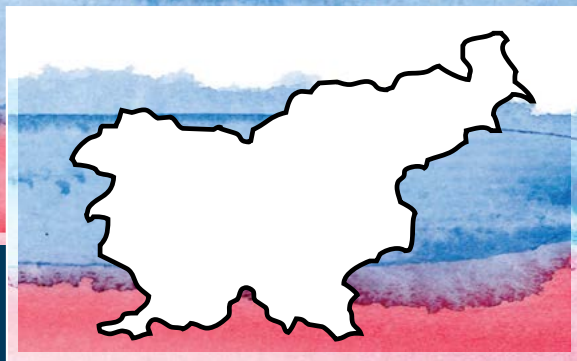


STARANJE V SLOVENIJI

AGEING IN SLOVENIA

Survey on the needs, abilities and standpoints
of the Slovene population aged 50 years and over

SUMMARY OF FINDINGS



INSTITUT
ANTONA TRSTENJAKA
ZA GERONTOLOGIJO IN MEDGENERAČIJSKO SOŠIJE

AGEING IN SLOVENIA

**Survey on the needs, abilities and standpoints
of the Slovene population aged 50 years and over**

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**INŠTITUT
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AGEING IN SLOVENIA

National survey on the needs, potentials, abilities and standpoints of Slovene population aged 50 years and over

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Jože Ramovš, urednik

STARANJE V SLOVENIJI

Raziskava o potrebah, zmožnostih in stališčih nad 50 let starih prebivalcev Slovenije

Znanstvena recenzenta: prof. dr. Vlado Dimovski in dr. Drago Rudel

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Summary of findings

The scientific monograph, *Ageing in Slovenia*, represents an extensive field survey on *The needs, abilities and standpoints of the Slovene population aged 50 years and over*, carried out by a research group from the National Slovene Anton Trstenjak Institute for gerontology and intergenerational relations. A substantial part of the information in this book, about two-thirds of the research, comes from psychosocial-anthropological research work while one-third discusses the health status and attitudes of the elderly towards the health care system; the latter is available in Božidar Voljč's review at the website <http://bit.ly/1mauhUe>, the fifth part of this book also includes a summary of quantitative data for this part of the study from the questionnaire.

The book, *Ageing in Slovenia*, consists of twenty-five independent chapters written by fourteen authors. Each chapter is a comprehensive scientific presentation of research content; some chapters contain an in-depth analysis while others are a short review. The book is divided into four main monograph sections with emphasis on the following content:

1. The first two chapters place the study in the context of global and domestic knowledge, presenting the content and methodology of the study,
2. The next eight chapters discuss coexistence among generations relating to ageing,
3. The third part is the most comprehensive - it contains nine chapters on active, healthy and dignified ageing and on care of infirmity,
4. In the last six chapters analyze research data on ICT equipment and skills of older people in Slovenia and on their needs and standpoints in the areas of culture, values and spirituality.

The fifth part of the book presents a summary of quantitative data from the questionnaire. The last part of the monograph presents a summary of findings, brief biographies of the authors, the English translation of chapter summaries, and keywords.

The introduction to the book represents an original study, **About revealing and activation of human potentials in life-long/wide environment**, carried out by the academician prof. Dr. Zdravko Mlinar in the light of his fundamental insights in space-time sociology, he pointed out, with research findings from this monograph, the importance of holistic view on human life and environment, the prospects for overcoming *the paradox of the powerless* with more intense engagement of actors from the environment and new information and creative possibilities for active ageing, which suggest that the logic of the zero-sum game in exclusion of older people due to the inclusion of young people is unfounded.

Monograph ends with **Thoughts about the book on Ageing in Slovenia**, written by the monograph's scientific reviewer, former Minister of Social Affairs, Prof. Dr. Vlado Dimovski. Furthermore, while he believes that *this monograph is probably the best and the most comprehensive book on ageing in Slovenia so far*, he enumerates seven important reflections on active ageing and intergenerational relations, and on creativity and contributing to the community in the old age.

1. Context of the study in today's scientific, political and social area and its conceptual and methodological presentation

The current demographic situation in Slovenia, which is similar to the situation in Europe and the rest of the developed world, is shown in entirety in seven demographic problems, tasks or challenges: low fertility rate, difficult integration of young people into independent life and work, too early retirement of the middle generation, increasing demand for care of infirmity, lack of mutual understanding among the young, middle-aged generation and the generation of retired people, overburdened families in caring for infirm family members, and lack of awareness of the value and meaning of old age in contemporary culture. These topics are followed by an overview of the UN, WHO, EU, UNECE and Slovene political response to a demographic situation and to the ageing population in recent decades. Some major research projects (GO, SHARE, Living Arrangements of Older Persons around the World, EUROFAMCARE, show an overview of the scientific response to the ageing of the population. After the year 2000 the number of gerontological-generational studies, monographs and journals is rapidly increasing. The development and the situation in the field of gerontology in Slovenia and the national Anton Trstenjak Institute for gerontology and intergenerational relations is presented at the end of

the first chapter. The Institute in 2010 carried out this large-scale study conducted by Jože Ramovš (psychosocial and anthropological part) and Božidar Voljč (medical part).

