

Profile of Elderly Women





*Empowered lives.
Resilient nations.*

Profile of Elderly Women



“Profile of Elderly Women”, 2016

Author: *Ala Negruta*

Coordination: *Aurelia Spătaru*

Design and layout: *Ion Axenti*

This analytical note is part of a **series of profiles related to women and girls** that belong to certain underrepresented groups from Moldova, who are coming from disadvantaged socio-economic or geographical backgrounds (*migrant women, women from rural areas, Roma women and women who are victims of violence*), those with special health conditions (*women with disabilities, women living with HIV or elderly women*) or who are less noticeable in certain sectors (*women in elected and appointed positions, women in decision-making positions and women involved in the economic and business sector*).

The purpose of these profiles is to inform the public, based on evidence/data, about the advantages, capabilities and potential of women's groups that have been analysed and the contribution they can make to the development, their interaction environments, the opportunities that they benefit from or are deprived of, as well as the limitations and obstacles they face. The profiles include a factual analysis of the described vulnerable groups (by its subpopulations) and its comparison with the opposite group (invulnerable) of women (sometimes also with the corresponding group of men). Quantitative and qualitative data from various available official (official and administrative statistics) and independent sources (studies, surveys) were combined and used..

The document is intended for decision makers, policy makers, civil society and the general public and aims at increasing the understanding of data and exemplifying the use of the multi-dimensionally disaggregated statistical data with a view to identifying the intervention measures necessary to promote equality, inclusion and cohesion, non-discrimination and acceptance of the underrepresented groups of women.

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Abbreviations

NBS – National Bureau of Statistics

HBS – Household Budget Survey

NSIH – National Social

Insurance House

MLSPF – Ministry of Labour, Social Protection and Family

WHO – World Health Organization

HALE – healthy life expectancy

p.p. - percentage point

Introduction

The population ageing process in the Republic of Moldova is an increasing phenomenon determined by a number of factors, including the birth rate and a decrease in fertility levels, as well as an increase in life expectancy, together with a high mortality rate. Moreover, our country faces population emigration and is faced with the ongoing impact of social-economic processes, which all affect the situation of elderly persons.

On January 01, 2015, the number of persons aged over 60, accounted for 600,000 persons or 17 percent of the total population of the country. Over the last 20 years, the average age of the population has increased by almost 5 years, life expectancy increased by almost 3 years, and the share of the population aged 60 years old and over is increasing in parallel with the decrease of the share of young people.

An important characteristic of the population ageing process at the global level is the increased number of women among the elderly population and very elderly people, meaning the feminization of the respective phenomenon. The Republic of Moldova is not an exception in this respect; hence, the outlined demographic processes reveal the same common trends for the majority of countries – “the feminization of ageing”.

In general, women live on average eight years longer than men do, and when they reach the age of 60, the discrepancy in medium life expectancy accounts for four years. Thus, women have greater chances to reach old age and respectively to face certain health and incapacity health problems, they risk becoming victims of family violence and discrimination from the perspective of access to income sources, food security, access to health services and social protection, participation in social life, etc. All these factors determine in general elderly women’s vulnerability and which means they face a higher risk of poverty and social exclusion than men.

As a result of signing the Regional Strategy on the implementation of the Madrid International Plan of Action on Ageing of 2002 (MIPAA) of the United Nations Economic Commission for Europe (UNECE), the Republic of Moldova has committed itself to undertake measures for solving the problems related to demographic ageing and mainstreaming the elderly’s problems in the national policies. In this respect, the National Programme for Demographic Security of the Republic of Moldova (2011-2025)¹ was approved, as well as the Programme for Mainstreaming Ageing Problems in Policies².

In this context, it is absolutely important to delimit certain specific groups of elderly persons by age and sex, so as to tackle the needs and the problems of every category

¹ GD No. 768 dated 12.10.2011, <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=340745>

² GD No. 406 dated 02.06.2014, <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=353338&lang=1>

of older people. The elderly population is not a homogeneous category and should not be associated only with the economically dependent, inactive, helpless, vulnerable, and sick population, which is a burden for others. The elderly are an important resource for society and the family and should not necessarily be associated with the term of vulnerable persons, as any category of age actually implies certain vulnerabilities.

I. Presentation of the Group

In the last decade, the demographic situation in Moldova was characterized by a demographic decline induced by a variety of social and economic factors. The Republic of Moldova, like most European countries, begins to experience the economic and social consequences of a slow but continuous demographic ageing process.

The criterion based on which an individual is placed in the category of elderly is an exclusive chronological one and a person is considered elderly, after reaching the age of 60. However, this criterion is quite arbitrary and may vary depending on the level of development of the country. A characteristic of this category of population, unlike the other categories (children, youth, and adults) is the delimitation only of the time-out. Hence, only the minimum age is known, while the maximum age is not known, which actually represents the oldest human being alive. On the other hand, given the enormous differences among people aged between 60 years old and 80, it is obviously necessary to have a distribution of older people in certain categories.

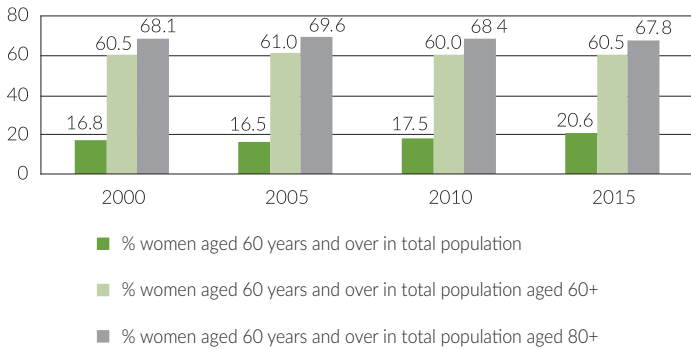
According to the World Health Organization, the classification of persons aged over 60, can be classified into three categories: i) *elderly* - between 60 and 74; ii) *old people* - between 75 and 90, and iii) *long-livers* – over 90. This classification takes into account the social needs, requirements, and opportunities of persons aged over 60, respectively, these categories were used to analyse the profile of elderly women.

The evolution of demographic processes over the last two decades has been marked by several factors, such as declining birth rates, migration of the population, increasing average life expectancy, which all together have led to some demographic processes, including aging of the population. The share of the elderly in developed countries varies from 12 -20%. In the case of the Republic of Moldova, the segment of those aged 60 years and over has increased from 13.6% in 1990, up to 17.7% in 2015³.

The same trends can be noted when referring to women, in 2015, the rate of elderly women in the total population was 20.6%, compared to elderly men representing 14.6%. The difference between the share in the elderly female population compared to the male population, has continuously increased from 4.9 percentage points in 2000 to 6.1 p.p. in 2015, indicating an amplification of the process of “feminization” of the elderly population.

³ <http://www.statistica.md/pageview.php?l=ro&idc=407&nod=1&>

Figure 1. Share of women in total population, %



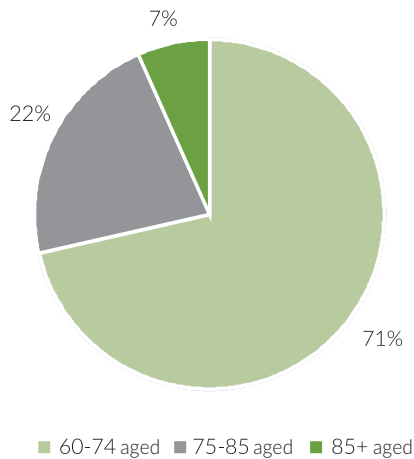
Source: Author's calculations based on the data of the National Bureau of Statistics, statistics on population.

A factor that determines a higher share of elderly women, and its continuous growth, is women's life expectancy, which is higher than men's, as well as the high mortality rate, which prevails among men, especially at more advanced ages.

Women represent overall about 52% of the total population and, on average, there are 100 men per 107 women. The older the age gets, the higher the share of female population is, hence women aged 60 years old and over account for 61% of the population of the respective age and for those over 80 years old - the share in the total population is 68% (Figure 1). In absolute values, elderly women represent about 356,000 women; and their number has been increasing in recent years. Compared to 2000, it may be noted that the segment of this category of women has increased by 50,000 women.

About 71% of elderly women or 254,000 are women in the 60-74 age group, while one in five women is in the 75-85 age group (Figure 2). In the last decade, an upward trend for women of advanced age was noted. In 2015, the share of women aged 85 years and over was 7% of the total registered elderly women, while in 2010 this indicator was 4.1%. These developments are extremely important for public services' planning so as to meet the needs of the elderly.

Figure 2. Structure of female population by age groups, 2015, %



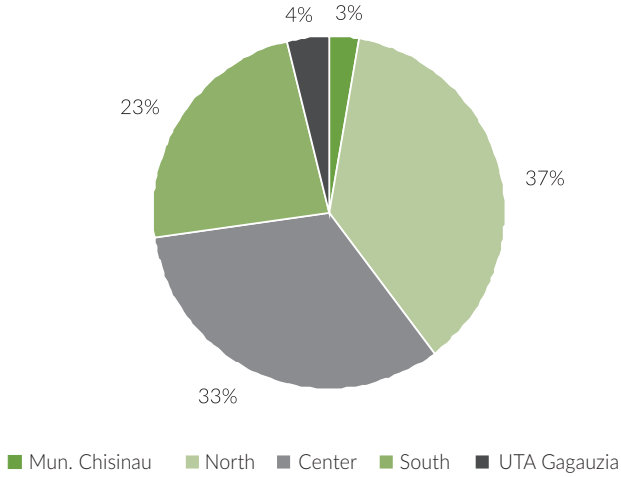
Source: Author's calculations based on the data of the National Bureau of Statistics, statistics on population.

