

AGE DISCRIMINATION AS EXPERIENCED BY ROMANIAN OLD CITIZENS

Marinela Olaroiu, MD, PhD¹, Wim J.A. van den Heuvel, PhD²

¹*Geriatrician and visiting lecturer University 'Titu Maiorescu'. Bucharest, Romania*

²*Professor in Care Sciences, University Medical Centre Groningen, The Netherlands*

Abstract. Objectives. Age is the most frequently mentioned reason for discrimination in Europe and applies especially to old age. In the last years an increase of 16% of discrimination against old people has been noticed. This paper analyses the extent of experienced age discrimination among old Romanians and which factors are related to experienced discrimination. Methods. The data of the European Social Survey 2008 are analysed to answer the research objectives. Old age is defined as being 62 years or older, based on views of European citizens. The Romanian sample included 381 citizens of 62 years and over. The average age was 71.3 years; 55.4% were women and 44.6% men. The assessment of experienced age discrimination as was based on an European study. Bivariate correlations between socio-demographic and social-cultural variables and experienced age discrimination are presented as well as the outcomes of a linear regression analysis. Results. One out of seven Romanian old citizens experienced frequently discrimination because of their age, and four out of ten Romanian old citizens never experienced such discrimination. Satisfaction with life and subjective health were strongly related to experienced age discrimination. Conclusions. Romanian old citizens experienced more frequently discrimination because of their age as compared to old citizens in most other European countries. Experienced discrimination threatens the quality of life of old citizens. Preventive measures in social security and primary health care are needed to improve the quality of life of old Romanians. *Key words:* age discrimination, life satisfaction, subjective health, Romania.

Rezumat. Scopul acestei lucrari a fost sa testeze efectul consumului de paste imbogatite cu inulina asupra parametrilor metabolici la subiecti varstnici cu afectiuni metabolice, cum ar fi dislipidemia si diabetul zaharat de tip II, internati la Institutul National de Gerontologie si Geriatrie "Ana Aslan". Subiectii, voluntari, au fost informati in legatura cu actiunea inulinei, o fibra alimentara solubila, asupra sistemului digestiv si a metabolismului glucidic si lipidic. Selectia subiectilor s-a realizat in urma evaluarilor clinice si paraclinice si cu acordul scris al acestora de a participa la studiu. In lot au fost inclusi subiecti varstnici cu diabet zaharat de tip II, echilibrat prin dieta si/sau antidiabetice orale, si subiecti cu dislipidemie in asociere sun u cu hipertensiune arteriala. Studiul a inclus si subiecti fara tulburari ale metabolismului glucidic si lipidic. Subiectii au consumat zilnic 100g paste imbogatite cu inulina (9%), timp de 30 pana la 60 zile. Au fost masurati in ser parametrii metabolici: glucoza, uree, creatinina, acid uric, colesterol total, HDL-colesterol, LDL-colesterol, trigliceride, proteine totale si transaminaze (alanin aminotransferaza- ALT si aspartat aminotransferaza – AST), gama-glutamyl transpeptidaza (GGT) si fosfataza alkalina (ALKP), inainte si dupa consumul de paste. Rezultatele au aratat o reducere semnificativa a nivelului colesterolului total la 30 zile ($p = 0,045$) si 60 zile ($p = 0,00013$) si LDL-colesterol la 60 zile ($p = 0,00045$), nici o modificare a continutului trigliceridelor, HDL-colesterol si a nivelului glucozei in serul subiectilor dupa consumul pastelor imbogatite cu inulina. Concluzii: pastele imbogatite cu inulina, ca aliment functional, ar putea reprezenta o strategie de modulare/reducere a unor factori metabolici (colesterol total, LDL-colesterol) de risc pentru patologia cardiovasculara. **Cuvinte cheie:** imbatranire, metabolism lipidic, inulina, paste

INTRODUCTION

Age is the most frequently mentioned reason for discrimination in EU member states and especially old age is a reason for discrimination in Europe. In the last years an increase of 16% in age discrimination has been noticed (1). A recent study in the England showed that 36.8% of persons of 65 years and over experienced discrimination because of age (2). In an European study it was found that

experienced age discrimination was on average higher in Eastern European countries as compared with Western European ones (3). The later study showed the highest discrimination because of old age occurred in Czech Republic, Russia, Ukraine, Romania, and Slovakia (3).

