THE WELL-BEING OF THE OLDER PEOPLE IN THE REPUBLIC OF MOLDOVA: DETERMINANTS AND CHALLENGES

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ABSTRACT

It is attested at the national level that three-quarters of human capital aged 55 and over in Moldova represent an untapped potential for active aging, which means limited opportunities to get old in good health, to be active economically, to have a safe and secure social life. Meanwhile, more older people are in a group risk with high socio-economic vulnerability. According to national demographic prognoses, by the year 2035, every third person would be over 60. At the regional level, Moldova has the lowest indicators on the quality of life of the older people, on the human capital in older age and on the opportunities to empower this category of the population. The paper focuses to calculate and evaluate some indicators of well-being and social inclusion of the older people in the Republic of Moldova. The challenges which the older people population is facing (poor living conditions, financial and material deprivation, limited access, and quality of health services, restricted physical security, etc.) are highlighted. The analysis is based on the latest available national statistics and empirical data. To emphasize determinants of material wellbeing of the older people the binary logistic regression model had been developed based on primary data of the "Discrimination, abuse and violence against older people in Moldova" (2014, CDR, HelpAge) sociological survey of persons aged 60 and over. The factors, which have a significant impact on the material welfare of the older people, are residence area and age, labour market position, the migrant experience, educational attendance, self-perceived health, age-friendly community perception.

Keywords: older people, active aging, wellbeing, material welfare, Moldova.

La nivel național se atestă că trei sferturi din capitalul uman în vârstă de 55 ani și peste este un potențial nevalorificat și are oportunități limitate de a îmbătrâni în stare de sănătate bună, de a rămâne activ economic, de a avea o viață socială sigură. Între timp, tot mai multe persoane în vârstă se află în grupa de risc cu vulnerabilitate socioeconomică ridicată. Potrivit prognozelor demografice naționale, se estimează că până în anul 2035 fiecare a treia persoană va fi în vârstă de 60 ani și peste. La nivel regional, Moldova are cei mai mici indicatori privind calitatea vieții persoanelor în vârstă, capitalul uman la vârste mai înaintate și privind oportunitățile de împuternicire a acestei categorii de populație. Lucrarea se concentrează pe calcularea și evaluarea unor indicatori de bunăstare și incluziune socială a persoanelor vârstnice din Republica Moldova. În lucrare sunt evidențiate provocările cu care se confruntă populația în vârstă (condiții precare de trai, lipsuri financiare și materiale, accesul și calitatea limitată a serviciilor de sănătate, securitatea fizică limitată etc.). Analiza se bazează pe cele mai recente statistici naționale și date empirice disponibile. Pentru a sublinia factorii determinanți ai bunăstării materiale a persoanelor în vârstă a fost dezvoltat modelul de regresie logistică binară în baza datelor primare ale sondajului sociologic asupra persoanelor cu vârsta de 60 de ani și peste „Discriminarea, abuzul și violența împotriva persoanelor în vârstă din Moldova" (2014, CCD, HelpAge). Factorii, care au un impact semnificativ asupra bunăstării materiale a persoanelor în vârstă, sunt zona de reședință și vârsta, poziția pe piața muncii, experiența migrațională, nivelul de studii, sănătatea auto-percepută, percepția comunității prietenoasă cu vârsta.

Cuvinte-cheie: populația în vârstă, îmbătrânire activă, bunăstare, bunăstare materială, model de regresie.

