

THE ACTIVE AGEING POTENCIAL IN THE REPUBLIC OF MOLDOVA

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The actuality of the study consists in estimation of the Active Ageing Index (AAI) for the Republic of Moldova and assessment of the situation of elderly population based on this index. The aim of the paper – to highlight the challenges facing the Republic of Moldova to ensure active and healthy aging of the population aged 55 and over. The calculation of the AAI and its components are based on methodology developed by UNECE, the demographic statistic and results of the national empirical studies on population. The AAI allowed to delimitate the position of Moldova compared to EU countries and to establish social, economic and institutional barriers for active ageing and harnessing the potential of old people in Moldova.

Keywords: active ageing, elderly, quality of life.

Actualitatea studiului constă în estimarea Indicelui de Îmbătrânire Activă (IÎA) pentru Republica Moldova, precum și evaluarea în baza acestui indice a situației populației în vârstă. Scopul constă în evidențierea provocărilor ce stau în fața Republicii Moldova privind asigurarea îmbătrânirii active și sănătoase a populației de 55 ani și peste. Calcularea IÎA și a componentelor sale are la bază metodologia elaborată de UNECE, statistica demografică și rezultatele studiilor empirice asupra populației. IÎA au permis de a determina poziția preluată de Moldova comparativ cu țările UE, precum și a evidenția barierele sociale, economice, instituționale pentru îmbătrânirea activă și valorificarea potențialului vârstnicilor în Republica Moldova.

Cuvinte-cheie: îmbătrânire activă, vârstnici, calitatea vieții.

Актуальность исследования представляет расчёт Индекса Активного Старения (ИАС) для Молдовы, а также оценка на его основе ситуации пожилых людей. Цель: определение проблем, с которыми сталкивается Республика Молдова в обеспечении активного и здорового старения для населения в возрасте 55 лет и старше. Расчет ИАС и его компонентов основан на методологии предложенной ЕЭК ООН, данных статистики и результатов обследований населения. ИАС позволил определить позицию Молдовы по сравнению со странами ЕС, а также выделить социальные, экономические, институциональные барьеры, препятствующие активному старению и задействованию потенциала пожилых людей.

Ключевые слова: активное старение населения, пожилые люди, качество жизни.

JEL Classification: I19, I31, J14.

Introduction. The challenges on ageing process of population have an important actuality almost in all countries. The ageing of population is often seen as a negative phenomenon with wide negative implications both for society and for economy. The concept of "active ageing" was proposed to change these expectations and bring changes in elderly's life. Used by World Health Organization (WHO) and UNECE, "active ageing" includes different age trajectories and different categories of elderly people.

Active ageing means ageing in optimal health conditions, having an active role in society feeling professionally fulfilled, having the autonomy in daily life, and being involved in civic activities. The challenge for the society consists of the maximum use of the elderly potential.

The wide demographic ageing, which records in the last decades in Republic of Moldova (the share of the population aged 60 and over was in 2015 over 16% compared to 1998 when registered 13,6%), the alignment to the policies of active ageing and harnessing the potential of older people becomes a mandatory requirement of the future sustainability of the country. According to international

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studies, Moldova remains behind at many components reported to older potential of the country. Thus, being on the last position among Eastern Europe countries both after *Global Age watch Index* and *Human Capital Index* (Table 1), the ageing process in Republic of Moldova imposes the biggest challenges for policies compared to the situation from Europe and Central Asia countries.

Table 1

Moldova's position according to international indicators regarding elderly potential and life quality

	Global Age Watch Index, 2015 (from 96 countries)		Human Capital Index, 2016 (from 130 countries)					
			Total		55-64 age		65 age +	
	Rank	Points	Rank	Points	Rank	Points	Rank	Points
Moldova	77	35.1	63	69,7	47	73.5	59	58.7
Ukraine	73	37,0	26	78,4	21	79,14	10	72,21
Russia	65	41,8	28	77,86	18	80,46	15	71,14
Romania	45	50,8	38	74.99	31	77,47	25	68,18
Latvia	35	55,2	27	78,13	17	80,58	11	72,10
Lithuania	63	43,2	21	79,34	12	81,24	24	68,30

Source: The Human Capital Report 2015. World Economic Forum, 2015; Global Age Watch Index 2015: Insight report.