Needs, abilities and viewpoints were the main research topics, because obtaining authentic information on these three areas responds to the needs of health, social and other professions dealing directly with older people; it is responding also to policy needs in planning and realization of responses to the challenges of an ageing society, to the needs of civil society organizations and to all people in their daily life. The starting point of the research is a holistic anthropological image of a man in his physical, mental, spiritual, social, developmental and existential dimension, and related interdisciplinary research approach.

The extensive questionnaire covers health status, the use of medications, health and safety, experiences and attitudes towards the health care system, mobility and daily task performance, housing and its adaptation to old people, coexistence with the nearest and care in case of infirmity, mental well-being; value, spiritual and existential point of view, ageing, the transfer of life experiences, intergenerational relations and solidarity, living in hometown and relocation, culture and mother tongue, the use of information and communication technologies, profession, employment, work, the use of own abilities, retirement and property, children and grandchildren, and a comprehensive set of demographic questions. The questions are closed-ended, intended for quantitative analysis, a significant part of the area is explored with opened-ended questions for qualitative analyzes of answers. This study was designed in a way that its results are comparable to international studies in this area. It was carried out through personal fieldwork by interviewing a representative sample of the population throughout Slovenia. Maximum effort has been put into collecting of quality personal data in the field.

Of the planned sample of 1,800 people, there were 1,047 valid responses (58.17%), the gender, age and landscape structure of the population was well represented in the sample. The average age of sample studied was 66 years (men 64.7 and women 66.9), the oldest respondent was 98 years old. There were 41.3% men and 58.7% women; 66.4% live with their spouse and 21% are widowed (women 17.8%); 70.6% of them are pensioners. Immigrants are 10.3%.

Notes of interviewers' personal impressions provided important insights into the studied population and their living conditions. They reflect people's reluctance to market research and to the intrusion into their private life, and also their great willingness to share their life experiences. Interviewers sentimentally observed material poverty and mental fragility of people in crisis situations and when they are ageing, particularly discerning are insights of

young interviewers about the quality and fragility of human relationships in families and neighbourhoods.

Chapters on the context of the study in today's scientific, political and social area as well as on its presentation in terms of content and methodology were written by Jože Ramovš.

2. Generations, coexistence and ageing

Intergenerational coexistence and solidarity between generations are among the most frequent current debate issues on ageing. A considerable part of the questions in the study referred to different aspects of the intergenerational relationship; they are analyzed in chapters on elderly care, living together or alone, happiness, volunteer companionship, property status and others.

In an extensive third chapter Ksenija Ramovš explains the concept of intergenerational solidarity and intergenerational relationship in the light of actual scientific theories and the political point of view; followed by a quantitative and qualitative analysis of respondents' views on how many pleasant personal contacts among themselves have young generation, middle generation and pensioners' generation, what connects and what separates them, and on how many of their life experiences and knowledge they believe they can transfer to the younger generation; and the solidarity in the form of neighbourhood assistance.

The prevailing view is that the older and the younger understand each other equally well (40.6%). This is followed by the self-conscious experience of older people who better understand the younger (37.2%), and the pessimistic view that neither younger nor older people understand each other (18.7%); but there are only few self-critical experiences of older people that young people better understand old people than *vice versa* (3.6%). Significant differences in this case show gender and age groups analyses. Older women (65 years and over) are the most convinced of their understanding of young people, while younger women (50 to 64 years) are at least convinced of it. Notable is also the pessimistic experience of younger women that neither younger nor older people understand each other. Possible reasons for the peculiarity of the younger women's group are: they are closest to their growing children; they are the main caregivers of the elderly; and they belong to the self-realizing baby-boom generation who are experiencing a midlife crisis.

Encouraging are the findings from the standpoint analysis, namely *should it be necessary for the elderly to learn in specific programmes how to understand young people and how to communicate with them*. Around 77.2% of the studied population agree with this statement. Those with a

pessimistic view that neither younger nor older people understand each other are striving to attend training in intergenerational communication as much as the others.

In qualitative analysis of the answers to the questions on *how they find out that young and older people understand each other, or do not*, conversation is the most notable; it is followed by the categories of good relationship, kindness, respect, cooperation, companionship, and others. Categorization of thousands of answers to these two questions gives a comprehensive outline of good and bad intergenerational communication.

Pleasant contacts and effective communication enable solidarity among generations and life experiences transfer among them.

Older people in Slovenia have their most pleasant contacts with the middle generation, aged from 25 to 60 years (on average 9.3 days ago), and the least with the people aged over 60 years (on average 129 days ago), while they had a pleasant contact with young people aged from 15 to 25 years on average 26 days ago. Regarding transfer of life experiences and knowledge from them to younger people, half of the respondents feel that there are few young people accepting their life experiences and knowledge, one-tenth of respondents mean that younger people accept nothing, and a good third of respondents mean that young people accept a lot of experiences and knowledge from them. More than 90% of respondents would immediately offer help to a neighbour if he/she needed it, and hardly any percent less than 90% of respondents believe that any of their neighbours would do the same to them. This living social capital of the tradition is a good opportunity to strengthen modern volunteer, neighbourhood and other informal solidarity.

