

## THE SOCIOECONOMIC STATUS OF THE ELDERLY

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*Actuality of the study is to extend knowledge on the key issues facing older people. The purpose of the research is to establish the socio-economic position of the elderly, level of respect of their rights in various areas and their vulnerability. The study methodology includes a combination of quantitative and qualitative methods. First, by using the method of social survey based on questionnaire on two target-groups samples (one for people aged 60 and over (1096 respondents) and another for employable people aged 20-55 (500 respondents)). Second, by conducting individual 10 in-depth interviews with experts and three focus group with elderly (aged 60 and over) that live in their own household/housing (38 elderly). The study allowed identifying the main problems faced by older people in various social areas, to identify cases of discrimination, as well as to develop a series of recommendations to improve the situation.*

**Key words:** *elderly, population ageing, living standard, discrimination, healthcare services, welfare.*

*Actualitatea studiului constă în aprofundarea cunoștințelor cu privire la problemele principale cu care se confruntă persoanele vârstnice, scopul cercetării fiind stabilirea poziției socioeconomice a vârstnicilor, gradului de respectare a drepturilor în diferite domenii, dar și vulnerabilitatea lor. Metodologia studiului prezintă o combinație a metodelor cantitative, prin aplicarea anchetei sociologice pe bază de chestionar, elaborat pe două eșantioane reprezentative la nivel național (persoane de 60 ani și peste (N-1096) și persoane de 20-55 ani (N-500)) și a metodelor calitative, prin realizarea interviurilor aprofundate cu 10 experți în domeniu și a trei discuții focus-grup cu vârstnici (de 60 ani și peste), care locuiesc în propria gospodărie/locuință (38 de vârstnici). Rezultatele studiului au permis delimitarea problemelor majore cu care se confruntă persoanele în vârstă în diferite sfere sociale, determinarea cazurilor de discriminare a vârstnicilor, dar și dezvoltarea unor recomandări de ameliorare a nivelului de trai al acestora.*

**Cuvinte-cheie:** *vârstnici, îmbătrânirea populației, standard de viață, discriminare, servicii medicale, bunăstare.*

*Актуальность исследования заключается в углубление знаний по ключевым проблемам, стоящим перед пожилыми людьми. Цель исследования: анализ ситуации по соблюдению прав пожилых людей в основных сферах жизнедеятельности, выявление распространённости случаев плохого обращения и насилия над пожилыми людьми. Исследование было проведено на национальном уровне с использованием количественных и качественных методов, разных источников информации/целевых групп. Социологический опрос основывался на двух национальных репрезентативных выборках: население в возрасте от 60 лет и старше (1096 респондентов) и население в трудоспособном возрасте 20-55 лет (500 респондентов). Качественное исследование основано на 10 глубинных интервью с экспертами и трех фокус-группах с пожилыми (возраста 60 лет и старше, 38 человек). Результаты исследования позволили определить основные проблемы, с которыми сталкиваются пожилые люди в различных социальных сферах, выявить случаи дискриминации, а также выработать ряд рекомендаций по улучшению ситуации.*

**Ключевые слова:** *пожилые люди, старение населения, уровень жизни, дискриминация, медицинские услуги, благополучие.*

**JEL Classification:** *I19; I31; J14.*

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**Introduction.** In the Republic of Moldova, the rapid population ageing process has been recognized as a problem of national importance that endangers the national security of the country. Thus, a set of strategic documents on the integration of population ageing issues was adopted in development policies. However, the current socio-economic situation, the insufficient financial resources for implementing concrete measures in this area, hampers the development of some economic and social conditions that could give equal opportunity for all to age in safety and dignity.

Evaluation of the standard of living and quality of life of the elderly represents an important component in researches on population ageing [1]. According to Global AgeWatch Index, in 2014, the Republic of Moldova was on 74th place of 96 countries in the annual rating of quality of life for people aged over 60 [2]. Among neighbouring countries, Moldova is exceeded by Romania (position 41) and Russia (position 65), and precede Ukraine (position 82).

**Welfare versus vulnerability of the elderly in the Republic of Moldova.** The objective estimates of the welfare are important, but the living standard of the elderly may be also emphasized through the representations of individuals about their own quality of life, identification of the problems they face in their everyday life [3]. This article is based on the sociological research “Discrimination, abuse and violence against older people”<sup>1</sup> and proposes the analysis of the socio-economic situation of older people and determines measures for improvement.

More than half (53.8%) of the respondents affirm that their income is insufficient to cover even the basic needs, the situation is significantly different for the elderly from rural areas (57.7%) than for those from urban areas (48.6%). Covering the basic needs (food, housekeeping activities and health) is only possible for 30% of the respondents. The lack of financial difficulties is a specific reality for a very small number of old people – only 3%.

