Causes and consequences of increased aging trend in modern society

Abstract

This paper analyzes the causes and consequences of the increased trend of population aging in contemporary society expressed in several previous decades. This refers to increasing the share of the population aged between 60 and 65 years and over (chronological criteria are defined in the modern age in relation to age in which the working activity stops, they can not be applied to African countries), that is the share of the elderly population of 7 (and more) percent of the total population. As a result, we have the increased number of demographically old societies. Aging is a biological process, but also a social construct, because at different times and in different societies are differently set boundaries of age, attitude towards aging, status of elderly people and the like. The most important demographic characteristics that cause aging of the population in modern society are: lower fertility, lower mortality (especially the older groups) and migrations. Accelerated aging of the population undermines the economic and social balance in the society in which it is expressed (increased pressure on funds of social, health and pension protection) it requires the increased investment effort to deal with this problem and its resolution, but there are consequences for individuals (loss of autonomy, loneliness, illness, etc.). In recent years, the attitude towards old people and the experience of aging have changed due to an improvement of the overall quality of life (working and living conditions, progress in the field of medicine), which gives an opportunity to the people of this age to lead a full life of different activities (travel, education, acquisition of new skills and the like.). Although progress was made in terms of human rights, quality of life and the situation of old people in society,
there are still various problems that they face (social exclusion, poverty, violence, etc.). In contemporary society have been undertaken various activities which aim to promote a positive attitude towards the old (er) people and to prevent discrimination based on age.

**Keywords:** aging, old people, the causes of aging, the consequences of aging, active aging.

**Introduction**

The aging of the population, that is the increasing of the proportion of the population between 60 and 65 years old and over in the total population, in the past few decades in all parts of the world becomes a reality. So, this demographic process is not present only in developed countries but also in developing countries. Here we do not mean individual aging as an inevitable biological and anthropological process for every man, but the “increase of the percentage of aged population in the total, as well as an increase in average age, index of aging and the like.” According to the classification of the aging types of the population that have been adopted by the United Nations, old are those societies that have more than 7% of people aged 65 years and over in the total population. In human history has never been recorded such a large

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5 Other ways to classify the population by age groups are: the ratio of old people and the working age group, the number of elderly population in relation to the contingent of young people, etc. Dragana Vilić, Causes and Consequences of Demographic Processes and Changes in Contemporary Society, *Sociological discourse*, year 5, number 9, Scientific Association of Sociological discourse, Banja Luka, 2015, p. 34.

6 Gustav Sundberg, Swedish demographer, has defined three types of people: the progressive (high rates of population growth and young age structure), stationary type (moderate rate of population growth and a balanced age structure) and regressive type (negative growth rates of the total population and a high proportion of the elderly). Goran Penev, *The Old Age*, In: Aljoša Mimica and Marija Bogdanović, *Dictionary of Sociology*, Institute for Textbooks, Belgrade, 2007, p. 588 – 589.
number of old people. People are living longer and are healthier in old age compared to the previous generations of people of the same age. Period of life without disability in the elderly will increase in the 21st century. Although it is noticeable the accelerated aging of China's population, still demographically the oldest countries except Japan, are in Europe (according to UN data from 2009, the proportion of old people on the European continent in the total population was in the middle of the last century 8.2%, in the early 21st century 14.8% and it is projected to be in 2050, 20.8%). Thus, it can be clearly seen that these countries in the observed period have gone from the stage of demographic maturity to the stage of deep demographic age... Aging is a biological process, but it should be seen from different aspects (social, cultural and psychological). Accelerated aging of the population undermines the economic and social balance in the society in which it is expressed, it is a burden on families, communities, countries - it requires an increase in spending on health care, home care and adequate housing. Considering the problems and challenges that entails the aging population, it is necessary the scientific approach in seeking solutions to the problems with which this part of the population is facing. In recent years, people’s attitude towards the aging process is changed, it is the experience of aging that is changing - it is no longer associated with the end of life, but also represents a new phase in the end of adulthood, which is characterized by productive and creative engagement. However, in the elderly age, people find themselves in financially disadvantaged position compared to the rest of the population (lower revenues, loss of status, etc.). Also, due to the increasing number of elderly population, there

is a “problem of the so-called commercialization and commodification of aging, as evidenced by a proliferation of new homes for the elderly and infirm.”

In contemporary society can be observed a new quality of the old age, the age and the health heterogeneity of the older population, but about this part of the population is still talked through prejudices and stereotypes as weak and passive entities that are often the basis for their marginalization, discrimination and stigmatization, but also and self-isolation, poverty and so on.

The notion of an aging population and aging

Although aging for a long time has been approached primarily from a biological point of view, it has always occupied the attention of scientists who have studied the social reality, but it was not specifically studied, but by the way, in the context of the other research. With the demographic changes in the second half of the 20th century, increasingly, attention is directed to the aging population - a scientific approach to aging is changing, it is being placed at the center of the social research. To this contributed the development of gerontology as a multidisciplinary field of study that examines the aging in a social context, but also includes other aspects - physiological, psychological (especially when considering the individual experiences of aging), cultural (symbolic construction of meaning/the performance of aging) and the like. Although the boundaries of gerontology are not clear, it is certain that a significant number of social research contributed to the development of interest in aging and to its understanding. Bengtson and colleagues point out the

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17 As a forum for researchers from different fields (sociology, social policy, medicine, social work, psychology, history, social anthropology and economics) and all who are interested to promote understanding of aging and the elderly in the UK was established the British gerontological society in- an attempt to put the aging at the center of social research, and many of its
shortcomings of the study of aging in terms of social gerontology, namely that it is not conceptualized through some theoretical framework.¹⁸