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На национальном уровне три четверти человеческого капитала в возрасте 55 лет и старше представляет собой недоиспользованный потенциал и имеют ограниченные возможности стареть с хорошим здоровьем, оставаться экономически активными, иметь безопасную социальную жизнь. В то же время, все больше пожилых людей находятся в группе риска повышенной социально-экономической уязвимости. Согласно национальным демографическим прогнозам, каждый третий человек к 2035 году будет в возрасте 60 лет и старше. На региональном уровне в Молдове самые низкие показатели качества жизни пожилых людей, человеческого капитала в пожилом возрасте и перспектив расширения прав и возможностей для данной категории населения. В статье основное внимание уделяется расчету и оценке некоторых показателей благосостояния и социальной интеграции пожилых людей в Республике Молдова. Выделены проблемы, с которыми сталкивается пожилое население (плохие условия жизни, отсутствие финансовых и материальных средств, ограничения в доступе и качестве медицинских услуг, ограниченная физическая безопасность и т. д.). Анализ основан на самых последних доступных национальных статистических и эмпирических данных. Для того, чтобы подчеркнуть фактор важности материального благосостояния пожилых людей, была разработана модель бинарной логистической регрессии на основе первичных данных социологического исследования пожилых людей в возрасте 60 лет и старше «Дискриминация, жестокое обращение и насилие над пожилыми людьми в Молдове» (2014, ЦДИ, HelpAge). Факторами, которые оказывают значительное влияние на материальное благосостояние пожилых людей, являются место проживания и возраст, положение на рынке труда, опыт миграции, уровень образования, самооценка здоровья, благоприятное общественное восприятие возраста.

Ключевые слова: пожилые люди, активное старение, благосостояние, материальное благосостояние, регрессионная модель

INTRODUCTION

The aging coefficient of the population of the Republic of Moldova has increased significantly in the last 5 years, from a 17.5% (in 2014) to a 20.8% (in 2019) proportion of the population aged 60 and over, and from 10.3% to 13.7% for the population aged 65 and older (NBS 2019). Even if it ranks among the countries with a relatively young population, the median age of the population being 38.8 years (NBS 2019), the Republic of Moldova is aging faster compared to most European countries (Figure 1).
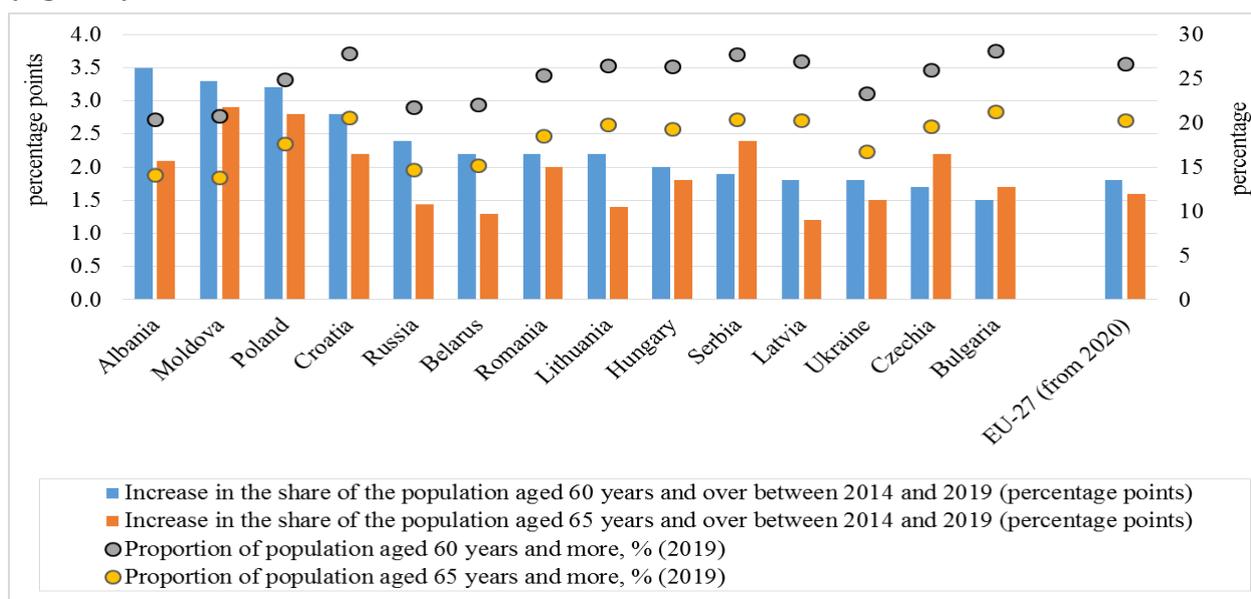

Figure 1. Population structure and aging in Moldova and some European country from the region, 2019

Source: Based on Eurostat (online data code: demo_pjanind); The Demographic Yearbook of Russia 2019; Ageing factor of the population of Moldova, as of January 1, 2014-2019. NBS, 2019.