With age, the financial situation becomes more difficult, the share of the elderly who have no financial sources to cover their basic expenses is increasing (48.3% for those aged 60-64 and about 61% for those aged 80 and over). However, the reality shows a clear gender gap, the number of elderly women is exceeding the number of men and the large share of widows places elderly on the breadline, increasing their vulnerability to discrimination and different forms of abuse.

Low income is one of the most important factors that influence the level of vulnerability of the elderly, particularly the accessibility to different services, including medical (availability of financial means for moving to the district centre, purchasing medications, special care etc.), nutrition in accordance with age, fulfilling of other basic needs.

According to the self-assessment of the needs, most of the older respondents expressed their imminent need for a financial aid (63.4%), purchase of medications (51.2%) and assistance regarding obtainment of medical services (35%). At the same time, every fifth marked the need for food products, and every tenth person has indicated the need for a moral support and help in performing housekeeping activities, especially in rural areas.

Approaching the needs and necessary help for the elderly are the most sensitive topics. The most pressing issues the elderly face and the needs they have, confirmed by the interviewed experts, are firstly the financial difficulties, which deprive them of all the other needs that assure their survival (Figure 1). For the elderly, for which the only source of income is pension, the hardest and the most difficult moments are the heating costs in the cold season that can rarely be integrally paid, or with deprivation of other important needs, such as purchasing medications and nutrition. The transport, but also the lack of conditions for personal hygiene such as centralized water systems, lavatory inside the house, bathroom or shower, especially for those in rural areas, are expound as very necessary for the elderly.

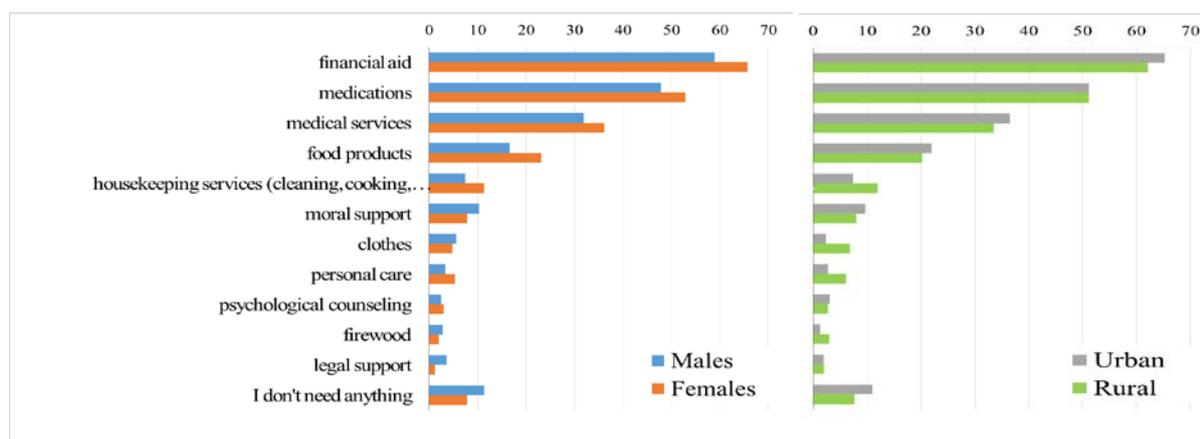
It was noticed that the economic situation of the elderly generates a continuous and closed chain of their rights deprivation, including the integration and participation in social life, with obvious risks of isolation, discrimination and stigmatization.

Extending the working life is an important factor, which contributes to the maintenance of the financial independence of older people and emphasizes their potential, work experience and positive emotional state. At the same time, retirement strengthens the stereotypes about age-related changes,

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<sup>1</sup> The research was carried out in 2014, by the Centre for Demographic Research (CDR) in collaboration with Help Age International and with the financial support of UN Population Fund.

feelings of loneliness and hopelessness (38.5%) emerge, the development of the emotional ageing accelerates, and the vulnerability of older people and social distance from other age groups is increasing.



**Fig. 1. Necessary assistance for the elderly (self-assessment), by sex and residence (%)**

*Source: Calculated by authors based on sociological study "Discrimination, abuse and violence against older people in Moldova", 2014.*

Currently, there is a low rate of involvement in the economic activity of the elderly population. After reaching the retirement age, the share of employed people is reduced twice, about 21% of men and 18.4% of women.