Active Ageing Index (AAI) tool of monitoring ageing process

In 2012, in the European Year for Active Ageing and Solidarity between generations, the European Commission and the United Nations Economic Commission for Europe (UNECE) developed the concept of the Active Ageing Index (AAI)¹, which aims was to follow, on long-term, the progress of initiative policies in ageing area. Vienna Ministerial Declaration (September, 2012) established four goals which should be attained till 2017 (the third round) by UNECE countries: (1) encouragement of an active life on labour market and the maintenance of work skills; (2) employment promotion, non-discrimination and social inclusion of elderly; (3) dignity promotion and protection, health and independence in advanced years; (4) solidarity maintaining and strengthening among generations. AAI comes as a holder for social investments centred on the idea that active ageing and population potential use can generate economic increase and social reward (Zaidi and others 2013).

As it reflects a multidimensional approach of the population ageing process, the Active Ageing Index (AAI) aims to measure the current situation in four areas related to active and healthy ageing. The first three domains are related to current experiences regarding active ageing and assess the measure in which the elderly can realise the full potential concerning employment, participation to social, cultural and independent life, and the fourth domain determines the capacity to actively ageing, assessing if life environment allows to elderly to have an active and healthy life. Each domain integrates a number of individual indicators, forming twenty-two composite indicators of AAI². For European Union member countries, composite indicators of the AAI are calculated based on four European studies of households realised systematically: EU Labour Force Survey (EU-LFS); EU Survey on Income and Living Conditions (EU-SILC); European Quality of Life Surveys (EQLS); European Social Survey (ESS).

Currently, Republic of Moldova as well as most countries outside the EU, do not participate to international studies mentioned above as a methodological base for calculating the AAI. That is why, by lack of reliable and continuous statistical evidences in this domain, the reference to original methodology of the AAI establishing faces barriers. Therewith, the non-EU countries are encouraged to adjust the

¹ AAI is the result of a common project done in 2012 by DG Employment, Social Affairs and Inclusion European Commission, together with the Population Unit of the UNECE and the European Centre for Social Welfare Policy and Research in Vienna.

² All indicators focus on current generation of elderly, especially to population aged 55 and over, and by gender. Each indicator can be interpreted positively, and as the indicator's value is higher as much the results (benefits) of active ageing are better.

methodology to its statistical possibilities, and by time to adopt the required methodological tools. Republic of Moldova does not have statistical and empirical data necessary for elaborating all composite indicators of the AAI according to methodological requirements. Based on demographic statistics and of two important studies realised by NBS, Labour Force Survey (LFS) and Household Budget Survey (HBS), were calculated nine indicators from those 22. The remaining composite indicators (13 indicators) considered proxy indicators were established and calculated based on alternative variables (more or less near original methodology) extracted from national empirical studies realized between 2011-2014¹: *Time Use Survey, 2012* (NBS); *Discrimination, abuse and violence against elders, 2014* (Demographic Research Centre, HelpAge International, UNFPA Moldova); *Public Opinion Barometer, 2011* (Institute for Public Policy).

The Active Ageing in the Republic of Moldova

The methodological shortcomings impose important limits regarding the data reliability of the AAI, its composite indicators and their comparability with other countries. However, these one become a national guide if we report them at average values attained by EU countries and more at proposed values as common goals (targets) for countries to be attained.

The AAI score of 27,1, estimated for the Republic of Moldova, shows the measure in which the aged population potential is harnessed, even the measure in which is powered to participate in economy and society. Thus, from the total of population aged 55 and over, more than 70% constitutes undeveloped potential for active and healthy ageing².

