MİNİSTERUL EDUCAȚIEI NAȚIONALE
UNİVERSİTATEA DİN CRAİOVA
FACULTATEA DE ȘTIIINȚE SOCİALE
ȘCOALA DOCTORALĂ DE ȘTIIINȚE SOCİALE ȘI UMANİSTE

TEZĂ DE DOCTORAT

- SUMMARY -

QUALITY OF LIFE OF THE ELDERLY PEOPLE IN ROMANIA

Conducător științific:
Prof. univ. dr. habil. MARİA CONSTANTİNESCU

Doctorand:
ALEXANDRU LİVİU CERCEL

Craiova, 2021

SUMMARY

Keywords: elderly person, aging, labeling, stigmatization, vulnerability, quality of life, autonomy, dependency, institutionalization.

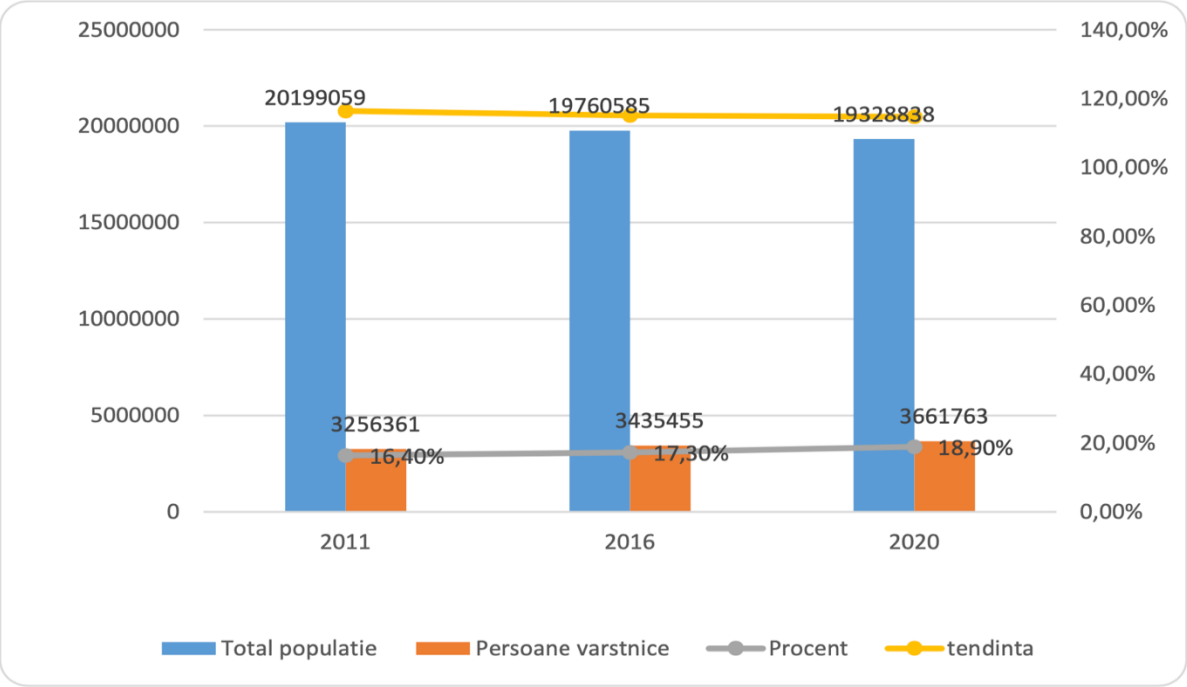
The present paper aims to address issues related to the quality of life of elderly people retired from working life, thus identifying important areas of life of the elderly that are either supporting elements in a period of socio-economic difficulties, such as the current one. , or sources of concern and dissatisfaction. The perspective used is that of "quality of life", which takes into account both personal assessments and objective living conditions.

The socialized human being, in its ontogenetic complexity, is the result of the interaction between descriptive biological factors and multiple sociocultural influences, which, in dynamics, generate profiles specific to each society, depending on the historical moment and the geographical area in which socialization takes place. Differentiation does not focus exclusively on the variability of societal types, but even on the roles, statuses, and lifestyles that individualize the identity of each group in global society. A primary form of social differentiation has historically been the crystallization of age groups. These formed the basis of the first forms of division of labor, power and property in primitive societies, generating the first forms of power and social stratification.

The motivation for choosing this topic was based on the status and perception of the elderly in society and family, as well as demographic data published following the 2011 Census conducted in Romania, which shows that the share of people over 65 has increased to 16, 4% compared to 2006, when it was 14.8%.

This hypothesis is also confirmed by comparing the data obtained by accessing the TSE-online site of INSSE, between the total resident population in Romania and the total number of people over 65, so if in 2011 the percentage was 16.4%, respectively 17.3% in 2016, in 2020 it is 18.9%, which shows an increasing trend of the elderly in the country. (Figure 1)

Figure.1 Share of elderly pensioners in relation to the total resident population at national level (2011-2020)



Source. Developed by the author based on data collected from the Tempo-online site (INSSE)

Based on this finding, a series of research questions arise: What is the behavioral pattern associated with retirement, as well as accommodation with this status? How do we view the relationship between family and society's responsibilities toward the elderly? What is the mental impact of the partial or total loss of autonomy? And last but not least, what is the emotional and affective state of losing one's life partner? What are the urgent needs of the elderly and how should action be taken to improve and eradicate them?