The number of old people is increasing rapidly in former communist Central-Eastern European countries (CEE countries) (4,5). The ageing process in

CEE countries is accompanied by a decrease of the total population. In the coming two decades, the number of people who are aged 65 years and over in Romania will increase by 5.4%, whereas at the same time the total population will decrease by 3.1%. The same demographic shift will be found in neighboring countries such as Bulgaria (5.8% and 5.7%, respectively) and Hungary (5.4% and 1.9%, respectively) (6).

The CEE countries were characterized by dramatic socioeconomic changes in the 1990s, which led to a deterioration in the health status of the population (6,7). For example, Bulgaria, Hungary, and Romania had the highest age-standardized death rates for treatable mortality in the European Union in 1990/1991, and this was still the case in 2000/2002 for Bulgaria and Romania (7). In addition, preventable mortality for both men and women has increased in recent decades in Romania. Moreover, the ability of the elderly to adapt to the changing conditions is limited, and they usually wait passively for services. On the other hand, family ties continue to be an important form of emotional and instrumental support between children and elderly parents (8). This all may result in more sensitivity to experience discrimination because of age. These old citizens may see discrimination because of their old age as a serious matter (3).

The ageing of the population will cause significant social changes, especially concerning the financing of retirement schemes and the delivery and financing of care (4). Such changes may create a negative attitude and discrimination towards persons in old age. A decade ago, European elderly reported they received more respect than less, but the last decade this trend is reversing (9). Elderly abuse is a major concern and a subject for action in the EU. The existence of elderly abuse, especially the abuse of the very dependent ones, is well documented (10).

In this paper we analyse which factors are related to experienced discrimination because of *their* age in old Romanian citizens. But first we have to define what is 'old age'. Old age is not a well defined concept. When a person is old or considered to be old varies over time, between individuals, civilisations and between categories of people and countries. It is often related to life expectancy and social care arrangements. In most European, for statistical reasons, the age of 65 years is marked as 'old age'. But this age does not co-incidence with the retirement scheme in various European countries. In this study, we use the data of the European Social Survey 2008 (ESS 2008) to define 'old age'. In the ESS 2008 European citizens were asked what age they considered people start to be described as 'old'. Younger (15-39) people mention a mean age of 60.7, middle aged (40-64) people 63.3 and the old (65 and over) people 63.8. The mean age indicated by all participants was 62 years; therefore 62 years was used as criterion for 'old age'(3).

Based on these findings in the literature, we selected eleven independent variables to explore their relationship with experienced discrimination. Socio-economic circumstances (like income and health status) and other social and personal factors (well-being, feelings of safety, etc.) are found to be related to discrimination (3, 11, 12). Relevant socio-demographic factors, related to discrimination, are age, gender, level of education, marital status and belonging to a minority group (2,3,11,12). However attitudes and customs may also play a role. Norms in communities are embedded in a social-cultural context, i.e. level of welfare, legislation, social care arrangements, but also feelings of safety and trust in other people and policy makers. Trust in fellow citizens is related to following norms and beliefs (13). Mistrust may stimulate discrimination and belief in the extent of discrimination may result in more

experienced discrimination. Therefore, the extent of discrimination and trust in people may be seen as factors associated with experienced age discrimination (3).

METHODS.

Data base

The data used in this study are derived from the European Social Survey (ESS Round 4 2008), a cross-sectional study with random probability sampling among all persons aged 15 and over living within private households, regardless of their nationality, citizenship, language or legal status. Data file edition 3.0 was used. We selected the data of Romania. Data were collected in an hour-long face-to-face interview.

Population characteristics

The Romanian ESS sample included 381 citizens of 62 years and over. The average age was 71.3 years (s.d. 6.2); 55,4% were women and 44,6% men.

Experienced discrimination.