In the opinion of many authors in sociology appeared relatively late the interest in aging, and in the second half of the last century were allocated three dominant sociological approaches to aging: the theory of reduced activity (the elderly need to assign the roles, authority, activities to younger people and to assume new, appropriate to their psychological and physical capabilities), the theory of active aging (for the activity of old people and the realization of benefits for themselves and society, it is necessary for them to have a positive experience and attitude towards aging) and conflicting theory of aging (discrimination and prejudice against aging are structural obstacles to the realization of potential and achieving the good psychophysical health in elderly people).¹⁹

members and participants of conferences to promote the welfare of the elderly. Mostly, gerontologists in the academic community are in the departments of sociology, social policy, social work, various forms of health studies, medical schools, including geriatric medicine and care. Within the study departments (social, medical, biological) in the UK there are a number of gerontological research centers or institutes. Gerontology is seen as a research field that relies on the general perspectives and insights of social science, a course in social gerontology at universities is organized in three ways: as part of the basic program of courses in sociology, social policy, health studies, there are individual courses from gerontology; Postgraduate programs in gerontology at universities; short programs and courses at some universities for professional qualification and further training of people to work with the elderly, which already have a degree in another field. However, vocational training and training for working with the elderly are conducted outside the academic institutions (for example, voluntary organizations). The aim of all these activities (the program) is the practical training of people to engage in work with the elderly. Anne Jamieson and Christina Victor, Researching Ageing and Later Life: The Practice of Social Gerontology, Open University Press, Philadelphia, 2002. p. 8 – 9. Unlike the UK, where there are no studies in the field of gerontology at the undergraduate studies in the US in 1999 on a large number of colleges and universities have programs in the field of gerontology at the undergraduate studies. Kart, CS. and Kinney, J. M. (2001) The Realities of Ageing: An Introduction to Gerontology. Boston: Alan and Bacon. p. 537. In: Anne Jamieson and Christina Victor, Researching Ageing and Later Life: The Practice of Social Gerontology, Open University Press, Philadelphia, 2002. p. 8.

¹⁸ „In a study of published literature in eight leading journals in social gerontology from 1990 to 1995, was observed that even in 80% of articles containing empirical research on aging lacked the theoretical framework“. Bengston, V., Burgess, E. and Parrot, T. (1997). Theory, explanation and a third generation of theoretical development in social gerontology. Journal of Gerontology: Social Sciences, 52(B), 72–88. In: Krešimir Peračković and Nenad Pokos, In the old society - some socio-demographic aspects of aging in Croatia, Social Issues, Zagreb, Year. 24 (2015), No. 1, p. 93.

In order to define the age, the social demographics uses purely statistical terms (age groups, cohort) and anthropological and sociological terms (age, generation). “Age is determined as the calendar and the chronological age, ie. the time interval from birth to specific, relevant events (census, marriage, birth, death, leaving the place of residence, etc.). This lapse of time that has elapsed can be expressed by completed years of age or the age distribution (date of birth) of the individual. Age group is made up of people of the same age, and the group interval can be of a different length, one, five or ten years. From the viewpoint of demography are determined in order to define the age very high-precision numerical criteria on a global level - all people aged 65 years and over. According to the classification of age types of population that have been adopted by the United Nations, if the total population has more than 7% of the population older than 65 years, we can talk about the old population. In all populations around the world is being increased the number of elderly people - in the United States, Norway, Sweden, the UK and Japan there is about (or more) 15% of these people in the total population. In contemporary society can be observed the age and the health heterogeneity of the old people. Both in terms of health care, but also for research purposes, this group is divided into the old younger ages from 65 to 74 years, the old older people aged 74 to 84, and the oldest people ages 85 and older. Within these groups there are differences: the weakness and disability rates increases with age, but in different groups of old people there are variations in terms of health, welfare, disability and the need for health care. In the past 50 years in all these age groups there was a decrease in mortality rates and disability.

However, we must bear in mind that the term of the old or the elderly - a chronological age of 65 years and more, can be understood and applied in de-

21 Young - less than 4% of the older population, mature - from 4 to 7%, old - more than 7.0%. Mirjana Bobić, *Demography and Sociology - Connection or synthesis*, The Official Gazette, Belgrade, 2007, p. 167.
veloped countries, in the Western context, but not in the countries in Africa. This definition is to some extent arbitrary, often associated with chronological age when someone is retired. However, it has been agreed that the chronological and biological age that are taken as references of the threshold of age are not necessarily synonymous.25 According to some authors, chronological criteria are not strict in determining the boundaries of age, but they are a product of our time, and are artificial structures derived from socio-economic coercion, that is to coincide with the moment of termination of the labor activities of people (withdrawing into retirement).26 Regarding the African continent, in the determination of age should be combined social, chronological and functional factors (aspects), and that chronological age for determining the age is 50 or 55 years. And that is arbitrary, because the actual dates of birth of people are often unknown (sometimes there are no official records), there is a different experience and determination of age in a particular community, people who are living in rural areas and work outside the formal sector do not retire, their lifespan is significantly lower, so as the number of the elderly population, which makes it difficult to compare these data with data in other parts of the world. Therefore, in the absence of accepted and acceptable definition of the “old” people, the World Health Organization (WHO) uses the age when a person realizes the legal right to use pensions that governments in developing countries take into account as a standard for defining “old”. This is usually the age of 60 or 65 years of age, where are observed gender differences - the definition of these limits has often been lower for women (aged between 45 and 55 years) than for men (aged between 55 and 75 years).27 According to