One argument in favor of choosing the theme is that, at present, the issue of the elderly is gaining unprecedented complexity in history. Although they are no longer given the power they once were, postmodernity brings up the issue of the elderly in theoretical, socio-historical and political terms. Theoretically, the issue of formulating consensual definitions on the concepts subsumed to the phenomenon of aging, as well as the explanation of this phenomenon through explanatory models with universalist valences. From a socio-cultural perspective, what is interesting is how the status of the elderly and the variables related to status vary from one social

area to another, and from the perspective of social policy it becomes imperative to understand and improve the current condition of the elderly.

Another argument behind the choice of topic is that demographic aging is a very complex process, with multiple economic and social effects and a major concern for researchers and international organizations in the field. Demographic aging, first reported in the early twentieth century by Alfred Sauvy, became more visible between 1960 and 1970. This process is prevalent in many countries around the world, as population projections show that the share of the elderly population over 65 years continue to grow, tripling by 2050 (22% of the world's population). During this period, the total population is expected to increase by only a third, while the population of children under the age of five is expected to decline slightly (5%).

On the one hand, such a situation would trigger a global increase in pathological conditions, the incidence of diseases related to aging or a high risk of developing other chronic diseases and, on the other hand, a considerable pressure on social and social services. specialized care in residential care centers for the elderly. From this point of view, social assistance providers need community-based approaches to prevent and manage natural declines among the elderly population (reduced mobility, special nutritional needs, decreased sensory capacity, etc.).

The process of demographic aging in Romania began later than in Western European countries, ie after the 1990s, with the repeal of Decree 770/1966, which marked the end of pro-natalist policy and the liberalization of family planning. Subsequently, it was accelerated by labor migration, increased marital age and lower fertility. Currently, the age pyramid of the Romanian population shows an increase in the share of people over the age of 65. This increase is only supported by a slight improvement in life expectancy, while adult and young population groups have declined due to migration and low birth rates. At the same time, the dependency ratio has steadily increased, generating various socio-economic problems, which need to be addressed through specific social policies.

Romanian society is traditionally oriented towards the care of the elderly by the family. Specifically, a series of policies for the elderly were adopted, the first since the thirteenth century, when the "hospitals" (infirmaries) were built around the monasteries. With regard to the latest legislative measures, they have undergone permanent changes due to the frequent fluctuations of ministers and governments and have focused primarily on issues related to the

management of social assistance issues for the elderly (for example, Law no. 17/2000, republished in 2007).

Among the most important **legislative measures** for the elderly population, we list the Government Decision (GD) no. 212/2011, Law 197/2012 and GD no. 118/2014 by which social services for the elderly were authorized for both public and private entities. The Ministry of Labor has also developed the "National Strategy for the Promotion of Active Aging and the Protection of the Elderly 2015-2020", which emphasizes a better orientation of the health system, the social assistance system and the social insurance budget for the elderly, creating a link to scientific research in the field.

The purpose of the doctoral **thesis** is to know and analyze the quality of life of the elderly in Dolj County, both those who live at home and those institutionalized in social protection centers. The research results can be used both as empirical data, but especially as recommendations in the implementation and application of social policies at national and county level on the quality of life of the elderly.

The general objective of the research is to outline, by aggregation, a coherent image and as close as possible to reality on the living conditions of the elderly in Dolj County, both those who live at home and those who are in residential care centers. .

The specific objectives considered are:

1. Knowledge, with the help of tools specific to sociological investigation, of the problems and needs faced by the elderly in Dolj County. We will consider both the elderly living at home, alone or with their family / relatives, and those hospitalized in residential care centers.
2. Knowing the attitude of older people towards old age, the changes of a social, psychological and biological nature that occur with age and how they relate to the life they are currently living.
3. Identify the formal and informal support opportunities available to the elderly, the institutional networks and facilities provided by the legislation, as well as the forms of support from those close to them.

4. Knowing the way in which the elderly appreciate their state of health, the degree of autonomy they have in carrying out their daily activities.
5. Knowledge of the extent to which current social policies and programs are truly addressing the needs of older people and identifying those areas of need that remain unmet and that need to be addressed in future intervention programs for this age group.
6. Measuring the perception of the elderly towards the life they live, the degree of satisfaction with their own life, as well as their well-being and identifying the factors with positive and negative influence in terms of achieving this state.

The hypotheses that formed the basis of the sociological approach are:

1. The lower the income of the elderly, the poorer their health.

2. If the social protection centers offer quality conditions and services, then the health status of the elderly will improve after the moment of institutionalization.

3. If the staff of the care center exhibits an ethical and empathetic behavior, then the institutionalized persons will feel a state of security and comfort.

4. If the family becomes financially, empathetically and emotionally involved in the life of the elderly, then the chances of the elderly person becoming institutionalized decrease.

The paper is structured in **two parts** - a theoretical part, related to the first four chapters, and a practical-applied part, related to the last chapter, which presents, in a descriptive and explanatory manner, the results of the sociological field investigation.