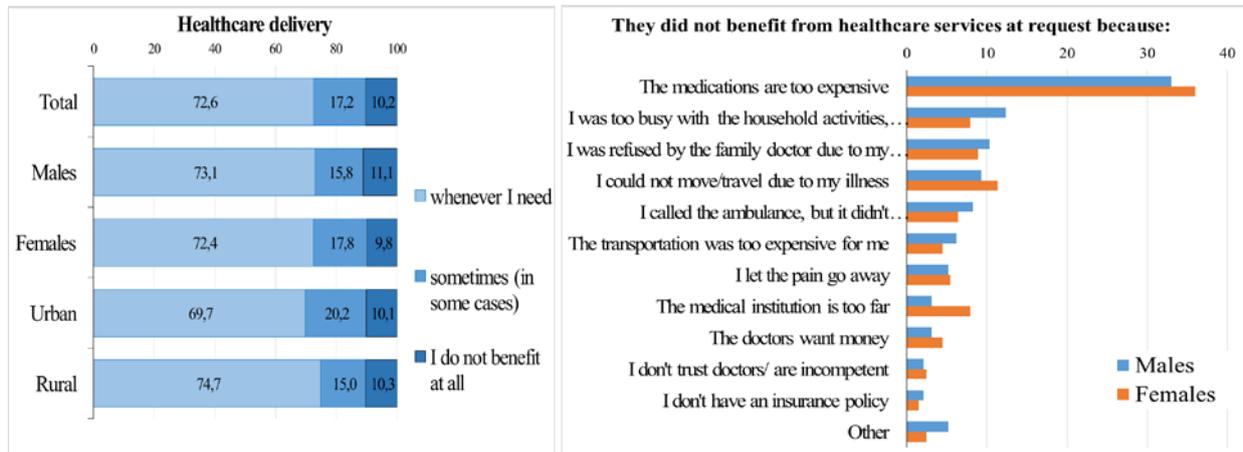
The opportunity to remain employed after retirement is especially possible for those from urban areas and people who had a less physically and emotionally demanding job. Moreover, the results of the current study confirm the poor state of health of the elderly. A great share of people that are at the retirement age (about 40%) indicate the *worsening health* as a barrier to the continuation of their work.

The problem becomes more complex in our country's conditions, where the alternative for extending the work activity is the "passive retirement" in the family circle and housekeeping: childcare (31%), helping relatives, friends, neighbours (about 19%), and home care of ill or disabled people (approximately 6%). Many older people do not engage in activities outside the house – about 60% of older respondents, regardless of the place of residence. Although, our qualitative research has registered the significant progress on solving these issues of older people in areas where the active groups of elderly volunteers exist. The experience of other countries shows [4] a strong and positive correlation between volunteering and mental health of older people, the life satisfaction, happiness, increased self-esteem and reduced stress level [5]. Elderly describe the "post retirement" period as very stressful from both financial and psycho-emotional point of view.

Health is an essential component of the quality of life of the elderly. According to its condition, the elderly carry out their activities, live a full life and consider themselves as active members of the society. Low standards of living conditions have an influence on all the aspects of life of the elderly, including the state of health. Lack of financial means, poor nutrition, poor housing conditions, lack of access to basic hygiene conditions, as well as poor working conditions throughout life, and the lack of social organization (careless attitude towards their own health, unhealthy life styles, lack of health culture and education) – all these are the causes of poor health of the elderly.

The elderly determine the health problem as a predominant one, and the lack of financial sources to maintain it and to assure the availability of medical services have turned out to be a very sensitive topic. Individual characteristics, such as those related to age, status (training), sex etc., influence the perception of health. Less than 1/5 of the elderly assess their health as very good or good for their age, with significant differences between elderly from the cities (18.9%) and those from the villages (13.3%). With age, the share of positive assessments of health is becoming increasingly insignificant. The incidence of long-term chronic diseases and of a degree of disability is specific for at least every second interviewed elderly. Regardless of age, the share of women who face health problems (52.3%) is much higher than that registered among men (38.9%). Mobility difficulties and blood pressure issues are mentioned by the majority of the interviewed male population, and practically by every woman.

Despite the fact that pensioners benefit from free compulsory medical insurance, the existence of some problems regarding accessibility of medical services among the elderly are very important. Only 72.6% of the respondents mentioned that they received medical care when they needed it. In the top of the obstacles regarding affordability of the profile services and their outcome is the high cost of the required medicines. Thus, every third older person (35%) of those who did not receive medical assistance indicated this reason. Physical impossibility to go to the medical institutions, the distance towards them, and the high cost of transportation are the barriers mentioned by every tenth person, in case when no medical assistance was delivered at the required time or on request.



