

Aging and intergenerational care

C Rada

Anthropology Institute of the Romanian Academy, Bucharest, Romania

I. ABSTRACT

Objectives. The evaluation and identification of support flows within the family, and the people involved in helping the elderly.

Material and methods. Between 2016-2017 multiple questionnaires were applied to a total of 601 patients aged 55-93 years. In addition, between 2015-2017, face-to-face interviews with 50 subjects were organized on 4 themes, one on intergenerational support.

Results. The main beneficiaries of the respondents' support were children and parents (over 80%). The main providers of support to the respondents were children and parents (over 60%). Another major provider of support was the partner. Helpers were other relatives, but also religious community or clubs for the elderly. More than three-quarters declared that the most upsetting problems in the last year were those related to health, the lack of money and, at a great distance, the family tensions. Most mentioned that the greatest joys were the children, grandchildren, the family, followed at a great distance by travels. The type of support was based on age-specific needs. Individuals with bidirectional support, with the sense of usefulness, with a positive view of life, the extraverted and the sociable were better positioned.

Conclusions. In Romania, the family is preferred as concerns the care for the elderly. The most vulnerable elderly people are those with health problems and low incomes. Social isolation must be prevented through the civic and cultural participation of the elderly in society. The encouragement of people to monitor and improve their health should be constantly promoted.

Keywords: aging, intergenerational care, elderly, loneliness, solidarity

II. INTRODUCTION

Taking into account the growing aging of the population, the United Nations Organization launched in Madrid in 2002 the invitation of “building a society for all ages”. The Madrid International Plan of Action on Ageing was initiated, and a Political Declaration was adopted at the Second World Assembly on Ageing (Political Declaration and Madrid International Plan of Action on Ageing, 2002). This involves the integration and participation of the elderly in society, the adoption of measures to promote successful aging, the promotion of intergenerational relations based on co-operation. Romania had representatives at this meeting.

In 21st century Europe, especially in countries with a high standard of living, the existence of great-grandparents and of 3-4 generations at the same time is common. Demographically speaking, the phenomenon is quite recent. For example, before the Second World War, life

expectancy at birth was 42.0 years in Romania. Then the decrease to about half of the mortality rate per 1,000 inhabitants led to an increased life expectancy at birth of 63.2 years calculated in 1956. Then the increase was lower, reaching 67.33 years between 1968 and 1970.

Some important indicators for the elderly population registered in 2014 are summarized in the data provided by the National Institute of Statistics (National Institute of Statistics, 2016).

Life expectancy at birth in 2014 in EU-28 member countries was 83.6 years for males and 78.1 for females. In Romania, it was 4.9 years less for females and 6.7 years less for males.

Elderly people have less good health and higher mortality so that a good indicator of longevity is life expectancy at the age of 65. Life expectancy at 65 years in EU-28 member countries in 2014 was 21.6 years for women and 18.2 for men. In Romania, it was 3.5 years lower for both sexes. Knowing the number of years that a person can live is important for shaping policies related to pensions and elderly care, and largely reflects the living conditions of the population.

A subtler indicator, which Romania has calculated after the EU joining in 2007, is the healthy life expectancy that measures on the average period a person is expected to live at a certain age in good health, taking into account the specific rates of mortality, morbidity, and disability risk for that year. It is used to monitor the functional changes in the elderly population, aiming at ensuring and promoting active aging. It is estimated that at the EU level of life expectancy at 65, women and men can expect to have a healthy life of 8.6 years. In Romania, out of the life expectancy of 18.02 years for 65-year-old women, 5.7 years are expected to be lived in good health; as concerns the 65-year-old men, out of 14.68 years of life expectancy, 5.9 years are expected to be lived in good health (National Institute of Statistics, 2016).

The increase of life expectancy, of longevity, makes most people more or less in need to receive help. In the USA and Europe, it has not been identified a law obliging adult children to care for and support their elderly parents, as there is one according to which parents have to take care of their minor children, and yet most elderly people receive help from their children. Altruism and reciprocity are involved in these support flows.

Life expectancy increase makes most of the people to be more or less in need for support (Künemund, Motel-Klingebiel and Kohli, 2005).

Three main types of intergenerational support can be distinguished (Morelli, Lee, Arnn and Zaki, 2015): *instrumental*, practical support in the form of services, such as caring for parents when they are ill and disabled, caring for grandchildren, great-grandchildren by parents, respectively grandparents. *social, emotional* support such as visits, phone calls, attention, etc. *Financial* support, such as money given to children by their parents when they buy a house, or money given to parents by their children when they retire and their income is reduced or when they need health care.

