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## **The Concept of Active Aging**

Margareta Venera BUCUR<sup>1</sup>

### **Abstract**

2012 is the European Year for Active Aging and Intergenerational Solidarity. The concept of active aging seems to be the cornerstone of future European approach to employment policies and working to resolve issues raised by global aging. What does this concept mean and what it entails in Europe where the risks and challenges of aging are at highest level? How well known is it acquired in Romania, especially by social policy generators? There are two questions to what this study will try to answer using the comparative analysis discursive textual method of European and Romanian approaches.

Keywords: active aging; social policies; generators of social policies.

### **Introduction**

Today, the world faces a demographic revolution because of the aging population coupled with a continuous sharp drop in the birth rate. According to the projections, average age of the world population will increase from 28 years today to 38 years by 2050 (cf. RISS, 2006, p.722). UN Secretary General report to the Commission for Social Development in 2006 revealed some alarming data as follows:

- Population aged 60 years and over will increase from 10% in 2006 to 22% in 2050; if in 2005 there were 672 million elderly people, by 2050 it is estimated that the population over 60 will reach over 2 billion;
- Global population growth rate is 1.2% per year, while the growth rate of the elderly population was 2% in 2005 and they expected growth to 3.1% in the current period (2010-2015). The category of population with the fastest growing population is 80 years and over, with more than 4.2% per year. By some projections, the population aged 100 years and over was about 276,000 in 2005 and will reach over 3.7 million in 2050.
- We are witnessing a feminization of aging: in 2005 women aged over 60 years were 67 million more than men of the same age and it is estimated that the aforementioned gap

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will increase. There are twice as many women than men aged 80 years and over, and among those 100 years or more than 80% are women. (cf. Risse, 2006, p.722).

To achieve true extent of the challenge described by above figures, it should be noted that, at present, after the age of 65 years, 11% of men and 16% of women have a degree of disability (self-lowering), and after 80 years, 4 of 5 people suffer from disability resulting from a cardiovascular, osteo-articular or mental disease. In Romania, in the census of 2002 there was a share of the population aged over 60 years in 18.3% of the total population. Data on the distribution of population by age and sexes shows that aging is more pronounced in women. Regarding territorial distribution, the areas in Romania with the most aged population are in Banat, Oltenia and Bucharest (Mihart, OE, Cojocaru, G., 2011, p.3-18). Compared with other countries in the European Union, Romania will experience a doubling of the percentage of people 60 years and over (Table 1), and the percentage of people aged 80 years and over will increase from 3.1% in 2010 to 13.1% in 2060 (table 2), meaning a multiplication with over 4.22 (the highest multiplier EU), which, compared with other countries, represents the most serious challenge to the Union.

No.	Country / Region	2010 (%)	2020 (%)	2030 (%)	2040 (%)	2050 (%)	2060 (%)
1	Eastern Europe	20,3	25,1	27,6	32,4	36,7	40,9
1.a	Romania	20,1	23,8	26,9	32,5	37,0	41,0
2	North Europe	22,2	24,6	26,7	28,4	29,5	31,0
3	South Europe	24,4	27,3	32,4	37,3	38,2	38,1
4	Western Europe	24,1	28,4	33,1	34,5	35,3	34,6
	Europe - 27	23,1	26,8	30,7	33,7	35,1	35,7

*Table 1. Percentage of persons 60 years and over in the EU-27*

*Source: Eurostat databases for the years 2010 and 2060 and for the period 2020-2050 - <http://esa.un.org/unpp>;*

No.	Country / Region	2010	2020	2030	2040	2050	2060
1	Eastern Europe	3,3	4,0	5,1	7,3	8,0	13,1
1.a	Romania	3,1	4,0	4,4	6,2	7,6	13,1
2	North Europe	4,5	5,0	6,4	7,3	8,7	9,4
3	SouthEurope	5,2	6,5	7,6	9,3	12,1	14,4
4	Western Europe	5,0	6,5	7,7	9,9	12,3	11,7
Europe - 27		23,1	4,6	5,8	7,0	8,8	10,8

*Table 2. Percentage of persons 80 years and over in the EU-27*

*Source: bazele de date Eurostat pentru anii 2010 și 2060, iar pentru perioada 2020-2050 -<http://esa.un.org/unpp>;*

To get the exact size of the risk, we must take into account recently concluded census data, in conjunction with Romanian immigration figures which includes most of the population under 60 years.

### **Current problem**

The current problem described by the data presented in the introduction that remains in front of the generators of social policies and specialists in the field is whether it will remain an economic and social system that has proven disastrous for Romania and generated a system of social services based on the pension system initiated by the previous regime, to which were added various categories of social services (disputed both by legislators and beneficiaries) or we will force design and function of an economic and social system of intergenerational solidarity, well-being and social integration based on prevention and developed around the Europe concept of active aging? What does this concept mean and what it entails in Europe where the risks and challenges of aging are at the highest level? How well known is it in Romania, especially by social policy generators? In order to understand this concept, we shall not call various definitions as this would restrict the semantic field of the concept and the modalities of action, but we shall try to extract the directions suggested by the European Union during the year 2012 - Year for Active Ageing and intergenerational solidarity in its guide for local and regional actors.