**Fig. 2. Access of the elderly to healthcare services (%)**

*Source: Calculated by authors based on sociological study "Discrimination, abuse and violence against older people in Moldova", 2014.*

Discrimination on grounds of age is a common phenomenon in medical institutions, age often influenced the person's access to medicines, treatment, diagnosis and long-term care. The existence of these situations is demonstrated by the denial to deliver services due to age. This fact was confirmed by 9.3% of victims, and in the absence of the insurance policy (about 2%). The emergency medical service has not reached its destination or timely in 7% of cases of questioned pensioners. The mistrust of doctors and the request of unofficial payments (6.3%) were indicated by the vast majority of the elderly participated at the group discussions as another reason that prevents the older population to ask for help when they need it.

According to the results of the study, for 23% of the elderly, mostly represented by dwellers from rural areas and small towns, the access to quality healthcare services is not provided due to the shortage of medical personnel, obsolete medical equipment and inadequate medical infrastructure. Another category is the elderly from large and medium cities, where the range of quality medical services is wider. The fact is that in both categories, there are many people who lack the financial means, practically every second. The problems concern the medicines that must be purchased and are expensive (only 48.1% benefit from compensated medicines), the cost of transportation to the medical centre, but also unofficial payments.

Discussions with the elderly through qualitative study outlines gaps of the compulsory health insurance system, and low flexibility of the health services intended to elderly. In general, older people express their dissatisfaction with the functioning of medical assistance service, increased costs of the medical treatment, functional inefficiency of the insurance policy and the presence of unofficial payments, discriminatory attitudes of health workers towards elderly etc.

In the context of poor conditions and standard of living of the elderly, the social assistance delivery, expressed through compensations, allowances and material aids given to the elders in need, although considered small, are usually considered as being very necessary. The most frequently support elderly received in the last 12 months preceding the research was: subsidies for medicines and medical services (24.1%), compensation for transportation (20.3%), aid for the cold period (19.2%) and material support (15.6%). The access to these forms of social protection was very different depending on the residence: those in cities benefited more and easier than the elderly in the villages.

Although a small number of the elderly benefited from community and personal (social home care) social assistance (4.4% and 3.7%, respectively), these services have played an important role for the

elderly, especially for those from rural areas. The social worker who delivers home care service is usually the first person who is called in case of necessity. However, there are situations when social services remain reluctant to the needs of older people or these are not represented in the area enough due to the lack of community social workers or a great number of beneficiaries.

The social canteens, considered as very necessary by most of the elderly who cannot afford the strictly necessary food, remain without authenticity and functionality due to their reduced mobility, and many older respondents mention their physical impossibility to reach them.

The current system of support services for the elderly relies mostly on intervention services rather than on prevention ones and it does not cover all the disadvantaged older population groups. Many pensioners do not benefit from the existing social provisions because they are not eligible according to the defined criteria.

The family remains the first pillar on which the elders can rely on, when they are in need or have a problem. More than half of the respondents (54.1%) receive the necessary support from a family member other than a spouse, and in 3 out of 10 cases, the partner provides this support. Rarely, if necessary, the elderly ask for help their neighbours (17%) and friends (6.5%), and a significant number of the elderly (over 12%) do not have someone to rely on.

Respondents' attitudes to their responsibility for the care of the elderly demonstrate the existence of similar responses among persons aged 20-55 years old and those aged 60 years and above, where 3 out of 4 people claim that the family has the leading role regarding this aspect. However, there is a high share of those convinced that responsibility for the elderly must be taken by the state. Among the young and adult respondents (aged 20 to 55), the share of followers of this idea has a higher proportion (15.2%), than among older respondents (12%). In the case of the elderly, however, the number of those who pass the care of the elderly to local public authorities is higher (about 10% compared to 3%).

Today, the contemporary families are increasingly less able to burden themselves with the elderly care, the fact which is confirmed by most older responders presented at the discussions, as well as by the interviewed experts. The causes are determined by the decrease of the number of people who form a household, the fact that children live away from their parents and their financial means are modest. Thus, 2 out of 5 elderly are not helped by their families because of the lack of economic resources, including for meeting their own needs, and 1 out of 5 – because the family members are very busy and have no time to pay attention to the elderly.

**Conclusions and recommendations.** Status of the elderly in Moldova is determined by the previous status and depends on several factors: education level, marital status, income, residence, position in the socio-professional structure before retirement, social status and prestige. Among the main causes of decrease of the social status of older people are the discontinuance of the work activity, low pensions, lack of other sources of income and modest help from relatives because of low-incomes, the high cost of utilities and medical care, poor adaptability to new living conditions, lack of demand for elderly on the labour market, poor health.

A complex of interrelated factors, both social and individual ones, is determining the improvement of the status of the elderly and the extension of the active ageing. In this context, it is necessary to promote active and long-term policies in economic and social fields, aimed at creating development opportunities at all stages of life, and increasing social protection and social assistance to vulnerable people.

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**Recommended for publication: 11.08.2015**