The first chapter of the paper is intended for conceptual delimitations and explanatory theoretical models from several disciplines. Chronologically, the first studies to systematically address the issue of aging were biological and gerontological. Experimental studies have led to the idea that all these changes could be generated by free radicals, and the hypothesis that free radical reactions are responsible for the aging process is supported by several pieces of evidence: i) studies on the origin of life and evolution; ii) studies on the effect of ionizing radiation on living things; iii) dietary manipulations of endogenous free radical reactions; iv) the plausible explanations it offers to the phenomena of aging; and v) the growing number of studies involving free radical reactions in the pathogenesis of specific diseases. Free radical theory paints the dominant paradigm of understanding and explaining the phenomenon of aging in contemporary biology, chemistry,

genetics, nutrigenomics and gerontology. To the theoretical concerns was added the growing interest in slowing down the aging process, which seemed to be the field of science fiction a few decades ago.

The sociological approach to old age began in the first half of the last century, and it has been the subject of study for multiple sociological paradigms. The first one we will present will be the structural-functionalist approach. The functionalist approach of the elderly and the elderly starts from the following research question: How and to what extent can the elderly be useful for society?

The first answer, at least chronologically, comes from a classical theory, which I have already discussed tangentially in this chapter: the theory of disengagement, which suggests that withdrawal from society and community relations is an inherent part of aging as a stage. of life. Death is inevitable, and against the background of physical and mental decline, it would seem natural for individuals to withdraw from social life, not to be a burden to society. Desirable or not, social withdrawal, understood in the broader context of disengagement, is a reality demonstrated by numerous studies. Some of them even found significant differences in the way in which disengagement finds particular forms of manifestation according to gender, being experienced differently by women and men, because men focus on work and the public sphere, and women focus on the private sphere. of the household and family life, and the redefinition of the new system of roles implies, first of all, the abandonment of those previously practiced. Of course, decommissioning studies, generally conducted in the late 1950s and early 1960s, take into account a different structural historical context than we experience today, when the distribution of roles by gender and age is no longer so strictly regulated by customs and, even less so, by legal systems. We will also deal with the conflict perspective, which brings to the fore the conflict between generations. The theory of exchange also developed within the conflict paradigm, against the background of the rise of the theory of rational choice.

This theory suggests that we experience increased addiction as we age, and we need to submit more and more to the will of others in order to receive their support. The theory is that social relations are based on mutual exchanges, and as older people become less able to provide resources in return, they will see their social circles and the influence they have enjoyed so far diminish significantly.

In some cases, this can be avoided by smart resource management, such as giving a sufficiently motivating inheritance or by being actively involved in raising grandchildren. We will also present the theory of labeling, which focuses on the influence of stigma and labeling on the quality of life of the elderly.

From psychology, we will operate with the theory of individual needs, the theory of development, the theory of life course and the theory of cognitive-behavioral, currently used in psychotherapy. In the case of the elderly, the restructuring of irrational cognitions, such as "I'm useless.", "I'm no longer valuable to those around me.", "My life has been in vain." behavioral. Currently, cognitive-behavioral theory and practice are used with great success in the therapy of depressive and anxiety disorders specific to the elderly, they are integrated into public health programs for them.

The second chapter addresses the issue of the elderly in the broader context of policies to increase the quality of life. We will focus on the concept of quality of life, its explanatory models and European and national trends in this field. The definitions of quality of life are as diverse as the multitude of disciplines that the study of this field claims. Thus, the quality of life is extremely individualistic, in view of the high levels of variability between individuals, which makes it inappropriate in the decision-making process. However, transnational studies of well-being or comparisons between different groups of individuals often measure the quality of life in a so-called objective way, stating that there are specific characteristics not so much of individuals as of social groups. For example, this analysis assumes that older age groups are sufficiently specific in this regard for such an analysis to be possible, probably due to the perception that older people are particularly vulnerable due to: (1) declining physical and mental abilities; (2) exit from the labor market with a greater dependence on pensions; (3) the breakdown of extended families; and (4) isolation due to the death of a life partner. The interest in the subject stems from the demographic change that has led to unprecedented proportions of the elderly, especially among the populations of the developed world.

The third chapter proposes a systematization of European, national and county policies to increase the quality of life of the elderly. Since the early 1990s, the issue of an aging population has become one of the priority issues of the current Member States of the European Union. Historically, at least, individual concerns within each state have emerged long before we

can discuss a Community, Union policy in this direction. These concerns have naturally stemmed from the evolution of European societies.

Improving living conditions and scientific progress, especially in the medical field, have led to the gradual prolongation of life expectancy. The average age of the European population has risen rapidly, while the fertility rate has fallen. The European demographic trend, visible since the 1990s, continued in the first decade of the 2000s, in parallel with unprecedented social and economic changes, which culminated in the economic crisis of a decade ago. The growth of the dependent population, combined with the imperative to meet the needs of this age group, has exerted and continues to exert strong pressure on social protection resources, given the logic of distribution systems in contemporary states: secondary expenditures (health care, care long-term, pensions, etc.) come from contributions and taxes paid by a younger workforce, which is in an alarming decline. Therefore, "the phenomenon of demographic aging has been manifesting itself for decades, in many states of the world. Reducing the birth rate and increasing the number of elderly people are constantly changing the balance between generations in all countries of the world. "[1] Therefore, we considered it necessary to take a comparative approach to the main steps taken so far to improve this situation.