In addition to one of the main reasons, which is the high mortality rate, the figures are also influenced by the low birth rate and the weight of the three large age groups (children, adults, and older people) in the total population. Furthermore, the driving force behind this trend is the massive emigration of working age people. During the 2007-2016 period, migration flows oscillated between 47-55 thousand people annually (Tabac and Gagauz, 2020) with an increase in the number of people migrating abroad. According to the latest census data (2014), 25% (or 805.5 thousand people) of the Republic of Moldova's total population are living abroad. Over 70% of emigrants are economically productive and of reproductive age (20-54 years).

On the one hand, there is a significant impact of emigration on the country's economy in terms of remittances, which initially served as a mechanism to reduce population poverty. Although in recent years, a decreasing trend in remittances due to weaker ties in the second generation of emigrants was attested, in 2019 remittances accounted for 16.3% of Moldova's GDP, and the country continues to rank among top states in Europe and Central Asia with the largest share of remittances in GDP (WB, 2020). On the other hand, the socio-economic losses from migration are proving to be much higher and longer-lasting, because qualified and young human capital is departing, including families settling abroad permanently, thus intensifying the tempo of the demographic aging process, the vulnerability of the population in old age, and the challenges for the socio-economic policy of Moldova.

Demographic prospects (Vienna Institute of Demography, 2018) attest that by 2025, the age group of 60 years old and over, will account for about 25% compared with the situation registered during the last Census (2014) - 17,3%. A national prognosis provided by the Centre for Demographic Research (Gagauz, 2018) estimates that by the year 2035, the population of the country could drop to 2,1 million and every third person would be over 60.

Moreover, the current precarious living standards and the low efficiency of social policies in Moldova reduces the opportunities for healthy and active aging of the population. According to national and international studies (Bussolo et al., 2015), Moldova remains behind at many components reported to the wellbeing of the older people. So, compared to European countries, Moldova has the lowest values at three international indicators for assessing the situation of the older people: *Global Age Watch Index* – 35.1% (HelpAge International, 2015)*, Human Capital Index* for age groups 55-64 years old – 73.5%, and 65 age and over – 58.7% (WEF, 2016), *Active Aging Index* – 26.6% (updated version in 2019 based on Buciuceanu-Vrabie, 2016), which confirm that the aging process is compromised and imposes the biggest challenges for national policies.

LITERATURE REVIEW AND RESEARCH ON AGING IN THE REPUBLIC OF MOLDOVA

The rapid pace of the demographic aging process has generated changes in the approach to aging both from a generational perspective and from a stratification perspective. At the same time, there is a firm tendency to reject the concept of aging as a dysfunction. In international practice, the assessment of the standard of living and the quality of life of the older people in society is a central component in studies on population aging (UNECE, 2012; European Union, 2014). There is an objective approach to quality of life that can be measured by direct indicators (income and expenditure, poverty level, social and medical services, morbidity, infrastructure, and various utilities, etc.) and the subjective approach, where the quality of life is defined by self-assessment by the target group (Bowling, 2005).

Delimiting social strategies at the level of policies needed to protect, integrate, and improve the living standards of the older people becomes imperative. In the Republic of Moldova, the intensity of addressing the problems and needs faced by the older people as a social group has especially increased in the last decade. A significant contribution to the knowledge of the demographic aging process and its consequences at the national level were brought by authors Gagauz (2004, 2009, 2012, 2016), Paladi et al. (2009), Sainsus (2010), Cheianu-Andrei (2011), Savelieva et al. (2014), and others.