In the context of the above-mentioned ideas, this study aims to evaluate and identify the support flows within family members, the people involved in helping the elderly, and their most recent problems and joys.

III. MATERIAL AND METHODS

DESIGN AND SAMPLING

This article is based on a quantitative cross-sectional study carried out (2016-2017) on a total of 601 patients aged between 55-93 years old without apparent problems regarding family. Patients were treated within Ana Aslan National Institute of Gerontology and Geriatrics. Table 1 displays the basic sociodemographic variables of the sample population.

IV. TABLE 1. SOCIODEMOGRAPHIC AND FAMILY CHARACTERISTICS OF THE PARTICIPANTS

Sociodemographic data	N	%
Gender		
Female	492	81.9
Male	109	18.1
Age groups (years)		
55-64	224	37.3
65-74	272	45.3
75-84+	105	17.4
Place of residence		
Urban	445	74.0
Rural	156	26.0
Marital status		
Married	318	52.9
Widowed	202	33.6
Divorced	55	9.2
Consensual union over 1 year	19	3.2
Unmarried (single)	7	1.2
Employment status		
Not working (pensioners (retired), housewife)	574	95.5
Working	27	4.5
Education		
Elementary/high school (up to 12 years of school)	167	27.8
Lyceum/ school of foreman in a profession	305	50.7
University degree	129	21.5
Children in the family		
0	57	9.5
1+	544	90.5
The number of family members living with the respondent including himself		
1	175	29.1
2	278	46.3
3	58	9.7
4	34	5.7



5+	56	9.2
----	----	-----

Based on the doctor's recommendation and diagnosis, up to 15 blood tests were performed (usual clinical parameters) on the patients. Several questionnaires on personality, depression, memory, quality of life, family, and an omnibus-type questionnaire with 36 items collecting socio- demographic data, data on behaviors harmful for health, opinions, and attitudes relevant to the health of the elderly were applied. The questionnaires were completed in the form of a face-to-face interview conducted by a psychologist with each patient. The response rate was 100%. In addition, between 2015-2017, face-to-face interviews with 50 subjects were organized on 4 themes, one on intergenerational support.

This paper explores some fragments of the interviews concerning the help received within the family as well as the answers from 5 items in the omnibus questionnaire, namely: 1. To what extent do you help (did you help) your close relatives (financially, emotionally, with cleaning or shopping, etc.)? 2. To what extent did your close relatives help you (financially, emotionally, with cleaning, shopping, etc.)? Variants of answer: grandchildren, children, parents, grandparents, brothers, sisters. 3. What other people help you in case you need it? Variants of answer: partner, friends, neighbors, other people namely... With the degrees of intensity: a lot, a little, almost not at all, it is not the case. Open questions: 4. What is the biggest problem in the last year that upsets you?

5. What are the greatest joys of the last year?

V. RESULTS

The option “it is not the case” was eliminated from the analyses.

Table 2 shows that the main beneficiaries of the respondents' support were children and parents. More than 80% of the respondents helped “a lot” their children and parents.

Table 2. The distribution of the respondents according to the intensity of their support to the relatives

Beneficiaries of the respondents' support %	A little, almost not at all	A lot
Grandchildren	27.5	72.5
Children	18.5	81.5
Parents	21.4	78.6
Grandparents	53.4	46.6
Brothers, sisters	49.1	50.9

The main support providers to the respondents were their children and parents. Over 60% received “a lot” of support from their children and parents (table 3).

VI. TABLE 3. THE DISTRIBUTION OF THE RESPONDENTS ACCORDING TO THE INTENSITY OF THE RELATIVES' SUPPORT

The support that the relatives granted to the respondent %	A little, almost not at all	A lot
Grandchildren	52.8	47.2
Children	32.8	67.2
Parents	39.3	60.7
Grandparents	58.1	41.9
Brothers, sisters	59.0	41.0

Another major support provider was the partner (table 4).

VII. TABLE 4. THE DISTRIBUTION OF THE RESPONDENTS ACCORDING TO THE INTENSITY OF THE SUPPORT RECEIVED FROM OTHER PEOPLE

The support received by the respondent from other people %	A little, almost not at all	A lot
Partner	17.9	82.1
Friends	62.5	37.5
Neighbors	69.1	30.9

The respondents mentioned other support providers, mainly relatives, such as daughters-in-law, sons-in-law, godchildren, godparents, brothers-in-law, sisters-in-law, uncles, aunts, and also communities like religious ones, or elderly clubs.