Thus, to the question "What can be done to promote active aging in Europe?" the generators of social policies in the European Union respond at the level on the main action (cf. \*\*\* How to ....., 2012):

A. What can local and regional actors do in order to promote active aging in employment?

- A.I - helping to preserve knowledge of older workers after retirement age;
- A.III - developing innovative services to support the employment of older workers;
- A.III - sharing ideas and best practices of active aging in employment.

From the directions indicated at paragraph A, the European Union means by active aging a maintenance of activity on the labor market of older persons more advanced in age, proportionally with the worsening of aging. This translates into an increase in employment opportunities for people of old age and a diversification while maintaining their skills.

B. What can local and regional actors do to promote active aging in society?

- B.I - affordability and encouraging voluntary activities of elderly;
- B.II - ensuring older people's active citizenship;
- B.III - facilitating social networks;
- B.IV - supporting informal care (informal helpers).

From the directions indicated at point B, the European Union means by active aging an increase in socialization by encouraging older people volunteering and social network development and an increase of the quality of life of elderly institutionalized people by preventing his institutionalization and social services provided at home.

C. What can local and regional actors do in order to promote a healthy lifestyle and aging without dependencies?

- C.I - preventing the addiction;
- C.II - support the independent living at home through various innovative technology-based solutions;
- C.III - promoting quality health and long-term care;
- C.IV - improving the accessibility of transport and physical infrastructure (dwelling);

From the directions indicated at point C, the European Union means by active aging an increasing of the quality of life of elderly by preventing dependency, a promotion of the health quality of by adapting the environment (housing) to the transport limitations caused by age.

D. What can local and regional actors do in order to strengthen solidarity between generations:

- D.I - promoting educational exchanges between generations;
- D.II - facilitating mutual understanding between generations;

D.III - promoting age diversity in employment and the "silver economy"

E. Multi-thematic projects for active aging

E.I - CE-Ageing Platform - Central European Knowledge Platform for an aging society (co-funded by Interreg IV B - Central European Program);

E.II - DART - Declining, Ageing and Regional Transformation (co-funded by Interreg IV C);

E.III - For a better aging in Europe, local authorities should change their views (mostly self-financed);

E.IV - How can be implemented demographic forms of intergenerational solidarity, welfare and social integration.

The directions indicated at points C and D show that the European Union also means by active aging a healthy aging from a moral point of view by facilitating understanding between generations, by introducing the lifelong learning and promoting forms of silver economy as specific forms of social and innovative economy. Summarizing all these approaches, we can say that active aging is a principle that capitalizes on several levels:

- on the labor market by increasing the active period for elderly people by maintaining and increasing skills as a result of lifelong learning and training with the main result the maintaining of a high self-esteem and building a positive image of itself; the principle at this level aims to simultaneously improve and adapt working conditions and labor welfare;
- an improved quality of life by preventing addiction of elderly as a result of health promotion and achievement through quality services by adapting the environment (housing) and transportation to the limitations caused by age;
- increasing socialization of older people by encouraging voluntary activities, developing social networks and promoting active citizenship;
- the social services and leisure opportunities translates by preventing the institutionalization of the elderly in difficulty or dependent of care as a result of development and diversification of social services and their movement to urban institutions towards the original environment of the beneficiary.

Active aging in the European Commission is seen rather as a coherent strategy aimed at increasing of affordability for quality aging in the society, its main practices referring to: a) education and lifelong learning; b) working longer; c) an increase in the retirement age in order to progressively to maintain older people active during retirement and to undertake various activities to refresh their skills and to preserve health. (cf. European Commission, 2004, p.6). In order to understand the interest that the global population aging phenomenon presents, we should mention some facts:

- On May 21, 1999 the European Commission issued a communication entitled Towards Europe for all ages that outlines a comprehensive action program for active aging;
- In 2002 a political declaration and an international plan of action on aging appears in

Madrid;

- In 2006 a report of United Nations Secretary General is issued to the Commission for Social Development in 2006: The main changes occurring in aging field after the Second World Assembly.