27 Thane P. The muddled history of retiring at 60 and 65. New Society. 1978;45(826):234-236. When it comes to developing countries, research results of the international anthropological studies that have been conducted at the end of the 70s in many areas of Africa, which were published in 1980, serve as a good basis for defining the boundaries of age. The definition encompasses three main aspects of people's lives: chronological age, changes in the social role of (changes in working patterns, status of adults in relation to children, menopause, etc.) And change / weakening of the ability of the person (change in physical characteristics, senility, etc.). The results of this study indicate the importance of cultural factors - changes in the social role of the person, in determining age in developing countries. Glascock AP, Feinman SL. A holocultural analysis of old age. Comparative Social Research. 1980;3:311-32. The results of subsequent research in Nigeria in terms of perception in the beginning of the age are not in accordance with the results of previous studies, where in all age groups was similar perception of the beginning of the age, similar to the definitions in Western societies, with the differences between men and women. However, the explanation for this may be sought in the specificities
the Labour Force Survey EU-28 in 2012 conducted among persons aged 50 to 69 years, the average age of people who went into retirement amounted to 59.4 for men and 58.8 for women.\textsuperscript{28}

The causes of the aging of population - factors that shape the age structure of the population in modern society

Global aging of the human population has sparked a lot of interest but also a growing concern - Aging of population is also present in China, India, Mexico, Italy and Japan, due to the unexpectedly rapid fall of the birth rate and the large number of the cohort of the old population (survival of the population in the older age). This created a completely “new pattern of generational relations” and the transformation of societies in all aspects. The average life expectancy has doubled during the previous century - and today in the world there are more elderly people than the number of small children.\textsuperscript{29}

The most important demographic characteristics that cause aging of the population in developed countries (and developing countries) in the past few decades are: lower fertility (causes reduction in the proportion of young people and increasing the share of the elderly), lower mortality (especially the older groups because of improved conditions in which people live and progress in medicine) and migration (they do not directly influence the formation of the age structure at the global level - the selectivity of migrants by age in areas of extreme immigration/emigration).\textsuperscript{30}


\textsuperscript{28} The smaller average age for men is in France, Cyprus, Portugal, Italy, Luxembourg, the UK, Spain and France (gender differences are not greater than 0.7 years). In Sweden and the Netherlands are the highest average age of retirement and there are no gender differences, while in the eastern states of the EU and the Baltic countries women retire earlier than men (in Croatia on average 4.1 years earlier than men, while in Slovakia, the Czech Republic, Slovenia, Poland and Hungary, on average, 2.3 years earlier than men). Eurostat Statistics Explained, EU labour force survey (2012.), http://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary: Labour_force_survey_(LFS) [12/07/2016]


elderly in the total population in the developed (and less developed) countries is the result of increasing the life expectancy of people, but also the low level of fertility over a long period of time and the decline in the number of young people in the total population. “On the aging of population, primarily operates the decline in fertility rates, or ‘aging from the bottom’ of the population. Thus, in European countries since the mid-sixties to the end of the last century, the average fertility rate almost halved, and there is now significantly fewer young people in the total population who are the backbone of the future working age. Another cause of population aging is the increase in life expectancy which some authors call “the aging from the top” or graying of the population.\textsuperscript{31} Also, a very important aspect of the aging of population means the progressive aging of the elderly, that is the increase of the share of people aged 80 years in the total population. In all EU member states in the past few decades, is being increased the life expectancy\textsuperscript{32}, The reasons for this can be found in the declining rates of infant mortality, as well as a reduction in mortality of elderly people, thanks to advances in medicine, improving the working and living conditions. The causes of changes in the demographic structure of the EU-28 can be traced to low birth rates and increasing of the life expectancy.\textsuperscript{33} Of the total number of children born in the post-industrial society, 85% of them can be expected to live to 65 years, and many of them will live another two decades of relatively healthy life.\textsuperscript{34} For these reasons, it is expected to increase the number of older people in all countries, who will live longer and be healthier than previous generations at the same age. In ad-

\textsuperscript{31} Vlado Puljiz and others., \textit{Social policy: History, Systems, Glossary, Faculty of Law, University of Zagreb}, Zagreb, 2005, p. 154.

\textsuperscript{32} Life expectancy: “the average number of years of life to experience the individual in a society in accordance with the expected demographic and health trends. Life is usually measured after one year of birth or age of 60/65. These data serve as an indicator of the health status of the population, or as an indicator of the longevity of the elderly population (especially when assessing the length of the period in which a person will receive a pension.” Vlado Puljiz and others., \textit{Social policy: History, Systems, Glossary, Faculty of Law, University of Zagreb}, Zagreb, 2005, p. 449.

\textsuperscript{33} Older people are often more prevalent in rural and remote areas of the city, although it is not the case with some eastern EU member states (for example, in Poland - Warsaw and Lodz). If we look at the elderly by place of birth, according to population and housing census in 2011, 90.4% of the elderly in the EU-28 are residents in the country of birth, 5.5% were born in another EU Member State and 4.1% were born in another country outside the EU. Eurostat Statistics Explained, \textit{People in the EU – statistics on an ageing society}, June 2015. http://ec.europa.eu/eurostat/statisticsexplained/index.php/People_in_the_EU_%E2%80%93_statistics_on_an_ageing_society [12/07/2016.]

dition to increasing the number of healthy elderly people it will increase the number of disabled and infirm elderly. At the global level, today the elderly are healthier and there is less disability compared to the previous generations of the same age. However, due to the large number of people who survive in the old age, it will increase the number of elderly people with disabilities.35