Elderly women mainly live in rural areas - 57.6%. The concentration of elderly women in rural areas is directly correlated with the age of the women and, as they age, more women live in villages. Thus 56% of women aged 60-74, and 63% of women over 85 live in rural areas. Numerically, about 15,000 long-living women live in villages or twice more than in cities.

The issue of the elderly population, including women, is aggravated by its concentration in certain areas of the country, where the problems of population structure overlap with the problems of access to social and health services, infrastructure utility, usually these women are very often marked by poverty and social exclusion. In the case of the Republic of Moldova, most of the elderly, including women, are concentrated in the northern region. Practically, about 40 percent of women over 60 live in the northern part of the country, and one in three - in the central region. A much lower share of elderly women lives Chisinau Municipality and Gagauzia (Figure 3).

In recent years, the population age pyramid has been characterized by gender-specific disparities determined by the high level of mortality in the male population of working age. Consequently, the gender differences show women's prevalence in the 60-69 age group - of 1.3 times, 70-79 years old - 1.7 times, 80-84 years old - 2 times, and

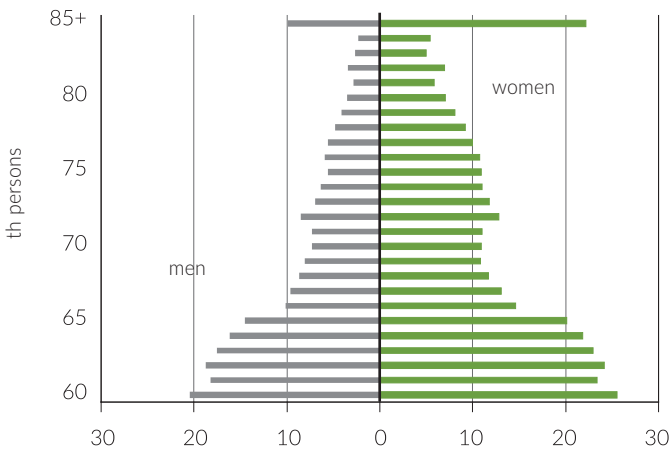
Figure 3. Distribution of elderly women by regions, 2015, %



Source: Author's calculations based on the data of the National Bureau of Statistics, statistics on population.

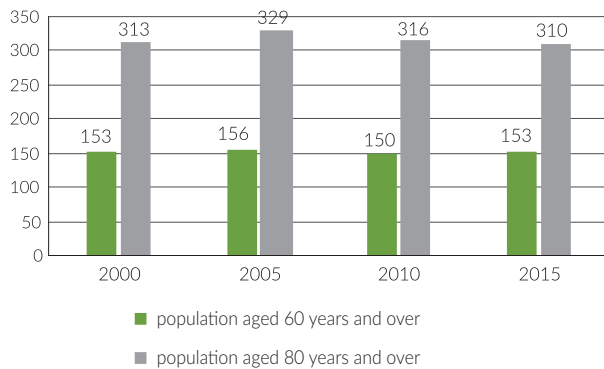
for long-living women the difference is - 2.2 times (Figure 4). Therefore, an older age implies also a higher risk of loneliness for women. For women who reach 60, the sex

Figure 4. Structure of elderly population, as of 1 January 2015



Source: Author's calculations based on the data of the National Bureau of Statistics, statistics on population.

Figure 5. Sex ratio, women per 100 men



Source: Author's calculations based on the data of the National Bureau of Statistics, statistics on population.

rate is 153 women to 100 men of the corresponding age, while for women aged 80 years old and above this indicator is doubled: 310 women per 100 men of the corresponding age (Figure 5).

When referring to the civil status of elderly persons: 81% of men are married and 12% of them are widowers. At the same time, one in two women who is older than 60 is married, while 40% are widows. The marital status changes as the age increases with more frequent cases of widowed persons: about 40% of men aged 75 and over, and respectively 78% of women of the same age group are widowed.

II. Human Capital and Potential of Elderly Women

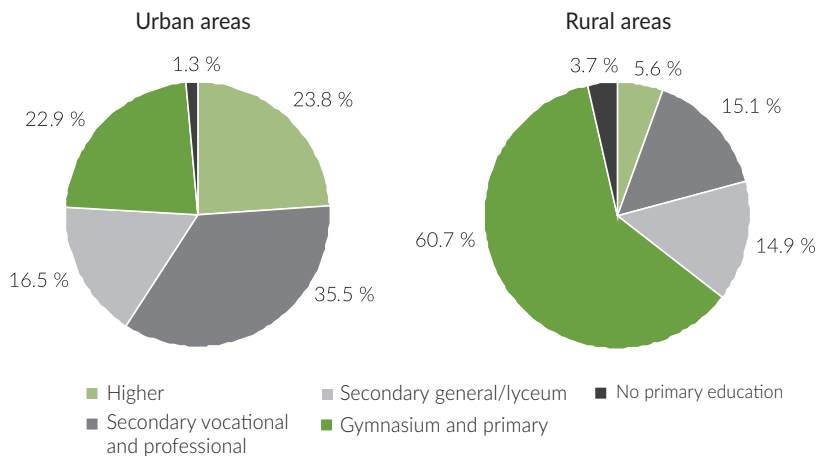
The Republic of Moldova is a relatively unequal society, with segregation on the labour market in urban and rural areas, and certain discrepancies with regard to educational and health services as well as existing opportunities. Older people are recognized as one of the disadvantaged categories from economic and social perspective, and the actions taken by central and local governments not always meet their needs.

The level of education is one of the factors determining the development of human potential. In general, the share of elderly people with a higher level of education is high enough. About 14% of the population aged 60 and older has higher education, while one in three persons has vocational or professional secondary education. A characteristic for the elderly is a higher share of people with just primary education (12%) and those without primary education (1.8%) as compared to the population aged 15-60 (0.8% and 0.5% respectively). At the same time the elderly register fewer people with higher education (13.8% versus 16.5% for the population aged 15-60 years old) and vocational education (16.4% versus 22.4%).

Unlike the general population, where the number of women with higher level of education prevails over that of men, in case of the elderly population, a reverse trend is registered. Hence, elderly women register a lower level of education, the biggest gap being registered for vocational education - 8% for women as compared to 29% for men. Usually, elderly women are registered in the category of persons with primary education (15.4% for women compared to 7.9% for men), and those without primary education, which, actually does not exceed 2% for all elderly persons and 3% respectively for elderly women.

Depending where women live, the trend registers a higher level of education for women from urban area as compared to rural area. Urban women aged 60 and over register a share of 23% of women with higher education, while in rural areas – the respective share is only about 6% (Figure 6). One in three women in urban areas (35.5%) has secondary and vocational education, while in rural areas this level of education is registered only for 15% of women. About 61% of elderly women from rural areas have only primary or secondary education, which determines their employment status before retirement and, respectively, the level of their well-being.

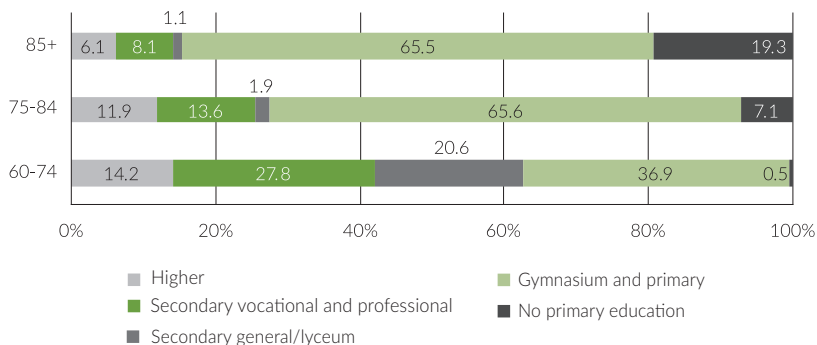
Figure 6. Level of education for women aged 60 years and over by area of residence, %



Source: National Bureau of Statistics, Household Budget Survey, 2014.

Taking into consideration certain age groups, there is a downward trend for the share of women with higher education in favour of those with a lower level of education. About 14% of women aged 60-74 have higher education, 48% -secondary vocational or professional education, and the share of those with no primary education is negligible (Figure 7). In case of women over 85, the absolute value of the number of women with

Figure 7. Level of education for women by age groups, %



Source: National Bureau of Statistics, Household Budget Survey, 2014.

no primary education is insignificant, while according to the relative values: one in five women have no primary education. Women from this age group are mainly characterized by secondary or primary level of education. It should be taken into account the fact that the level of education of today's "old" elderly women (75 -90 years old) is actually determined by the situation regarding the access to education during the 1930 - 1940s. However, women with higher education in the age category of up to 70 years old will change the structure of elderly women by education level in the next 10 - 15 years.

Age is not a criterion to determine educational opportunities. One of the commitments assumed by the Republic of Moldova by joining the *Madrid International Plan of Action on Ageing* is to promote lifelong learning regardless of age and to adjust the education system to adult education needs⁴. Currently, lifelong education is not practiced by Moldova's population; on average only about 3% of the population aged 25-64 are involved in lifelong learning activities⁵, while the EU countries register 10.7% for the respective indicator⁶. The elderly do not have only the knowledge accumulated during their studies in the formal education system, but also the skills obtained during their life, extensive professional experience, which, all together can and should be harnessed by the society.

