 1) (N = 1,003)

				Age categories				Total gender by nationality n (%)
				15–29 years n	30–49 years n	50–64 years n	65+ years n	
Nationality	Vietnamese	Gender	Female	28	54	6	1	89 (8.9)
			Male	24	51	20	1	96 (9.6)
	Ukrainian	Gender	Female	32	76	18	1	127 (12.7)
			Male	28	66	15	1	110 (11.0)
	Russian	Gender	Female	35	66	17	4	122 (12.2)
			Male	16	41	9	2	68 (6.8)
	Slovak	Gender	Female	36	46	17	9	108 (10.8)
			Male	25	38	17	5	85 (8.5)
	Polish	Gender	Female	36	46	36	6	124 (12.4)
			Male	22	37	13	2	74 (7.4)
Age categories			Total	282 (28.2%)	521 (51.9%)	168 (16.8%)	32 (3.2%)	1,003 (100.0)

Table 2. Length of stay according to age vs. generation relative categories (Data set 1)

How long have you been living in the CR?					
	Age (generations)	Length of stay			
		≤5 years	>5 years	>10 years	>15 years
Sign scheme	≤29 years	+++	n.s.	‒ ‒ ‒	‒ ‒ ‒
	30–49 years	‒ ‒	n.s.	+++	‒ ‒ ‒
	50+ years	‒ ‒ ‒	‒ ‒	n.s.	+++

+/- for α ≤ 0.05; + +/‒ ‒ for α ≤ 0.01; + + +/‒ ‒ ‒ for α ≤ 0.001; n.s. – no significance
Data Set 1 – merging of two age categories due to insufficient number in category 65+ for analyses

relationship between generation and length of the stay; selected aspects of knowledge of the Czech language (speaking, reading, writing, and comprehension of spoken language); positive feelings about living in the Czech Republic; and how foreigners subjectively evaluate their health (Table 3).

The data analysis confirmed statistical significance when increasing length of stay in the group of older foreigners is connected with more comfortable living among Czechs (p=0.001; Table 3). The oldest generations felt most comfortable among Czechs (foreigners 50+ years).

The adjusted residuals analysis confirmed which age category was dominant for each nationality: Ukrainians (30–49 years), Poles (50–64 years), and Slovaks (65+ years) (Table 4). In the future, it can be expected that the number of Ukrainians, Vietnamese, Russians, and, of course, other nationalities will increase the ranks of the 55–64 years and 65+ years categories. This could lead

to issues concerning intergenerational solidarity within selected ethnic groups and between foreigners and Czech citizens.

A closer look at the generational distribution of individual nationalities reveals that foreigners are evenly represented, with only the category of 65+ years having fewer foreigners (compared to other age categories) (Table 5). The average age of foreigners participating in the study was 38.97 years; the median was 37 years, and the mode was 30 years. The oldest foreigner in the study was 79 years old.

Research shows that age has a statistically significant effect on subjective perceptions of health (Table 3). Analysis of adjusted residues showed that with increasing age, health deteriorates (subjectively). Foreigners in the age categories 50–64 and 65 and over feel neither good nor bad, unlike the citizens of the Czech Republic (Table 5 and 6), who in the age category 65–69 evaluate their health status as very or rather good.

Table 3. Age categorization of selected characteristics of knowledge of Czech language, length of stay, evaluation of feelings about living in the Czech Republic, and subjective perception of health (Data set 1)

Pearson's Chi-square tests	
Selected aspects of social and health status	**Generation (difference according to age) p-value**
How long have you been living in the CR?	p < 0.001
Speaking – Czech language (subjectively)	p < 0.05
Reading – Czech language (subjectively)	p < 0.05
Writing – Czech language (subjectively)	p < 0.01
Understanding – Czech language (subjectively)	n.s.
How do you feel about living in the CR? (among Czechs)	p < 0.01
Subjective perception of the health status	p < 0.001

n.s. – no significance
Results are based on nonempty rows and columns in each innermost suitable.

Table 4. Prevalence of age groups vs. nationality (Sign scheme, Data set 1)

			Nationality				
			Vietnamese	**Ukrainian**	**Russian**	**Slovak**	**Polish**
Sign scheme	Generation (age difference)	15–29 years	n.s.	n.s.	n.s.	n.s.	n.s.
		30–49 years	n.s.	+ +	n.s.	− −	− −
		50–64 years	n.s.	n.s.	n.s.	n.s.	+ + +
		65+ years	n.s.	−	n.s.	+ + +	n.s.