We followed the definition and construction of experienced discrimination as was used in an European study (3), using three indicators to assess experienced discrimination: How often are you treated with prejudice because of your age during last year? How often did you feel a lack of respect because of your age last year? How often are you treated badly because of your age last year? Each question could be scored on a five point scale: 'never – 1 – 2 – 3 – very often (1-2-3-4-5 in coding)'. Factor analysis showed a reliable one factor solution, called experienced age discrimination (3). A high factor score indicates high experienced discrimination because of age.

Independent variables

Based on findings in the literature the following eleven variables were selected as independent variables. Socio-demographic

factors included age (male-female), gender (actual age in years), level of education (1= low education level, 8= high education level), marital status (1= married, 5 = never married), born in country (1=yes, 2=no), and belonging to a minority group (1=yes, 2=no). Social-economic and personal factors included net house-hold income (1=low, 10=high), satisfaction with life (1 = extremely dissatisfied, 10 = extremely satisfied) , subjective health (1 = very good, 5=very bad), and trust in other people (based on three indicators, i.e. most people can be trusted vs. you cannot be too careful; most people try to take advantage of you vs. try to be fair; most of the time people are helpful vs. are mostly looking out for themselves). Low (factor) scores mean high trust, high scores mean low trust), and how serious is discrimination because of age (1= 5=). Also we included the opinion of the respondents about how serious discrimination because of age was in their country.

Analysis

To analyse the role of these independent variables we described the bivariate relationship between these variables and experienced age discrimination. Next we look for the effects of all these variables together on experienced discrimination by linear regression analysis. The regression outcomes were checked for collinearity. Design weight and person weight were included in the analysis. We used SPSS 20 for data analysis.

RESULTS

One out of seven Romanian old experience frequently discrimination because of their age, and four out of ten Romanian old never experience such discrimination (see Table 1).

Table 1: Experienced age discrimination among Romanian old, absolute numbers and percentages; 20 missing.

	Absolute number	Percentage
Never discriminated against	145	40.2
Almost never discriminated against	87	24.1
Sometimes discriminated against	80	22.1
Frequently discriminated against	49	13.6
Total	361	100.0

Pearson's correlations between independent variables and experienced age discrimination showed that two variables were statistically significant correlated, i.e. satisfaction with life as a whole and subjective health. Romanian citizens of 62 years and older, who stated they were dissatisfied with life as a whole, experienced more frequently discrimination because of their age as compared to those who were satisfied ($r = -.236$; $p=0.01$). Old Romanians with a good

subjective health experienced less age discrimination as compared to those with a bad subjective health ($r = .169$; $p = 0.01$). The same two independent variables contribute statistically significant in the linear regression analysis to explain the role of independent variables on experienced age discrimination (see Table 2). The adjusted explained variance is 5.2%.

Table 2: Regression analysis model with experienced age discrimination as dependent variable, standardized Beta, t value and level of significance.

	Standardized Coefficient	t	Sig.
	Beta		
(Constant)		,947	,344
Age of respondent,	,015	,233	,816
Gender	-,025	-,371	,711
Highest level of education	-,023	-,332	,740
Legal marital status	,034	,455	,649
Household's total net income	,087	1,099	,273
Born in country	-,075	-1,233	,219
Belong to minority ethnic group in country	-,022	-,351	,726
Satisfaction with life as a whole	-,243	-3,642	,000
Subjective general health	,149	2,201	,029
Trust in other people	,041	,642	,521
Seriousness of age discrimination	-,070	-1,096	,274

DISCUSSION.

The proportion of people of 62 years and older to be discriminated against because of their age in Romania is higher as compared to all European citizens. In

Europe, over half of the old citizens reported never to be discriminated (52%) (3); in Romania it is 40%. Frequently discriminated against is reported by 14% of old Romanian citizens; in Europe it is

11% (3). It is not known whether discrimination because of old age is increasing in Romania in the last years. Such a trend, however, is reported in Europe (14). Whether this trend is related to the growing concern about ageing of society is not clear yet. However, research shows that (non-old) European citizens seriously worry about the consequences of ageing (9).

Satisfaction with life and subjective health were strongly related to experienced age discrimination in Romania. Because this study is a cross-sectional one, it is not clear in what direction this relationship has developed. Did discrimination affect satisfaction with life and subjective health or was it the other way around. Were people with bad health excluded more frequently? Whatever way, this study showed that a specific group of old Romanian citizens have to face various, serious problems in growing older; they reported dissatisfaction with life, bad health and experienced discrimination because of their age. They need special attention by social assistants as well as health care professionals.