Asked about the biggest problems in the last year that upset them, over three-quarters of the respondents specified health problems related to themselves, to the spouse or to another family member, followed by the lack of money and at a great distance by the tense relationships within the family.

Asked about the greatest joys of the last year, most of the respondents indicated children, grandchildren, family, followed at a great distance by travels.

Below are some fragments of interviews, performed in 2015-2017, with suggestive life situations as concerns the intergenerational support flows.

“On a Friday afternoon, I met at the train station the parents of a former high school classmate (author’s note: the generation of 1976). They were beautifully dressed, they looked happy, and had some luggage. We greeted, exchanged a few words about myself and my parents, and asked them where they were going. They answered: “we are going to the children, as they celebrate 10 years since their marriage.” I asked them to send their daughter and their son-in-law my best regards and I wished them to have a nice time. They got on their train carriage and I got on mine. They had transmitted me a positive emotion. During the trip, I nostalgically remembered the high school years, the party for my classmate’s wedding, and other things of my youth. Then I thought that my mother told me when she saw me, “welcome my little girl,” though I was almost 40 years old. I found it interesting that they talked about their son-in-law as if he was their son. My parents, though they liked and accepted my husband, have never perceived him so close.

I turned on my laptop to write an article I was going to send to a magazine, as I had two hours of travel when I could do something. Yet, I could not do much, though it was necessary because I had a deadline for submitting the proofed document. I was visiting my mother’s house for the second annually almsgiving celebration since my father had died. I felt a mixture of annoyance and sadness because only three years ago, with the same train, they both had come to me and my husband to help us with the renovation of our house. Although my father was 72 years old and my mother 61 years old, they were pretty vigorous and energetic to get involved in the supervision of workers, cleaning, and other household chores and everything involved by those three weeks of renovation chaos. I had lived with my parents until I was 32 years old, in S (a small town), and I got married and moved to a distance of 150 km in B town (a big city). Almost always I felt and enjoyed the support of my parents in any form: money, advice, care, even after I had my own family. I was somehow annoyed by my

selfishness because they were truly listening and helping me almost every time, while I did not manage to fulfill their needs. I was so caught up with the professional

development that I did not allow myself time for anything else. I often told them of my dissatisfactions, my efforts at work, and they used to encourage me and talk to me about patience, diplomacy, emotional intelligence, and so on.

In the year my dad died I spent a week of holidays with my parents in their house in my hometown. I noticed that my father was eating very little and had lost weight, but I did not insist enough that he came with us to take him to a good hospital for investigations. When they accompanied me to the train station, my luggage was full of good food made by them, and my soul was filled with the energy they had inspired me. It did not cross my mind that only a few months later my dad would die in his sleep because of a cardiac arrest. I'm almost sure my dad did not come for the investigations because he did not want to be a burden for me. I still do not know whether the reason I did not insist that he should come was not to disturb my career plans; it is difficult to integrate the feelings of embarrassment and guilt that activate from time to time. This was the situation with intergenerational support: only from them to me.” (P.C., 44 years old, female, psychologist, registered in 2016)

“Before my graduation and many years after began to work, my parents helped me constantly with money. At the time when food was rationalized (author's note: before 1989) and it was hard to find anything to buy, I went home during holidays with college mates, and then with my colleagues, and my parents did their best so that we had all comfort. They also paid the first and all the following installments for the apartment where I live. My first piece of furniture was bought entirely by them. Then I had my own salary, but whenever I went to visit them they gave me some money. After I got married, we started to meet only at Easter and Christmas, when I visited them with my wife. At a certain moment, my mother asked my wife to tell me to come for a weekend visit because they had something to talk to me. I was worried a little believing there was some health issue. My mother told me that their pensions were no longer enough for them to live up to the desired standard and asked me to support them financially. Since then I have sent them a sum of money every month. Then, one year after my father had been diagnosed with Alzheimer's disease, he had to be hospitalized in a private specialized home, which costs I paid for a full year. My mother had a lot of trouble with my father as he had become dangerous and aggressive, but she opposed his hospitalization. She always said that she would be ashamed and that the world would say she abandoned him.