Country	<i>1st Domain: Employment</i>	<i>2nd Domain: Participation in society</i>	<i>3rd Domain: Independent, healthy and secure living</i>	<i>4th Domain: Capacity and enabling environment for active ageing</i>	Overall Active Ageing Index (AAI)
Germany	34,4	13,6	74,4	55,8	35,4
Czech Republic	28,0	18,8	71,2	54,3	34,4
Latvia	32,0	13,8	58,7	48,2	31,5
Lithuania	30,5	14,7	66,2	45,3	31,5
Bulgaria	25,1	12,5	62,7	52,2	29,9
Romania	31,0	12,7	61,7	40,9	29,6
Hungary	19,3	15,4	68,0	46,9	28,3
Poland	22,4	12,1	64,9	47,9	28,2
Moldova	24,2	10,4	54,0	48,1	27,1
EU-28 (Min)	19,1	12,1	58,7	40,9	27,6
<i>EU-28 (Average)</i>	<i>27,9</i>	<i>17,7</i>	<i>70,6</i>	<i>54,4</i>	<i>33,9</i>
EU-28 (Max)	43,4	24,1	79	69,2	44,9
<i>The goalpost</i>	<i>54,2</i>	<i>40,6</i>	<i>87,7</i>	<i>77,7</i>	<i>57,5</i>

Fig. 1. The Active Ageing Index (AAI) estimated for Moldova compared to some EU countries* (puncte)

*Source: Republic of Moldova calculations made by the author based on current statistics and empirical studies; *[2].*

The top current performance are Sweden and Denmark with a score a little higher than 40. Republic of Moldova does not attain even the minimum value of AAI registered across EU countries, namely Greece – 27,6 (Figure 1). Therewith, the AAI estimated for Moldova is twice smaller in relation to

¹ Preliminary results for Moldova regarding the 22 individual indicators and adapting the original calculation methodology presented in the workshop “Addressing data gaps for Active Ageing Indicators” organized by UNECE (Geneva, November 17, 2015) for Eastern Europe, Caucasus and Central Asia. All recommendations provided by the UNECE experts (regarding the calculation of the proxies indicators based on national empirical studies) have been considered.

² A theoretical maximum is supposed to be 100 points, a ceiling set consciously to ensure that every country, from the less developed to more developed can be integrated within the maximum and minimum scale.

target-goal of 57,5 toward the countries should tend to, and in relation to proposed targets for each domain that forms the AAI.

Referring to the successes achieved separated by domains, Republic of Moldova takes a modest score at all components (Figure 1). Only at domain *Employment* and *Capacity and favourable environment for active ageing*, with a score of 24,2 and 48,1 respectively, Moldova exceeds the minimum values (19,1 and 40,9) recorded across EU member countries (Slovenia and Romania).

The intensity of the populations aged 55 and over on local labour market decreases significantly with ageing. Currently, statistical data show that 28% from those aged 55 and over are active in the labour market. According to composite indicators of the first domain (Table 2), in Moldova employment rate for age groups 65-69 (13,4%) and for 70-74 (6,6%) is higher than in Poland (9,5 and 4,7%) and Hungary (5,3 and 1,8%), and even than EU average (11,6% and 6,1% respectively).

Table 2
Composite indicators on 1st Domain: Employment of population aged 55-74 years, in Moldova compared to other countries*, %

Employment rate by age group:	Moldova	Romania	Bulgaria	Poland	Hungary	EU-28
55-59	49	51,8	62,5	52,6	56,1	62,2
60-64	27,6	29,3	29,2	22,6	13,9	31,5
65-69	13,4	22,4	6,6	9,5	5,3	11,6
70-74	6,6	20,4	2,2	4,7	1,8	6,1

Source: calculations for Moldova made by author based on current statistics and Labour Force Survey, NBS, 2013; *[2].