In fact mortality is present in all generations, with the proviso that there are observed differences in traditional and contemporary mode of mortality, as well as gender specific differences in mortality. “In traditional demographic regimes high mortality of infants and young children was accompanied by high fertility, shorter life expectancy, especially for women (of reproductive age), the rapid shift of generations within the family and domestic groups and the like. In contrast, the mortality transition from higher to lower levels, primarily affected the reduction of child mortality, maternal followed, and finally the mortality of older generations. Thus, in the modern mode of mortality there was a significant prolongation of life expectancy, especially for women, but also the decline in the birth rate and the expressed aging process (from the bottom and top of the population pyramid). Mortality of the population, especially the male exerts a powerful action in time of war and large-scale social crisis.”36 The next factor that shapes the age structure of the population are migrations. In some countries and regions are increasingly moving residents from different parts of the world, and some have more emigration. The tendency to relocation is observed somewhat more at “younger, middle-aged people (20 to 30, 40 years of age), singles, or people outside of marriage and with no children. In the internal migration over short distances, is somewhat greater participation of women (generally of bachelorette characters), while migration dominated by men are usually more durable at higher distances and of encouraged economic pull factors. In contrast, in the forced migration or humanitarian are mostly involved women and children.”37 Migration movements in countries in which people move in yields multiple benefits, and for the countries from which they emigrate multiple losses (psychosocial, economic, cultural and demographic resources), because immigrants who are young, educated, who possess the knowledge, skills and experience will form a marriage and family in the new, immigrant environment, contributing

37 The Same, p. 167.
Increasing the number of demographically old societies

As of the middle of the last century has increased the share of the elderly and is reducing the proportion of young people in the developed (and less developed) countries it has led to the increase of the age coefficients. These changes have suggested the new demographic period in which there will be an increase in the share of people aged 65 years old and over in the total population, rapidly aging of the populations of these countries. Towards the end of the last and the beginning of this century, this phenomenon is particularly pronounced and in the world today we have a large number of demographically old societies. In the period from 1950 - 2000 the number of people aged 65 years and over has increased more than three times (from 131 million to 417 million). At the beginning of this century it is faster the process of demographic aging of the population, so according to the projected pace of

40 The aging index (the ratio of people aged 60 years and over compared to people aged 0 - 19 years) and biological index (the ratio of people aged 0 - 14 and people aged 60 years and over). More in: Mirjana Bobić, Demography and Sociology - Connection or Synthesis, The Official Gazette, Belgrade, 2007, p. 156.
aging, the number of the elderly in the future would increase by more than 10 million per year. This would mean that in the world in the mid of this century, the share of people older than 65 years was 16.2% compared to the rest of the population, while in the other developed countries was 26.2%. Rapidly is increasing the number of countries where the number of elderly people reaches 2 million (in 2000, 31 countries, and it is expected to double the number of countries by the year 2039).\textsuperscript{41} The percentage of the elderly population in the middle of the last century in the world was 5.2% and 6.9% at the end. At the beginning of the 21st century in the most of developed countries, but also in some less developed, the proportion of the older population is higher than 7% in the total population (US 12.4%, Japan 17.6%, Sweden 17.2%, Norway 14.8%, Czech Republic 13.7%, Poland 12.5%). On the other hand, the underdeveloped countries have a different situation - an extremely high population growth rate and large share of young population (Pakistan 3.5%, Mexico 5.0%, Brazil 5.9%). The European continent has the highest percentage of the older population (14.7%) and the African the smallest (3.3%).\textsuperscript{42} The total population in the countries of the European Union (EU-28) amounted to 506.8 million at the beginning of 2014. Broken down by age, 15.6% of people aged 0 to 14 years, 65.8% of people aged 15 to 64 years, while people older than 65 years were 18.5% (an increase compared to 2013 for 0.3%). The proportion of people of age 65 years and older in the total population was most recorded in EU countries - in Italy, 21.4% and in Germany 20.8%, while the lowest percentage was in Ireland, 12.6%. And in countries of EFTA it is similar situation as in the EU in terms of the share of the older population in the total population. If we look at all the European countries, with the exception of Turkey (7.7%), Iceland (13.2%) and Albania (12.0%), where the proportion of people aged 65 and over in the total population is relatively low but and in these countries is observed the trend of aging of population. In the early 2014, the average age of the population in the EU-28 was 42.2 years (Germany, 45.6 years old, Ireland 36.0 years, Albania, 35.1 years and Turkey 30.4 years).\textsuperscript{43}


\textsuperscript{43} Growth in the average age of the population in the EU-28 per year in the period 2004 - 2014
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Chart 1. The share of the population aged 65 and over, 1974, 1994 and 2014 (% of the total population)


From the above chart it can be clearly seen that in all countries of the EU-28 came to an increase in the older population in this period. From the 70s of the 20th century in many of these countries representation of the older population in the total population was over 10%, that in the coming period increased significantly above 15% (except in Luxembourg, Ireland, Iceland, Slovakia and Cyprus). According to estimates of the World Health Organization, the number of population older than 80 (and 85 years) in the first half of this century will increase by four times, and in 2050 will reach 395 million.44

was achieved in an average of 0.3 years (39.2 years in 2004 to 42.2 years in 2014). In all Member States of the EU-28 during this period increased the average age (5.4 years in Romania, and more than 4 years in Lithuania, Portugal and Germany). Eurostat Statistics Explained, EU labour force survey (2012.), http://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:Labour_force_survey_(LFS) [12/07/2016.]

The consequences of aging of population for society and for individuals

Data on the number of old people are important for the support of the working age population to elderly, it is important to consider the ratio of the older population in the total population to the working population. At the beginning of 2014 in the EU-28 rate of the dependent elderly population amounted to 28.1%, that is to say to every person aged 65 and over were about four people of working age. Unlike previous forms of organization of the family households within which were set the working activities and which individuals of all ages did not abandon, capitalism has transformed the work into wage labor, concentrating it in plants and other regulated and controlled places to work. Individuals must earn a salary that would meet their needs. However, the problem occurs when they do not have income - they do not work or are temporarily out of work due to unemployment or illness. So, here is evident that this transformation of work activities was detrimental to the elderly. Older people who must be withdrawn from the labor force because of the inability or desire to do so, they must be adequately taken care of financially, or face the risk of poverty. Since the beginning of the previous century was created the problem of age due to changes in the family, the transformation of work and increasing life expectancy of people.