Satisfaction with one's own life and desire for changes are an important life force; Martina Starc and Mateja Zabukovec analysed research questions about it. Two-thirds of the Slovene population, aged 50 years and over (66.3%) are satisfied with their own life so far, very dissatisfied are 2.9%, while a good quarter of participants (25.5%) are partially satisfied. In first place among categories, where participants would most often like their life orientation to be different education (better, more, higher), which is followed by work and relationships. The resulting categories of desires for change are similar to research conducted abroad and partly comparable to results of extensive research conducted by Anton Trstenjak half a century ago published in the book, *If I lived once again*. The finding that people more often regret the acts that they had wanted to commit than those they had committed was confirmed; in the middle of both are wishes that they would had committed an act in a different way as they did. Most dissatisfied with their lives are those who want changes in relationships. When people reflect back on their

lives, the two top needs from Maslow's hierarchy of needs: self-realization and self-overcoming, most notably enters into their consciousness, which means that we must strive to realize these values, so that they are not met at a lower level.

One of the decisive factors in the quality of ageing is with whom old people live in the same house and the same household or if they live alone - for the latter, according to the English word *singleton*, a new Slovene word was created: *samovalec*. Insight into the state of ageing population **living together or being single** is indispensable for care and nursing planning at local and national level for the education for intergenerational relations in future decades of the ageing population. These issues are regular research content in the field of demography. The data from our study are transparently processed by May Rant in the fifth chapter. The results of our survey match the results of other similar surveys. Older people most often live with their partner or spouse: after the age of 50 three-quarters of people live with their spouse in the same household, by the age of 75 this percentage decreases only a few percent. At the age of 90, still about one-third lives with the spouse or partner. The older people get, the more often they live together with their son's or daughter's family; the most substantial rise of living together is in the age over 85, where parents live together with their daughter and her family. One per ten Slovenes aged from 50 to 65 years is singleton, and then the share of singletons increases. Almost one-third of respondents aged from 75 to 80 years live as singletons in households and one-fifth of them live in the house with no family members. Women live alone more often (22.9%) than men (13.2%). These facts imply the following gerontological and political directions: 1. Training of spouses aged over 50 for quality relations and healthy ageing, and to obtain basic family care skills; 2. Training and care support to middle generation families in care for their aged parents; 3. Development of a public and informal caregivers network and of volunteering for quality ageing of the large number of singletons and those whose family social network is for their age ineffective either for providing care or for human closeness.

In Slovenia we are introducing the programmes, "Age-Friendly Cities," and "Age-Friendly Rural and Remote Communities," disseminated by the World Health Organization and the European Union in order to adapt to an ageing population. The Chapter, **Age-friendly environment in Slovene towns and rural areas**, written by Slavica Valenčak presents an analysis of the questions to respondents about *what is in their place age-friendly and what is not, how they contribute to the welfare of their place and what they*

would be willing to do more for their place by themselves, what they miss the most and what they would like to communicate to competent authorities in their place. Responses are, according to the World Health Organization Age-Friendly Communities, grouped into eight areas: *outdoor spaces and buildings, transportation, housing, social life, respect and social inclusion, civic participation and employment opportunities, communication and information, community support and health services.* Answers from people living in urban areas do not differ much from those living in rural areas. Slovene residents, aged over 50 years, mostly miss companionship. For many of them events and activities that connect people are meaningful. They miss institutions and programmes for care in their place, more accessible healthcare, transport and other infrastructure. A natural, friendly, pleasant and peaceful environment means a lot to them. They are willing to contribute to their place more, while to competent authorities they suggest organized programmes and activities for elderly and fair coexistence in the community.

Property status was examined by analysis of subjective respondents' answers. This gives an insight into how people experience their material security, and together with public statistical data, it also gives an orientation to the objective situation. Ksenija Sarazin Klemenčič, who wrote this and the next chapter on **early retirement**, compared our data with Slovene and European official statistics and international surveys (SHARE, JSTAR ...).

With property status the difference between men and women is well-pronounced: monthly income below 400 EUR held 17% of men and 32.2% women, more than 1200 EUR had 4.2% of women and 11% men, the most equalized are in income group 401–800 EUR (52.8% men and 50.9% women); house or apartment owners are 30.3% of men and 24% of women. In Slovenia, women over 50 years are significantly more exposed to poverty than men and more than women in EU-27. The author sought as reasons in longer life expectancy of women, their lower education and income, and less years of work than men. Since Slovene women are employed full-time in much greater numbers than elsewhere in Europe, their lower-income is paradoxical, which shows the systemic undervaluation of women's work in the past, despite publicly proclaimed equality.

Due to mass construction of private houses in the time of socialism, and housing privatization in post-socialist transition, the majority of older people are owners of a house or apartment in which they live (37%), or co-owners (27%); 18% are owned by their husband or wife, 8% by daughter or son, and 4% by brother, sister, father or someone of close relatives. Only 6% stated that they are tenants.

The data show that 13% of respondents support their nearest relative (mostly children) with their income - those who are without income, while 27% support those who have some income. Monthly they give them on average, 176.28 EUR; the monthly amount devoted to the others depends on employment and on the amount of pension, but not on the ownership of a house or an apartment, and also not dependent on income class.