The health condition of the elderly is another important factor of human and social capital. As they get older, their health is often neglected. The morbidity problem and, in particular, that of incapacity is absolutely critical for future and it derives from the morbidity characteristics for this segment of the population. Elderly people tend to be more frequently sick, suffering from the diseases specific to their age, which are prevailed by cardiovascular morbidity (56.3% of the total elderly women), musculoskeletal disorders (15.6%), digestive diseases (7.7%), endocrine disorders (6.9%), physical disabilities and mental disorders (Figure 8).

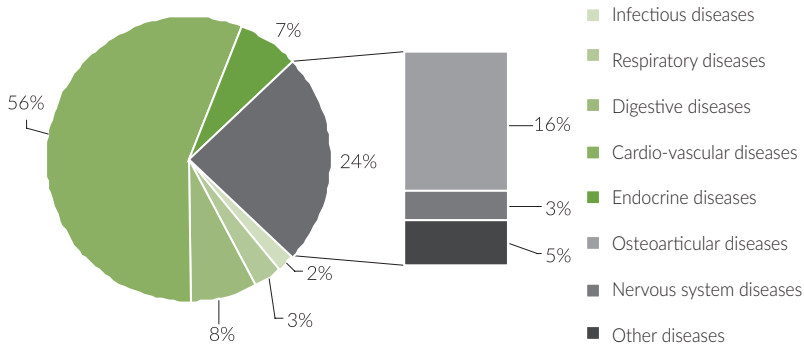
Elderly people are at higher risk of suffering simultaneously from a number of disorders. In case of elderly women, about 23% suffer from at least one chronic disorder, and 62% from two chronic diseases and only 14% are not affected by any chronic disease. A smaller share of rural elderly women believe that they suffer from multiple chronic diseases (60% as against 65% in urban areas), most likely this is due to the fact that the rate of visit to a doctor is smaller in rural areas, and women actually do not know what diseases they have. In this way, the problem of morbidity and, in particular, the problem of incapacity is of paramount importance in the context of policies focused on elderly people's health and this derives from the specific features of the elderly: the high rate of morbidity, the existence of illnesses which are encountered predominantly among the elderly, the chronic nature of diseases, multi-morbidity.

⁴ Program on mainstreaming aging issues into policies, <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=353338&lang=1>

⁵ According to NBS data, Labour Force Survey, 2014

⁶ <http://ec.europa.eu/eurostat/web/education-and-training/data/database>

Figure 8. Main diseases affecting elderly women, %



Source: National Bureau of Statistics, Study on Access to Health Services, 2012.

The health problems in combination with other social and economic factors determine among the elderly a certain perception of their health condition. In general, women are more responsible for their health and consume more actively the health services than men. According to the *Survey on Population Access to Healthcare Services* carried out in 2012⁷, the rate of women requesting health services was 25.8% and the rate of men was 16.7%. Elderly women are not an exception in this regard and also make greater use of health services than men. For example, the difference for the respective rates between women and men aged 65-74 years old is seven percentage points, in women's favour (42.5% and 35.3% respectively).

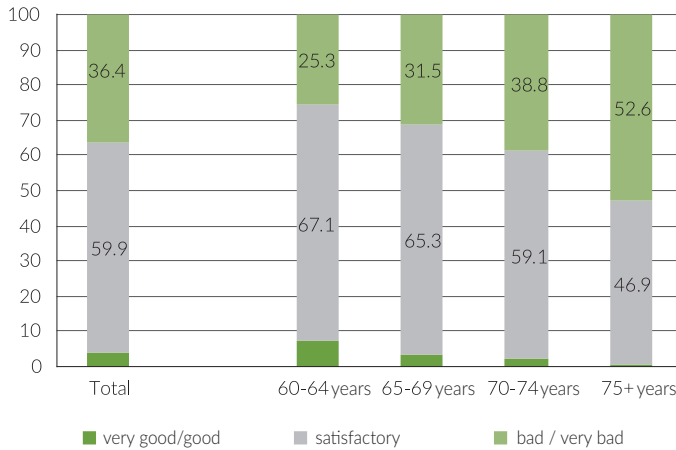
When referring to women's perception of their health condition, different opinions are registered depending on person's gender. Although women benefit more from health services, they are actually less optimistic about their health. Thus, 36.4% of elderly women perceive their health condition as bad/very bad, 59.9% - declare satisfactory health condition and only 3.7% - good / very good health. Only 19.6% of elderly men invoke bad / very bad health condition, 38.9% - satisfactory health condition, and 41.5% - good / very good health condition. Therefore, elderly women consider themselves suffering more than elderly men.

There is a direct correlation between women's age and their health condition. The "young" elderly women are healthier and hence, more optimistic when assessing their

⁷ Results of the Study on Access to Healthcare Services 2012, <http://www.statistica.md/category.php?l=ro&idc=198&>

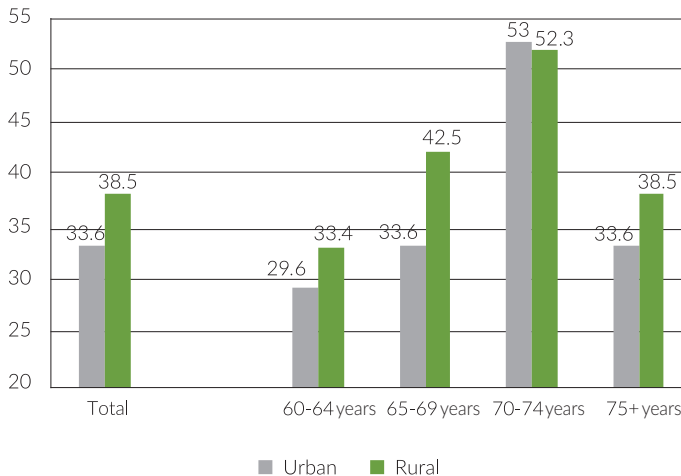
health condition, while in case of “old” elderly women – one in two women assess their health condition as bad / very bad (Figure 9). Rural women use health services less

Figure 9. Assessment of health condition by age of elderly women, %



Source: National Bureau of Statistics, Household Budget Survey, 2014.

Figure 10. Share of elderly women assessing their health condition as being bad, %

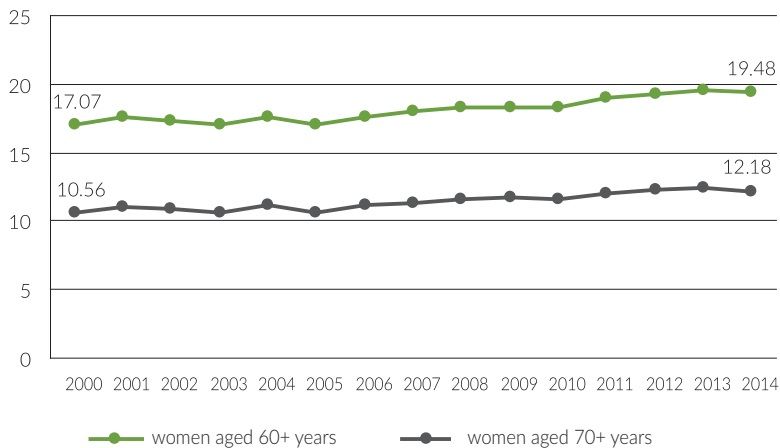


Source: National Bureau of Statistics, Household Budget Survey, 2014.

often than urban women and respectively invoke a poorer health condition than those in urban areas. One in three urban elderly women (34%) assesses her health condition as unsatisfactory, compared to 38% for rural elderly women. The widest gap is noted for women aged 65-69 (Figure 10).

Life expectancy is higher for women than for men, on average, a woman aged 60, lives 3.9 years longer, and for women aged 70, the life expectancy gap is 1.9 years in women's favour⁸. The average life expectancy for women who reach 60 was 19.5 years in 2014, registering a continuous slow growth over the past 10 years. Women from urban areas live longer than women in rural areas by 2.4 years. For the age group of 70 and over, the life expectancy for women is 12.2 years (Figure 11).

Figure 11. Life expectancy for elderly women, years



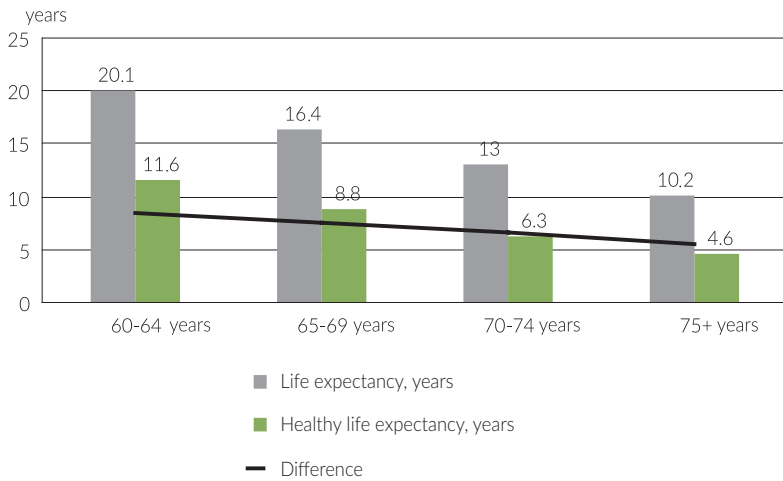
Source: National Bureau of Statistics, population statistics, 2014.