In the beginning, the family reacted to the industrial mode pooling earnings of all family members, especially younger ones, but the real need for shared resources disappeared after establishing a social security system that stabilized incomes of older members. Longer life together of people at the end of the life cycle of the family, combined with a reduction in birth, have led to greater separation of generation and age differentiation within the family household. By reducing the intergenerational dependency at the beginning of this century, the meaning of kinship and marriage has changed - it have been

45 This rate in this period was 19.0% in Slovakia, Ireland and Cyprus 20.0%, Italy 33.1%. The countries where this rate is above 30.0% (three working-age people for every person aged 65 and over) are: Greece, Germany, Sweden, Portugal and Finland. Eurostat Statistics Explained, Population structure and ageing, June 2015. http://ec.europa.eu/eurostat/statisticsexplained/index.php/Population_structure_and_ageing#Population_structure [07/07/2016.]
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replaced by various forms, with an emphasis on individualism more than on kinship.\textsuperscript{48} So, all these changes in family and relationship to the child have consequences on individuals (the individual quality of life in older age) and society (increased pressure in the system of social protection, pension funds, etc.).\textsuperscript{49} “Increasing the proportion of older people will have a great impact on the pension and health care costs in developed countries. (...) We should add the changes in family structure, the leading to so-called cultural defamiliarisation or the weakening of family solidarity, and that means increasing social risks to which it is exposed an increasing number of people once cared for within the family.”\textsuperscript{50} The aging of population and the extension of the average life expectancy have consequences on the crisis of the system of pension and health care in industrialized, middle-income as well as in post-socialist countries and the burden on the national economy - an increase in public expenditure, pension costs (longer period will be paid as a result of the increase in life expectancy\textsuperscript{51}), social benefits and services (for people older than 80 years of age health care costs were 10 times higher than for residents in the working contingent of 15 - 64 years, public expenditure on pensions in the EU in 2000 amounted to 10.4% of GDP in OECD countries amounted to 9% in 1990, and is projected the increase to 17% in 2030, in some post-socialist countries - Azerbaijan, Croatia, Estonia, Kyrgyzstan, Lithuania, Moldova, Poland, Russia and Ukraine - is projected the increase of expenditures an average of 8.1% of GDP in 1997/98, to 14.2% of GDP in 2050, etc.).\textsuperscript{52} These problems of high costs for pensions, are forcing to in the national economies seek ways of their reduction. The economic response to the risk of old age, with the goal


\textsuperscript{50} Vlado Puljiz and others., Social policy: History, Systems, Glossary, Faculty of Law in Zagreb, Zagreb, 2005, p. 260 – 261.


of improving the well-being of older workers, have the rich countries of Europe and Northern States. They organized their economies in the building of the global economy in terms of industrial complexes (the military-industrial, educational, financial, medical, gerontology, etc.), And some of them have support from the state (corporate welfare, tax breaks, regulatory incentives for private interests, subsidies, etc.).

By including people in income work, and developing various forms of social protection financed by funds of employees (health, pension and other insurance), have been provided specific resources to sustain life after termination of employment. This at the same time led to a weakening of the significance of the family in terms of providing different forms of protection, assistance and support to their older members, but also decrease of the pressure on them in this regard. However, this social group has not lost its importance not for an individual or for society. The birth of children is necessary, among other reasons, and to ensure the young working population, which will contribute to the maintenance and quality of social protection and pension systems. But still, it is a significant contribution of young people in terms of taking care of family members, friends and neighbors. In the US, the value of voluntary and unpaid activities related to taking care of family members, friends and neighbors helping and volunteering for nonprofit organizations, is totaling $ 161.7 billion a year, or 2,689 dollars per person at the beginning of this century.

Major world cities (New York, London, Paris and Tokyo) have a significant impact in and outside the national borders - centers of information, media, arts, education, top medical centers have a large contribution to the GDP of national economies and the like. However, there is no reliable information as to whether these influential cities are ready to respond to the “quiet revolution of longevity” (R. Butler), that is the extent to which old people live in them in isolation. These cities offer great opportunities for people who are healthy and wealthy, but for some they represent a threat to become lonely

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places. In the EU-28 countries, according to statistics, in 2013 there were 13.4% of households, which accounted for one person aged 65 or more years, mostly in urban areas. Here we raise issues related to “the social image of aging” (problems of nursing bachelor households, poverty and marginalization) and the problem of the “so-called. commercialization and commodification of aging.” “Because of the increasing proportion of elderly, it is increased the demand for health and social welfare and medical services, and there arises the problem of the so-called. commercialization and commodification of aging, as evidenced by a proliferation of new homes for the elderly and infirm.”

Thanks to modern highly developed technologies that enable new knowledge provides the possibility to older employees to remain competitive in the labor market and to avoid the early retirement. The education system, rather, the concept of lifelong learning and adult education plays a significant role in the activities for adaptation to demographic, economic and social changes. “People who are trained and then integrated into the labor market must have a longer life. At the same time, technological innovations are fundamentally changing the current professions. Globalization contributes to increasing professional mobility. For additional earnings after retirement, it is possible that people will have to acquire new skills. For all these reasons, it is necessary the new focus on lifelong learning and adult education.” Over the last decade activity rates of people aged 55 to 64 years of age has increased, and the intensity of growth remained the same regardless of the financial crisis. This trend will probably continue in the future - it will be increased the share of the working active older people, partly due to the movement of the age limit for