Moldova's position is better on *Employment* domain, due to employment rate of aged cohorts (65-69 / 70-74 years), that is rather a result of the statistical definition used that as employed people are included landowners of self-employed or are employed in private household with agricultural production for own consumption (household), income is in nature.

More studies in the domain attest that the participation of elders in social life promotes their physical and psychological well-being. In Republic of Moldova the social participation of elders is less developed, demonstrated by ours calculations, where this domain has just 10,4 points and suppose that only one from ten persons aged 55 and over involves in social life. Contribution of those four dimensions components of *Participation in society* (Table 3) in the AAI estimate is modest, and recorded values are smaller than average for EU countries.

Table 3
Composite indicators on 2nd Domain: Participation in society of population aged 55 and more, in Moldova and some countries*, %

Participation in society	Moldova	Romania	Bulgaria	Poland	Hungary	EU-28
Voluntary activities	4,4	2,6	1,2	2,7	2,4	8,9
Care to grandchildren (children)	31	28,7	27,4	22,5	38,9	32,5
Care to older adults	3,8	11,3	11,8	13,3	13,3	12,9
Political participation	1,9	7,3	8,9	9,3	5,3	17,2

Source: calculations for Moldova made by author based on current statistics and empirical researches: Time Use Survey (TUS), 2012, NBS; Survey Discrimination, abuse and violence against older people, 2014 (Centre for Demographic Research, Help Age International, UNFPA Moldova), *[2].

Elderly are involved mainly in the individual forms of participation, prevalent in the family and the near or known environment. It attests that 31% from aged people are widely involved in caring and education of grandchildren as grandparents. Notice that in conditions of labour migration of adult children, the important contribution made by elderly for their family is more obvious, especially in rural areas. In Republic of Moldova, the share of those who *participate in care of grandchildren* is higher than in

Germany (17,9%), Poland (22,5%), Bulgaria (27,5%) and Romania (28,7%).

A reality less reflected is elder's *participation in care of an aged adult*. According to existing national studies, just 3,8% from elders are involved in such activities, Moldova being with the smallest value across compared countries.

The involvement of the elderly population in various activities outside home is not widespread in our country. Such activities as volunteering provided by elderly (4,4%) has a low level, even if related to reference countries, the value of this indicator is relatively high than in Bulgaria (1,2%), Latvia (1,4%), Hungary (2,4%), Lithuania (2,6%), Romania and Poland (2,6% and 2,7%).

The smallest values, Moldova records at *political participation* of old people¹ (about 2%). Currently, among elderly the volunteering and political participation (according to the definition done by AAD), there is not strong developed in the Moldovan society. Financial difficulties, low level of education, poor health, lack of community centres, their diversity for the local population (especially in rural area), underdevelopment and immature coverage of voluntary movement etc. are explained this reality.

Active ageing suppose the insurance of means needed to remain as long as possible powerful and independent on his own life: accessibility of medical services, material conditions and the quality of life of elderly, personal physical security, physical mobility, lifelong learning. At this domain Moldova accumulated 54,0 points, that means that practically, each second aged person is limited in ageing process to live independently, healthy and in security in our country.

Firstly, it attests the high level of material weakness and financial inequity (Table 4): outside material degradation are just 57,4% from elderly, and median relative income of those aged 65 and over (about 1912 lei in 2013) it is practically twice smaller compared to the income of those aged 65 (3500 lei), or just 57,4% from the last one. Even in the last years, statistics show that poverty rate among elderly decrease (from about 39% in 2009, to about 17% in 2013), however this indicator exceeds country's average (about 13% in 2013). According to the results, just 84,1% from elderly are outside the risk of poverty. Secondly, the elder's vulnerability increases more due to the insecurity of the environment where they live in. In Republic of Moldova just fourth aged person (or 39,6%) feels safe during the night in the neighbouring where lives, while in EU countries each seven person feels protected and in physical safe).