The fourth chapter represents the synthesis of the international and national specialized literature in the field. In this regard, we propose a systematic and concise approach to the most important research on the quality of life of older people undertaken so far at European and national level. As an extremely important parameter of countries' global competitiveness, the quality of life is assessed annually by international bodies. Social research has been initiated in several countries around the world to monitor, analyze, study and interpret indicators of the quality of life of the elderly, with the aim of eliminating certain social problems found in the daily life of the elderly or reducing them. negative effects. Across the European Union, the issue of older people is a constant concern for decision-makers. According to the literature, the long quality of life is a field characterized by a high degree of complexity that involves specific components of social assistance systems, but also components related to health care. These two components are very difficult to distinguish, with the beneficiaries of most long-term care services being mainly the elderly. The growth of the elderly population leads to the importance of knowing the active aging as well as the rights of the elderly population, all of which are dealt with by international mechanisms, which

support the elderly in various ways. However, the elderly faces a lot of problems, despite all the efforts made. Thus, the problems of the elderly largely restrict their rights to: autonomy, education, social assistance and health. At the same time, the elderly population is subject to a number of challenges and disruptive factors during the aging period, but the most important problems are discrimination, poverty, violence and abuse of the elderly, lack of statistics and data on their quality of life in different states. Thus, all these represent the major threats faced by the elderly population and their well-being suffers. The rights of older people, as evidenced by international documents, are not sufficiently clarified and regulated, so their implementation and monitoring becomes an important challenge for each state, but also for researchers in the field. Some of the studies undertaken so far in the above-mentioned directions will be presented in the fourth chapter of the paper.

The last chapter is intended for the practical-applicative approach and includes the results of the field research, which was based on the following methods used: quantitative methods (statistical analysis, sociological survey based on questionnaire) as well as qualitative methods (sociological survey based on focus group, survey sociology based on the life story interview). Both the elements related to the quantitative dimension of the quality of life, respectively the financial situation, expenses and consumption, goods and services to which they have access, the characteristics of the relations and social processes in which they participate, the cultural, political, social and health situations they live, the way and the lifestyle, as well as the subjective state of satisfaction as a result of the evaluations that people make to the conditions in which they live.

The first part of this paper addressed the issue of the quality of life of the elderly from the perspective of explanatory models from the field of sociology, psychosociology and demography. At the same time, the first three chapters of the paper provide numerous examples of how statistical data and theoretical models can be integrated into concrete social policies, in order to increase the quality of life of this segment of the population. Thus, somewhat simultaneously with the exponential growth of the elderly as a percentage of the global population, in recent decades it has become increasingly visible the reorientation of social policy in the field of the elderly, which has known multiple directions, such as measure, the support function of the elderly and, in general, of groups in need); regulation of social support (aid is not arbitrary and does not

depend on the goodwill of an individual or a group, but is regulated by formal rules, to which are added strict implementation and control mechanisms); social support includes a complex insurance system; social support is provided from public funds (eg social security budget), which are collected from the population through various fiscal mechanisms; developing, in parallel, private and community initiatives.

All these restructurings in the field of social policy of the elderly have found forms of manifestation and implementation mechanisms at international and national level. Moreover, the demographic reality, which involved the numerical increase of the elderly population segment, characterized by specific needs, is what has forced the rethinking of policies in this area and the adoption of urgent measures at all levels of decision-making. Moreover, as we have seen, the socio-demographic picture is even more difficult, amid the manifestation of phenomena such as the rapid decline of the age category "-30" and the aging of the workforce, which leads to structural problems in the market; the persistence of major disparities between different countries around the world, in the sense that life expectancy stagnates in the least developed countries or is growing slowly, and in the "central" states there is an unprecedented increase in history; of the "60+" subcategories, the most striking increase is found in the "80+" subcategory, which requires special care and social protection services.

Not only demographically, but also economically, things are going in a worrying direction. From the perspective of economic impact, there is a decrease in public revenues, while increasing spending on social protection and health, a reduction in the volume of labor, but also changes in the consumption behavior of the population. Socially, the effects are felt in changes in social reality, social behaviors, but also in increasing the state of dependence in the case of those with chronic diseases. Although the increase in life expectancy and the population over the age of 65 is a desirable thing for humanity (survival in old age has become natural), it also presents profound challenges for public policy systems, which must adapt to the new demographic trends and challenges. The first challenge is associated with the significant increase in the retired population in relation to the significant decrease in the able-bodied population, which creates social, economic and political pressures on social security systems. In most developed countries, the rapid aging of the population is putting strong pressure on pension systems. Reducing tax breaks, raising taxes, massive loans, lowering daily expenses, raising the retirement age are some of the "sacrificial" policies that may be needed to correct the structural problems facing the US

pension system today. Private pension systems are also seen as potential options for coping with the aging population in the United States and beyond.

The quality of life of the elderly has significantly improved over time, with the development of medical services and social policies. Older people can live an active life until a much older age than in the past, and if their productivity is supported by appropriate policies and programs, they can maintain their physical and mental health for a very long time. In fact, the fact that the permanent training of cognitive functions is the key to preventing all forms of dementia is already a consensus in the medical community. With this in mind, encouraging an active lifestyle among the elderly has at least two major individual and social benefits: the elderly continues to add value to society, which prevents feelings of worthlessness and, therefore, depressive and anxiety disorders; Increased productivity requires the constant training of higher cognitive processes, which prevents the occurrence of dementia at the individual level and, implicitly, the decrease in the prevalence of these diseases in society.