57 Most of these households is in Romania (18.6%) and in Lithuania (17.7%) and lowest in Spain (9.9%) and Cyprus (7.4%). In urban areas, older people often live alone. Almost half of women aged 85 and over are living alone (49.5%) and 27.8% of men. More than one third of women aged 65 and over in the EU-28 in 2011 lived alone (36.9%) compared with men of the same age over one-sixth (16.9%). Elderly people living in institutional households were mainly aged 85 and over (in 2011, 1.7% of those aged 65 to 84 lived in institutional households and 12.6% of those age 85 and over). Most older people prefer to live in their own homes rather than in an institutional house. Eurostat Statistics Explained, People in the EU – statistics on an ageing society, June 2015. http://ec.europa.eu/eurostat/statisticsexplained/index.php/People_in_the_EU_%E2%80%93_statistics_on_an_ageing_society [12/07/2016.]
58 Krešimir Peričević and Nenad Pokos, In the old society - Some Socio-demographic aspects of aging in Croatia, Social Research, Zagreb, Year. 24 (2015), No. 1, p. 92.
retirement, introducing a number of restrictions for those who retire early, due to the expressed wishes of some people to continue working, but also due to the economic reasons because of which they are forced to work. However, the proportion of the population aged 65 to 84 years who are still economically active, according to the census of population and housing census conducted in 2011 in the EU-28 was 6.8%, while for those aged 85 years and over stood at 1.6%. According to occupation, economically active people aged 65 to 84 years, 29.3% of them had occupations related to agriculture, forestry and fishing\textsuperscript{61}, which is six times higher compared to the proportion of interest in connection with these branches of activity in the total population (5%). Seniors are active working with the basic interest of 10.0%, compared to 9.6% in the total population, and managers 8.7% compared with 6.9% who continue to work in family enterprises. The level of income and savings, working conditions and relationship with other family members are factors that influence decisions relating to the withdrawal of older workers from the economic activities, paid work, but it does not mean withdrawal from all kinds of activities. The percentage of people surveyed who have reduced their working hours as they approached retirement, according to labor force surveys of EU in 2012, aged 55 to 69 years accounted for 7.1% of women and 5.9% of men.\textsuperscript{62}

The structure and direction of the effects of social policy, the directions of the reform of pension and health care systems in the developed or less developed societies, there is no doubt was influenced by the aging of population.\textsuperscript{63} Increase of the contingent of old and aging population and, at the same time, reducing the population of the younger and active population, puts a question mark on the sustainable development of such societies, and in the focus of public policy is put the increased aging of the population and are seeking the solutions to the problems with which this part of the population faces and strives to provide the conditions for the economic and social balance in these societies. In addition to measures of population policy aimed at encouraging the birth of a sufficient number of children to ensure the simple reproduction of the population, which were not shown to be efficient enough, “in the context of public policy are increasingly discussing pension systems and economic sustainability, particularly before the release of ‘baby boom’ generation

\textsuperscript{61} This average does not include people from: Belgium, Denmark, Germany, Spain, Italy, Lithuania, Netherlands, Austria, Finland and Sweden, as for each of the EU Member States there is no data.


\textsuperscript{63} Vlado Puljiz and others., \textit{Social policy: History, Systems, Glossary, Faculty of Law in Zagreb}, Zagreb, 2005, p. 154.
of working activities. Developed countries are already veterans in terms of the pension systems, but with them arises the need for reform, because the current demographic trends do not favor nor employees nor pensioners, unlike the situation of thirty years ago, when the ratio of active and inactive was significantly more favorable as a result of numerous working-age generation and the small number of pensioners. Today the situation is significantly different, because it is due to long-term changes in the reproduction of the population, the ratio of these two crucial categories for the economic stability essentially changed.  

In many societies in the world are driven activities related to improving the lives of people in the elderly age in all spheres (at home, at work and in society), but also the people of this age, promote self-help as a foundation for healthy aging in order to avoid / reduce dependence on the family and the state. Unexpectedly, in some societies, such as China, this idea has been accepted. In addition to releasing the pressure of work, retirement, and in this connection the marked beginning of a period of aging, sometimes to individuals create many socio-economic and psychological problems (loss of status in society, social exclusion, loneliness, etc.). However, all the old people do not face the same problems and have the same position, because the level of financial resources at their disposal, as well as the availability of emotional and medical support and earlier lived experiences affect the ability to maintain independence, the ability to participate in social life and health preservation. To some extent, the length of life and the ability of the elderly to maintain an independent life, depend on their health and how much are they able to live without disability. 

65 In China, due to the collapse of the social system and reducing the availability of child support, were encouraged the elderly to promote self-help (they do not expect to be taken care of by relatives, they are engaged in certain activities, etc.), reducing their dependence on the family and the state. Experience from Hong Kong testifies to this - group of the old people in city parks do Tai Chi, dancing the waltz and practice. See in: Jay Sokolovsky, The New Realities of Aging in Contemporary China: Coping with the Decline in Family Care Hong Zhang, in: The Cultural Context of Aging: Worldwide Perspectives. Edition: 3rd, Praeger, Westport, CT, 2009, p. 196 – 216.  
older people, improving their physical and mental well-being and increasing independence will depend on how much the environment/ space in which they live are designed according to their needs, weakening their ability and physical integrity, and not them to adapt to the environment.68

Active aging - changing perceptions and experience of the old age and aging (social, economic, cultural, spiritual and civic aspects)

Undoubtedly, age can be seen from the socio-historical and cultural aspects - attitude towards old people and aging is different in certain periods and in certain societies “the old age as inactive period, when a man retires from the labor sphere and retiring, is an invention of the modern age. Until then, the man worked for as long as he could. Graduating from an agrarian economy, where the old men traditionally owned land, to the industrial economy, where the work was no longer centered in the household, the old people have lost their authority. In the modern period, noting the status of the older people into the post-transitional societies, active aging offers a partial return of the authority and the usefulness of seniors, revaluing their skills and experience, and creates a predisposition for their social activity to be increased again.”69 Compared to the previous generations, today people in the elderly express the need for independence and are actively working to improve their personal development.70 Although modern information technology and the internet create a multitude of features and services that may use the older population, some older citizens still do not observe these benefits, or do not use them, but there is a growing number of those who use the Internet with enough self-confidence and active as younger generations. According to Eurostat data in relation to the use of information and communication technologies in the EU-28 in 2014, 38.0% of people aged 65 to 74 used the internet regularly or at least once a week (ten years ago 7% at least once a week). More than one fifth (22%) of older people uses the services of internet banking