Table 4

Composite indicators on 3rd Domain: Independent living of people aged 55 and more, in Moldova compared to other countries*, %

Independent living	Moldova	Romania	Bulgaria	Poland	Hungary	EU-28
Physical exercise	14	1,3	0,7	7,0	5,6	15,6
No unmet needs of health and dental care	72,6	70,1	79,6	77,0	87,5	88,2
Independent living arrangements	72,6	74,4	71,9	68,8	77,6	84,2
Relative median income	54,6	100,0	73,7	94,9	97,4	86,3
No poverty risk	84,1	91,3	82,6	93,5	97,7	93,0
No material deprivation	57,4	71,4	46,8	85,2	82,6	90,0
Physical safety	39,6	63,6	57,8	76,7	66,2	69,3
Lifelong learning	0,3	0,4	-	0,6	0,4	4,5

*Source: calculations for Moldova made by author based on current statistics and empirical researches: Time Use Survey (TUS), 2012, NBS; Survey Discrimination, abuse and violence against older people, 2014 (Centre for Demographic Research, Help Age International, UNFPA Moldova); HBS 2013 (NBS), *[2].*

¹ According to methodological requirements, political participation refers to participation in various meetings elderly union, meeting of political parties or political action group, and completing various petitions, including online

Moldova's performance in *insurance of health access* of elderly (just for 72,6%) is smaller than the average result score of EU (88,2%). The health system deficiency are confirmed by empirical studies [4; 7, p.144-146] which demonstrate that even elders by their status of pensioner benefit of free compulsory medical insurance, however the accessibility of medical services is reduced, and the discrimination by age is a phenomenon widespread in treatment access, diagnosis and long-term care.

A precondition of active ageing that ensure the independence at old ages is lifelong learning, through which the persons are encouraged to develop permanently the skills and necessary knowledge including for active presence in the labour market, for a healthy way of living, for social involvement and for personal accomplishment. In contrast to EU countries (Denmark, Sweden, Finland), which have a long-term experience in the development and promotion of lifelong learning (thus 5% of those aged 55-74 are involved in such an activity), in the Republic of Moldova this indicator is totally insignificant (0.3%).

The only indicator exceling in the third domain, in Moldova's case, is *practicing physical exercises* by the elders. According to Time Use Survey (NBS, 2012), attests that 14% from the population aged 55 and over daily are practicing different activities reported to sport (jogging and walking, running, gymnastics, fitness and other physical exercises). Mention that from all activities, jogging and walking are mostly indicated, and this refers to a voluntary sporting activity as a daily necessity to reach various destinations such as work, shop, medical centre, pharmacy and others, under poor infrastructure, especially in rural areas.

The fourth domain follows the measurement of the active ageing potential of a country. According to estimations, the Republic of Moldova accumulates at this chapter 48,1 points, being at a distance of 6,3 points from EU average countries. Across compared countries, even with small differences, Moldova's position, seems to be superior than Poland (47,9 points), Lithuania (46,9), Hungary (45,3) and Romania (40,9). By assessing composite indicators of the domain (Table 5), we attest that the bigger contribution has share of healthy life expectancy at age 55 estimated to be 66,4% in Republic of Moldova. Only this indicator is higher, related to the majority of compared countries, exceeding including the average for EU countries (53.2%). The gap that facilitates Moldova's position is assigned rather to the methodological possibilities limited in calculation healthy life expectancy, according to European standards.

Table 5

Composite indicators on 4th Domain: Capacity for active ageing, in Moldova compared to other countries*, %

Capacity for active ageing	Moldova	Romania	Bulgaria	Poland	Hungary	EU-28
RLE achievement of 50 years at age 55	43,2	47,5	46,7	51,0	47,4	53,8
Share of healthy life years in the RLE at age 55	66,4	43,5	65,7	52,0	48,1	53,2
Mental well-being	62,1	44,3	55,3	51,8	61,5	64,5
Use of ICT	2,9	13,0	18,0	24,0	37,0	40,8
Social connectedness	32,2	24,0	48,2	27,1	21,1	49,0
Educational attainment	51,1	51,8	66,6	74,3	65,2	59,7

*Source: calculations for Moldova made by author based on current statistics and empirical researches: Time Use Survey (TUS), 2012, NBS; Survey Discrimination, abuse and violence against older people, 2014 (Centre for Demographic Research, Help Age International, UNFPA Moldova); LFS 2013 (NBS), *[2].*

A higher value, unlike presented countries, Moldova has for mental well-being of people aged 55 and over (62,1%), a reality explained by empirical constraints and the use of an alternative variable (proxy) in indicator's calculation, but and positive attitude of population in assessing the mood and emotions.