But, usually, women live these extra years in a worse health condition and a higher level of dependency on someone's assistance or help. Healthy life expectancy (HALE) measures the average number of years a person of a certain age is expected to remain in good health, considering the specific rates of mortality, morbidity and disability risk for the respective year. The lower healthy life expectancy is, the higher is the "burden" for providing health care and for the pension system, and policy makers should be prepared with adequate measures to meet the needs of older people.

⁸ <http://www.statistica.md/pageview.php?l=ro&idc=407&nod=1&>

According to the data of the Demographic Research Centre, the healthy life expectancy is increasing more intensely⁹, as compared to the overall life expectancy. At the same time, the difference between the overall life expectancy and healthy life expectancy decreases as the age increases. For women aged 60-64 healthy life expectancy accounts for 11.6 years, or 8.4 fewer years as compared to the overall life expectancy. The life spent in a good health decreases year by year and by the age of 75 years old, the healthy life expectancy reaches 4.6 years.

Figure 12. Healthy life expectancy, elderly women by age groups, years



Source: Demographic Research Centre, 2014.

Therefore, women's lower level of education and health conditions, especially for those who are above 70 are some of the risk factors determining the vulnerability of elderly women and their dependence on specific social protection measures.

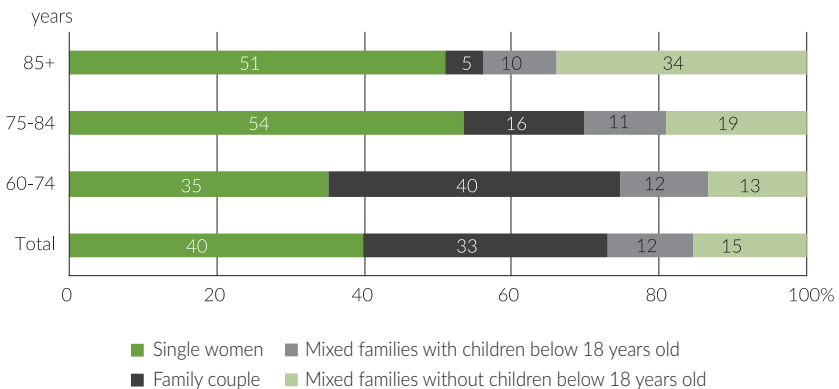
⁹ <http://unfpa.md/index.php/component/content/article/427-populaia-republicii-moldova-triete-mai-mult-ins-nu-i-mai-sntos.html>

III. Interaction Environment of Elderly Women

The amplification of the population ageing process and the growing number of elderly people contribute to changing their position not only within the family but also in society, and this fact requires a comprehensive approach so as to minimize the risks of social exclusion of this category of population. The living standards of the elderly persons are largely determined by their interaction environment, starting from their family, the community in which they live, and society in general.

As their age increases, women more frequently live alone, mainly as a result of their husband's death, which is usually one of the most stressful events in the life of an elderly person¹⁰. About 40% of women who have reached the age of 60, live alone, one in three women lives with her husband and one in four women is part of a mixed household, which consists mainly of several family nuclei (Figure 13). Urban elderly women live alone more frequently than those in rural areas (44% vs. 40%), and also a smaller share of urban elderly women live in extended families, which usually are more characteristic for rural areas.

Figure 13. Structure of households with elderly women aged 60 and over, %



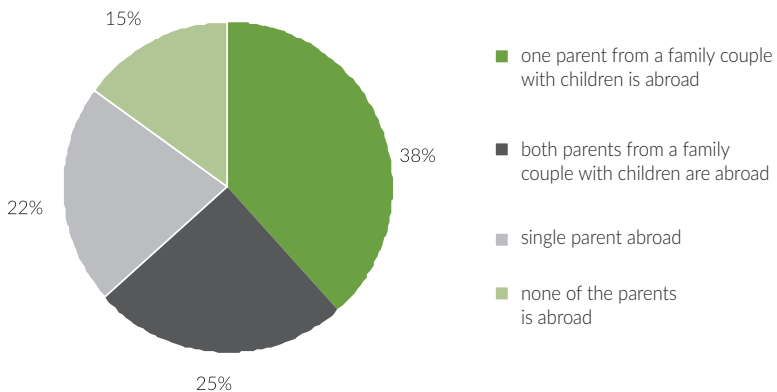
Source: National Bureau of Statistics, Household Budget Survey, 2014.

¹⁰ http://www.cnpv.ro/pdf/analize2014/studiu_calitatea_vietii_2014.pdf

Over the age of 75, every other woman is single and lives alone; the majority of women of this age group are part of mixed households and only 16% of women who did not reach the age of 85 live in a couple. When referring to women who live in mixed households, it should be noted that they most often live in households, where there are no children under the age of 18, and only 10% are part of households with children.

Elderly women are actively involved in family life by either offering support to their children or taking over some childcare responsibilities. One in three elderly women is involved in the care and education of her grandchildren and in the context of the migration of young families, this activity is more and more widespread¹¹. According to data of the Household Budget Survey (NBS, 2014), 12% of women aged 60 and over live in households with at least one child aged under 18. At the same time, one in two households with children and elderly women have one of the household members working abroad. As a result, in some cases, elderly women undertake the responsibility not only to provide support to their grandchildren when one parent is abroad, but also take over full responsibilities when both parents are abroad. In this way, in one of four households out of the total number of households with migrants formed of families with children and elderly women, both parents are abroad, and children are in their grandparents' care. Taking into consideration children who have just one parent left, grandmothers become the main caregiver in every second household with children (Figure 14).

Figure 14. Parents abroad within households with migrants and elderly women

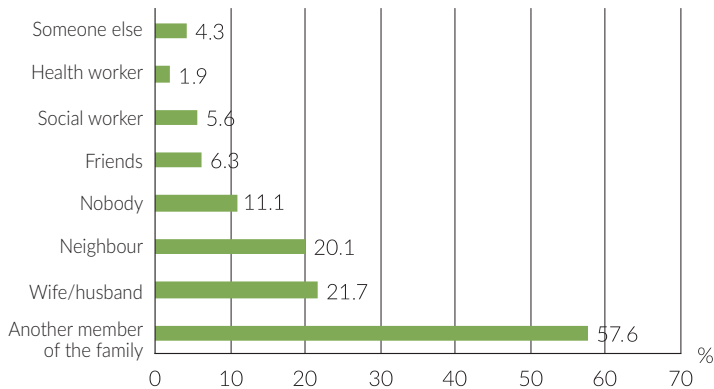


Source: National Bureau of Statistics, Household Budget Survey, 2014.

¹¹ Sociologic Study "Discrimination, abuse and violation of elderly persons", http://ccd.ucoz.com/_Id/0/40_Monografie_DISC.pdf

Although it induces positive aspects in relation to the financial support for the family members left behind, the migration phenomenon has also a negative impact, so that more and more elderly people are „abandoned” and family and inter-generational relations are losing their traditional value. In the situation when one in two women needing help turns to a family member, it is hard to ignore the fact that 20% of them turn to their neighbours, and 11% do not have anybody they can rely on (Figure 15).

Figure 15. Persons to whom the women turn to when in need, %



Source: INCE, UNFPA, HelpAge International, Sociological Study "Discrimination, abuse and violence against elderly persons", 2015¹²

At the community level, elderly women also interact with local public service providers, particularly with social workers. However, the relations between elderly women and social workers are based on a minimum support provided for the procurement of goods and home care, and in some cases these relations are actually more sporadic. Elderly persons interact the least with the health care providers, particularly in rural areas; the causes are multiple, one of these is the fact the elderly neglect their health conditions, but also the fact that they are neglected by medical workers.

A generational gap exists, but it is not a rule. The phenomena of rejection and violence against the elderly persist in Moldovan society. According to the results of the study about discrimination, abuse and violence against elderly persons¹³, 13% of women aged 60 and over faced psychological or emotional violence from a family member, 10% were victims of economic violence, and 4.5% suffered from physical aggression. Therefore, elderly women are in a category where there is a higher risk of being subjected to violence, especially in older age.

¹² http://ccd.ucoz.com/_ld/0/40_Monografie_DISC.pdf

¹³ Ibidem

The position and status of an elderly person is determined by several factors, but as the economic activity slows down, the position of the respective persons falls to a lower level. It becomes more frequent, when the responsibility for the care of the elderly care is redirected towards state authorities. The vulnerability of the elderly is also conditioned by the stereotypes about the elderly, with these people often being associated with helplessness, loneliness, financial dependence, and less with certain capacity unused for reducing the burden on public services and their use for social and economic development of the community in general.

IV. Opportunities that Elderly Women Enjoy or Are Deprived of

The protection of elderly persons' rights and freedoms represents a commitment assumed by all the states. Social protection measures should include a set of actions for preventing and diminishing the consequences of some events considered to be social risks, while the retirement period is associated mainly with a high risk of social exclusion. Currently, elderly persons represent a social category with specific problems, which get more pronounced depending on the social-economic development of the country.

Retirement is an important stage for every person and is perceived differently by women and men. The attitude towards retirement is determined by a number of factors, the most important being the social-economic status of the person, the activity they were previously engaged in, their state of health, individual behaviour, etc.

As a rule, women transit with greater ease toward this period of life than men do, as prior to retirement they do housework as well as their jobs, and in this way, the loss of the professional activity is felt less acutely by women.