My mother is 88 years old and I have been sending her money monthly for 15 years. I am pleased that my income allows me to help her. For about two years, since she was diagnosed with diabetes, she has been complaining that she cannot handle household cleaning and shopping anymore, so we pay weekly a lady who helps her with these activities. Even at this age, she invites friends to coffee or dinner, they talk and listen to music.” (R.A.O., 64 years old, male, engineer, registered in 2016)

“Until two years ago I worked full-time, but my colleagues from the Institute used to say that I should have allowed the younger people to be promoted. As I can still work it would be a pity to stay at home, and the money I earn is used to pay for my granddaughter's private lessons. I have been writing a book and, at the end of the year, I am going to send it to the publishing house. I think it will be the last one; in fact, I would have another theme to develop in a smaller volume, but I believe that the Institute will no longer approve my request to prolong my activity. Besides, I have noticed that many young people look at me tacitly and I even heard them saying behind my back that I'm outdated and tired.

My wife is also strong, but she has not been working for more than 15 years since our granddaughter was born. As a professor, she could have continued her work, but we discussed with

our son and we decided that it was better than sending her to nursery, and institutions that offer after-school programs or hiring a babysitter. We live on the same street and it was easy. My granddaughter even now, when she returns from high-school, she comes to our house, eats and does her homework. I have taught her to drive a motorcycle, of course not on public roads, and she's looking forward to turning 18 years old so that she could have a license. In the city I have not been driving the car and the motorcycle for four years and not because I cannot do it as psychomotricity, coordination, reflexes, and vision are good, but I am afraid of these reckless young people who drive carelessly at high speed, like madmen.

I have a good genetic background, my wife has some heart problems and some knee pains, but I hardly catch any cold. My maternal grandparents were 80 years old at a time when life expectancy did not even reach 60 years old. So did my parents. In autumns we used to go to the country, and with them, my son, his wife, my brother, my sister-in-law and my grandchildren harvested the grapes and made wine. Then we recollected youth memories, laughed, sang, and played Moldavian traditional dances. Now that they have died, a cousin takes care of the house and every autumn we all meet there at the parental home, we talk and have fun.” (C.V., 79 years old, male, biologist, works part-time in research, registered in 2017)

“For me, every day means a victory against the disease. For over 15 years I have been struggling with an autoimmune disease that does not heal, and science cannot do much. I make efforts so that I do not retire because without my husband's income I could hardly manage. We do not have children, I am his support, and he is mine. I cultivate a positive attitude, I believe in the power of the mind, but sometimes I feel overwhelmed by this permanent, invalid physical suffering.

At some distance, my relationships with relatives are on the phone, more from politeness. As regards my neighbors I greet them, but I would not want anything more. I hardly used to accept someone in my life and at the same time I did not like to meet a group, I preferred to meet only one friend. Now I do not even do that anymore and I have a sense of loneliness. For some time, I have begun to enjoy the idea of the spiritual support within the religious community or sharing cultural spiritual moments in a group I have something in common with.” (R.C., 65 years old, female, doctor, works in a private clinic, registered in 2016)

VIII. DISCUSSIONS

Similar to other studies, it was highlighted that most of the caregivers of the elderly are the adult children (Silverstein 2016).

Most of the parents contribute to the support of their children as young adults, living together in a common residence and providing parental transfers. At least in this stage of their life cycle, the young people do not have the proper financial resources without the support of their parents. Consequently, in some studies there were no answer options regarding the level of the respondents' help to their children, considering that parents naturally help their children. This was the case in the 2011-2012 Romanian research, on a randomly selected sample of 1,215 subjects aged between 18 and 74 and based on 100 face-to-face individual interviews in urban and rural areas. The results showed a strong intergenerational support between children and parents and vice versa, and that grandparents helped grandchildren more often than their grandchildren helped (Rada, 2014). By comparing the current sample with the above-mentioned one it can be considered that between the elderly parents and their adult and even elderly children were similarly good relationships (the average age of the subjects was 67.35 years and the average age at the birth of the first child was

24.18 years). At the same time, the current study also revealed that grandparents helped grandchildren more often than their grandchildren did.