It is remarkable that socio-demographic characteristics like gender or level of education were not statistically significantly correlated to experienced age discrimination; neither were total net household income or marital status. In other European countries such associations are found (2).

Otherwise than in an European study, no significant relationships were found between experienced age discrimination and seriousness of age discrimination in Romania or trust in people (3). Old

Romanians who did experience discrimination because of their age did not see age discrimination as a serious matter in their country. Neither did they express less trust in fellow citizens. It seems discrimination because of age is 'accepted' by old Romanian citizens. It is a 'fact of life'. More research is needed to understand these differences in research findings of Romanian old citizens as compared to old citizens in other European countries. The social-cultural context (old) citizens live in might explain this variation in findings (15).

Although more research is needed, the outcomes of this study showed that age discrimination is a serious problem for old Romanians. In Romania, public awareness about the difficult situation old citizens are living in may be largely absent. Who cares about the old? In Romania social assistance programmes and preventive health care interventions for (frail) old are rare. Actions to increase awareness of the needs of old people are recommended in Europe (16), but should be of higher priority in CEE countries. To 'beat' age discrimination 'rights' for the elderly is not enough (3, 16), because these rights are not guaranteed to be protected against discrimination neither do they create enough 'awareness' of the seriousness of age discrimination. Prevention of dependency and a larger role of old people in society could be more effective to reduce discrimination because of old age (17). Such measures should include an adequate income for old people and an accessible, professional primary health care system.

REFERENCES

- [1] Eurobarometer 2009
- [2] Rippon I, Oliviera C de, Demakakos P, Steptoe A. Perceived age discrimination in older adults. *Age and Ageing* 2013; doi 10.1093/ageing/aft 1 46.
- [3] Heuvel WJA van den, Santvoort MM van. Experienced discrimination amongst European old citizens. *European Journal of Ageing*. 2011 DOI 10.1007/s10433-011-0206-4.
- [4] OECD. Help wanted? Providing and paying for long-term care. OECD report 2011.
- [5] Eurostat. EUROPOP2008 convergence scenario. Eurostat 2008

- [6] Mladovsky P, Alin S, Masseria C, Hernandez-Quevedo C, McDaid D, Mossialos E. Health in the European Union. Trends and analysis. World Health Organisation, Copenhagen, 2009
- [7] Stuckler D, King L, McKee M. Mass privatisation and the post-communist mortality crisis: a cross-national analysis. *The Lancet* 2009; 373: 399-407
- [8] Olaroiu M. Long-term care for frail elderly in CEE countries: the case of Romania. Forum on Nursing Home Medicine, Stavanger, Norway 2008
- [9] Heuvel WJA van den. Value reorientation and intergenerational conflicts in ageing societies. Accepted 2013.
- [10] Teaster PB, Anetzberger GJ. Elder abuse in contemporary society: programs, policy, and politics. *Journal of Elder Abuse and Neglect*. 2010; 22: 3-5
- [11] Pascoe EA, Richman LS. Perceived discrimination and health: a meta-analytic review. *Psychological Bulletin* 2009; 135: 531-554
- [12] Vernon AE. Designing for change: Attitudes toward the elderly and intergenerational programming. *Child & Youth Services*. 1999; 20: 161-173.
- [13] Coffé H, Lippe T van der. Citizenship norms in Eastern Europe. *Social indicators research*, 2010; 96: 479-496
- [14] Eurobarometer 321. Poverty and Social Exclusion. Special Eurobarometer Report 321. European Commission, Brussels, 2010
- [15] Tesch-Römer C, Kondratowitz HJ. Comparative ageing research: a flourishing field in need of theoretical cultivation. *European Journal of Ageing* 2006; 3: 155-167
- [16] Giles L, Brewer ET, Mosqueda L, Huba GJ, Melchior LA. Vision for 2020. *Journal of Elder Abuse & Neglect*. 2010; 22: 375-386
- [17] Lahey JN. International comparison of age discrimination laws. *Research on Ageing* 2010; 32: 679-697