In the period 2010-2012 a complex research titled "The Aging Population in the Republic of Moldova" (Poalelungi et.al., 2012) was carried out, at the initiative of the government, to determine the real situation of the older people. Also, several studies on the problems faced by the older people and in particular, the abandonment of adult children due to labor migration (NBS 2010; Cheianu-

Andrei et al., 2011) as well as one of the first studies on violence and discrimination against elderly people in Moldova (Gagauz and Buciuceanu-Vrabie, 2015) were conducted.

The Republic of Moldova is committed to fulfilling the Regional Implementation Strategy of the MIPAA (2002) in order to join international practices and requirements aimed at promoting a society for all ages. The Roadmap on Integration aging in the Republic of Moldova (2011) was developed and the Program for the Integration of Aging Issues in Policies and its Action Plan on the Implementation of the Roadmap for Integrating the Issues of Aging in Policies 2014-2016 (Government Decision, 2014) was adopted in order to organically reflect the problems of aging in all policy areas at the national level and to pursue institutional adaptation to demographic processes. In 2016, according to international procedures, the relevant state bodies, with support of the UNFPA/UNDESA, organized an evaluation exercise on the implementation of MIPAA/RIS (The MIPAA Regional Implementation Strategy for the UNECE Region) in Moldova (Bodrug-Lungu and Stafii, 2016). In 2016, the Active Age Index (AAI) was developed, adjusted, and calculated (Buciuceanu-Vrabie, 2016) for the first time in the Republic of Moldova, being an important tool to assess and to monitor the MIPAA/RIS implementation, an indicator for comparing the active aging across European countries, and for identifying the strengths and weaknesses of a country for this component (Zaidi et al., 2013).

However, complex and current studies on the quality life of the older people are sporadic at the national level, and the present study seeks to fill the gaps by providing new evidence from the Republic of Moldova. The objective here is to analyze recent trends registered by elderly people wellbeing indicators and to assess the determinants associated with their material welfare.

DATA AND METHODS

In terms of this paper, wellbeing issues are reflected through objective data based on latest available official statistics, but also through the subjective data of empirical studies on the self-perceived views of the elderly on their material welfare.

To assess the standard of living and to calculate some indicators of well-being and social inclusion of the older people in the Republic of Moldova, the analysis of primary statistical data provided by the National Bureau of Statistics (NBS) and the secondary analysis of representative empirical studies were performed (Table 1). The latest available and accessible data were taken as a reference. The analysis had been performed only on the sub-sample of people aged 55 and over or people aged 60 and over, depending on the accessibility and the structure of each database. It was also differentiated by gender and area of residence (urban/rural).

Table 1

Latest available statistical and empirical databases used in the analysis

Survey	Year of reference	Source
Labour Force Survey (LFS)	2014-2018	National Bureau of Statistics (NBS)
Household Budget Survey (HBS)	2013-2018	NBS
Population and Housing Census	2014	NBS
Discrimination, abuse, and violence against older people	2014	Centre for Demographic Research (CDR), HelpAge
Public Opinion Barometer (POB)	2018	IPP (Institute of Public Policy, Moldova)
Pilot research Volunteer activity (as a component module of LFS)	2015	NBS
Pilot research Access of Health Care (as a component module of HBS)	2016	NBS

Source: Own compilation.

The binary logistic regression model was used for assessing the association between several demographic, socioeconomic, and psychosocial variables and the material welfare of the older people. Regression analysis was performed in the SPSS statistical analysis software, based on primary data of

the "Discrimination, abuse and violence against older people in Moldova" sociological survey (CDR, HelpAge, 2014), and included the sample of people aged 60 and over – 1096 cases (persons).

The dependent variable is *bad material welfare*, and was built on the alternative answer of personal income self-appreciation that *"it is not enough to cover even basic expenses"*. Thus, the *target group* in the regression model were persons aged 60 and over who attested a *hard material situation that isn't even enough for strict necessities*.

The independent variables integrated into the regression models are focused on:

✓ *demographic predictors* – age, sex, type of residence. The variable age was measured by five-year age groups and variables such as type of residence and sex were recoded.