The issue of older people, understood in terms of intergenerational solidarity and equity, has begun to take priority on the social policy agenda of most developed countries. Most social protection policies for the elderly have involved restructuring pension systems. Almost all European countries have raised the retirement age, only Poland has reduced the threshold from 67 to 65 for men and from 65 to 60 for women in 2017. A number of policies have also been developed to encourage older employees. the third to postpone as much as possible the moment of leaving the field of work. Many countries have decided to phase out or significantly tighten early retirement conditions (eg Denmark, Greece, Hungary, Poland, Slovenia, Austria, Italy). Other countries (eg Finland, Estonia, Cyprus) grant a financial bonus to pensioners who decide to postpone retirement.

Several states have developed specific unemployment schemes for the elderly to encourage them to remain professionally active, in parallel with the first period of retirement - in which case retirement does not exclude and does not limit the obtaining of other income, including salary, for example, Germany, Greece, Italy, Hungary, Finland). At the same time, in many countries, the elderly with insufficient resources is eligible to receive a certain amount of money (for example, in the form of a guaranteed minimum income) to meet their subsistence needs. Some countries also offer specific social assistance to those over retirement age. This may take the form of an increase in the amount granted in proportion to aging (for example, in Bulgaria, Cyprus, Portugal, Lithuania), a fixed-value allowance, which is granted after reaching an age threshold (eg Belgium,

France, Italy, Portugal, Slovenia) or some forms of lending (UK). Some countries, including Romania, have developed national strategies to promote active aging and implement international recommendations in the field. These strategies create the regulatory framework and conditions necessary to facilitate a long-term professional career, while increasing the quality of life. National strategies have also been adopted in Bulgaria, Estonia, the Czech Republic, Ireland, Portugal and Spain.

Other countries (Cyprus, Finland, Hungary and Lithuania) have included initiatives to support older workers in broader labor market reform strategies without developing specific public policy documents in this direction. Policies on equal opportunities, lifelong learning and increasing the quality of life of older people, even if not taken as distinct national strategies, can also be equated with the category of general reforms targeting active aging. In some countries, these policies have been driven by social dialogue between the partners involved and as a result of civil society efforts (for example, in Belgium, Germany, France, Finland, Denmark and Ireland). Between 2010 and 2017, a number of labor tax reforms were also implemented, mainly in terms of contributions to social security schemes paid by employers (eg Belgium and Italy) or employees (eg Austria)., Slovenia). The reforms required the amendment of labor protection legislation, mainly as regards the conditions for collective redundancies (eg Belgium, Luxembourg and Spain) or the definition of fair dismissal (Bulgaria).

Therefore, another conclusion of the paper is that a number of policies have been adopted at European level aimed at developing home care services, developing access to health services, and re-evaluating and improving measures to prevent addiction. and the diversification of benefits, in the sense of reducing or combating the risk of marginalization, of social exclusion, respectively for increasing the quality of life of the elderly. Even if the risks specific to old age are covered by the social security system by ensuring a pensionable income, the elderly also need services that include both the social assistance component and the health care component. Therefore, the extension and provision of social services, health services, especially personal care services, requires a unitary policy in order to keep people in optimal conditions of quality of life.

Such policies have also been implemented at the national level. Romania offers the elderly the right to social assistance in relation to the socio-medical situation, but also to the economic resources at their disposal.

As we exemplified in the third chapter, the policy of protection of the elderly focuses on actions in areas such as finance, medicine, interrelationship. The Constitution guarantees both the right to life and the right to physical and mental integrity (art. 22), the right to defense (art. 24), and the freedom of conscience (art. 30) or freedom of expression (art. 30).

In addition to the Constitution, there are other normative acts that complete the system of fundamental rights and freedoms, for example the Civil Code or the Criminal Code, and which legislate the relationship between the state and citizens. Absolutely all decisions, judgments and laws must be in accordance with the Constitution. The national care system for the elderly includes all medical and social services provided to all elderly people with specific needs in this age group. This category includes the chronically ill, the terminally ill, the disabled and the dependent elderly, who need help to carry out their daily activities. After the fall of the communist regime, Romania followed the example of the western states and drafted legislation aimed at regulating the national system of care for the elderly.

In accordance with the national regulatory framework, the term "elderly" is defined by Law no. 17/2000 as referring to all persons who have reached retirement age. The identification of the elderly with the pensioner, even if it is theoretically problematic, as we argued in the first chapter, is, however, a conventional approach from a legal point of view, it is found in most European legislation in the field.

Regarding the social assistance of the elderly, it is regulated at national level by Law no. 17/2000, which has as object the social assistance of the elderly. According to the text of the law, the elderly has access to social assistance services in accordance with the social / medical situation and the financial sources they have. All the measures approved by the social assistance programs enunciated by Law no. 17/2000 are directly related to those approved by the social insurance system. An important aspect is that the elderly who receive social assistance have the right to other forms of social protection, so the mentioned normative act does not exhaust and, especially, does not exclude other forms of care.

Social assistance for the elderly includes, according to the law, social benefits and services. As mentioned, the needs of the elderly are assessed through the social survey, which is based on the collection of data on the various ailments of the elderly who are unable to perform their daily tasks, in their own household, housing conditions, quality of life, but also the financial

resources at their disposal, the help options in terms of providing, purchasing and preparing the food necessary for daily living.

We also used the systematic statistical analysis to determine the dimensions of the demographic aging phenomenon, respectively of the dependency ratio both at European and Romanian level. The population, in relative values, the major age groups registered the following values in 2019 at the level of the European Union: 0-14 years old registered a share of 15.2% of the EU-27 population; the group with older people, 65 years or older, registered a share of 20.3%, while the group of people considered fit for work, aged between 15 and 64 years, represented 64.6% of the population.