Women's presence on the labour market is generally more reduced, the older they get, while the gap in employment rate and that related to economic activities gets more pronounced depending on sex. Overall, the employment rate for women accounts for 38.4% or by 3.9 percentage points less than in men's case. This gap is maintained until

Figure 16. Employment rate by sex, %

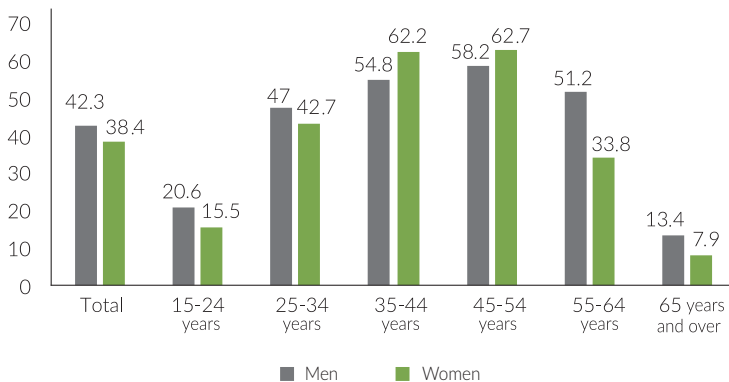
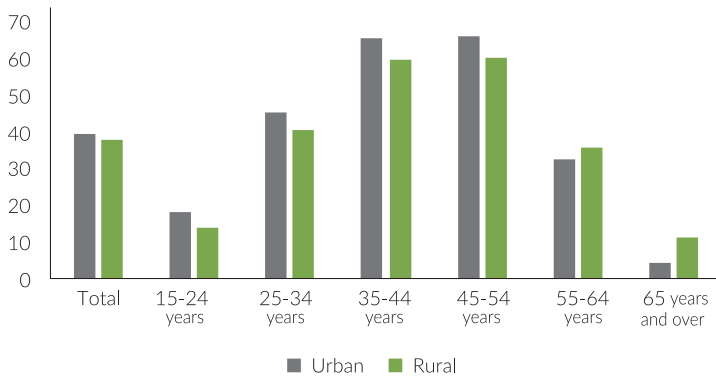


Figure 17. Women's employment rate by areas of residence, %



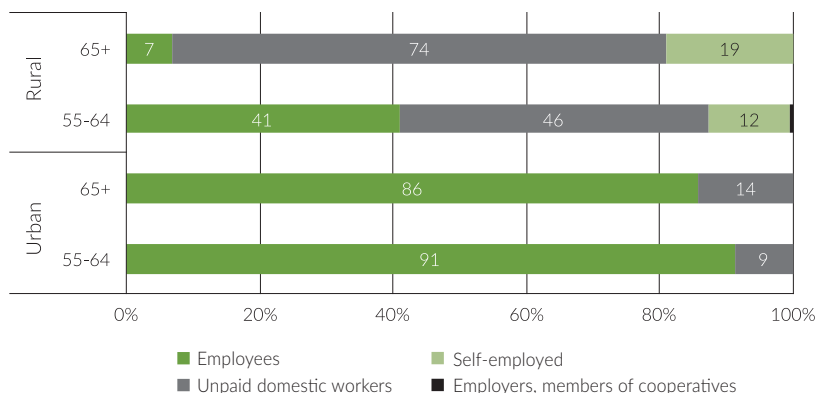
Source: National Bureau of Statistics, Labour Force Survey 2014, www.statistica.md.

the age of 35 years old, when women show a higher rate of employment than men, and when they reach 55 the employment rate again favours men (Figure 16). Women's early withdrawal from the labour market is conditioned mainly by the age limit set for women's retirement which is 57 and for men – 62, as well as by the limited opportunities to find employment at this age.

From a labour employment perspective urban women have a greater advantage and the employment rate prevails for all the age categories up to retirement age, when rural women become more active on the work market. This situation is determined not by the wish and availability of an income-generating activity, but rather by the need to work so as to generate additional income, especially for meeting everyday needs based on subsistence agricultural activities. Hence, the employment rate for women aged 65 and over accounts for 11% and is twice higher than the rate registered for the same category of urban women (Figure 17).

Elderly rural women's involvement in agricultural activities also derives from their occupational status. The share of employees and self-employed women of pre-retirement age in rural areas is basically similar, while in case of women aged 65 and over – only 7% of them are employees, the rest being self-employed (74%) or domestic workers (19%). The occupational status of employed urban women is less influenced by the age of the women. The peculiarity of rural elderly women's employment, especially in the case of women who are non-remunerated domestic workers, also determines their work schedule, hence the share of part-time employed women aged 55-64 accounts for 8.5% in rural area, as compared to 4.9% in urban area (Figure 17).

Figure 18. Occupational status of women aged 55 years old and over, %



Source: National Bureau of Statistics, Labour Force Survey 2014, www.statistica.md.

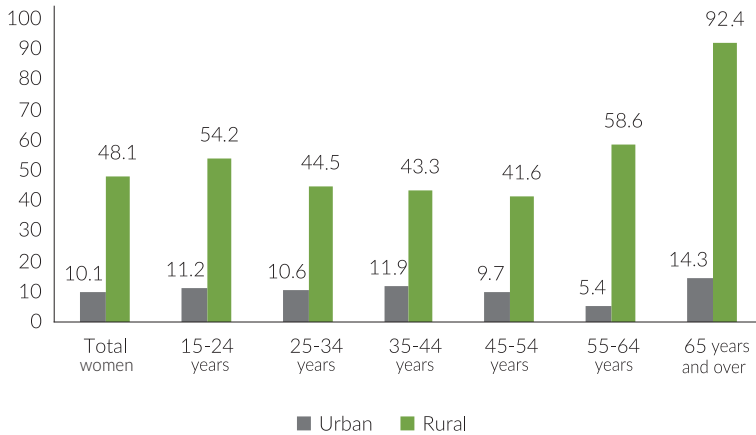
Hence, the majority of elderly women are not employed on the labour market, and this is a regrettable fact as the experience they accumulated during their lifelong professional activity could actually compensate for their decreased physical capacity, and their sense of responsibility contributes to labour efficiency. Elderly persons employed on the labour market have better health and this is an advantage, from their own point of view, as well as from the community's general interest viewpoint¹⁴. Thus, providing the possibility of extending the active employed period on the labour market indirectly contributes to prolonging elderly peoples' healthy life, as well as to reducing the level of dependency on the family members or social services.

Another factor that limits elderly women's opportunities is informal employment, which prevails in rural areas, wherever one in two women has an informal job, as compared to one in ten women – in urban areas (Figure 19). This determines a higher vulnerability level for rural women, who besides having limited economic opportunities and reduced incomes, cannot benefit on equal basis from certain public and social services¹⁵. Informal employment of women up to retirement age determines certain social risks, such as low pensions, access to health services and the impossibility of obtaining social welfare benefits in the case of unemployment. On the other hand, women who reach retirement age have to accept informal jobs, as their incomes do not cover the basic necessities and almost 90% of women who continue working after the age of 65, are involved in agricultural activities in their own households.

¹⁴ <http://www.cnpv.ro/pdf/analize2014/Femeia-varstnica.pdf>

¹⁵ Informal employment in the Republic of Moldova: causes, consequences, and modalities for combatting, www.expert-grup.org

Figure 19. Share of informal employment for women, %



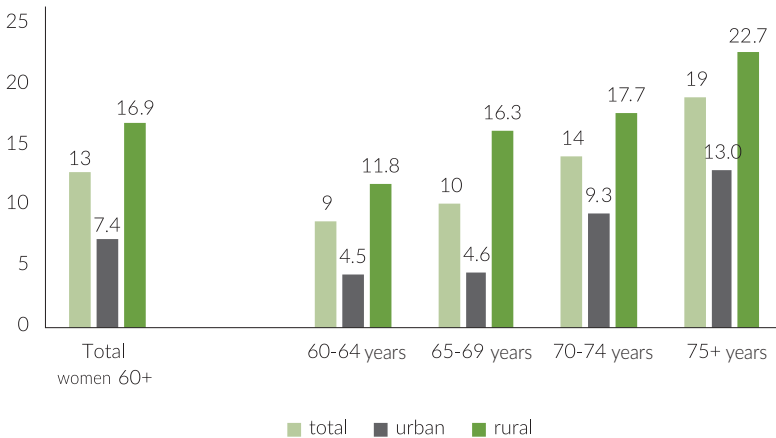
Source: National Bureau of Statistics, Labour Force Survey 2014, www.statistica.md.

Women's relationship with the labour market before retirement age is one of the basic factors that determine the level of wellbeing of elderly women. As women are less present on the labour market than men, and, on average, they work fewer hours and have lower salaries than men (salary gap is 12.4%¹⁶), as well as the fact that women are underrepresented in management positions, this creates preconditions for a higher risk of vulnerability and social exclusion among elderly women. Hence, 13% of women aged 60 years old and over are poor, and the risk of impoverishment goes up as the age increases, and by the age of 75, – one in five women is poor as compared to one in ten women aged 60-64 (Figure 20).

The situation of elderly women in rural areas is not an exception, where high poverty risks are registered for both: women and men. Regardless of where they live, women aged 75 years old are the poorest and have the poorest health conditions a fact determined by a higher dependence on social protection measures.

¹⁶ <http://statbank.statistica.md/pxweb/pxweb/ro/50%20Statistica%20gender/?rxid=b2ff27d7-0b96-43c9-934b-42e1a2a9a774>

Figure 20. Absolute poverty rate in elderly women, %



Source: National Bureau of Statistics, Household Budget Survey, 2014.