✓ *socio-economic predictors* – the relationship with the labor market, the level of education, the migratory experience in the family, the state of health. All variables were recoded. The position on labour market was recoded and only measured by two categories: employed on the labour market, and un employed. The level of education is measured by three categories: tertiary, post-secondary non-tertiary, secondary level. The variable health assessment was recoded on three levels, the first one being positive and the last one being negative. Within the variable migration experience, only two levels were built: the existence, in the last three years at least, of a personal migration experience or the migration experience of a close family member (spouse, adult child), as well as lack of migration experience.

✓ *psychosocial predictors* (or *age-friendly community predictors*) – mental well-being (measured by self-perception of the attitude of others, the feeling of loneliness/isolation), social status (respect in society). The last regression model analyzes certain subjective assessments regarding the attitude that older people feel towards them. In this model, the analyzed variables were: I feel respect and a favourable attitude from those around me, I feel lonely and socially isolated, I feel that I am not treated with dignity and respect because of my age. All variables were recoded on two levels – positive or negative appreciation.

CONDUCTING RESEARCH AND RESULTS

According to the latest revised Moldova's demographic indicators (NBS, 2019), the profile of the population aged 60 and over attested that every third person is between 60-64 years of age and every 10th is over 80. The female and male population is aging differently: about 60% of the total number of the older people are women. About 71% of older women report in the 60-74 age group, and one in five in the 75-85 age group. Worth mentioning that, if other countries are aging as a result of an increase in life expectancy, the ageing of Moldova's population is developing in parallel with maintaining a high mortality rate. Moreover, low values of living standards cause a low expected duration of a healthy life.

Indicators in Table 2 reflect an overview of the elderly people quality of life in the Republic of Moldova. The situation is worrying. About three-quarters of the human potential aged 55 and over is untapped and has very limited chances to enjoy active and healthy aging, together with a participative, self-sufficient and secure life. The situation has been more difficult for women and the population of rural areas.

Table 2
Some indicators regarding the well-being and social inclusion of the elderly population of Moldova *(latest available data)*

	Total	Men	Women	Urban	Rural
Life expectancy (2018), years (NBS, 2019)	70.6	66.2	75.0	-	-
Life expectancy at age 60 (2018), years (NBS, 2019)	17.01	14.81	19.21	-	-
Healthy life expectancy at age 60 (2015), years (Gagauz et al, 2017)	11.25	10.7	11.8	-	-
Educational attainment of population aged 55 to 74 (share of older persons aged 55-74 with upper secondary or tertiary educational attainment (ISCED scale)), % (2018, LFS, NBS)	72.3	79.4	67.4	85.7	62.4
Access to health services of people aged 55 and over, % (2016, HBS, NBS)	65.2	71.4	61.5	70.5	62.1

	Total	Men	Women	Urban	Rural
Independent living arrangements of people aged 65 and older, % (2014, Census, NBS)	59.8	56.7	62.6	55.8	61.7
Independent living arrangements of people aged 75 and over, % (2014, Census, NBS)	62.3	58.2	65.3	56.0	65.0
The ratio of the median disposable income of people aged 65 and above to the median disposable income of those aged below 65 (2014, HBS, NBS)	55.3	65.8	43.7	48.6	57.8
No poverty risk for people aged 65 and older, % (2013, HBS, NBS)	84.1	84.5	83.8	91.1	79.1
Share of people aged 60 and over having enough income to cover basic expenses or /and more than basic expenses (self-report), (2018, POB, IPP)	53.3	68.8	43.1	59	46.9
Share of retirees (people aged 57/62+)* with average income greater than or equal to specific national thresholds of existence minimum, % (2018, HBS, NBS)	54.4	-	-	70.1	49.7
Physical safety of people aged 55 and older, % (2018, POB, IPP)	53.9	62.5	47.6	46.2	59.0
The mental well-being of people aged 60 and over, % (2014, CDR, HelpAge)	62.1	66.5	59.9	65.7	59.9
Lifelong learning among people aged 55 to 74 years, % (2014, Census, NBS)	0.2	0.2	0.2	0.4	0.1
Share of people aged 55 and older with high chances to actively and healthy aging, to participative, self-sufficiency and secure life (AAI, 2016), % (2019 updated version based on Buciuceanu-Vrabie M., 2016)	26.6	28.9	24.5	27.3	23.7

Note: *In Moldova women are retiring at age 57 and men at age 62. Starting to June 2017, retirement age was increased, with the intention to reach age 63 for both men and women by 2028.
Source: Own compilation based on national statistics and empirical databases presented in Table 1.