The support from children to parents and vice versa tends to be different. For example, Brandt, Haberkern, Szydlik using data from The Survey of Health, Ageing and Retirement, 2004 (28,517 people older than 50 years from Sweden, Denmark, Holland, Belgium, France, Austria, Switzerland, Spain, Italy, Greece, and Germany) found that especially in the Mediterranean countries, then in Austria and Switzerland, more children take care of their own parents, while in the Scandinavian countries, France, and Germany the care is lower (Brandt, Haberkern and Szydlik 2009). The current study shows that in Romanian family is preferred to take care of the elderly like in the Mediterranean model and unlike the northern one in which state support is preferred. Different factors are involved, such as geographical distance, workplace, education level, health perception, age, family structure, cultural context, social services, specialized institutional assistance, state support, the economic level of the family and of the country, etc. The transfer of elderly care to the state makes the generations more independent, but it is recognized that solidarity between generations in the care of the elderly is significant in the modern welfare states both in the north and in the south (Daatland and Lowenstein 2005). In the case of the elderly, the situational loneliness may happen after satisfactory relationships when specific stress-generating events occur, such as withdrawal from the working group through retirement, death of the partner, disease (Peplau, 1985).

A recent study showed that living as a single person, dissatisfaction with the status of retired, and problems encountered in obtaining the basic daily living resources were associated with a higher level of perceived loneliness among the elderly from Romania, Bulgaria, and Russia” (Faludi, 2015).

In the interview with the RC, of 65 years old, retirement and disease determined the strengthening of the less sociable pattern of the person. A poor satisfaction of the social relationships over a longer period has made loneliness to become chronic, an aspect that RC tried to overcome by choosing a spiritual group or similar values.

Personal health and well-being are positively influenced by the existence of social, friendship. An American study of 7,638 people, over 50 years, which analyzed national data from 1996, 1998, 2000 and 2004, identified both situational loneliness and chronic loneliness as risk factors for mortality (Shiovitz-Ezra and Ayalon, 2010). The good quantity and especially the quality of the social relations, the contact with neighbors, friends, and mainly with family members decrease the risk of sentimental loneliness (Pinquart and Sorensen, 2001). This is the case of the 79- year-old CV, whose account reveals a good, genuine, natural, and optimistic spirit, and cooperation between the members of the family of origin and between the members of the family of procreation, vertically and horizontally. The future plans for professional achievements and for the granddaughter, the absence of chronic disabling illnesses, due to the good genetic background, the sociable nature, the cheerful, optimistic way of looking at the future, the good family relationships, the sufficient income and the sense of usefulness have been mutually reinforced. This case can be considered as one of successful aging.

Similar to other studies (Silverstein and Giarrusso, 2010) the interviews revealed that the type of support was based on the needs specific to the age and the stage in the life cycle. For instance, parents offered money to the adult children with poor economic resources, and the adult children offered social support and care to the parents with health problems.

Similar to other studies (Heylen, Mortelmans, Hermans and Boudiny, 2012) interviews showed that family proximity was important in exchanging help, but families offered support if needed, even if they were at a distance.

IX. CONCLUSIONS

This study shows that family members have good co-operation resources, and practical, emotional, and financial support are present to a large extent. Children and grandchildren have been identified as important resources of joy which shows good family relationships. The study has highlighted that the most vulnerable elderly are those with health and low-income issues, and these aspects are mentioned by most respondents. At the same time, the accounts have emphasized the fact that people with bidirectional support, with a sense of usefulness, with a positive view on life, the extraverts and the sociable ones have a better life.

Social isolation must be prevented through the civic and cultural participation of the elderly in society. The encouragement of people to monitor and improve their health should be constantly promoted.

At society's level, it is essential to develop strategies, programs for stimulating elderly and young people to cooperate and to support each other with resources such as volunteering. On the one hand, the children and young people need models and mentors to share their life experience, and, on the other hand, the elderly need support from young people.

Education is important in order to avoid age-related negative stereotypes, both because they have the potential to strengthen the prejudices or discrimination of the elderly, and because they influence the person to develop patterns of behavior, thinking, and emotions that confirm that negative stereotype.

X. ACKNOWLEDGEMENTS

The quantitative data of this study were based on the project Quantitative and qualitative study on successful aging, a psycho-socio-medical approach on third age, made by "Francisc I. Rainer" Anthropology Institute of the Romanian Academy (No. 691/12.08.2015) and "Ana Aslan" National Institute of Gerontology and Geriatrics (No. 10413/01.09.2015) from Bucharest. The topic was approved by the Scientific Council of the "Francisc I. Rainer" Anthropology Institute of the Romanian Academy (No. 1021 / 04.11.2015). Project Managers Rada C., Drăghici R. Participants: Ispas A.T., Baci A.B., Prada G.I., Pena C., Vărtan I., Stan P., Lazăr C.