Social services are created at the community level for mitigating elderly people's social exclusion, which together with social benefits are meant to provide the necessary support for persons in difficulty, for them to enjoy both decent living conditions and a decent life.¹⁷ As a result of implementing the objectives of the *National Programme for establishing an integrated social services system from 2008-2012*¹⁸, alternative social services have been created and continuously developed for the population. According to the data of the Ministry of Labour, Social Protection and Family, a total of 100 social institutions were active in 2014 in the area of providing social services, including for the elderly persons, of which: 15 day care centres, 11 temporary placement centres, 40 multifunctional centres, 5 social-medical rehabilitation centres, and 29 long-term placement centres. It should be mentioned that in recent years social services were re-focused on rural areas and 28 out of the 40 multifunctional centres providing day care and temporary placement services are located in rural areas.

At the same time, elderly persons may benefit from other social services, such as food provided in social canteens or hot lunches brought to their homes. Annually, some 2,800 elderly people receive such services, and on average, a person is able to benefit from using the services of a canteen for a maximum of 30 days per quarter. Another social service focused on the needs of elderly persons is social home care, which reaches 23,000 (all age categories) a year, including people with special needs.

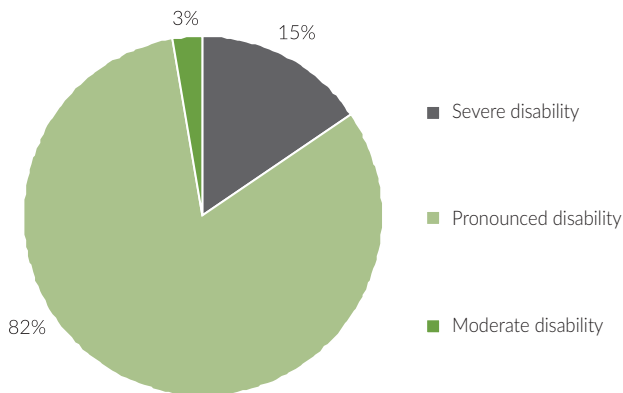
¹⁷ <http://www.mmpsf.gov.md/sites/default/files/document/attachments/rsa2014ro.pdf>

¹⁸ GD No. 151, dated 31.12.2008 <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=333822&lang=1>

As they get older and a number of chronic diseases and severe disabilities increase elderly people gradually lose the capacity to look after themselves, and taking into account social factors such as decreased incomes, missing the family and social isolation, these needs appear to extend the social care services for the elderly, as well as the rehabilitation and healthcare provision services. According to the National Social Insurance House data, the number of disabled persons aged over 60, accounted for about 40,000 persons or one in four persons of the total population with special needs in 2014¹⁹. Disability prevalence for elderly women accounts for 680 persons per 10,000 women of the respective age. Men are at a higher risk of getting a disability, due to the higher level of morbidity resulting from limiting men's vital capacities at a younger age than in the case of women.

In general, about 82% of the total number of women with disabilities aged 65 and over have pronounced disability and 16% - severe disability (Figure 22). At the same time, according to the estimates based on the survey data on *Population access to healthcare services*, about 90% of the total number of women aged 60 and over do not have a disability level established according to the legislation in force, and in case of those aged 75, – the share of women with disabilities is 98.7% (Figure 21).

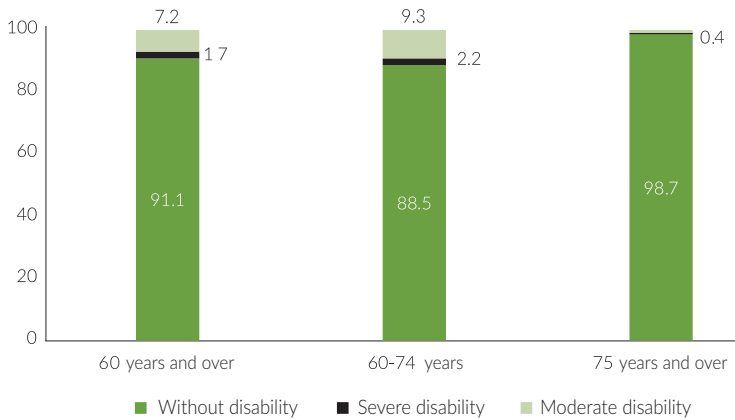
Figure 21. Distribution of women with disabilities aged 65 and over, %



Source: National Bureau of Statistics, Household Budget Survey, 2014.

¹⁹ Elderly persons in the Republic of Moldova, <http://www.statistica.md/newsview.php?l=ro&idc=168&id=4916>

Figure 22. Disability level of elderly women, %



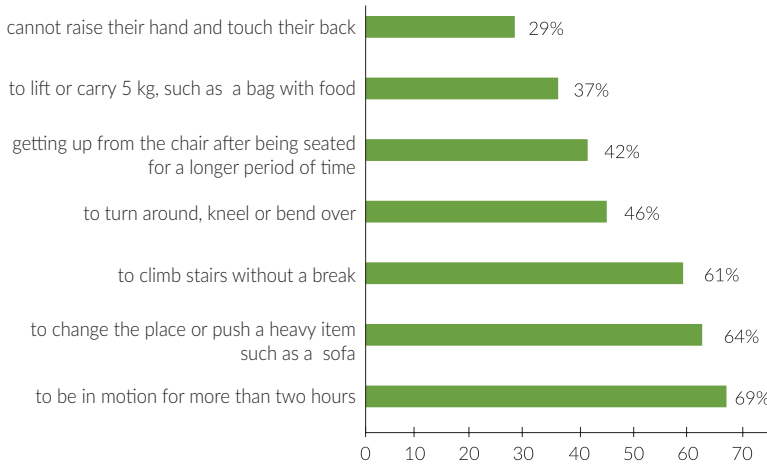
Source: National Social Insurance House, 2014.

The decrease in cases of established disability does not reveal the de-facto situation regarding elderly people's vital capacities, as after a certain age people no longer request the disability level to be established. But this situation does not exclude the existence of difficulties encountered by the elderly in assuring an independent life for themselves. It is well known that old persons' dependence has a geriatric peculiarity and, although, this is not a disease, it can be determined by a certain disease, accident, anomalies with which the person was born or acquired over their lifetime, as well as the involution process. The need to switch from a medical to a social way of establishing the level of disability is determined by the realities that elderly people encounter. Hence, a number of problems encountered by women over 65 may be outlined, the most important being the problems which limit them carrying out their daily activities. About 42% of women encounter difficulties in getting up from a chair, 37% encounter problems when they have to lift a heavy item, and 29% of women cannot raise their hand and touch their back, and therefore need another person to help them carry out personal care activities, such as getting dressed, bathing, etc. (Figure 23).

To maintain elderly persons as active as possible, it is very important to ensure their health condition and to provide them health services according to their age. The transposition of this objective in the national strategic framework has also implied the development of geriatric assistance. Hence, the geriatric service was established in 2010²⁰, and annually about 400 beds are available for this type of assistance, while the number of beneficiaries is 11,000 to 12,000 elderly people. In 2015, the number of beds as well as the number of beneficiaries increased significantly, and the cases of geriatric assistance account for 18,000 beneficiaries (Figure 24). Nevertheless, these services are not

²⁰ http://www.ms.gov.md/sites/default/files/legislatie/ordin_no_619_din_07.09.20101.pdf

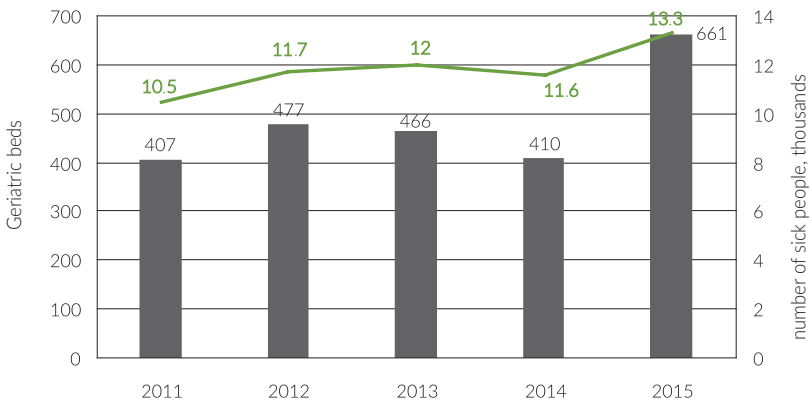
Figure 23. Difficulties encountered in daily activity by women aged 65 years old and over, %



Source: National Bureau of Statistics, Population Access to Health Services Study, 2012.

available for all elderly people, especially for people from rural area. On the other hand, elderly people do not acknowledge the need for these services, and difficult health problems are considered to be a natural phenomenon for the respective age.

Figure 24. Geriatric beds and beneficiaries of geriatric services

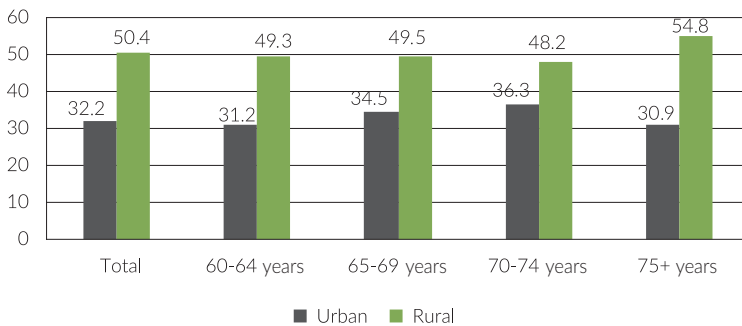


Source: National Centre for Health Management.

