

RESEARCH REPORT

Social Participation of Older People in Rural Moldova



2023

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ACKNOWLEDGEMENTS

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The logo for CASMED, consisting of the word "CASMED" in a bold, sans-serif font, with "Asociația Obștească" underneath. To the right is a stylized logo with a blue cross and a green cross.

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ABBREVIATIONS

AFC	Age Friendly Community
ASDM	Moldovan Association of Sociologists and Demographers
CSO	Civil Society Organisation
EU	European Union
FGD	Focus Group discussion
GDP	Gross Domestic Product
LPA	Local Public authorities
NBS	National Buro of Statistics
NGO	Non-governmental Organisation
NNASM	National Network of Active Seniors of Moldova
OPG	Older People Group
SWLS	Satisfaction with life scale
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
WHO	World Health Organisation



I. EXECUTIVE SUMMARY

This report presents a comprehensive examination of the significance of social participation for older individuals residing in rural Moldova. It explores various facets of engagement, including community involvement, economic contributions, cultural participation, and civic engagement, highlighting their crucial role in promoting a sense of belonging and purpose among the elderly.

By analyzing the current state of elderly participation in Moldova, the report seeks to uncover the barriers they face and identify opportunities to enhance their integration and well-being.

Through detailed research and analysis, this study offers insights into the benefits of active social participation, aiming to inform policy recommendations and community initiatives designed to support an inclusive society where older people can thrive.

The objective is to foster environments that not only recognize the valuable contributions of the elderly but also actively facilitate their engagement in all aspects of community life, thereby enhancing their quality of life and societal cohesion.

II. RESEARCH HYPOTHESES

- Social participation of older adults improves their soft skills and increases social capital, feeling of belonging, and self-perceived well-being and satisfaction with life
- Social participation makes older adults more visible and influential in their communities, and triggers changes in behaviour of local institutions and systems;
- Sustained social participation needs to be supported by local and national partners through education and training, provision of meeting space and other in-kind resources

15
Rural Communities Involved

1129
People Participated

Communities involved:

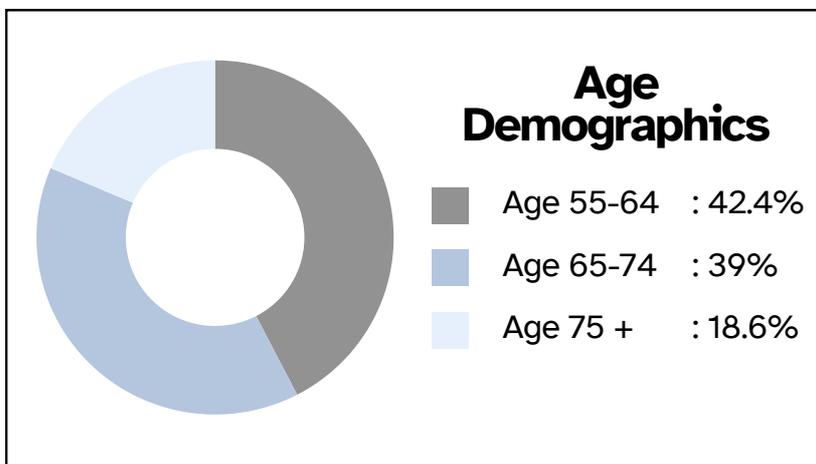
- Age-friendly communities (AFCs)
- Communities with functioning older people groups (OPGs)
- Control communities (without age-friendly strategy or OPG)

Composition of the respondents reflected the demographic structure of the population:



43.7%

56.3%



DATA COLLECTION TOOLS INCLUDED:

- Analyzed key policy documents, official statistics, and existing studies on aging and social participation
- Conducted qualitative research with 30 focus groups among Older People Groups and local stakeholders, plus an interview with a Ministry of Labour and Social Protection representative
- Performed quantitative research through surveys on 644 individuals over 55 and 485 individuals over 18 in targeted communities to study age perceptions and participation.

III. FINDINGS

The highest level of regular and sustained social participation by older people is in the labor market, especially among those aged 55-64: about **44 %** of them continue to be employed.

