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THE QUALITY OF LIFE OF THE ELDERLY IN ROMANIA[1]

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***Abstract**: Ageing brings a number of transformations in individuals' life and they are reflected in the quality of their life. While during the working years an individual carries out an income-generating activity for the daily living, retirement causes both physiological and psychological changes. Physiological transformations consist in a gradual reduction of mobility, increased incidence of age-specific medical conditions (diseases of the circulatory system, bones, and internal organs) that limit the physical effort that an elderly person is able to make. From the psychological viewpoint, an individual loses its reference points, the feeling of loneliness or worthlessness occurs, interactions with others are limited. One effect of the transition from working life to retirement is the reduction in revenue, which causes an imbalance in the daily living of the elderly.*

The issue of old age has become an important issue on the public agenda in recent years. The data provided by the Romanian National Institute of Statistics (NIS) supports this view, being based on life expectancy in Romania, in conjunction with the age structure of the population. A phenomenon of population ageing has emerged; for the first time in recent history the number of retired people is higher than the number of young people (The National Council of the Elderly, 2014). The ageing of the population, combined with increasing life expectancy can also be seen as a positive outcome of the modernisation of a society or of the integration of scientific discoveries in medicine; however, we must also analyse the living standards of these people.

The purpose of this article is to address the issue of old age based on the transformations affecting the life of the elderly, the aspects relating to the quality of life and access to social and healthcare services, and leisure.

***Keywords**: quality of life, ageing, elderly's quality of life, mutual aid association for pensioners*

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Quality of life can be defined by all the elements relating to the physical, economic, social, cultural, political, health, etc. situation in which people live, the content and nature of the activities they carry out, the characteristics of the relationships and social processes in which they participate, the goods and services to which they have access, the adopted consumption patterns, way of life and lifestyle, assessment of circumstances and outcomes of activities that meet a population's expectations, and subjective states of satisfaction or dissatisfaction, happiness or frustration etc. (Mărginean and Bălaşa, 2002)

The practical purpose of determining the quality of life consists in indicating the actions that can be taken by an individual or a community to change for the better, to improve the existing living conditions. The evaluative nature of this endeavour includes, for each analysed area/aspect, a number of assessment indicators whose role is to transform the individuals' opinions and perceptions into quantifiable research data.

The elderly's quality of life adds to this definition the social gerontology component which is focused on identifying the transformations occurring in an individual's life once the working years passed. In this context, the presentation of the changes occurring in the life of an older person, the analysis of an older person's needs and the identification of the risks that a person runs as he/she gets older are a source of information for policy makers in the development of the public policy framework.

Ageing brings a number of transformations in individuals' life and they are reflected in the quality of their life. While during the working years an individual carries out an income-generating activity for the daily living, retirement causes both physiological and psychological changes. Physiological transformations consist in a gradual reduction of mobility, increased incidence of age-specific medical conditions (diseases of the circulatory system, bones, and internal organs) that limit the physical effort that an elderly person is able to make. From the psychological viewpoint, an individual loses its reference points, the feeling of loneliness or worthlessness occurs, interactions with others are limited. One effect of the transition from working life to retirement is the reduction in revenue, which causes an imbalance in the daily living of the elderly.

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The purpose of this article is to address the issue of old age based on the transformations affecting the life of the elderly, the aspects relating to the quality of life and access to social and healthcare services, and leisure. The analysed data come from both NIS's Online TEMPO database and the databases made under projects financed

by structural funds. We also used data from interviews with representatives of retirement mutual aid associations affiliated to the 'Omenia' National Federation.