According to official statistics, the *relative median income* of people aged 65 and over is about 112 EUR which is almost twice smaller compared with the income of people aged below 65 (203 EUR) (last available data 2014, HBS, NBS). If pension systems may play an important role in reducing poverty among the older people in EU countries, in the Republic of Moldova, the small amount of pensions is one of the determinants for the material vulnerability of elderly people. For 65% of the population aged 55 and over the pension is their main source of personal income. The average monthly size of the retirement pension is about 83.4 EUR and only since 2018 has it slightly exceeded the value of minimum living expenses (79.9 EUR) for this category of the population (old-age retirees). If in the case of retired men, the value of the pension (98.4 EURO) exceeds the monthly subsistence minimum by about 20%, then in the case of women the pension (77.1 EUR) does not even complete the value of the necessary minimum for living. The gender gap between pensions is about 22%. It should be noted that, due to the higher share in the older population and the difference in longevity between women and men, 70.6% of the total retirees for old age are women. Therefore, a good part of the older population, especially women, have a precarious financial situation.

The analysis of empirical data in the field (BOP, IPP, 2018; CDR, HelpAge, 2014) attest that for every second older person aged 60 and over, monthly income is insufficient to cover even the basic needs, and this reality has been maintained over time. The situation is significantly different for older women and seniors from rural areas, where only 43% and respectively 47% are outside severe material deprivation, compared to men (69%) and those from urban areas (59%). With age, the financial situation becomes more difficult, the share of the older people who have no financial sources to cover their basic expenses is increasing (48.3% for those aged 60-64 and about 61% for those aged 80 and over).

Low standards of living influence all aspects of older people' life, including health. Over several decades, Moldova has not achieved sustainable progress in healthcare. Low health indicators

characterize the total population per general and the elderly in particular. The life expectancy at birth is about ten years lower than the average in EU countries and amounts to 75 years for women and 66.2 years for men (NBS, 2019). This reality is explained, in particular, through the maintenance of a high mortality rate among the working-age population, with a high gender gap, men being more affected (Pahomii, 2018). Life expectancy at the age of 60 for men is 14.8 years and for women is 19.2 years (NBS, 2019). According to the latest studies, healthy life expectancy at age 60 is 10.7 years for men and 11.8 for women, respectively. The proportion of time spent in good health at the age of 60 is higher for men (up to 74%) than for women (only 63%) (Gagauz et al., 2017). The gender aspect is evident: although women have a higher life expectancy than men do, the presence of various chronic diseases lead to more years in poor health and/or disability. Thus, it is found that in addition to the much more deficient financial situation and loneliness the quality of life of older women is exacerbated by a worse health status.

Among old people, one third appreciated (self-perceived) their health as bad and very bad, and more than two-thirds attested that they are suffering from various chronic diseases (NBS, 2016). Furthermore, the accessibility of medical services is reduced. Estimates based on official data (HBS, NBS, 2016) attests, only two-thirds of people aged 55 and over have access to medical services when they need them – a very low performance compared to the average result score of 88.2% per EU (UNECE/European Commission, 2019). Because of poorly developed infrastructure, access to medical services is even more limited for the aging people in villages – only 62%, compared to those in the city (about 71%). Besides, the discrimination by age is a widespread phenomenon in treatment access, diagnosis and long-term care (Poalelungi et al., 2012; Gagauz and Buciuceanu-Vrabie, 2015). According to the self-assessment of the needs (CDR, HelpAge, 2014), most of the older people expressed their imminent need for a financial aid (63.4%), purchase of medications (51.2%) and assistance regarding the obtainment of medical services (35%). At the same time, from the official statistics (NBS, 2019), we notice the monthly consumption expenditures of the seniors are concentrated mainly for food, household maintenance, medical care, and health. Despite free compulsory medical insurance for pensioners, older people spend monthly almost twice more funds for health and medical care than the country's average.

