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### **Is there Active Ageing in the Post-Socialist Countries? Example of Croatia and Serbia**

Population ageing as a demographic process is undoubtedly a common challenge for all European countries. However, it seems to be particularly challenging for post-socialist countries due to their fragile economies, diverse problems in public services and finance, and low living standard of population comparing to advanced market economies in Europe. The two largest post-Yugoslav countries – Croatia and Serbia\* – belong to demographically oldest countries in the world mainly due to decades long below-replacement fertility accompanied by significant rise of life expectancy at birth as well as by permanent emigration of people in the most vital age. The process was specially intensified during the last three decades resulting in median age of population of 42.0 and 42.2 in 2011 for Croatia and Serbia, respectively; the share of population aged 65 and above is 17.7% and 17.4%, while the share of the oldest old (80+) is 3.9% and 3.6% in Croatia and Serbia (CBS, 2013; SORS, 2012). International emigration has been followed by internal rural to urban migration particularly since 1960s which introduced population ageing in rural areas much earlier than in cities. Currently, the pace of ageing is much faster in urban zones, especially in the most populated centres of the two countries, as the large population of immigrants from the earlier periods enters the old age. Thus, "greyed" rarely populated countryside is contrasted with growing concentration of old people in the urban centres. If we consider population ageing on an individual level as a chronological development that ought to be associated with an active way of life of people as they grow old, we encounter the issue of active ageing. This concept does not seem to be widely recognized in the two countries both on individual and institutional level. As a matter of fact, the results of the representative researches conducted during the last decade point to poverty and weak institutional and instrumental support as the major problems of the elderly population in Croatia and Serbia. In both states, majority of retired persons receive small pensions and do not possess life savings compared to most of EU countries, which makes pensioners particularly vulnerable group, facing a high poverty risk. Due to high share of youth among unemployed, retired persons are provided by almost no possibility for making additional income. At the same time, the increase in pensions do not follow the increase in the cost of living for a long period, which caused further deprivation of pensioners (Podgorelec, Klempić, 2007). However, elderly located in rural areas could generate additional income from work at the agriculture, or from tourism at the coast. Besides, due to high unemployment rates and generally low living standard, it is not unusual for pensioners to support their own children and/or grandchildren in spite of small pensions.

For instance, the World Bank-inspired Living Standards Measurement Surveys (LSMS) were conducted relatively recently in both countries (World Bank, 2007; SORS, 2007). As of July 2013, Croatia joined the EU as a full member, but the living standard of its population still significantly lags behind (by 39 per cent in 2012) the European average, which allows us not to put an out-of-date label on the mid 2000s surveys. Even if Croatia stands for the country of higher living standard when compared to Serbia (CIA, 2013), poverty indicators resulted from the surveys show that elderly population is almost equally endangered in both countries. The incidence of poverty is highest among households headed by the elderly, who face a poverty risk twice the average. Even though only one-fourth of the population belongs to households headed by an elderly person (65 years or older), this group accounts for almost half of the poor. Female-

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\* excluding Kosovo UNSCR 1244

headed households have a higher risk of poverty than households headed by males. Within households headed by elderly people, those who do not receive pensions are particularly vulnerable, facing a poverty risk more than five times the national average. Even those receiving pensions have almost twice the national average poverty risk. The elderly are much more likely to live in smaller households – typically those with only one or two members. This is especially true of the elderly poor, more than four-fifths of whom live in such households. Finally, the findings from Croatian survey confirm that people in households with elderly heads have a significantly higher risk of poverty than the overall population (World Bank, 2007). Despite changes in the way of life - decrease in the number of family members, increasingly frequent forms of single-parent families and the employment of women, who were traditionally the most important providers of all forms of informal care, the family is still the basic source of emotional, informational and instrumental support for elderly people in Croatia (Podgorelec, Klempić, 2007). Even though the overall increase in institutional capacity for long-term social care provision of elderly has been registered during the last several years, as well as the development of social services and professional care for elderly people living at their home, all that improvement seems to be too small with regards to the needs of this fast-growing population.