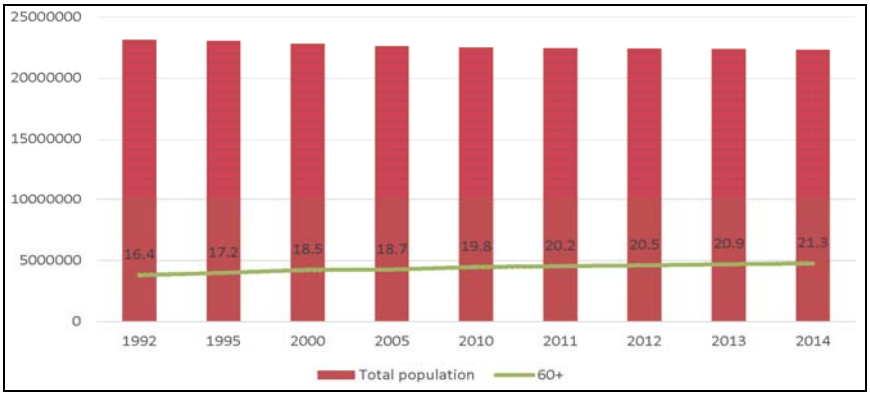
The research conducted in this paper is based on data from Eurostat, the TEMPO Online database of the National Institute of Statistics and research conducted under research projects funded by the European Social Fund through the Operational Programme for Human Resource Development 2007-2013. We chose the relevant indicators from each database to highlight aspects relating to the quality of life of the elderly in Romania. We selected and analysed indicators regarding the population (total population by age and sex, number of retired persons by sex and area of residence), income (data on the average pension in Romania), perception of quality of life and public participation.

Ageing population

According to the study conducted by The National Council of the Elderly (NCE), the elderly outnumbered the young population for the first time in decades on 1 January 2000, and on 1 January 2012 the share of older persons (aged 65 or over) was higher than that of the young population (0 to 15 years old): 16.1% and 15.8% respectively (The National Council of the Elderly, 2014).

The number of older people (aged over 60) is steadily increasing since 1992 (Figure 1). This upward trend causes the pressure on the social security system to rise, while the living standards and, implicitly, the quality of life worsen.

***Figure 1**. Evolution of the number of persons aged over 60 years in Romania*

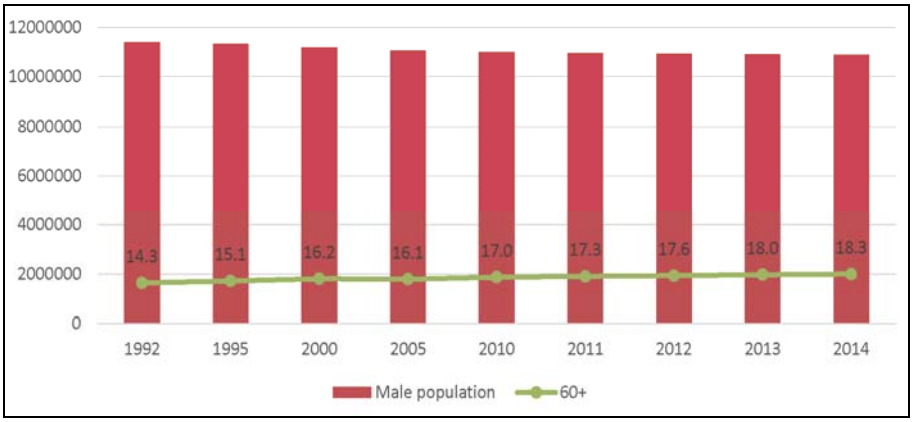


Source: NIS's TEMPO database.

According to official statistics, in 2014 older persons accounted for 21.3% of the total population, a higher percentage compared to 2013. As regards gender distribution, Figure 2 and Figure 3 show that the number of women is higher than that of men. Life

expectancy is 71.5 years for men and 78.5 years for women, which means a higher percentage of older women in the total population. Life expectancy is calculated based on the number of years lived by a man or a woman of a *generation*. This number can be determined only after the natural disappearance of a generation, about 100 years after it was born, and is the *average lifespan* in that generation (real value). Whereas from a scientific perspective this indicator defines and measures the entire economic, social, cultural and medical progress of the human society, from a historical perspective the indicator reflects only secondarily the impact of the economic, social, cultural and medical context of a given calendar year on the mortality of a generation at the age reached by that generation in that calendar year. In other words, knowing the average lifespan of a generation does not provide guidance for programmes and measures to improve health and reduce mortality by age in the era in which we live. The mathematical model for measuring mortality by age in a generation and for synthesising it into a single indicator - the average lifespan - is the *mortality table*. These tables use data on mortality by age of three calendar years: all deaths in a calendar year and half of them in the two adjacent calendar years. The same model, using appropriate indicators of mortality intensity by age in a calendar year and applied to a *hypothetical generation*, enables the development of an indicator similar to the average lifespan: *life expectancy at birth*. This is the average number of years that would be lived by a person born in a hypothetical generation that would have throughout its existence (100 years) the mortality by age (as probability of death) in a calendar year. The indicator is the synthetic expression of all the already mentioned living standard components in the reference year of the mortality table. For example, according to the mortality by age in 2013, a girl would live on average 78 years and a boy would live 71 years.