Statistics show an increase of 0.3 percentage points compared to 2018 and 2.9 percentage points compared to 2019. The highest values for the share of young people in the total population in 2019 were recorded in Ireland (20, 5%), France (18%) and Sweden (17.8%) and the lowest were in Italy (13.2%), Germany (13.6%), Malta and Portugal, both with 13.7%.

On the other hand, of the people aged 65 and over in the total population, the highest values were recorded by Italy (22.8%), Greece (22%), Portugal and Finland, both by 21.8%, and the lowest values were in Ireland (14.1%) and Luxembourg (14.4%).

The dependency report is another way of measuring the burden of the burden on people in full-time employment to cover the social costs needed to meet the needs of older people. On 1 January 2019, the dependency ratio of older people for the European Union was 31.4%. Therefore, at that time, there were three people of working age for every person in the age group 65 and over.

Maximum values were recorded in countries such as Italy (35.7%), Finland (35.1%) and Greece (34.6%), percentages that translate into less than three professionally active people per person in the group aged 65 and over. Also, the total dependency ratio in the European Union was 54.9%, which shows that for every dependent there were about two people of working age.

The lowest ratio recorded in 2019 was in Northern Macedonia (43.7%), while in France the highest percentage was recorded (61.5%). Both reports - the dependency ratio for the whole population and the dependency ratio of older people in the European Union - are on the rise. Thus, the rate / dependency ratio of the elderly has increased by 5.4 percent in the last decade from 26.0% in 2009 to 31.4% in 2019. And the total dependency rate relative to the entire population is

constantly increasing. If in 2009 it was 49.0%, in 2019 it increased to 54.9%, ie with a weight of 5.9 percentage points.

In Romania, there have been significant changes in the population structure in recent decades, partly due to the demographic transition period, as well as due to political changes that have had a strong influence on the evolution of demographic phenomena. Since 1989 (the year in which political, economic, social and mental transformations took place), there has been a decrease in the fertility rate, the mortality rate has decreased in the elderly, which has led to an aging population.

According to the National Institute of Statistics, on January 1, 2020, 22,191,818 people were registered, and in 2021, on the same date, the population by residence was registered at a value of 22,089,211 people, decreasing by 0.5% compared to the previous year. Also, from the data of the National Institute of Statistics shows that the demographic aging process has increased compared to January 1, 2020 (0.6 percentage points, 65 years and over) and there is a slight decrease in the share of young people (0-14 years).

The demographic aging index increased from 115 on 1 January 2020 to 118.7 elderly people per 100 young people on 1 January 2021. The median age was 42.2 years, up 0.4 years of January 1, 2021. The largest share, on January 1, 2021, in the total population, was held by the age group 40-44 years (8.6%); the share of the group of 0-4 years was 4.6%, lower than that of the groups 5-9 years (4.7%), 10-14 years (5.2%), and 15-19 years (5 ,1%).

The reduction of Romania's population is a constant of the last decades, and the decrease of the birth rate and the increase of the number of the elderly population, 65 years and over, confirm the demographic aging process.

The main purpose of the field research was to analyze, observe and know the reality that the elderly (either at home or institutionalized in specialized homes according to the needs of the beneficiaries) in Romania experience, in terms of their quality of life. During the study, several indicators of quality of life were analyzed, such as health, living conditions, social relations, dependence or independence of the subjects, free time, recreational activities, etc.

A first noteworthy conclusion revolves around the financial resources available to research respondents. It seems that the material situation of the elderly is a precarious one that does not provide them with the leverage necessary to create a perfect comfort, both mentally and physically. In support of this idea is the attitude of the elderly regarding the relationship between

utilities and expenditures: the situation presented is one that raises many issues, because the statements of the survey participants highlight serious dysfunctions in this relationship; the income of most respondents is not enough, which can lead to frustration, failure, limitation of other personal desires or needs.

A second conclusion from the study revolves around a key indicator for measuring quality of life, namely health. Most of the elderly consider their health condition to be not very good or bad, a situation accentuated by the obstacles encountered in the Romanian health system, limited financial resources, lack of necessary information, all this made difficult by the distribution of the respondents by residence. prevents rapid access to the medical services they need (it has been found that elderly people in rural areas have difficulty accessing medical services in the area where they live, or the lack of these specialized services).

Another interesting finding of the research highlights the attachment of older people to family and friends whose help is always sought (proof of these statements is represented by the responses of individuals to the hypothetical situations to which they have been subjected). At the same time, the emotional support that subjects receive from their loved ones is quite present in their lives, which leads to a high quality of life. a strong negative charge, from the perspective of the subjects.

This period of life is associated with terms such as illness, medication, contempt, depression, isolation, anxiety, or even death, which puts us in a tragic situation where the quality of life of these people is precarious, burdened with sadness, limitations and thought. that the end is near.

An explanation of this attitude is based on several causes, of which we mention: lack of necessary financial resources, the appearance of various physical, mental, emotional disorders, loneliness, inability to function independently, loss of life partner, continued dependence on others, etc. Also, the frequency of depressive states seems to be very high, with more than half of the respondents stating that they live these moments very often or often.