+/− for α ≤ 0.05; + +/− − for α ≤ 0.01; + + +/− − − for α ≤ 0.001; n.s. – no significance; SPSS, version 24

Table 5. Immigrants' subjective perception of health status vs. age categories (Data set 1)

			How do you feel about your overall health?		
			Very and rather bad	**Neither good nor bad (average)**	**Very and rather good**
Sign scheme	Age categories (years)	15–29	n.s.	− − −	+ + +
		30–49	n.s.	n.s.	n.s.
		50–64	n.s.	+ +	− −
		65+	n.s.	+ +	− − −

+/− for α ≤ 0.05; + +/− − for α ≤ 0.01; + + +/− − − for α ≤ 0.001; n.s. – no significance; SPSS, version 24
Difference between Czech seniors and foreigners is marked in bold.

Table 6. Subjective evaluation of health status of Czech citizens with regard to age categories (Data set 2) (N = 1,172)

			How do you feel about your general health? Please, assess your health condition during the last three months.				
			Very good	**Rather good**	**Neither good nor bad**	**Rather bad**	**Very bad**
Sign scheme	Age (years)	65–69	+++	+++	– – –	– – –	n.s.
		70–74	n.s.	n.s.	n.s.	n.s.	n.s.
		75–79	n.s.	–	n.s.	n.s.	n.s.
		80–84	– –	– – –	n.s.	+++	n.s.
		85+	n.s.	– – –	n.s.	+	+++

+/– (for α ≤ 0.05); ++/– – (for α ≤ 0.01); +++/– – – (for α ≤ 0.001); n.s. – no significance; SPSS, version 24
Difference between Czech seniors and foreigners is marked in bold.

It is clear from the results that the generation and length of stay go hand in hand (p < 0.001) and has a statistically significant influence on selected aspects of the social situation and health. In the subjective assessment of health status, foreigners differ from the citizens of the Czech Republic; citizens of the Czech Republic aged 65–69 evaluate their health as very good to rather good, in contrast to foreigners who perceive it as average.

The generation of foreigners 50+ years (50–64 years and 65+ years) that have been living in the Czech Republic for more than 15 years (p < 0.001) report feeling as comfortable in the CR as their home country (p = 0.001). They feel comfortable among Czechs (p < 0.001), and their subjectively perceived lack of friends (p = 0.028) is compensated by increased satisfaction with relationships among their ethnic group and Czechs (p < 0.001). In general, they work 8 hours per day (p = 0.002) or are already retired. The oldest generation is characterized by good language skills, i.e., foreigners 50+ years can write (p = 0.008) and understand Czech (p = 0.006). The influence of age on health status is assumed to be high (p < 0.001), although the 50+ years generation subjectively evaluated their health status as neither good nor bad. The 65+ group also assessed their health in the same way, which was in contrast to Czech seniors who assessed their health one level higher (Czech seniors 65–70 years evaluated their health as very good or rather good, although older groups had worse subjective evaluations of their health overall).

The middle generation (30–49 years) has lived in the Czech Republic for more than 10 years (p < 0.001). Ukrainians form the bulk of this generational age group (p < 0.001). Foreigners aged 30–49 reported feeling more comfortable in the Czech Republic than in their home country (p = 0.001) and report neutral feelings about their integration into Czech society, they feel neither good nor bad about their relationships with Czechs, in general (p < 0.001). We found that the middle generation of foreigners mainly work as manual labourers (p = 0.004) or work in factory positions (p < 0.001), and they work 6 days per week (p = 0.011). Language writing skills were poor but reading (p = 0.024) and speaking skills were average (p = 0.003).

The younger generation (15–29 years) has lived in the Czech Republic for less than 5 years (p < 0.001). They work four days per week (p = 0.011) and less than seven hours per day (p = 0.002). The younger generation reported being satisfied with their knowledge of the Czech language compared to the middle and older genera-

tion (p = 0.018). Overall – answers to the question "What is your overall subjective health?" (besides questions about mental and physical subjective health), they felt good to very good (p < 0.001), which can be based on age.