In general, all elderly women have compulsory health insurance, with only 0.3% not having such insurance, because they benefit from other healthcare assistance. The number of elderly women who seek medical help from doctors differs depending on where they live with health services more often requested by urban women. On average, elderly women go to the family doctor 3.5 times per year: urban elderly women pay 4.5 visits to the family doctor, compared to 2.8 visits by rural women.

However 43% of women gave up healthcare services due to a number of considerations, the main reason being the possibility of treating the problem with available medicines. The level of giving up healthcare services differs significantly for women from urban and rural areas. Hence, one in two rural women gave up healthcare services in the last 12 months, compared to one in three urban women (Figure 25). Rural women are most likely to give up health visits to the doctor, regardless of the woman's age.

Figure 25. Share of women who gave up the visit to the doctor, %



Source: National Bureau of Statistics, Population Access to Health Services Survey, 2012.

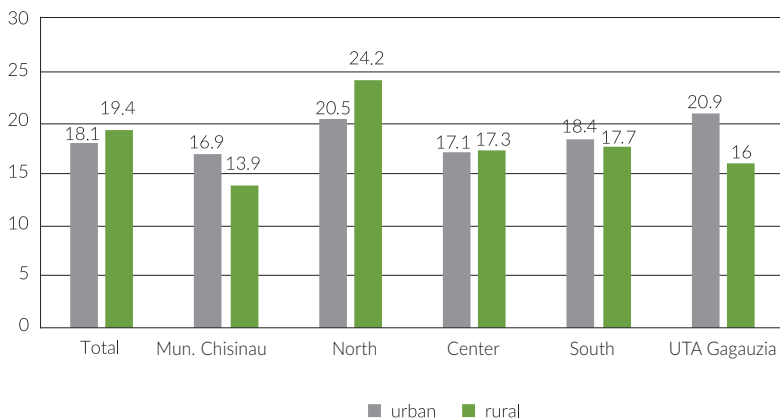
Even though all elderly persons benefit from the same level of medical services within the compulsory health insurance, a proportion of women nevertheless give it up, because they are unable to pay for the medical services or the medicines subsequently prescribed by the doctor. The financial factor influenced one quarter of rural women and 11% of urban women to give up healthcare services. People from rural areas also encounter problem of geographic access to healthcare services – this fact being mentioned by 12% of elderly women, especially in the case of women over 75.

V. Elderly Women's Capacity and Possibility to Participate in Development

Population ageing is an irreversible process in the context of the demographic trends registered in the Republic of Moldova, such as the increase in life expectancy, the decrease in fertility and mass emigration. As elderly persons represent a category of health and social services' consumers, they are perceived as a burden for the entire society. But these challenges should be tackled as well from the perspective of harnessing the potential of the elderly generation not only in the context of family relations, but also at the community level.

The assurance of an active and healthy life is a fundamental right of all elderly persons. In order to fulfil this right, it is necessary to have a complex approach to developing and implementing the national strategic framework. In the future, women will prevail in the structure of active population, including that of elderly persons. The population ageing coefficient, which shows the average number of people aged 60 and over per 100 persons, accounts for 19.3 women per 100 persons as compared to 13.8 men per 100 population. Hence, elderly women should be present on the political agenda, whenever problems of gender- and age-based discrimination and inequality are tackled. The development of services and programmes for harnessing elderly women's potential should be correlated with women's profile, especially taking into consideration the geographic factor, as well as the prevailing concentration of elderly women in rural areas and northern part of the country (Figure 26).

Figure 26. Population ageing coefficient for women by regions, %



In the context of population ageing and the decrease in the able-bodied population, the labour force will suffer certain structural changes, which could determine the need to adjust employment policies and the require the retirement system to be reformed. Currently, some elderly women continue to be active on the labour market with their economic activity rate accounting for 17.7% (Figure 27). On the other hand, employment opportunities for this category of women are limited and practically non-existing in certain localities. As a rule, after retirement, a higher share of women continues to be involved in unremunerated activities as compared to men. Women aged 65 years and over allocate 5.4 hours per day for taking care of the household and of the family on average – a level which is practically similar to the level registered before retirement²¹. Hence, the characteristics of a patriarchal society persist among elderly people as well, when the elderly are out of the labour market, have free time and could actually take on certain domestic responsibilities.

Figure 27. Economic activity rate among the elderly women, %



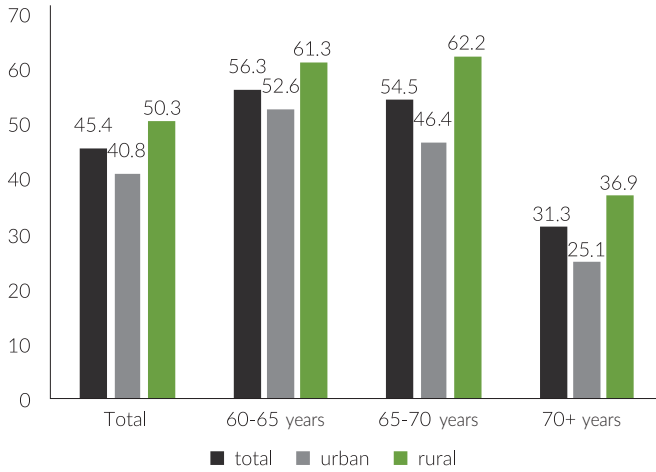
Source: National Bureau of Statistics, www.statistica.md, 2014

The huge potential of the elderly persons for voluntary work and activities in society or taking care of other persons is not fully harnessed. The involvement of the population in volunteer work is a widespread phenomenon in the Republic of Moldova. In general, about 42% of the total population aged 15 and over have provided some services to other persons free of charge or for community benefit.

Elderly women are more frequently involved in volunteering activities than men, especially in rural areas, where one in two women stated they are involved in such activities, compared to 40% of urban women (Figure 28). The rate of elderly women's participation in volunteer work goes down as the age goes up, the most active being women under 70. The most frequent volunteer activities involving elderly women would be

²¹ http://www.statistica.md/public/files/publicatii_electronice/Utilizarea_timpului_RM/Utilizarea_timpului_RM.pdf

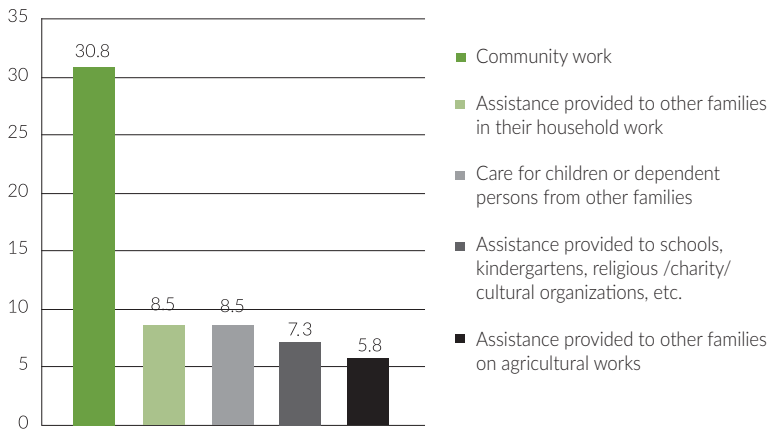
Figure 28. Participation rate of elderly women in volunteering activities, by areas of residence, %



Source: National Bureau of Statistics, Volunteering Activity Statistical Survey, 2015.

community works (31%), providing assistance to other families (8.5%) and taking care of children and other dependent persons (8.5%) (Figure 29). Thus, women’s potential

Figure 29. Participation rate of elderly women in certain types of volunteering activities, %



Source: National Bureau of Statistics, Volunteering Activity Statistical Survey, 2015.

from the respective age category has to be explored by involving them in different activities not only in the interest of their own families, but also in the interest of the whole community.

The income level represents an important factor determining not only the elderly persons' quality of life, but also their possibility to get involved in different activities. Income inequality persists among elderly persons as well, and it is correlated with age, sex, health conditions, living conditions and area of residence (urban, rural). Pensions represent the main source of income for elderly women, the share of which increases as the age goes up. Hence, women aged 60-65 register a relatively better situation with pensions representing 84% of the main income source and 12% of the income coming from salaries. Women over 75 are the most deprived from the perspective of incomes, as pension in their case is practically the only source of income (98%)²². Younger elderly persons benefit from financial support provided by their family members, including remittances from abroad, while women aged 75 and over are on their own, being thus exposed to some financial disadvantages, as well as the risk of marginalisation and social isolation.

²² According to the data of the National Bureau of Statistics, Household Budget Survey, 2014.

VI. Limitations, Barriers, Obstacles Encountered by Elderly Women in the Society

The limitations faced by elderly persons in the Republic of Moldova are mainly based on financial insecurities for certain categories of elderly persons. Although over the last 10 years the average amount of old-age pension has practically doubled, its value does not however allow all elderly persons to cover the basic necessities. . Thus, the old-age pension was 1,114.7 MDL per month in 2014 and represented 83% of the minimum subsistence for retired persons. It should be noted that the situation of elderly persons has improved compared to 2006, when the average age-limit pension covered only 57% of the monthly subsistence minimum of the pensioners. Nevertheless, not all the categories of elderly persons equally benefited from these improvements, and elderly women are one of these categories.