The results of the regression analysis presented in Table 3 have shown that, among demographic predictors, the *residence area* and *age* have the most significant impact on the older people's material welfare, while the impact of *gender* discrepancies is lower.

Table 3

Logit regression of material deprivation („hard material situation that is not even enough for the strict necessities"), *demographic predictors*

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	Residence area	.368	.124	8.744	1	.003	1.445
	Sex	-.107	.131	.674	1	.412	.898
	Age	.109	.043	6.263	1	.012	1.115
	Constant	-.295	.152	3.785	1	.052	.744
Cases included in analysis 1088 (99.3%), Nagelkerke R Square 0.020							

Source: Author' calculations based on primary data of the sociological survey "Discrimination, abuse and violence against older people in Moldova" (2014, CDR, HelpAge).

Thus, in the *rural area*, the older people are about 1.5 times more exposed to the risk of poor material welfare than those from urban areas. Besides, aging increases the risk of material deprivation by 1.1 times. It should be noted that the first two independent variables are statistically significant (p=0.003 and p=0.012 respectively), while the sex variable is not (p = 0.412).

Referring to the socioeconomic predictors (Table 4), a significant impact has the *status/position of the older people on the labour market*.

Logit regression of material deprivation („hard material situation that is not even enough for the strict necessities"), *socioeconomic predictors*

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	Employment	.649	.216	9.036	1	.003	1.914
	Self-perceived health			8.500	2	.014	
	Very good/good	-.547	.195	7.892	1	.005	.579
	Fair health	-.248	.143	2.981	1	.084	.781
	Migration experience	-.345	.128	7.211	1	.007	.708
	Educational attendance			31.766	3	.000	
	Tertiary	-1.242	.236	27.643	1	.000	.289
	Post-secondary non-tertiary	-.647	.224	8.324	1	.004	.524
	Secondary	-.330	.181	3.313	1	.069	.719
	Constant	.415	.280	2.193	1	.139	1.514
Cases included in analysis 1079 (98.4%). Nagelkerke R Square 0.104							

Source: Author' calculations based on primary data of the sociological survey "Discrimination, abuse and violence against older people in Moldova" (2014, CDR, HelpAge).

For the seniors who are not employed, the probability and the risk to have precarious material conditions of living increases about 2 times. The presence of either personal *experience of emigration* or the *experience of emigration* by a close family member, in the last three years, reduces the risk for a bad material situation 0.7-fold. This could be explained by the dependence of remittances that cover some expenses. In 2018, remittances constituted around 8% of the retirees income sources (HBS, NBS, 2018), for those in rural areas twice more than in urban ones. Another socioeconomic determinant is *health*. By the regression model is attested that people who self-assess their health more positively are even less exposed to a negative assessment of material well-being – about 0.6 times for those who self-perceived their health as very good or good, compared to those with very bad or bad health perception. The same situation is observed regarding the older people's *education attendance*: the risk of material deprivation increases for people with a low level of education. It is important to note that the last two variables, both the health perceived of health and educational attendance are not statistically significant.

It is worth mentioning that the labour market in the Republic of Moldova is poorly developed and unfriendly to people of older age. In general a relatively high level of educational attendance among population aged 55-75 years is attested – about 72% hold at least upper secondary educational attainment (ISCED scale) (LFS, NBS 2018), compared to the 65,2% average in EU countries (UNECE, 2018). But, the lack of jobs, poor health in older age, the presence of stereotypes, the absence of lifelong learning opportunities (only 0,2% for population aged 55 years and over (Census, NBS, 2014), compared to 5.1% – the EU average (UNECE, 2018)) increase the vulnerability of remaining occupationally unintegrated at older ages.