***Figure 2**. Evolution of the male population aged over 60 years in Romania*



Source: Processed TEMPO data - NIS.

***Figure 3**. Evolution of the female population aged over 60 years in Romania*

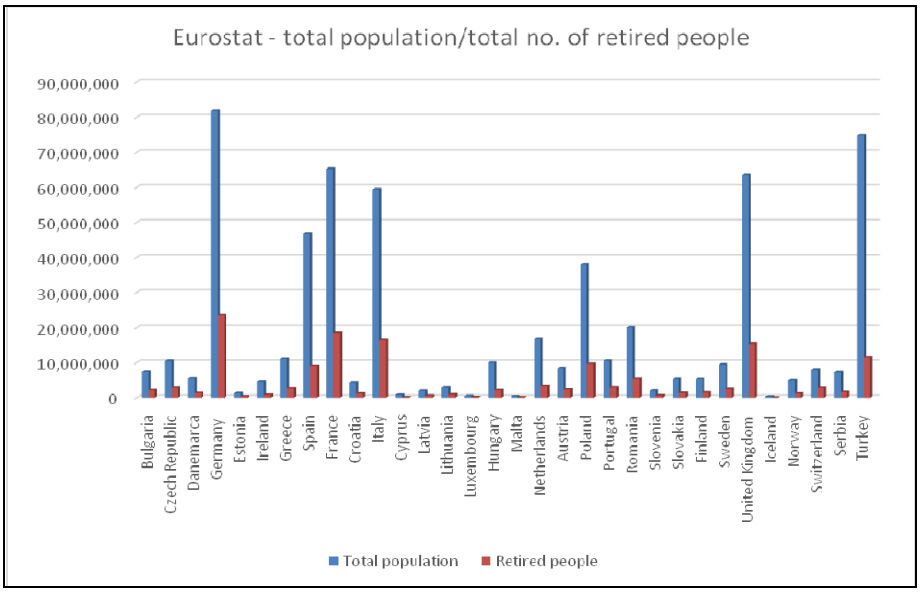
Source: Processed TEMPO data - NIS.

According to the study 'Long life, active and in shape' conducted by the World Bank in 2014, the causes for the ageing of the population in Romania are increased life expectancy, decreasing fertility rates and emigration.

In Romania, the average lifespan has increased significantly in the last 60 years, and life expectancy at birth has increased by about 14 years for women and 10 years for men. Meanwhile, the total fertility rate decreased from 2.9 children per woman in the late 1960s to 1.3 by the end of 2000s. In addition to longer lifespan and lower number of births, the age composition of the Romanian population has been changed also by the high level of emigration, particularly in the last decade. A worrying situation is thus expected, namely a decrease in the workforce available for the economy and an increase in social welfare spending. A possible solution is the retention in employment of the elderly with good health, and the finding of cheap labour to cover personnel shortages in the economy. This possible solution, although theoretically viable, does not respond to the challenges of a Romanian labour market in constant transformation (especially in terms of salaries/benefits offered to employees) and to health problems that come with old age.

At the same time, there is a trend of population ageing in Europe, the percentages of the elderly range from 14.8% (Cyprus) to 36.4% (Sweden) (Figure 4). Another important aspect is that Romania spends less than 5% of its GDP on health, a low figure compared with the European average of 6.5% and the EU average of 8.7% (WB, 2013).

***Figure 4**. Evolution of the number of retired people in the total population of the European countries (2012)*



Source: EUROSTAT

Theories on the quality of life of the elderly

Quality of life is defined as "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (WHO, 1998). Thus, quality of life means physical, mental and social wellbeing, and the individuals' ability to perform their regular tasks in their daily existence.

Existing research at EU level analyses ageing (LASA - Longitudinal Ageing Study Amsterdam) and is focused on examining all the factors likely to have a negative impact on the elderly. Ageing is thus investigated from the perspective of the elderly's dependency on others. The elderly's physical, economic and psychological dependence causes underestimation of the quality of their life; the factors influencing this underestimation are age-specific health problems, reduced income, and inactivity due to changes in the daily schedule, etc. In the last decade, the percentage of older people has increased in EU countries (Eurostat, 2012), giving rise to the concept of 'active ageing'. Active ageing means an active role in society for the elderly, their stay in the labour market in so far as it is possible, as well as autonomy in everyday life and more involvement of the elderly in civic activities. The active ageing concept was adopted by the World Health Organisation (WHO, 2002) in the late 90s to describe the process of ageing in optimal health, taking an active role in society, using the knowledge and

professional skills acquired during the working years, by gradually increasing the retirement age, while emphasising that 'ageing' does not mean 'being dependent on others', but that the elderly are a resource for families and communities.