Other factors, which increase the capacity of an active ageing- ICT use, social connectedness and educational attainment, Republic of Moldova is at a significant distance compared to other countries. Moldova needs investments in lifelong learning to increase the quality of human potential, creation of a favourable environment for elders' needs, and the increase of solidarity among generations.

Conclusions. Current policies should ensure that while people getting older, they can contribute to economy and society, and can remain able to take care of themselves as much as possible (a longer period of time). Studies show that, as elder's level of integration in society is prevalent, that much Active Ageing Index is higher for the country, increase the policy perception about ageing and decrease intergenerational tensions. In case of Moldova, according to results of the AAI, it is very important to develop and implement coherent action at sectorial level, which should improve the quality of life of elders and facilitate active aging. In the context of current demographic trends, mobilizing all available human resources, including age population, which becomes an important growing segment, it is crucial to maintaining policy continuity objectives prosperity and social cohesion.

REFERENCES

1. ZAIDI, A. Active Ageing Index 2012. Concept, Methodology and Final Results. European Centre Vienna. 2013, march [accesat 24 martie 2016]. Disponibil: <http://www1.unece.org/stat/platform/display/AAI/V.+Methodology>
2. ZAIDI, A. Active Ageing Index 2014. A Legacy of the 2012 European Year for active ageing and aolidarity between generations: analytical report. 2015, april [accesat 24 martie 2016]. Disponibil: http://www.un.org/esa/socdev/documents/ageing/workshop/2015NewYork/Pesentation_Asgar.pdf
3. National Bureau of Statistics (NBS). 2014 [accesat 24 martie 2016]. Disponibil: www.statistica.md
4. GAGAUZ, O., BUCIUCEANU-VRABIE, M. *Discriminarea, abuzul și violența asupra persoanelor vârstnice*. Centrul de Cercetări Demografice, HelpAge International, UNFPA. Chișinău, 2015. 141 p. [accesat 24 martie 2016]. Disponibil: http://ccd.ucoz.com/_ld/0/40_Monografie_DISC.pdf
5. GAGAUZ, O., AVRAM, C. *Speranța de viață sănătoasă - indicatorul integral al sănătății populației*. Chișinău, 2015 [accesat 24 martie 2016]. Disponibil: http://ccd.ucoz.com/_ld/0/33_ccd-md-Policy_P.pdf
6. BUSSOLO, M., KOETTL, J., SINNOTT, E. *Golden Aging: Prospects for Healthy, Active, and Prosperous Aging in Europe and Central Asia*. The World Bank. Washington, 2015. ISBN 978-1-4648-0353-6.
7. Sănătatea, limitările și îngrijirea persoanelor în vârstă. In: *Îmbătrânirea populației în Republica Moldova*. Cercetare la nivel național. Chișinău, 2012, pp. 144-146.
8. MORROW-HOWELL, N., HONG, S.-I. TANG, F. Who Benefits From Volunteering? Variations in Perceived Benefits. In: *The Gerontologist*. 2009, vol. 49, issue 1, pp. 91-102.
9. SAVELIEVA, G., ZAHAROV, S., BÎRCĂ, I. Evaluarea impactului îmbătrânirii demografice: abordări, principia = Assessing the impact of the demographic aging: approaches, principles. In: *Economie și Sociologie = Economy and Sociology*. 2011, nr. 3, pp. 174-181.

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