How does Romania react through its generators of social policies and specialists in the field to this increased attention given to global aging? In 2000, by establishment the National Council for the Elderly (under Law nr.16/2000, it creates a public autonomous body for consultation and social dialogue in order to ensure the elderly with central and local authorities to protect the rights and freedoms of these people. By encouraging and institutionalizing the social dialogue between government vectors, it becomes a social phenomenon of national interest, and it seems that Romania is not only connected to the global politics of the moment, but also it overcomes and anticipates one of the silver activation solutions as active citizens. In 2006, the G.D. no. 541 of June 9, 2005 approving the National Strategy for the development of the social security system for the elderly in the period 2005-2008 and the Action Plan for implementation of the national strategy for development of the social care for the elderly in the period 2005-2008 are provided to the general objective 2 (Combating the risk of social exclusion for older people and their quality of life), measure 2.1.5.: "Provide facilities to support the work of adapting to the needs of the dwelling of the dependent elderly." This provision was again one likely to promote active aging on one of its fundamental direction somehow overshadowed at European level focused on the labor market integration – improving the quality of life for the elderly by adapting the environment (housing) and transportation to the limitations of autonomy due to age. Moreover, if this provision were integrated with the social services for the prevention and providing care at community level, Romania would have passed in the field of social protection from a reactive system based on intervention to a system based on prevention. Except that political actors changed their social agenda, announcing the abdication from a state of social welfare (otherwise assumed as a target for the entire European Union) and in 2009 no strategy or action plan for the elderly appeared.

The National Council for the Elderly seems to work and it publishes a Eurobarometer where they were attempting to assess the degree of agreement / disagreement of citizens from the Member States of the European Union on the opportunity of institutionalized care for elderly compared with the family care (cf. Mihart, OE, 2011). According to it, the pooled data, the European Union's 27 countries, the Eurobarometer - "Expectations of Europeancitizens is regarding the social reality in 20 years' time", Analytical Report, May, 2008, Flash Eurobarometer 227 - The Gallup Organization, the citizens' degree of agreement / disagreement to the statement "in the long term (20 years). Share of elderly primary care should remain the responsibility of society as a whole: more than responsibility of individual families," reveals the following situation:

- for full agreement, on the top positions fall: Italy (52.3%), UK (49.9%), Finland (47.1%), and the last positions Germany (17.0%), Netherlands (15 , 7%), Malta (12.3%);

- for the agreement, the first positions are: Malta (71.4%), Netherlands (69.9%), Cyprus (68.6%), and the last positions Romania (34.8%), UK (34.6%), Italy (30.8%);
- for full agreement and agreement (cumulated) on top positions fall: Finland (92.1%), Slovenia (90.3%), Portugal (89.6%), and the last positions Czech Republic (71.0%), Romania (68.1%), Hungary (65.1%);
- for full disagreement, on the top positions fall: Romania (7.4%), Bulgaria (6.6%), Austria (5.0%), and the last positions Estonia (0.6%), Portugal (0.5%), Cyprus (0.3%), Netherlands (0.3%);
- for disagreement, the first positions are Hungary (25.4%), Romania (30.0%), Poland (20.0%), and the last positions Slovenia (6.8%), Portugal (6.5%) and Finland (6.0%);
- for full disagreement and agreement (cumulated), the first positions are Hungary (30.0%), Romania (28.0%), Czech Republic (24.3%), and the last positions Slovenia (7.8%), Portugal (7.8 0%), Finland (6.7%).

We can observe the top position of Romania, with 7.4% of respondents, to the variant full disagreement respectively second position - 28.0% in the 2 versions cumulated full disagreement and disagreement, which means that an important part of Romanian citizens do not like the idea of elderly care in specialized institutions, preferring instead to keep him in the family in the next 20 years, which is confirmed by the top positions of Romania for the percentage of informal care for older people – currently 2007 (item 11, with 76.5% - of total dependent elderly) – forecast 2060 (item 10, with 74.1% - of total dependent elderly). The natural consequence of this analysis presented by the National Council for Senior Citizens was reorienting social policies and services for elderly on medium and long term to expand the range of social services and home care, and as emphasized above, moving institutional services from residential services to the residence of the elderly in need.

But on March 23, 2011 although the Romanian population rejects the structural institutionalization of older people, is issued GD 303/2011 on the national strategy of rationalizing hospitals in Romania published in the Official Gazette 223/2011, which turned into homes for the elderly 71 local hospitals. If we add to the decision of one of Boc's governments the cuts operated among public employees in order to produce their rejuvenation, as justified by one of the many initiatives of government's reductionist period 2008-2011, we realize that we come back on vision of the labor market the European Union combated 10-15 years age, as elderly removing for rejuvenation of the public employees bodies has produced one of the most serious institutional discrimination on grounds of age.

## **Conclusions**

These above prove that during the period 2008 – 2 011 there were institutional tears of decision-making, but also was dissolved the systemic vision that has only just appeared and still immature on aging observed during 2000 – 2005.

The social policy corresponding to the concept of active aging has been sprayed



since its beginning by the few politicians who have proclaimed by themselves Romania's abdication from a state of social welfare. This socio-political experience demonstrates that the lack of strong political culture of the generators of social policy can generate major problems, worsen social phenomena exceptionally serious themselves and may result in a rebuilding from scratch in the field of active aging in Romania.

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