Another noteworthy conclusion refers to the quality of life of the elderly in a specialized home. It seems that they are up to date with the information, the services offered by the center, they appreciate the staff employed here, they feel integrated in the team, considering at the same time that their needs and desires are satisfied. As the main cause of institutionalization has been poor

health, it is found that the care received in a home lead to an increase in the quality of life of the elderly, health being an essential and closely monitored aspect.

Next, we present the ranking of quality-of-life indicators for the investigated group, ranked according to the level of satisfaction. We find that the most problematic indicators are health, income and social relations, which have the highest levels of dissatisfaction and the lowest levels of satisfaction. Therefore, these are the major areas of intervention that should be considered by social policies and services aimed at increasing the quality of life for this age group. At the same time, the opposite situation is the housing situation and access to public information and civic participation, where the level of satisfaction is relatively high.

Table 1. Decreasing distribution of quality-of-life indicators by level of satisfaction

Road sign	**High satisfaction** *(Very satisfied / Satisfied*)	**Moderate satisfaction** (*Neither satisfied / Not satisfied*)	**DISSATISFACTION high** (*Very dissatisfied / Dissatisfied*)
Health	25%	14%	61%
Income	32%	16%	48%
Social relations	35%	17%	48%
Good feeling	38%	21%	41%
Free time	41%	2. 3%	36%
Housing situation	63%	11%	26%
Access to public information and civic participation	71%	17%	12%

We further used the Pearson correlation coefficient to determine the relationships between the quality-of-life indicators analyzed, but also between them and the relevant socio-demographic variables.

Table 2. Pearson correlation coefficient - the correlation between health and housing status

Correlations			
		Health	Housing situation
Health	Pearson Correlation	1	, 504 **
	Sig. (2-tailed)		, 012
Housing situation	Pearson Correlation	, 504 **	1
	Sig. (2-tailed)	, 012	
**. Correlation is significant at the 0.01 level (2-tailed).			

We find a strong positive correlation between health and living conditions. The explanations can be multiple: income, for example, can act as an intermediate variable. People with high incomes have access to quality medical services, but also to adequate living conditions.

Table 3. Pearson correlation coefficient - the correlation between health and income

Correlations			
		Health	Income
Health	Pearson Correlation	1	, 705 **
	Sig. (2-tailed)		, 000
Income	Pearson Correlation	, 705 **	1
	Sig. (2-tailed)	, 000	
**. Correlation is significant at the 0.01 level (2-tailed).			

This fact is also confirmed by the table above, which shows the positive value of the correlation between health and income. Access to adequate health services and medication is conditional on the necessary financial resources.

Table 4. Pearson correlation coefficient - the correlation between the level of formal education and well-being

Correlations			
		Formal education level	Good feeling
Formal education level	Pearson Correlation	1	, 512 **
	Sig. (2-tailed)		, 000
Good feeling	Pearson Correlation	, 512 **	1
	Sig. (2-tailed)	, 000	
**. Correlation is significant at the 0.01 level (2-tailed).			

At the level of the investigated group, the level of formal education is a good predictor of well-being, as shown in the table above. It is possible that this relationship is explained by the almost perfect correlation between income and level of education.

Table 5. Pearson correlation coefficient - the correlation between formal education and health

Correlations			
		Formal education level	Health
Formal education level	Pearson Correlation	1	, 433 **
	Sig. (2-tailed)		, 008

Health	Pearson Correlation	, 433 **	1
	Sig. (2-tailed)	, 008	
**. Correlation is significant at the 0.01 level (2-tailed).			

The statistical correlation between high level of formal education and health is explained by the fact that people with higher education have more information in the medical field, are more attentive to lifestyle, correctly interpret certain symptoms and are more involved in prevention programs. and health monitoring.

Table 6. Pearson correlation coefficient - the correlation between well-being and religiosity

Correlations			
		Good feeling	Religiosity
Good feeling	Pearson Correlation	1	, 206 *
	Sig. (2-tailed)		, 000
Religiosity	Pearson Correlation	, 206 *	1
	Sig. (2-tailed)	, 000	
**. Correlation is significant at the 0.01 level (2-tailed).			

Well-being correlates strongly with religiosity. Religiosity provides emotional stability, satisfaction with life, and positive emotional experiences in general. Therefore, it may be useful to stimulate religious practices in the elderly who are interested in this direction, as a mechanism to increase the general well-being.

Table 7. Pearson correlation coefficient - the correlation between health and leisure

Correlations		
	Free time	Health

Free time	Pearson Correlation	1	, 452 **
	Sig. (2-tailed)		.003
Health	Pearson Correlation	, 452 **	1
	Sig. (2-tailed)	.003	
**. Correlation is significant at the 0.01 level (2-tailed).			

People who engage in recreational activities, who are satisfied with their free time, have higher levels of satisfaction with their health. Directly, the correlation can be explained by the fact that these activities often involve movement, time spent in nature, socialization, intellectual activation, aspects that we know have a decisive contribution to maintaining health. Indirectly, the connection between the two variables results from the fact that recreational activities determine a generally positive attitude towards life, through the psychological and neurophysiological mechanisms they involve (for example, the discharge of pleasure hormones - serotonin, dopamine, encephalin, oxytocin, etc.).). The general state of well-being consists of a certain set of attitudes and an optimistic grid for perceiving reality. Health problems, even if they occur, tend to be seen in less fatalistic terms, against the background of an active life, dominated by recreational activities, which, in a compensatory way, produce pleasure.