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in 2014 (total population uses these services 44%), 25% for on-line reading (newspapers, visiting sites), 23% for on-line shopping, 10% joins the social networks (as compared to 46% of the total population).71 The aging is the age of life of people in which is not necessarily present illness, disability, poverty and the like, but the age when people can, exempt of many parental and professional responsibilities, participate in numerous activities.72 Older people at retirement have more free time to travel around their own country, to other EU countries or to further destinations. However, according to Eurostat data, from 2013, less than half of the EU population aged 65 and over participated in tourism (47.1%) compared with the population of 15 years and over (60.0%). However, if we look at all the age groups, the travel and participation in tourism depends on income. But, typical of the older population is the state of health, but also a high percentage of elderly people who have no motivation to travel.73

Changing attitudes towards aging and older people is noticeable in the past few years. As a synonym for independent and active life in old age benefits, the concept of the Third Age, which “appeared in the late 20th century with the recognition that social changes also transform the experience of people in the old age. This term is most often linked to people who, due to their health, and after retirement are able to lead a fulfilling life full of activities.”74 People in the elderly in modern society have an active and fulfilling life (they travel, go to school, acquire new skills, etc.). Years of life in which is seriously called into question the ability of people to take care of themselves are covered by the concept of the fourth age.75

71 In terms of internet use by the elderly population, there are significant differences between the northern and western EU countries (Luxembourg 79%, Denmark 76%, Sweden 76%, Netherlands 70%, UK 66%, Finland 62% and Belgium 52%), on the one hand, and the southern and eastern states (Croatia 15%, Cyprus 15%, Greece 12%, Romania and Bulgaria less than 10%), on the other hand. Eurostat Statistics Explained, People in the EU – statistics on an ageing society, June 2015. http://ec.europa.eu/eurostat/statisticsexplained/index.php/People_in_the_EU_%E2%80%93_statistics_on_an_ageing_society [12/07/2016.]
73 In 2012, a high percentage of elderly people who were involved in the tourism industry (60.0%) was recorded in Finland, Netherlands, Germany, France, Luxembourg, Ireland and the UK, while significantly lower percentage of elderly people is in most southern and eastern countries of the EU and the Baltic countries. Eurostat Statistics Explained, People in the EU – statistics on an ageing society, June 2015. http://ec.europa.eu/eurostat/statisticsexplained/index.php/People_in_the_EU_%E2%80%93_statistics_on_an_ageing_society [12/07/2016.]
75 Anthony Giddens, Sociology, Faculty of Economics, Belgrade, 2005, p. 179.
The concept of active aging\textsuperscript{76} was adopted by the World Health Organization at the end of the last century, considering it to be the complex concept that has different aspects (social, economic, cultural, spiritual and civic) and is not only physical activity, but social inclusion of the elderly - healthy and people with disabilities, the possibility for quality of life and to extend the period of healthy life in the old age.\textsuperscript{77} Although it is certain that the life expectancy increases and growing, however, in the analysis of longevity must be included indicators of quality of life. That is how seniors can expect to live without health problems, any form of disability or mental illness (for girls born in 2010 in the EU is projected healthy 62.6 years, 61.8 years for boys, for girls born in 2013 61.5 healthy years, for boys 61.4). For this reason, is set the indicator “the expected number of years that an old person spends in full health” (Healthy life expectancy - HALE), with the aim to show how many people have the potential to maintain an active and independent life, although according to demographic they are classified into the category of aging population, but they can not be seen as such.\textsuperscript{78} These indicators are important to take stock of the progress achieved thanks to the quality of health care. Activities on the basis of which is assessed the degree of disability of the population is their ability to perform one activity a day (bathing, dressing, treatment, transmission, nutrition and toilets)\textsuperscript{79}, and instrumental daily activities (use of telephone, grocery shopping, housekeeping and taking proper


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medication)\textsuperscript{80}. In all EU Member States women have a longer life expectancy than men, but there has been a decline in the number of years that the elderly of both sexes can live without disability or health problems. Population in Sweden of the older age can expect to live longer without any form of disability in relation to the aging population in any other EU country. The differences in terms of healthy life years after 65 years vary among Member States of the EU 28, while there are less pronounced differences between the sexes (in 2013 women in the EU-28 of 65 years could have expected additional 8.6 healthy years, and men 8.5 years).\textsuperscript{81} In the United States in 1987 the inability of the elderly to self-complete an activity a day at the age of 65 - 69 years has been 5-7%, and at the age of 85 years and over 28\%\textsuperscript{82}. More recent data show that in terms of failure to execute simple actions stated more men than women in all age groups of the older population (aged 65 - 69 years have the lowest rate - 5\% of men and 4\% of women, aged 85 and over have the highest rates - 37\% of men and 35\% women).\textsuperscript{83} Although people in the elderly tend to have more health problems, this does not necessarily mean that people in this age must face this problem and that they are unable to work. In addition to the necessary biological factors that affect the physical deterioration / aging of the body, there is also an impact of the socio-economic factors on the different manifestations of this process (the loss of relatives, loss of employment, separation of children, etc.).\textsuperscript{84} People in the elderly will face chronic degenerative


\textsuperscript{81} In Sweden, the elderly can expect the most healthy years (13.8 years for women, for men 12.9 years), the least in Latvia (4.0 years) and Slovakia (3.7 years). In the southern EU countries men have more healthy years compared to the older women. The biggest differences between the sexes were recorded in the southern EU countries: Spain, Greece, Portugal and Cyprus. Eurostat Statistics Explained, Population structure and ageing, June 2015. http://ec.europa.eu/eurostat/statisticsexplained/index.php/Population_structure_and_ageing#Population_structure [07/07/2016.]