The concept of active ageing has two dimensions: an objective one, which includes variables that are external to the individual (level of income and expenditure, family support, access to services, quality of housing, etc.), and a subjective dimension given by the elderly's perceptions of the elements of the environment in which they live. Ageing is analysed from four different perspectives (Hooyman, Kiyak, 2008): chronological, biological, psychological and social. Each perspective includes the so-called 'stress factors' (reduction in income, widowhood, illness, etc.) which, along with the resources offered by the environment in which a person lives (economic resources, family support, social relationships in the community, friends etc.), determine the quality of life of the elderly (Hooyman, Kiyak, 2008; Xavier *et al.*, 2003).

Given that the percentage of older people is increasing quite a lot in EU countries, in recent years the concept of 'active ageing' is under discussion and it involves an active role for the elderly in society and even in the labour market, as well as autonomy in daily life and involvement in civic activities. The concept of active ageing was adopted in the late 90s by the World Health Organisation (WHO, 2002) to describe the process of optimising the elderly's opportunities for health, participation and security, while emphasising that not only health affects the quality of their life and that there should be social engagement opportunities for these people.

The definition provided by the World Health Organisation for quality of life refers to individuals' living conditions considered decent in the society in which they live. We must also specify that there cannot be a standard quality of life at continental or global level because decent standard of living varies from one country to another and from one continent to another.

Population ageing is a social problem because it affects society as a whole through the transformations that it involves. The transition from working life to person inactive in the labour market, health problems that come with old age and the changes in income, leisure opportunities, difficult access to different services are all difficulties that older people face.

In 2012, the World Health Organisation decided to change the paradigm from 'add years to life' into 'add life to years' as a consequence of ageing. Therefore States must, through social policies, give greater importance to the services provided to the elderly.

The quality of life of the elderly in Romania

The elderly are present in the labour market, their percentage is 10.6% for women and 13.5% for men (NIS, 2012). In this context, their situation should be approached both in terms of income and in terms of access to services, in particular financial, social and medical services.

The presence of the elderly in the labour market is due not only to the availability for income-generating activities, but also to the need to ensure the daily living, given that the monthly average pension was the following (2013, data of the National Pension and Social Security Fund): RON 847 - social security pension and RON 344 - pension for farmers. It can be noted that the amount of the pension for farmers accounted for 40.4% of the social security pension, while the ratio between the average old-age social security pension paid by the State (RON 931) and the average net salary (RON 1,622) was 57.4%. This highlights the fact that, once the retirement age is reached, the main challenge that older persons must face is to ensure the means of subsistence, the income needed to pay for various services necessary in every household and in addition to ensure healthcare services for age-specific conditions.

Over time, were issued three social theories on aging and quality of life of the elderly, namely disengagement theory, activity theory and the theory of continuity (Bowling, 2005). The development of these theories has been driven by several factors, among which the health of the population by the end of the Second World War, the demographic situation in post conflict (the huge number of male victims) and the need to address public policy in social assistance, employment insurance necessary for the reconstruction of countries affected by war and, not least, to adapt to the challenges of demographic change.

Disengagement theory place the individual on the verge of withdrawing from active life in a position to withdraw gradually from social interactions and professional activities in order to safeguard the future retiree psychological trauma represented by death, while minimizing disruption for society when death occurs . Gradual withdrawal involves engaging in other actions that the skills and knowledge of the newly retired will be used, and providing opportunities to spend time in the company of people with the same age that share the same concerns and needs. These goals can be found in the statutes of associations of pensioners entities, mostly in mutual aid organizations of pensioners.

Theory work / role theory emphasizes the role of the individual that have reached retirement age and his role in society. Thus, maintaining the social role of future retiree and keeping some of the activities they carry it before retirement creates a feeling of well-being for the elderly. For this reason, beyond keeping interactions with the environment in which elder has worked, ensuring a decent level of income (considered for the society in which he lives), the elder is a fundamental factor of success or failure of this theory.