XI. ETHICAL CONSIDERATIONS

Written informed consent was obtained from each participant at the time of recruitment. The subjects were informed that they could withdraw from the study at any stage, and confidentiality was assured. The study was approved by the Ethics Commission of the "Francisc I. Rainer" Anthropology Institute of the Romanian Academy, (No. 153/01-03-2016).

XII. BIBLIOGRAPHY

1. Brandt, M., Haberkern, K. and Szydlik, M., 2009. Intergenerational Help and Care in Europe, *European Sociological Review*, 25(5), pp.1-17, DOI:10.1093/esr/jcn076, Available at: <www.esr.oxfordjournals.org> [Accessed 4 August 2017].
2. Daatland, S.O. and Lowenstein, A., 2005. Intergenerational solidarity and the family – welfare state balance, *European Journal of Ageing: Social, Behavioural and Health Perspectives*, 2(3), pp.174-182, doi: 10.1007/s10433-005-0001-1.

3. Faludi, C. 2015. Aranjamentele de viață, starea de sănătate și singurătatea la vârstnicii din Bulgaria, România și Rusia (capitol) [Living arrangements, health status and loneliness among the elderly from Bulgaria, Romania and Russia]. In: C. Rada și C. Faludi (coord.), *Funcții și disfuncții ale familiei contemporane. O abordare socio-psiho-medicală* [Functions and dysfunctions of the contemporary family. A socio-psycho-medical approach], București: Editura Universitară. pp.84-124.
4. Heylen, L., Mortelmans, D., Hermans, M. and Boudiny, K., 2012. The intermediate effect of geographic proximity on intergenerational support: A comparison of France and Bulgaria. *Demographic Research*, 27(17), pp.455-486, doi: 10.4054/ DemRes.2012.27.17, Available at: <http://www.demographic-research.org/Volumes/Vol27/17/>, [Accessed 10 July 2017].
5. Künemund, H, Motel-Klingebiel, A. and Kohli, M. 2005. Do intergenerational transfers from elderly parents increase social inequality among their middle-aged children? Evidence from the German Aging Survey. *Journal of Gerontology: Social Sciences*, 60(1), S30–S36, Available at: <https://doi.org/10.1093/geronb/60.1.S30> [Accessed 19 September 2017].
6. Morelli, S.A., Lee, I. A., Arnn, M.E. and Zaki, J., 2015. Emotional and instrumental support provision interact to predict well-being. *Emotion*, 15(4), pp. 484-493, doi: 10.1037/emo0000084.
7. Peplau, L.A. 1985. Loneliness Research: Basic Concepts and Findings. In: I.G. Sarason, B.R. Sarason, eds. *Social Support: Theory, Research and Applications*. NATO ASI Series (D: Behavioural and Social Sciences), vol. 24. Springer, Dordrecht.
8. Pinquart, M. and Sorensen, S., 2001. Influences on Loneliness in Older Adults: A Meta- Analysis. *Basic and Applied Social Psychology*, 23(4), pp.245-266.
9. Rada C., 2014. Intergenerational family support in Romania. *Revista de Psihologie*, 60(4), pp.293-303.
10. Shiovitz-Ezra, S. and Ayalon, L., 2010. Situational versus chronic loneliness as risk factors for all-cause mortality. *International Psychogeriatrics*, 22(3), pp.455-462, doi: 10.1017/S1041610209991426.
11. Silverstein, M. and Giarrusso, R., 2010. Aging and Family Life: A Decade Review. *Journal of Marriage and Family*, 72(5), pp. 1039-1058, doi: 10.1111/j.1741-3737.2010.00749.x.
12. Silverstein, M.I, 2016. Adult Children Providing Support to their Aging Parents: Mixed Motives over the Family Life Course, Presented at the Oxford Martin School, Available at: <https://www.ageing.ox.ac.uk/download/166> [Accessed 22 June 2017].
13. ***Institutul Național de Statistică, Speranța de viață sănătoasă, (National Institute of Statistics, Healthy life expectancy) București, Editura Institutul Național de Statistică, 2016. Available at: http://www.insse.ro/cms/sites/default/files/field/publicatii/_speranta_de_viata_sanatoasa.pdf [Accessed 19 October 2017].
14. ***Political Declaration and Madrid International Plan of Action on Ageing, Second World Assembly on Ageing, Madrid, Spain 8-12 April 2002, United Nation, New York, 2002, Available at: http://www.un.org/en/events/pastevents/pdfs/Madrid_plan.pdf [Accessed 10 September 2017].
1. 2015].