\textsuperscript{84} Anthony Giddens, Physical effects of aging, In: Sociology, Faculty of Economics, Belgrade, 2005, p. 177 – 178.
conditions that restrict them, but they are healthier and more active than ever before.\textsuperscript{85}

Despite progress in terms of improving human rights in modern society, old people are facing discrimination (ageism - discrimination based on age). There are many stereotypes about older people about their (lack of) expertise, (in) productivity, (non) presence at work etc.\textsuperscript{86} In order to combat this kind of discrimination and to promote a positive attitude towards the elderly and the elderly in general, in the world today there are a lot of the groups.\textsuperscript{87} At the international level is expressed activity of a number of organizations related to improving the situation of the elderly people in society.\textsuperscript{88} Often,

\textsuperscript{85} Powerlessness is not necessarily the result of pathology and disease, but rather involves physiological changes and processes that reduce the ability to perform the necessary activities (reduced mobility, strength and response to external and internal stress, low levels of physical activity and weight loss, etc.) as well as the perception of health and psychosocial well-being. Douglas E. Crews and Susan Zavotka, Aging, Disability, and Frailty: Implications for Universal Design, \textit{Journal of Physiological Anthropology}, 25, 2006, p. 114. http://www.jstage.jst.go.jp/browse/jpa

\textsuperscript{86} Anthony Giddens, \textit{Sociology}, Faculty of Economics, Belgrade, 2005, p. 179.


\textsuperscript{88} After the First World Assembly on Ageing organized by the United Nations in Vienna in 1982 (adopted international plan of action on aging), followed numerous activities of the organizations at the international level with regard to improving the situation of the elderly. UN General Assembly brings in 1991 United Nations Principles for older people (Res. 46/91). The first of October was designated as the International Day of older people in 1991. In Madrid in 2002 was hosted the second Assembly on Ageing - adopted the Madrid Declaration and the Madrid national plan of action on aging. That same year, the European Commission for Europe (UNECE) adopted the Regional Strategy for the implementation of this Plan. Two years after the European Committee for Social Cohesion, the Council of Europe issued a Review of activities on aging in Europe. Ministerial Conference on active aging, held in Vienna in 2012 - adopted “Ministerial political declaration” focused on: participation, non-discrimination and social inclusion of the elderly, intergenerational solidarity, longer service life and ability to work, dignity, health and independence of older people. Respect and recognition of these rights of the elderly by the UN is indicated in the Article 25 of the Charter of Fundamental Rights of the European Union 2010/c 83/02 Treaty on European Union. Objectives, guidelines and priorities for action to reduce the negative consequences of an aging population, the European Union has set in their strategic documents: The Europe in 2020, Investing in a social Europe, the implementation of the European Fund for the period 2014 - 2020. With the aim of better understanding and better social inclusion of older people and putting emphasis on their independence and dignity, the Assembly of the UN in 1991 formulated the specific principles for older people, and in 1999 was declared a year of the old people. The European Union has designated the year 2012 as a year of active aging and solidarity between generations, which was to point out the potential of older people, the possibility of their participation in various socio-economic activities. For more, see: LEGAL INFORMATION CENTER, DRAFT OF STRATEGY OF SOCIAL WELFARE FOR THE ELDERLY IN THE REPUBLIC OF CROATIA FOR THE PERIOD FROM 2014 TO 2016.pdf. http://ipc.com.hr/hr_HR/propisi, [12/07/2016.]
elderly people are exposed to different types of violence, abuse, especially in the family. “The reasons for this treatment of the elderly often stem from the belief that older people are burden for society and that they do not contribute to the community and / or that their contribution is not valuable enough nor for family, nor for the community, which are prejudice and a precondition for discrimination. (...) It is also necessary to create policies that promote intergenerational solidarity and prevent discrimination and marginalization of the elderly.”

The promotion and respect of human rights and freedoms, respecting diversity and expression of tolerance in behavior, are prerequisites for improving the situation of vulnerable groups, and sustainable society.

Conclusion

Expressed process of demographic aging in developed (and less developed) societies at the same time requires increasing effort to respond to all the problems of this population - it represents a major challenge for social and health care, the pension system, models of care for the elderly, respect for their human rights, etc. Especially in the financial crisis due to reduction of the inflow of funds into funds of health and socio-economic welfare, the elderly are more at risk of poverty and social exclusion. Although older people are living longer and are healthier compared to a generation of people of the same age in the past few decades, there is no doubt that, compared to younger and middle-aged, people in the elderly have less ability to live independently, meeting the needs (biological and social), less psychophysical ability and so on. Of course, not all old people are facing equally these problems (socio-economic status, gender, etc.). In order to reduce the risk of poverty, social invisibility and loss of autonomy of elderly people, it is necessary to create conditions appropriate to their needs - physical and social environment, adequate and special regulatory framework for the realization of human rights, investing in the development of services and care for the elderly, etc. It is also necessary to encourage older people to get actively involved in society.

(politics, culture, economics, etc.) and on stand-alone, independent life. With this they do not only help themselves but the entire community realizes socio-economic benefits. Activities to raise awareness regarding the importance and role of older people in society (their knowledge and experience are not negligible), on eliminating stereotypes and prejudices regarding old people and the old age, improves the status of these people in society, promotes a positive attitude towards them and prevents discrimination based on life age.

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