Table 8. Pearson correlation coefficient - the correlation between leisure and the level of formal education

Correlations			
		Free time	Formal education level
Free time	Pearson Correlation	1	, 170 *
	Sig. (2-tailed)		, 000
Formal education level	Pearson Correlation	, 170 *	1
	Sig. (2-tailed)	, 000	

**. Correlation is significant at the 0.01 level (2-tailed).

The level of formal education also correlates with leisure. On the one hand, people with higher education understand the importance of recreational activities, which they practice more frequently, and on the other hand, the higher level of income gives them easy access to such activities.

Table 9. Pearson correlation coefficient - the correlation between social relations and well-being

Correlations			
		Social relations	Good feeling
Social relations	Pearson Correlation	1	, 121 *
	Sig. (2-tailed)		.005
	N		
Good feeling	Pearson Correlation	, 121 *	1
	Sig. (2-tailed)	.005	
	N		
**. Correlation is significant at the 0.01 level (2-tailed).			

People who are involved in complex social relationships, who are satisfied with their social involvement, have higher general levels of well-being. The mechanism is as described above - social interaction means intellectual activation and the discharge of pleasure hormones, which leads to positive, optimistic ways of assessing one's own life and the surrounding realities.

Table 10. Pearson correlation coefficient - the correlation between leisure and well-being

Correlations			
		Formal education level	Social relations
	Pearson Correlation	1	, 312 **

	Sig. (2-tailed)		, 000
Social relations	Pearson Correlation	, 312 **	1
	Sig. (2-tailed)	, 000	
**. Correlation is significant at the 0.01 level (2-tailed).			

Free time also correlates with well-being, the mechanism being the same.

Finally, we can conclude by mentioning that the elderly at home, thus not receiving continuous specialized support, face much more difficulties than the institutionalized elderly. The quality of life of the two categories is different, influenced by many aspects of old age, aspects that could certainly be improved.

The recommendations regarding the increase of the quality of life will be oriented towards the decision-makers in the field of social policies at national, county and local level, respectively family, public and private institutions, active in the field of social protection regarding the elderly.

At the national level, a stability is desired in terms of the income of the elderly, by correlating the annual inflation index with the indexation index of pensions. These social policies must be implemented in accordance with the recommendations of international or European bodies, namely: Universal Declaration of Human Rights (UN General Assembly, 10 December 1948), United Nations Principles for the Elderly (UN General Assembly, 16 November 1991), International Plan of Action on Aging (World Assembly on the Elderly, 26 July - 6 August 1982.

At the county and local level, these social policies for the elderly should include a series of facilities ranging from free or subsidized transport, gratuities to shows and cultural activities, the establishment of "Economat" type companies in which basic food be sold at the manufacturer's price (without commercial addition).

Creating public-private partnerships at the level of local public authorities, by making available by the public authority the infrastructure in order to arrange spaces for medical offices, which would provide medical services for screening and prevention of pathologies specific to this category, such as and medical and imaging laboratories, to which the low-income elderly have free access.

Development in each locality of an emergency service, to be accessed by dependent elderly people, to provide counseling and guidance support.

It also seeks to support small and medium-sized enterprises as well as companies that employ or retain people over the age of 65, through facilities that encourage them to keep them active and, last but not least, access to of European funds for the construction or modernization of day centers or other types of old people's homes.

The elderly can be supported at the level of the state authorities, by arranging clubs in which they carry out for-profit activities, whose central objective is activities of a cultural nature (theater and art performances, music); board games (rummy, chess, backgammon); sports (jogging, outdoor walks) and social (involvement in the social and political life of the community at the institutional level as well as at the level of citizens' organizations and committees).

At the same time, the state authorities, civil society and last but not least the family must come along with the elderly person who participates in volunteer actions (their presence in parks along with other social categories for greening, sanitation, landscaping; support of public authorities on environmental protection by appointing observers from this social category, active participation in the social life of the community, etc.) by promoting, supporting and supporting these types of civic events, designed to give them a state of satisfaction, usefulness and not in lastly a state of well-being.

These activities have the role of promoting an active life among the elderly as well as building bridges between generations, which aims to increase self-esteem and a sense of social utility, ensuring the necessary psychological comfort as an important part of quality of life. .

At the family level, the issue of the elderly must be addressed at the level of each individual, emphasizing the role, conduct and life experience gained during his life, by giving respect due to age.

With regard to the institutionalization of the elderly, it should be postponed as soon as possible by providing home care services, which aim to eliminate the trauma caused by separation from the place of love, improve and improve physical and mental health, and the rate of psycho-somatic degradation.

In this sense, public institutions or those whose object of activity is the provision of support services must intervene in their support, by recruiting and hiring specialized staff, which aims to improve the problems faced by the elderly, with the aim of maintaining the feeling human dignity.

If the state of health and the family environment make it impossible to take care of him at home, in the interest of the elderly it is mandatory to intervene institutionally. This should be seen as a correct alternative not an undesirable solution, the services provided in these social care centers should be done professionally, so as to make up for the lack of home and attachment of the elderly to family members.

Thus, the state authorities must be directly involved in providing local consultancy services, by supporting companies and civil society entities, in terms of accessing funds and implementing European projects, necessary to increase the quality of life of the elderly, aimed at construction of social protection centers, offering a diverse range of services, starting with the general ones currently offered and continuing with the most complex ones offered in the EU states