More than 75% of the human capital aged 55-74 represent an untapped potential for the productive work sector (own calculations based on LFS, NBS 2019). From the perspective of age, only one in four is active on the labour market at the age of 55-64 years and only one in fourteen (7.6%) at age 65-74. Reality shows a clear gender and area gap: the employment is about 20% among women aged 55-74 (compared to men – 29%), and about 21% in rural areas (compared to 28% in urban

areas). In reality, employment in the rural areas is lower than the one in urban areas for the entire population as well. First, due to the lack of real jobs. There are no units of production (factories), and the activity in the agricultural field is for many an informal one, self-assured and unpaid. Secondly, rural areas have an even older population, and after retirement (at age 57 for women and age 63 for men), the opportunities to stay on the labour market are very small. In general, some of those working in education, public administration, health and social assistance can continue their activity. Another problem is health status. Both qualitative researches (Gagauz and Buciuceanu-Vrabie, 2015; Poalelungi et.al., 2012), as well as quantitative surveys (LFS, NBS, 2017), show that although some want to work, more than half do not because of their health.

According to official statistics of the total number of old-age pensioners, those who work after retirement account to about 21%, the share being higher for men and those in urban areas, amounting to a quarter. More than two thirds (68.5%) work in agriculture, public administration, education, health and social work. The extension of working activity has a positive effect on the financial situation of the older people. Based on LFS surveys it is attested that the vast majority (about 87%) of retirees who have a job, work out of the need to ensure sufficient income for their own family (LFS, NBS, 2017).

The last regression model analysis includes age-friendly community and social relation predictors (Table 5). Therefore, the impact of older people's perceptions or feelings about others' attitude towards them and their material welfare status was tested. So, the older people who feel a bad attitude towards them are about 3.5 times more at risk of material deprivation than those who feel a positive attitude from others.

Table 5

Logit regression of material deprivation („hard material situation that is not even enough for the strict necessities"), age-friendly community predictors

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	Feel the respect and favourable attitude from those around	1.247	.378	10.874	1	.001	3.479
	Feel lonely and socially isolated	.229	.136	2.816	1	.093	1.257
	Feel that I am not treated with dignity and respect because of my age	.296	.134	4.904	1	.027	1.344
	Constant	-.107	.090	1.414	1	.234	.899
Case included in analysis 1002 (91.4%). Nagelkerke R Square 0.035							

Source: Author' calculations based on primary data of the sociological survey "Discrimination, abuse and violence against older people in Moldova" (2014, CDR, HelpAge).

Also, the elderly people who mentioned that they do not feel to be treated with dignity and respect because of their age, are 1.3 times more at risk of poor material well-being compared to those who enjoy a positive/friendly attitude from those around. In conclusion, it is shown that in an age-friendly community, which leads to intergenerational solidarity, that promotes positive attitude for age needs and which is open to help (old people)/the seniors, the quality of life and material wealth of the older people could be improved.

CONCLUSION

For the Republic of Moldova, it is obviously necessary to adapt to the demographic aging of the population much faster than developed countries. However, at the country level the serious obstacles to succeeding in this direction are highlighted. The deep socio-economic and political crisis of the last two decades, the level of national income, as well as social infrastructure and social welfare potential, is exacerbating the living standards of the population with enormous consequences for vulnerable groups such as the elderly.

Besides ongoing attempts to adjust social policies, including those concerning demographic security and the prevention of the effects of aging, to international requirements and recommendations, the quality of life and well-being of the older population has not changed. On the contrary, it is becoming more and more compromised and with very little chance for active aging, even for elderly populations in the future.

The presented analysis shows a large gender gap and discrepancy by area of residence. Older women and old population from villages are the most affected. Regression analysis highlights an equation of factors where age, residence area, relation with the labor market, migrational experience, health, age-friendly attitude and perception appears to be the most important among determinants of the material depravation for elderly people.

The main policy challenges in the context of ensuring subsequent active aging in Moldova are the low standard of living and the citizens' low level of material well-being, and to a more profound extent for those of old age, a labor market that is poorly developed and unfriendly to elderly age, deficient leverage for various activities with social involvement, lack of solidarity between generations, and the shortage of independent, healthy and safe living conditions.

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