In general, an earlier retirement is characteristic for the Republic of Moldova compared to other European countries, both – for women and men. At the same time, the number of years that Moldovans lived during their retirement is less, and their life quality is significantly poorer. Elderly women are more vulnerable from this perspective than men. On one hand, women are favoured from the retirement age viewpoint (57 years old) and the minimum contribution period (30 years), as a recompense for the maternity and child care period, but the decrease of women's work period and their presence on the labour market has a major impact on women's average salary, and in the end, on their average pension. As a consequence, the gender gap in pensions accounts for 17%, registering a continuous increase over the last years (Figure 30).

Figure 30. Gender gap in pensions, %

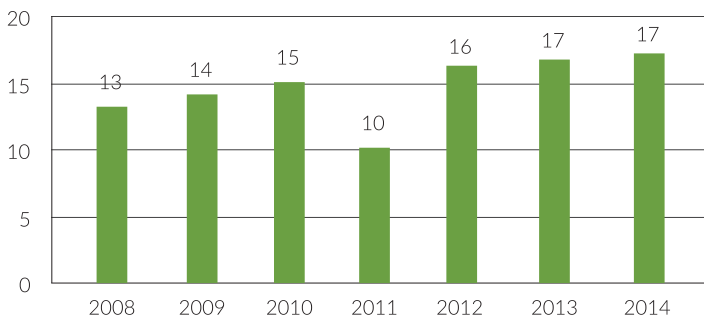


Figure 31. Correlation between women's age-limit pension and subsistence minimum for pensioners



Source: National Bureau of Statistics, www.statistica.md

The gender gap existing for pensions limits women's possibility to provide decent living standards for themselves. On average, a woman's pension covers only 78% of the minimum subsistence for pensioners, while in the case of men – it covers 94% of the subsistence minimum value (Figure 31). It should be noted that 70% of old-age pensioners are women, and in absolute figures they represent about 350,000 women annually. The inequities existing in the pension system are also determined by the sector in which the person has worked before retirement. One of the objectives of the Republic of Moldova's National Development Strategy "Moldova 2020" is to ensure a fair and sustainable pensions' system²³. Hence, the reform of the current pensions' system should be analysed from a gender perspective.

Elderly persons' living conditions represent some of the factors determining not only the quality of life, but also their level of dependency and eventually an independent life for a longer period of time. The number of long-lasting household appliances in housing, facilitating housekeeping and the possibility of elderly people to ensure their daily activities significantly differs depending on where they live. Only 11% of elderly rural women own a washing machine compared to one in two women in urban areas; 20% of rural women have vacuum cleaners compared to 60% urban women. Such a situation reveals not only the reduced financial possibilities of the rural population, but also the limited access to the utility infrastructure for use of certain goods, as well as fewer rural homes being connected to the water and sewerage systems.

²³ http://particip.gov.md/public/files/strategia/Moldova_2020_proiect.pdf

At the same time, elderly people's incomes, even though insignificant, sometimes may be a reason for economic violence. About 11% of people who are over 60 and have been victims of economic abuse associated with theft of material and financial goods, or forced dispossession of financial means, and 4.3% became victims of physical violence being punched or hustled²⁴. Another challenge for elderly people is psychological and emotional violence, the incidence of such cases is 14%. Mainly women are victims of any type of violence (over 70%).

Insufficient income increases the risk of poverty and the lack of certain goods and services necessary to ensure the minimum subsistence. Hence, 6 out of 10 elderly people need financial assistance, 1 in 5 persons lacks food products, 1 in 2 persons – lacks medicines, 1 in 3 persons – lacks healthcare services, while one in 10 pensioners needs moral support and help with domestic work.

Another problem encountered by elderly persons is discrimination and stereotypes that exist regarding the elderly's situation. On one hand, there is a belief that the elderly are very wise and other age groups of people could benefit from their advice (87%), the elderly have a lot of work experience that they can transfer to younger people (87%). Nevertheless, many respondents have contradictory opinions, stating in parallel that elderly persons already cannot cope with complex tasks (68%), are powerless (59%), and have an obsolete mentality (54%). One in three respondents considers that the elderly people represent a burden on society, and one in five persons consider that elderly people are useless²⁵. Thus, the participation and involvement of elderly persons in social and economic life is also conditioned by the stereotypes that exist in society, which actually reveal the existence of age-based discrimination.

Elderly persons are also discriminated also in terms of employment, which usually occurs by employers' refusal to employ persons of pre-retirement and retirement age, without taking into consideration their experience and qualifications. Elderly persons are discriminated against at the workplace and also by the fact that their opinions are not taken into consideration, and are dismissed as being obsolete²⁶.

²⁴ <http://vocea.md/viata-batranilor-nostri-o-povara-pentru-ei-si-pentru-tara/>

²⁵ Comparative study on discrimination phenomenon in Moldova: population perceptions
<http://soros.md/files/publications/documents/Raport%20Nediscriminare%20analiza%20comparata.pdf>

²⁶ Ibidem.

Conclusions and Recommendations

As the population ageing process intensifies, society will have to face a number of challenges, such as an increased number of pensioners and elderly persons who live alone, a higher number of elderly women, families' incapacity to solve the problems related to care provision for elderly family members, as well as a higher demand for social and health services meant for this category of population.

Old age is generally associated with poor health, as well as with a less active life from a social and professional viewpoint, which induces the feeling of uselessness or social rejection. Elderly persons associate loneliness with the lack of loved ones, of a person to talk to, or some practical help. The number of women affected by loneliness is significantly higher than that of men, and urban elderly persons are more affected by loneliness than those from rural areas.

Under the existing national strategic framework, which tackles the problems of the elderly persons, it is necessary to promote some concrete measures for **improving the quality of life for the elderly** and **reducing the risk of marginalisation and social exclusion** of this category of population. Age and dependency cannot serve as a reason for restricting any human rights and civil freedoms.

Elderly persons' problems were generally tackled by the social security system, the main focus being directed towards the pensions' system. In this context, the inequities existing in the national pensions' system should be rethought from the gender perspective as well. Women are less present on the labour market, they work fewer hours and in less paid areas, as a result they have smaller pensions and are exposed to a higher risk of poverty as compared to men. Women's earlier retirement is tempting, but it also limits women's ability to make savings which represent a secure source of income for elderly people in certain situations where they are vulnerable.

Maintaining elderly people in remunerated activities may be carried out not only by **reforming the pensions system**, but also by creating a **flexible system for transition to retirement**, by **changing the work tasks** by the employer or by transferring them to other areas, where elderly people would be able to make use of their skills. In the case of elderly women, these activities could be tasks related to care provision and counselling services, non-formal continuous education services, etc. At the same time, reforms in the ageing area will need to take into account the transfer of resources to an increased number of elderly people, without creating major economic or social tensions. Transfers existed and will always exist in a form or another; hence the elderly population should not be left to be at risk from poverty.

Gradually, it was recognised there was a need to promote some models for taking care of the elderly, which would focus on dependency prevention actions and socialisation

programmes. An important factor would be to **prepare the elderly people for their retirement**. Currently, there are no programmes related to the preparation of the elderly people for retirement and programmes for maintaining elderly people in an active life. From this point of view, the scope of the caring services for the elderly persons should also include socialisation and recreational programmes together with social-medical care.

At the same time, without a long-term social and medical assistance, the mere existence of dependent elderly persons is compromised, as the older the persons get, the more they are at risk of declining health and implicitly are at greater risk of dependency. It is absolutely necessary to allocate financial resources for **preventing, diagnosing and treating chronic diseases (NCDs)**. In recent years, geriatric and palliative care services have been created, but these are not available or affordable for the majority of elderly people, especially for those from rural area. The health system should be able to manage better the problem of chronic diseases and those that affect the elderly people's cognitive functions, hence ensuring their right to a healthy and independent life for as long as possible. On average, women live more than men, but this period of time is less healthy.

The gender misbalance existing for the elderly age group, and especially for the long-livers, already determines the need to develop some **specialised social services** focused on the specific needs of the elderly persons. In the context of **reforming the social assistance services at the community level**, elderly persons represent one of the target groups, which more frequently end in the situation of living alone and becoming beneficiaries of home care services. It should be noted that the number of social assistants who provide these services has remained practically constant over the last 5 years, while the share of the elderly persons is increasing.

Health education represents an important element for preventing ill health associated with ageing and dependency. Elderly persons and their family members should be **informed** and should be aware of their real possibilities, by combating the fear of old age and death and reducing generational conflicts. Special attention should be granted to **campaigns for preventing and reducing tobacco and alcohol consumption**, promoting **healthy food** and practicing **sport**, through a better integration of these preventive measures in primary health services and community life.

Elderly women represent an unharnessed potential in the context of volunteering activities. In this respect, local public authorities should promote women's involvement in carrying out different **community activities**, as well as in care provision for dependent persons, cooking at home, but also including the elderly in different local commissions and initiatives, taking into account the free time they have, so as to solve the problems encountered by different categories of population from the community or by the community as a whole. At the same time, elderly women could be involved in the provision

of **professional reconciliation courses** for unemployed people, co-opting them to organisation of different cultural and recreational events, including events for harnessing items created by the elderly people (pictures, handmade objects).

Currently, the problem of the elderly persons is one of the priorities included in the Global Agenda of Sustainable Development, which the Republic of Moldova joined in 2015. The 17 major goals are aiming at promoting policies to fight poverty, inequality, and climate change, for all population categories regardless of their age or sex, to be able to benefit equally from the sustainable development of the country.