In addition to those two theories it comes the third one, continuity theory, which analyses ageing through the changes made by elder in order to adapt to the present, and this is the link between active life (the past) and retired life (the present). Transformation is therefore psychological premises to ensure the welfare of the elderly. Elder / retired situation thus depends on the simultaneous satisfaction of needs: ensuring revenue (about the past), maintaining social relationships (past and present) and involvement in activities that would ensure spending time (today). In these circumstances, after reaching retirement age, the individual is encouraged to find opportunities for funding and leisure, successfully meeting the requirements of membership of unions of pensioners. Combining the statutes, the financial inclusion (by providing members access to financial instruments, loans, grants) with services

provided to members (repair, clubs, barber, hairdresser, medical offices), structures such as mutual aid organizations of pensioners are transposed into practice at the organizational level by this theory.

The theoretical frame work represented by these three theories provides an overview and the mechanisms underlying the relationship between the elderly and the associations for the elderly. The mechanism that determines these relationships is above all the need. This need is represented, as we stated in this paper, the individual's inability to meet certain needs: access to finance, access to services, access to facilities for leisure in the company of people who have close age, concerns and common interests. The relationship between the individual and the associations for the elderly becomes a mutually beneficial, given that for success requires the participation of both stakeholders and consensus in each of their shares.

The main needs identified in the qualitative research are related to income and access to quality healthcare. The problem of inadequate income is a central factor explaining the quality of life of the elderly as all services were behind this vulnerable group in monetary unit costs. For example, a medical consultation to a specialist costs 2 to 3 times more than the same advice from a general practitioner. Prices of medicines are calculated based on leu-euro exchange rate, which means their regular adjustments, most often in the plus and retiree cannot afford to pay by forgoing treatment than other expenses. Expenses renounced most frequently are those relating to food (ie consumption of meat and meat products), heating in winter or purchase of durable goods. Health damage determine elder to turn to other sources to get the necessary funds for medicines and if the family is unable to help, the only options are mutual aid organizations of pensioners or NFIs type Provident (Provident annual interest rate exceeding 80%!). In these circumstances, it is not surprising that there were applications for loans amounting to 80-100 lei addressed to mutual aid organizations of pensioners.

These are the reasons which require pensioners to benefit from all existing social inclusion measures in order to increase healthy life and to be a resource for the family and society. The process of social inclusion comprise measures and multidimensional actions in the areas of social protection, employment, housing, education, health, information communication, mobility, security, justice and culture, to combat social exclusion and ensuring the active participation of people in all economic, social, cultural and political society. (according to Art. 6 letter cc) of Law no. 292/2011 - Law on social assistance). In this context, all activities to facilitate the participation of individuals in society, social protection and education to healthcare and the labor market (training, guidance, counselling for employment and accompanying labor market) represents active social inclusion measures.

Conclusions

In the case of elderly, social inclusion takes place by facilitating access to goods and services, leisure facilities, and quality housing. Providing financial resources is a goal of the concept of social inclusion of the elderly, given that the main problem facing an elderly (retired) are those related to deteriorating health and incomes insufficient to ensure daily living. The problem of inadequate income is the central theme for the

elderly because it affects all aspects of life everyday: without funds they cannot have access to care and treatment (medications, procedures and expert analysis), improvement of housing conditions (renewal of housing, expansion of these spaces) or improve comfort (heating, providing wood for heating or means to pay for heating).

The economic crisis has shown that, despite some point attempts (minimum wage increase and hence the pension point value), the redistributive role of the state-run pension system is in danger. The danger comes from diminishing resources and in the organization of the pension system on a "pay as you go", in conjunction with the increasing number of pensioners. In the next two decades, the crisis will worsen the pension system, it will undergo two simultaneous shocks: reaching the retirement age of the generations born after the advent Decree 770/1966 (decrees banning abortions) and continue lowering the birth rate since 1989 to present. This is the framework in which features a lounge active aging in Romania, can only be worrying conclusions: 1. The decrease in revenues elderly due to a lack of young people to contribute to the pension scheme, 2. Reduction of the pension point in Romania 3. Increasing the retirement age due to lack of manpower, 4. Increasing taxes for employers and employees to support the pension system. Each of these findings reflect a disturbing reality for both the elderly and for persons who are in the age group 55-65 years, that they could face the risk of subsistence after retirement.

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