Nearly half of the studied population (48.8%) is able to save some of their income for trips, which is followed by savings for vacations at seaside, emergency reserve, visiting spas and for purchases that are not necessary.

Response analysis on retirement among other things shows a high proportion of early retired (16%). One-third (34%) of them have the view that retirement is an escape from intolerable situation at workplace, around 33% say that their financial situation is worse, 24% reported that they are now better off than before retirement, because they have more time, many of them complain that they have less contact with people and they miss work colleagues. The resulting data and a comparison with data abroad show that Slovenia has, in the light of an ageing workforce, an unused resource in older workers. The condition for its efficiency is in greater emphasis on human capital and the improvement of conditions for the employment of older workers.

Mateja Zabukovec, with the analysis of responses to the question whether **in everyday life they miss any material thing**, contributed to the knowledge of people's satisfaction in a given situation. One-fifth of respondents (19.2%) gave positive answer to this question. The feeling of material deprivation decreases with the level of income. For people whose income exceeds 800 EUR the feeling of material deprivation halved compared to those with income between 400 and 800 EUR. For those who have income of more than 1200 EUR, a subjective feeling of material deprivation still drops a little; it is confirming the experience that property does not satisfy all material desires and the more someone has, the greater his/her material needs become. A close relationship between satisfaction with one's material situation and overall satisfaction with own life is shown.

In the short tenth chapter of **voluntary companionship with an old person**, Maja Rant showed the respondents' views on volunteer visiting of old people and the importance of volunteering. Voluntary keeping company within a group or individual form is a modern form of satisfying basic needs of interpersonal relationship. This need is particularly alive in old age. Anton Trstenjak Institute for gerontology and intergenerational relations, the principal investigator, has, for more than two decades, good experiences with developing volunteering programmes, volunteer training and mass deployment

of intergenerational volunteering for quality ageing and intergenerational relations in the field. The data from this study shows a great potential for volunteering in the community: two-thirds of the surveyed population are willing to visit elderly people; three-quarters would like to be attended by a volunteer in their old age.

3. Active, healthy and dignified ageing and care of infirmity

Experiencing happiness is becoming an increasingly important indicator of social and personal well-being. In our study, these issues are reviewed by Martina Starc. A good half (51.5%) are happy and very happy. Many of them declared that they are neither happy nor unhappy (44.5%), a few (4%) are quite and very unhappy. There is a downward trend in happiness with age. This is where our research matches with the quality of life study for some European countries, while in others, happiness increases with age. We found a close correlation between the experience of happiness and transfer of life experiences to the others, especially to younger people. The older a man is, the more his happiness depends on how many of his experiences and knowledge are transferred to the others. Also, at any age after 50 years of life experience of happiness is associated with the human realization of the meaning of life. There is some connection also between happiness and contacts with all generations. It has been shown that regular connection of older people with the younger generation is the best predictor that they will be regularly associated with the middle and their own generation.

Among the responses to the question about, what makes them happy, by far, the most dominant theme is family and family relationships (children, grandchildren, wife, husband ...); followed by health, understanding, work and friends. Answers to the question, what they consider **the meaning of human life**, varied much more: the most common is health, followed by family, work and honesty. They experience the meaning of life more actively, associated with their behaviour in the world and in relationship with the others. Interesting insight into the experience of meaning gave a comparison of happy and less happy. Those who are less happy mention less often as a meaning of life, those things that are more difficult to obtain (e.g. health, independency) and desires, or they do not know how to say what is the meaning of life; the happy often mention for the meaning of life in active terms that mean creating, mutuality and aid in relationship and companionship. These findings are an important basis for the design of such programmes for active, healthy and dignified ageing, which at the same time achieve the realization of happiness and meaning.

In Chapter 12 which follows, Blaž Švab, Mojca Slana and Jože Ramovš analyzed research data **on enthusiasm**. Enthusiasm is a comprehensive experiential happening in human consciousness, when certain substance gets in the heart of one's inner centre in such a way, that one is positively stirred up, touched, motivated, charmed (fascinated). Experiences from cultures and neuroscience have shown that healthy enthusiasm is an irreplaceable motivation for successful learning, work and the creation of solidarity-based interpersonal relations. From this point of view, enthusiasm is one of the greatest sources of quality ageing and intergenerational relations based on solidarity in the forthcoming years of demographic crisis.

The study shows that two-thirds (66.9%) of people of Slovenia, aged 50 and over, have recently done something with enthusiasm. They also told the source of such activity. Questions were devoted to all respondents about *what had been the source of their enthusiasm and joy in their life and it has been proved through their experience that it still fills them with enthusiasm and joy, or for what their life experience has shown that it does not have as high value as they had thought*. Qualitative analysis of responses has shown that in the past and now, respondents are most enthusiastic about work and family. In third place they indicate personal characteristics for the past and hobbies for the present. Content categories that fill them with enthusiasm in the past are also other people, sports, vacations, culture, nature, entertainment and knowledge, while at present especially high are other people and vacations. Knowing what fills people with enthusiasm through their entire life or especially in old age is important to create quality programmes for active, healthy and dignified ageing and intergenerational relations.