DISCUSSION

Generational differences between foreigners living in the Czech Republic represent a topic that is important for the practice of certain professions (e.g., social workers, nurses, teachers, police officers, etc.). It is also essential for the integration process. Generational differences can highlight risks faced by individuals as they pass from one generation to the next while living in a host country. The analysis of generational differences presented here was prepared by examining age differentiation among different groups of foreigners. An examination of the first, second, and third generations relative to birthplace can be an incentive for ongoing research.

According to the results of our research, the younger generation of immigrants is statistically significantly more disenfranchised relative to the labour market. Younger people are generally students and, as such, represent significant potential for the Czech economy; they also have the potential to positively impact the entire CR population. By 2101, the average age in the Czech Republic will be 47.4 years (up from ≈ 42 in 2018); the total population in 2101 will be approximately the same as in 2018, but this will be mainly due to the steady influx of foreigners (10.53 million in 2101 compared to 10.61 million in 2018) (20). This data suggests that the impact of the younger generation will be relatively positive. The question is whether they will experience "immigrant optimism" (Kao and Tienda – immigrant optimism theory) (21), i.e., will they feel the benefits of adaptation to the host culture, including good Czech language skills and a sense of optimism derived from the parental generation. These advantages are often typical of only the second generation of foreigners (those born in the host country) because the third and following generations have already become disillusioned due to experienced failures (22). Realistic comparisons of life in the host country relative to their native country, together with higher parental expectations, is often protective for the second generation of foreigners (23–25) as are bilingual skills that support attention, memory, and the ability to think abstractly in the host language (26).

The middle generation (immigrants aged 30–49 years) represents the working generation of foreigners; they evaluate their language skills as average. Most of this generation were born in their country of origin. Thus, they represent the first generation of foreigners relative to their place of birth. Inadequate language skills in this generation appear to be a significant barrier to individual achievements (27), and this generation appears to be primarily focused on financial success and not fully on integration into Czech society. Nationality, as well as ethnicity, can also play a role here. Alba and Nee (28) suggest the influence of the new assimilation theory, where, for example, immigrants from Asia are often supported by their family, contemporaries, and community and focus more on school success and employment (29).

Inadequate language skills can lead to foreigners involving the younger generation and even children in important family decisions. As a result, children and adolescents find themselves in adult roles, often as mediators. This can also be considered a form of intergenerational solidarity supporting social cohesion between generations (30–32).

The older generation of foreigners (50–64 years and 65+ years) reported that their health was neither good nor bad. Their evaluation is one level lower compared to Czechs of the same age. This difference could be associated with the more demanding working life of foreigners. According to Zassiedko (33), foreigners work on average 6 days per week and nine hours per day. As such, the subjective health of an immigrant (34) may decline with increasing age and length of stay in the host country, making subjective health assessments of immigrant lower compared to host citizens. Likewise, lifestyle, especially irregular sleep and eating habits, and less nutritious food, can also lead to a lower subjective perception of health (35). One solution would be to increase health education since older populations generally have less information regarding food choices, diet and nutrition (36, 37). Improved self-assessments might also come from increased physical activity and improved fitness levels (38).

With an increasing number of foreigners in the Czech Republic, it can be assumed that their need for institutional and home care services will also increase. This will also increase the demands for intercultural competencies among professionals involved in the existing network of social and health services in the Czech Republic (Act No. 108/2006 Coll., on social services). Therefore, the successful integration of foreigners (39) must be fully supported. This includes the initiation of intercultural education for professionals, e.g., through additional training or courses, and support for intergenerational solidarity among foreigners, which can significantly reduce xenophobia and prevent intergenerational conflicts.

Study Limitations

The representativeness of the research sample of foreigners was influenced by the absence of a basic group of foreigners in the Czech Republic (from the perspective of sociology). This limits the generalization of the findings to all foreigners of selected nationalities living in the Czech Republic. Due to the absence of higher age categories of foreigners (foreigners are minimally represented in these age categories in the Czech Republic) it was not possible to perform an analysis with seniors in the Czech Republic in detail.