The results of the LSMS conducted in Serbia indicated that the poverty rate of the elderly is higher by 45% than the average of total population. Furthermore, the risk of poverty is higher by 40% with the elder population than the average percentage for the population of Serbia (SORS, 2007). Similarly to Croatia, the research shows that old women are poorer than men of the same age; the highest poverty rate, from the point of education, is amongst the old people who do not have the primary school degree; the high poverty rate has been confirmed for the elder population in rural settlements, too. Material provision of the family is the most important method of the social policy in Serbia (Satarić, Rašević, Miloradović, 2009), but given its small amount persons receiving financial family benefits are amongst the most vulnerable part of the elderly people. The assumed condition of their health, their ability to function in everyday situations, their emotional status, the quality of living and household characteristics are significantly lower in regard to the poor elderly people having their own income. The research conducted at the same period as the LSMS on the sample of elderly people aged 70 or more (Satarić, Rašević, 2007) show that in spite of the fact that as many as four out of five people in Serbia are chronically ill, the majority of the interviewees think that they are functionally capable of living in their own household. On the other side, according to the different surveys, home care is needed for the daily functioning of more than 80,000 elderly people, especially for around 27,000 of those who are completely immobile. Yet, by tradition, elderly people in Serbia who need help in everyday life rely primarily on family support, as much as 80 per cent (Satarić, Rašević, 2007; Matković, 2012). Recent surveys show that 5 per cent of elderly persons receive attendance allowance; 0.7 per cent is accommodated in institutions, while just 1 per cent of elderly received some type of support through home care community based services. The overall research results have shown that institutions have marginal role in the network of supporting the elder population in Serbia.

According to recent survey results in both countries, it seems that the concept of active ageing, as defined by the World Health Organization (2002) as “the process of optimizing opportunities for health, participation and security in order to enhance the quality of life as people age”, is still not fully recognized nor on individual level neither institutionally. On the contrary, the "climate" of early retirement viewed as a chance for passive ageing seems to be still relevant philosophy of majority of population in both countries. Such a practice dates back to the period of socialist Yugoslavia characterized by enormous

share of disability pensioners due to the system corruption). In Croatia, the share of disability pensioners in total number of retired persons is 25.7% in 2013 (Croatian Pension Insurance Institute, 2013) and in Serbia, is 21% in 2011 (Zdravković et al, 2012), which is still at least double the value in most European countries. Generally, the numerous population of pensioners in both countries resulted not only from the population ageing, but also from practicing the early-retirement policy as a tool for decreasing high unemployment rates caused by the clumsy transition from the planned economy of socialist Yugoslavia to the market based economy. This wrong policy resulted in permanently negative effects on the structure of pensioners, but on the quality and style of life as well since the voluntarily or forced early retirement of healthy and productive mature persons cannot be considered acceptable.

The age of 65 years is commonly accepted as the threshold for elderly population, not only in demography. Yet, some authors define old age as beginning when people are at ages where remaining life expectancy is 15 or fewer years. Even it may not be the best way to determine which individuals are old; this method based on prospective age provides simple population-based measure which could be used for comparative analysis across the populations (Sanderson, Scherbov, 2008). In Serbia, persons regardless of sex who reached the common threshold of old age, i.e. 65 years of age, still cannot count on remaining life expectancy of at least 15 years while in Croatia only females at age 65 can expect to live longer than 15 years (18 years in 2008). Indeed, there was almost no significant improvement in life expectancy at age 65 for both sexes as of 1971 in Serbia. Reducing the mortality of elderly people requires significant lifestyle changes, which appears to have been a much more difficult challenge for the Serbian population (Kupiszewski et al, 2012). Similar mortality pattern was observed in Croatia. Finally, if we adopt the definition of old age that takes into account history of given country, only Bulgaria (17.4% in 2011) is ahead of Serbia (17.1%) in Europe by the proportion of the population that has a remaining life expectancy of 15 years or less, while Croatia (15.4%) is ranked at sixth place on the list. Furthermore, the projection of this indicator by 2050 shows that Croatia (21.1%) will be in top three European countries while Serbia (20%) will drop to sixth place on the list but with also high share of the population that has a remaining life expectancy of 15 years or less (IASA, 2012).

Currently, the concept of active ageing seems not to be in the very focus of the governments in Croatia and Serbia, on the contrary. Even though recent strategic documents contain active ageing component, there are still no concrete measures that could serve elderly population to actively join various activities primarily in their local community, that could use an advantage of experience and knowledge of elderly for the well-being of the community itself, which in turn induce active ageing reflected in raising of an individual's life quality and reducing of community costs for care protection of elderly. Given the certainty of increase in both projected number and share of elderly population according to the probabilistic population projection (Zdravković et al, 2012; UN, 2013), the issue of active ageing will undoubtedly emerge as one of the central strategic cornerstones in both countries. Finally, it is important not to neglect the effect of emulating more developed countries, as well as the EU's pressure to adequately respond to the needs of the elderly.

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