In the chapter **on the wishes of older people in Slovenia about their future**, Blaž Podpečan handled open question in our study, *what they wish the most in their future*; with a comprehensive analysis of the same subject he, at the same time, graduated from the Faculty of Social Work. He defined wishes according to sociological, philosophical and economic literature that consider the needs of modern society as wishes at different levels of importance. In addition to analyzing the world literature, he carried out an in-depth analysis of accessible Slovene research on the needs of the elderly. Among categories of desires, obtained from our study health (74.5%) is very prevalent; followed by quality everyday life (14.3%), material provision (4.8%), and care in old age infirmity (2.7%), interpersonal relations (2.1%) and transfer of life experiences and knowledge (1.3%). Selection of desires does not depend on gender, education, age, marital status and place of residence. A fully open query according to the wishes of older people is important guidance in developing strategies and programmes in the field of ageing.

Tina Lipar showed **Living conditions of older people in a short chapter**. With increasing old age infirmity the living space increasingly reduces to an apartment. Furnishings and adaptability of the older person often decide whether or not they will be able to stay at home in familiar environment. According to our study, 82.1% of Slovene population aged 50 years and over, have in their apartment the following basic elements for more comfortable living: hot water, central heating, bath or shower, flushing toilet, kitchen and balcony or terrace; around 16.7% of respondents lack at least one of these elements, for example, 1.2% of them have hot water while 16% have bathtubs or showers. Although this is a small percentage, calculated on the whole Slovene population, it means that over 10,000 older people do not have this basic comfort in their old age. The lower are their personal incomes, the lower is their education and the smallest possible is their community where they live in, the greater is the likelihood that their apartment is ill-equipped. If we consider the research data that more than three-quarters (76.2%) of the population are not willing to move, it is the correct approach that the Slovene national housing programme follows good European experiences with planning of grants for housing renovation for the old age.

Independence in daily activities and the need for assistance with them is central issue in the organization of a modern system for long-term care. In doing so, we distinguish basic everyday tasks (dressing, personal hygiene, use of toilets and bathrooms, storage, getting out of bed, moving around the house) and instrumental daily tasks (cooking and preparing food, cleaning the apartment, laundry and ironing facilities, small repairs in the house, managing money and finances). Data from our study (the author of this chapter is Maja Rant) match similar studies. People aged from 50 to 79 years old are almost all independent in the performance of basic daily tasks, and then their independence begins to fall. The same applies to some instrumental daily activities (cooking and preparing food, cleaning the apartment, washing and ironing clothes), while in other activities (small repairs in the house, shopping, managing money and finances) people become dependent five years earlier. After 80 years the need for various assistance increases; over 90 years independence in basic everyday activities falls to half, in instrumental activities less than 20% are independent. They receive assistance mostly from family members and some from formal care. With regard to assistance with basic everyday activities there are almost no differences between men and women, while in performing instrumental everyday activities these differences are considerable.

Walking and other mobility is an important prerequisite for independent living and maintaining social network in old age. The basis for this chapter by Jože Ramovš is research data analysis from holistic anthropology, which states that »mobilities« in the other human dimensions of: mental, spiritual, social, developmental and existentiality are equally as important as physical mobility. All human mobilities form one whole system in a way to reinforce each other; but when, for example, the physical mobility declines, mental, spiritual and social dynamics allow a higher quality of life. Special attention is paid to the “extension” of human mobility (McLuhan), i.e., walking aids for people with declined mobility: apartments equipped for the old age, driving a car and preventive strengthening of physical and other kinds of mobility, especially walking. Slovene people over 50 years of age must walk, on average, 15 stairs to reach their apartment. More than half of them live on the upper floors. Very few have an elevator. Half of the women have no driver’s license. These data show serious obstacles to mobility in old age.

Analysis has shown that the two most pronounced protective factors to maintain physical mobility in old age are: first of all, a relatively common habit of doing regular errands in the neighbourhood with a radius of one km; and secondly, regular long distance hiking. Those who are able to walk several kilometres with no problems, and in the last year, complete average 2.63 hikes per week with an average duration of 1.91 hours. Those who are accustomed to go by foot to do errands in the neighbourhood of up to one km, show significantly higher success also in all other habits of conscious care to strengthen their own health. However, those who usually drive to do errands in the neighbourhood of up to one km more often responded that there is nothing they do consciously to strengthen their health. Walking can be seen as a basic form of health promotion and exercises to maintain physical mobility in old age. The analysis confirmed in similar research findings on the relationship between regular physical activities and minor forgetfulness, anxiousness, restlessness, sadness, loneliness and the experience, that everything is pointless.

Knowledge concerning the correlation between mental, spiritual, social and physical mobility are important for the creation of comprehensive rehabilitation programmes and for maintaining the quality of life for those, who due to age, illness or disability, cannot walk and perform physical activities. Maintained mental, social and spiritual capabilities among them are an entry point for conscious health promotion.

Care of infirmity is the longest chapter of the book. Its research data have been processed and written by Jože Ramovš, Tina Lipar and Marta Ramovš. The main purpose of the authors is to contribute real data on the needs, abilities and

attitudes of the population in the aim of preparation and adoption of quality and comprehensive national long-term care system in Slovenia, which is one of key tasks at demographic ageing of population; other European countries have already prepared and adopted modern long-term care system two decades ago. Out of a comprehensive set of our research questions from this area, in this chapter are processed all three key parts, determining the scope of care: care receivers, who are the starting point and the subject, caregivers and care programmes.