CONCLUSION

Our research shows generational differences in foreigners relative to selected characteristics of social situation and health. As for integration, older generations are usually better adapted to Czech society. We found it very positive that members of this generation felt comfortable in the Czech Republic. The subjective assessment of health showed that older foreigners (aged 65+) perceived their health to be one level below that of Czech citizens. The middle generation of foreigners works hard and is only beginning to integrate into Czech society; nonetheless, they report feeling more comfortable in the CR than in their home country. The youngest generation (15–29 years) includes foreigners that are studying and working. Their impact on future migration and integration within the European Union is unclear.

REFERENCES

1. Ministry of the Interior of the Czech Republic. Quarterly migration report III [Internet]. Prague: Ministry of the Interior of the Czech Republic; 2020 [cited 2020 Nov 26]. Available from: https://www.mvcr.cz/migrace/clanek/ctvrtletni-zprava-o-migraci-za-3-ctvrtleti-2020.aspx. (In Czech.)
2. Wilkinson R, Marmot M, editors. The solid facts: social determinants of health. Copenhagen: WHO Regional Office for Europe; 2003.
3. Blas E, Sivasankara Kurup A, editors. Equity, social determinants and public health programmes. Geneva: WHO; 2010.
4. Dalstra JAA, Kunst AE, Borell C, Breeze E, Cambois E, Costa G, et al. Socioeconomic differences in the prevalence of common chronic diseases: an overview of eight European countries. Int J Epidemiol. 2005;34(2):316-36.
5. Huisman M, Kunst AE, Bopp M, Borgan BK, Borell C, Costa G, et al. Education inequalities in cause-specific mortality in middle-aged and older men and women in eight western European populations. Lancet; 2005;365(9458):493-500.
6. Marmot MG. Status syndrome - a challenge to medicine. JAMA. 2006;295(11):1304-7.
7. Minkler M, Fuller-Thomson E, Guralnik JM. Gradient of disability across the socioeconomic spectrum in the United States. New Engl J Med. 2006;355(7):695-703.
8. Marmot M, Friel S, Bell R, Houweling TA, Taylor S. Closing the gap in a generation: health equity through action on the social determinants of health. Lancet. 2008;372(9650):1661-9.
9. González-Rábago Y, Martín U. Health and determinants of health in second generations of international immigrants: social inequalities in health since childhood? Gac Sanit. 2019 Mar-Apr;33(2):156-61. (In Spanish.)

10. Smith GD, Chaturvedi N, Harding S, Nazroo J, Williams R. Ethnic inequalities in health: a review of UK epidemiological evidence. Crit Public Health. 2000;10(4):375-408.

11. Bos V. Ethnic inequalities in age- and cause-specific mortality in The Netherlands. Int J Epidemiol. 2004;33(5):1112-9.

12. Hertzman C, Power C. A life course approach to health and human development. In: Heymann J, Barer ML, Evans RG, editors. Healthier societies: from analysis to action. New York: Oxford University Press; 2006. p. 83-106.

13. Corna LM. A life course perspective on socioeconomic inequalities in health: a critical review of conceptual frameworks. Adv Life Course Res. 2013;18(2):150-9.

14. Marada R. Karl Mannheim: sociology of generations. In: Šubrt J, editor. Historical sociology: theory of long-term developmental processes. Pilsen: Publishing and publishing house Aleš Čeněk; 2007. p. 118-39. (In Czech.)

15. Ryder NB. The cohort as a concept in the study of social change. Am Sociol Rev. 1965;30(6):843-61.

16. Vidovićová L. Aging, age and discrimination - new contexts. Brno: International Institute of Political Science, Masaryk University; 2008. (In Czech.)

17. Vacková J, Brabcová I, Dvořáčková O, Gabrielová J, Haluzíková J, Kajanová A, et al. Social determinants of health and their impact on the health of immigrants living in the Czech Republic. Prague: NLN; 2016. (In Czech.)

18. Vacková J, Prokešová R. Selected areas of immigrant integration in the Czech Republic. Kontakt. 2017;19(4):237-47.

19. Brabcová I, Vacková J. Working conditions in selected groups of immigrants living in the Czech Republic. Kontakt. 2017;19(4): 263-69.

20. Czech Statistical Office. Projected population in the Czech Republic 2018 - 2100 [Internet]. Prague: Czech Statistical Office; 2018 [updated 2018 Nov 28; cited 2020 Nov 5]. Available from: https://www.czso.cz/csu/czso/projekce-obyvatelstva-ceske-republiky-2018-2100. (In Czech.)

21. Kao G, Tienda M. Optimism and achievement: the educational performance of immigrant youth. Soc Sci Quar. 1995;76(1):1-19.

22. Duong MT, Badaly D, Liu FF, Schwartz D, McCarty CA. Generational differences in academic achievement among immigrant youths. Rev Educ Res. 2016;86(1):3-41.

23. Kasinitz P, Mollenkopf J, Waters M, Holdaway J. Inheriting the city: the children of immigrants come of age. New York: Russell Sage Foundation; 2008.

24. Caplan N, Choy HM, Whitmore JK. Children of the boat people: a study of educational success. Ann Arbor: University of Michigan Press; 1992.

25. Fuligni AJ. The academic achievement of adolescents from immigrant families: the roles of family background, attitudes, and behavior. Child Dev. 1997;68(2):351-63.

26. Adesope OO, Lavin T, Thompson T, Ungerleider C. A Systematic review and meta- analysis of the cognitive correlates of bilingualism. Rev Educ Res. 2010;80(2):207-45.

27. Larsen LJ. The Foreign-born population in the United States [Internet]. Washington: U.S. Census Bureau; 2003 [updated 2004 Aug; cited 2020 Nov 26]. Available from: https://www.census.gov/prod/2004pubs/p20-551.pdf.

28. Alba R, Nee V. Remaking the American mainstream: assimilation and contemporary immigration. Cambridge, MA: Harvard University Press; 2003.

29. Zhou M, Bankston CL. Growing up American: how Vietnamese children adapt to life in the United States. New York: Russell Sage Foundation Press; 1998.

30. Petrová Kafková M. Intergenerational solidarity in an aging society. Soc Stud. 2012;7(4):63-84. (In Czech.)

31. Katz R, Lowenstein A, Phillips J, Daatland SO. Theorizing intergenerational family relations: solidarity, conflict, and ambivalence in cross-national contexts. In: Bengtson VL, Acock A, Allen KR, Dilworth-Anderson, Klein DM, editors. Sourcebook of family theory and research. Thousand Oaks: Sage Publications; 2012. p. 241-62.

32. Roberts REL, Richards LN, Bengtson VL. Intergenerational solidarity in families: untangling the ties that bind. Marriage Family Rev. 1991;16(1-2):11-46.

33. Zassiedko R. Ukrainians and social determinants of health. Selected social determinants - work and unemployment, transport. In: Vacková J, Brabcová I, Dvořáčková O, Gabrielová J, Haluzíková J, Kajanová A, et al. Social determinants of health and their impact on the health of immigrants living in the Czech Republic. Prague: NLN; 2016. (In Czech.)

34. Moullan Y, Jusot F. Why is the 'healthy immigrant effect' different between European countries? Eur J Public Health. 2014 Aug;24(Suppl 1):80-6.

35. Šedová L. Nutrition and nutrition for selected groups of immigrants. In: Vacková J, Brabcová I, Dvořáčková O, Gabrielová J, Haluzíková J, Kajanová A, et al. Social determinants of health and their impact on the health of immigrants living in the Czech Republic. Prague: NLN; 2016. (In Czech.)

36. Brabcová I, Hajduchová H, Šedová L, Bártlová S, Motlová L. Health literacy of seniors. Prakt Lek. 2018;98(3):131-3. (In Czech.)

37. Motlova L, Brabcova I, Sedova L, Hajduchova H, Bartlova S. The elderly´s healthy lifestyle and health promotion. In: 4th International Multidisciplinary Scientific Conference on Social Sciences and Arts SGEM2017; 2017, Mar 28-31; Sofia, Bulgaria. Sofia: STEF92 Technology Ltd. p. 597-604.

38. Motlová L, Brabcová I, Šedová L, Hajduchová H, Bártlová S. Physical activity in seniors 65+ and its context in the context of health literacy. Prakt Lek. 2018;98(5):209-13. (In Czech.)

39. Motlová, L, Dvořáčková O. Russians and selected social determinants of health. In: Vacková J, Brabcová I, Dvořáčková O, Gabrielová J, Haluzíková J, Kajanová A, et al. Social determinants of health and their impact on the health of immigrants living in the Czech Republic. Prague: NLN; 2016. (In Czech.)