In the last six months 13.5% of Slovene population, aged 50 years and over, received assistance and care in their infirmity while others were cared for by 19.3% of people of the same age. A small share (0.6%, which represents about 4,500 Slovene inhabitants) needed help, but have not received it. Most of them said that because they do not want to be dependent on anybody they asked nobody. This quasi self-sufficiency reflects the lack of human preparedness for future physical decline and infirmity, which are regular components of human life.

Among family caregivers, spouses take the first place in number as well as the time that they devote to care of the family member. Physically fit spouse can help the disabled until a very old age. The share of male caregivers grows even after 80 years; wives care for their husbands even after the age of 95. Daughters are family caregivers almost as often as spouses; almost every second care receiver receives care from his/her daughter. Then follows other relatives (sons, daughters-in-law, grandchildren, sisters and brothers). Surprisingly a lot of help in caring for the infirm person comes from neighbours; they are at third place. Neighbours care for disabled neighbours on the average of 1.7 hours per week, while spouses and daughters, ten times more time per week. Survey data on family caregivers in the Slovene population, aged 50 years and over, show that about 220,000 inhabitants of Slovenia regularly care for their closest persons. Among caregivers - and also among care receivers - women are strongly predominant (over two thirds).

In addition to family care among care programmes for the elderly, Slovenia has, in last half century, become familiar with residential homes. Therefore, the transition to public assistance for home and community care is ten times behind the European average. This gap is reflected also in people’s perception: because modern care programmes in the community are not known in practice, they are also relatively rarely mentioned as a potential choice.

The most original research findings in the field of care gives qualitative analysis of statements of pleasant memories from getting care assistance in their infirmity and carers during their assistance, and each other’s difficulties in this. Good as well as bad experiences of the care recipients and caregivers have been classified into four major categories: relating to the other (carer or care

recipient), to itself, to care and to the relationship between the care recipient and caregivers. The human aspect is seen as far more important as care services. Some other important knowledge: there are many more pleasant memories for both, carers (932) and care recipients (880), than unpleasant memories - of the latter were 132 when giving care, and only 27 when receiving care. This qualitative analysis of direct experiences reveals weak points and energy sources for high-quality care of the elderly. Representative authentic experiences of carers and care recipients provide direction for professional and political long-term care modelling, and none the less, for the personal growth of those who are providing help to the infirm, and when they themselves become infirm. Qualitative analysis of these statements, inter alia, confirms previous research findings, that ethical and emotional motivation are an essential motor for good care and the care of infirm people is an irreplaceable way to strengthen human solidarity towards the others.

Overall, the finding on care is remarkable, i.e. that solidarity and assistance to infirm people in family are not in crisis, but only in severe difficulties, which require public and professional support for family carers. Because they are without public and professional support, they care for more than two-thirds of needy elderly in Slovenia, without them we cannot imagine a long-term care system. If the new Slovene system includes training and other support to local carers, it will strengthen the strongest link of current care.

Elderly maltreatment and violence against them and the neglect of their needs in infirmity is in the forefront of European and home research and political interest. The chapter 18, contributed by Ksenija Ramovš. She briefly presents research data on personal experiences with violence in the last year, its type and the place, where they experienced violence, and who has been violent against them.

Among respondents 7.4% of them answered that they have experienced violence. The proportion is higher among women, which is in line with the data of the majority of European research, and among younger (50-64 years), which in our study deviates from most others. Verbal violence is by far predominant (69.3%), followed by physical (13.6%) and economic (11.4%). They mostly suffered at home (57.5%), followed by violence at the workplace (20.5%), on the road and in the street (13.7%), and in institutions and means of transport. Perpetrators are most often family members (29.5%) and relatives or neighbours, who are not family members (10.3%), a person whom victim knows, but is not a relative or closer (23.1%), then followed by unknown persons (17.9%); while 10.3% of victims refused to answer the question about the perpetrator.

Our research data are in line with European research findings (WHO) and the Anton Trstenjak Institute experiences in conducting programmes for healthy ageing and quality of care for the infirm people shows that violence prevention, in particular: the involvement of older people in social networks, support to family carers, their training and integration into local community.

In the short chapter, **Difficulties and distresses as a challenge to find solutions and new paths**, Beata Akerman presents responses analysis of the study on breaking points in life. Those that respondents quoted are most often related to family (marriage, child birth ..), followed by the loss (death of a close person, divorce and partner' break up, loss of job and home), changing the residence, getting a job and keeping it, illness, training, and solution to housing issues, retirement, emancipation, making important personal decisions, traumatic experiences in childhood and wartime experiences. Smaller sets of life breaking points are injuries, active life within family and in community, family disputes and burdensome relations, military service, alcoholism in the family, taking over the farm, serving a prison sentence, jubilees, fire and destruction of property, taking care of a distant relative, financial problems and unmet life goals. The focus of the responses is consistent with the findings in the literature that traumatic life events often trigger the search for better paths and maturation of own personality.

4. Deeply engaged ageing with respect to information, culture and spirituality

The chapter on **Computer literacy** of older people as a developmental necessity today was written by Jože Ramovš. In use of electronic information and communication technology (ICT) Slovenia ranks in the upper half of European countries; but the use of ICT among the elderly is far below the European average.

In our study outstanding are the facts that show that 72% of Slovene population aged 50 years and over do not know how to use a computer. Of these, 19.3% expressed desire and need to learn this immediately (it means more than 100,000 residents of Slovenia). The younger and the more educated among them represent the greater proportion who wants to learn to use a computer. Qualitative responses analysis of the remaining majority and why they do not want to learn how to use a computer, indicates that a large part of their reasons for refusal would probably change if, in their environment there was an opportunity for a positive experience for computer learning for the elderly without significant cost.

The response to this research data gives the second part of this chapter, presenting results of a successful **model of intergenerational volunteering companionship of a secondary school pupil with a pensioner during computer learning**. The programme was created according to the action research method at Anton Trstenjak Institute for gerontology and intergenerational relations, and since 2007 tested in cooperation with more secondary schools. It has been proved to be realistic possibility for fast and mass computer literacy of older people and as an effective way for useful cooperation between younger and older and to introduce the young into volunteering.

Research findings of both studies are complementarily highlighting the current need for computer literacy of the elderly and discovering realistic possibilities for its solution.

Cultural participations is the main pillar of historical identity of Slovene nation and an important factor of healthy ageing. Blaž Švab provided a short analysis on this issue in the chapter on **Keeping up to date with media and culture**. Older people in Slovenia have a high level of reading habits: 40% of them regularly read books. Reading increases in proportion to education and income level and decreases with age. More than 90% are watching television on, an average of 2 hours daily. More than 70% of the elderly listen to the radio on average more than 4 hours daily. Around 46% attend theater, concerts, exhibitions, cinema, entertainment and other events all with relatively the same frequency, 18% said they would like to attend, but they cannot, while 33% of respondents feel no need to do it.

A fundamental element of culture is the mother tongue, because it is the main tool for contact or communication among people, whether in an entertaining chat, working and personal conversation. Communication quality is one of the deciding factors in quality ageing, in particular, the relations between generations. Identity and the development of the Slovene nation are much more connected with the Slovene language than in nations with a long-term tradition of statehood. A set of research questions on attitudes regarding use and preservation of pure and the correct use of Slovene in public is shown in chapter 22 on **Slovene and attitude towards it** (by Jože Ramovš). People of Slovenia aged 50 years and over, i.e. more than 95 percent of respondents, express their position that government, education, teaching, research, media, trade organisations and other institutions should effectively safeguard pure and correct Slovene in public domain and should care for its development. This position is represented by a higher percentage of respondents than were born in Slovenia (88.4% of studied sample). Answers to questions with concrete examples of foreign names for products and companies show that the vast

majority (over 90%) of population does not understand their meaning, which means that also from market point of view that mass deployment of these foreign words in Slovene territory makes no sense. For 33.3% of respondents are difficulties in reading public information because of too small writing or message formats have often and sometimes 42.8%. Increased public concern for correct and pure Slovene and readability of public texts is therefore one of important issues in the field of quality ageing in Slovenia.

Values are drivers in life of an individual. They act as attractive forces in directing lives and coexistence. They are key connecting element between individual motivation and the requirements of society. The values of the elderly can be respected as suggested orientations due to life experiences with which values have proven as being meaningful or not being meaningful. In the chapter, **Values in life so far and for the old age**, Martina Starc reviewed research data about what people of Slovenia, aged 50 and over, chose from eleven pre-given answers (with the option to add still another), the three most important and one least important value in their life so far and for quality old age. As three most important values in life of the elderly so far have shown: health (more than 70%), relationships (more than 60%) and home (more than 30%); the least important are physical appearance, spirituality and reputation. When asked about the quality of old age, health still gains in importance; relationships are of about equal importance; with values of well-being and independence ranking higher. It seems that people expect deterioration of health, well-being and independence, and consequently they attribute a greater value to these factors. Correspondence analysis method (selecting these values by gender and four age groups) has shown that women more often than men choose values that determine a correct attitude towards others (reputation, quiet conscience), while men choose values determining environmental activity (work, culture). Older women differ from younger women and men mostly by emphasizing the importance of the values of spirituality and health. Predictions of younger age groups about which values are important for old age are approaching values chosen by older women.

These findings provide an irreplaceable basis for designing high-quality, healthy and dignified ageing programmes, the more they strengthen holistic health, relationships and home, the better investment for old age they are. Knowledge on basic values is also indispensable for the creation of meaningful care for infirmity in old age; an increase in the value of independence in the oldest group shows, for example, how misguided is the model of residential homes for old people according to the health-resort and hotel model, where personal way of being with usual intimacy (own room and its equipment, the daily rhythm ...) is sacrificed for more functionality in impersonal professional and personal care.

The chapter on **Religiosity of the elderly and its support to a quality of life in old age** is written by Vinko Potočnik. The analysis of answers on religiosity is in line with other research and shows the wide presence of religious phenomenon in the life of the older part of Slovene population: a good three quarters proclaimed themselves Roman Catholics, 5% were Protestants, Orthodox, Muslim, or any other of the 44 religious communities, registered during the study period in Slovenia; nearly one-fifth declared that they were not religious. The characteristic of predominant Catholic religion is that it is more common among women than men, and that the share of believers increases with age and decreases with education level, income and living in town. Rituals and religious events are regularly attended by a quarter, half of them time to time, while a quarter of them do not attend. Over 80% practice personal or family celebrations of folk festivals, and a third personal prayer, nearly one-tenth of them pray in the family, and even less meditate or practice yoga (these two especially those with higher education level). Analysis of the question, how much their religiosity or atheism - it depends for what they declared themselves - helps to their better quality of life, coexistence with the others and better quality of ageing, shows religiosity as an important aspect of social capital, which reaches the highest value among those who regularly attend religious rituals and prayer.

The 25th chapter, which is the last in the book, analyzes data on **Spiritual needs and abilities in light of ageing and coexistence** (authors are Jože Ramovš and Marta Ramovš). Because this issue has been the topic of little discussion, this chapter is one of the more extensive. Spirituality is a promising human ability for quality ageing. Experiences from cultures and modern knowledge (e.g., Viktor E. Frankl) show that ageing spiritual abilities can even strengthen, while physical and mental decline. Spiritual needs and abilities are in modern society in the background of attention and the concept of spiritual is vague. Therefore, the first part of the chapter, which is more extensive than research data analysis in the second part, seeks to clarify and define the concept of *spirituality* and its importance for ageing. In this context it stops at the mental and spiritual aspects of health. It displays extensive anthropological knowledge about spirituality and places in the spiritual dimension in the whole of human development, in addition to activities and coexistence. Modern research findings on spirituality are presented in relation to ageing; after year 2000 these findings rapidly multiply, congresses on ageing and spirituality (Australia, England ...) have been held regularly.

Regarding human spiritual needs and abilities, our research data analysis on standpoints of Slovene population aged 50 years and over shows the following picture: 54.2% of respondents believe that a man has these needs, 30.9% are

not occupied with the question of whether or not a man has spiritual needs and abilities, 4.4% of respondents find this question disturbing, but they have neither affirmative nor negative answer, and 2.1% of them believe that man has no spiritual needs and abilities. The proportion of those who agree with spiritual needs and abilities increases with education level - the exact opposite of religiosity. Also this share is growing in parallel with the experience of happiness. Qualitative analysis of major spiritual needs and abilities, that respondents mentioned, showed that the most common personal concept of spirituality is in traditional Christian form, quantitatively close to it is anthropological concept in terms of realization of own personality and ethics, where is greater dispersion into different categories than it is in personalistic concept, while the smallest is the group of categories that fall within cosmological-agnostic concept of spirituality.

In programmes for quality, healthy and dignified ageing when taking care for the infirm elderly people and strengthening intergenerational solidarity, it is therefore necessary to take into account the spiritual needs and abilities of people; not only of the elderly, but also caregivers and the others. Modern neuroscientific findings show that the right cerebral hemisphere processes man's spiritual strength, peace, happiness, sympathetic compassion, connectedness with people and nature, and related processes. These findings are consistent with a thousand-year experience of all cultures, that systematic development of these abilities for sustainable development is as important as exercising left brain hemisphere functions, which process knowledge and personal assertiveness.

In analysis of the data on the views on spiritual needs and abilities it has been shown that along with an increase in the proportion of an indifference there is decreasing happiness of people and an indifferent attitude towards spiritual needs and abilities is risky for happiness. A similar finding was revealed in the analysis of satisfaction with material status in the chapter written by Mateja Zabukovec, about material things that people miss: those who consider themselves neither happy nor unhappy, and whose who are neither satisfied nor dissatisfied with their life, experience material deprivation as often as the poorest, or more often than the average. Our research findings thus confirm that the psychotherapeutical finding on the risks of an undefined standpoint. An indifferent position is, in the case when life demands a decision from a man, pathogenic, even more than a false affirmation or a negative view. Long-term ambivalence in important matters causes inner turmoil (that a man is torn inside); if he/she revolts against important things, he/she becomes rigid in his/her internal protest when ignoring an important matter, and is wallowing in fatal indifference and apathy. Therefore there is no "neutral" happiness and no "neutral" satisfaction. Even towards one's own ageing, towards priority

activities in old age and towards a decline in old age, a man has to consciously support the meaningful view that he/she can get older in a healthy, active and dignified way.

5. Quantitative summary survey data, abstracts of findings, publications from the survey, summaries, key words and authors in English

The third part of the book contains a questionnaire and therein quantitative summary of full-scale survey results; for print prepared by Mojca Slana. It will be also accessible on Anton Trstenjak Institute website at: <http://www.inst-antontrstenjaka.si>.

At the end of the book is a list of 31 specific questions regarding this research already published in proceedings of European and world gerontological conferences. Scientific bibliographies, abstracts, and key words are listed at the end of each chapter, while at the end of the book are brief biographies of the authors in Slovenian and English language; also in English language are titles and summaries of chapters and keywords.

This summary of contents and findings of the entire book is also available on the Anton Trstenjak Institute website in Slovene and some other languages.

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