The most common type of social participation in their free time is shared leisure (watching television, video, listening to music, etc.); almost **74%** engage in these activities at least once a week or more often.

Social interactions with family members and friends are also very popular.

Participation in organised social activities and in activities related to leadership (helping other people, organising activities or addressing decision-makers about community issues) is generally low: from **60%** to almost **90%** have never through the last 12 months participated in these type of activities. The share of the most active respondents is **9.8%**, and half of them live in age friendly communities (AFC). In general, older people living in AFC demonstrate 2 - 2.5 times higher levels of participation in such activities compared to those living in control communities.

The data proved our hypothesis that social participation by older adults in many cases produces positive effects at the individual and community levels.

In general, social participation per se, irrespective of other socio-demographic factors, is of key importance for self-perceived:

- **Health:** Moving from no participation to even a low level increases the perception of good health 1.5 times, regardless of age.
- **Quality of life:** Beginning to participate at least minimally doubles the proportion of those satisfied with their life.
- **Social inclusion:** High participators are twice as likely to never feel lonely compared to non-participants.
- **Social support and community belonging:** A direct link exists between participation and receiving social support.
- **Health perception:** More participants view their health as good with higher levels of engagement.

The majority of respondents have never or extremely rarely encountered the manifestation of ageism.

FACTORS AFFECTING SOCIAL PARTICIPATION



III. FINDINGS

Effects on communities are also observed. Though the movement towards age-friendly communities is rather a new phenomenon in Moldova, the communities that adopted AFC strategies demonstrate the best results in infrastructure for participation :

Respondents report almost 10x more traditional mutual support compared to control communities

Availability of meeting spaces is 7x higher than in control areas

There's a 4.5-fold increase in invitations from local public authorities for discussions on local decisions

The number of organizations or groups for older people is 4.5 times higher

Interviews with local stakeholders in these communities also show high levels of their awareness and interest in engaging older people, and recognition of the value of such engagement. All these effects result in relatively higher levels of social participation by older adults: as mentioned already half of the most active older people live in these communities. In general, older people living in age-friendly communities are more likely to demonstrate high and middle levels of social participation in various areas.



Communities with functioning older people groups (OPGs) have less impressive effects on communities with regards to infrastructure for participation compared to AFC, but still look better than control communities. In communities with functioning OPGs, older people are more active in interactions and communication with family, friends, and neighbours. These communities are especially good in recognizing the importance and contributions of older people. The proportion of older people who frequently experience ageism is the lowest here (6.1%).

The findings emphasize the value of social participation for the elderly and communities, urging support through:

- Developing policies and well-funded programs tailored to older adults' needs across various communities.
- Implementing the WHO Age-Friendly Cities Framework.
- Encouraging positive views on social participation, fostering norms of reciprocity, trust, and portraying older individuals as valuable societal assets in media and public awareness.
- Setting up participatory consultation via advisory or consultative groups for older people.
- Backing active individuals in starting and managing Older People's Groups (OPGs).
- Facilitating cooperation among stakeholders to pinpoint needs and launch older-focused initiatives.
- Offering older adults accessible information and training on engaging in social participation, managing OPGs, and initiating Age-Friendly Communities (AFCs).

Full list of detailed recommendations is provided in the section VII of this report.

IV. INTRODUCTION

Global demographic shifts have spotlighted "**active ageing**" as a key framework, focusing on enhancing older adults' quality of life through:

- **Health:** Encompassing physical, mental, and social well-being.
- **Participation:** A broad engagement in social, economic, cultural, spiritual, and civic activities, including labor force involvement.
- **Security:** Ensuring older adults have access to a safe environment, financial stability, and rewarding employment opportunities where applicable.

as defined by the WHO's Ageing and Life Course Programme. This concept emphasizes the importance of older adults engaging in a wide range of activities, from health and wellness to social and civic engagement, and aims for a society that supports their security and inclusion.

The 2002 WHO policy framework and the UNECE Ministerial Conference on Ageing prioritize health, participation, and security, advocating for older people's involvement in society without discrimination and promoting active ageing.

However, the Active Ageing Index, used since 2012, narrowly measures social participation through indicators like volunteering, caregiving, and political activity, omitting broader social interactions such as dining out, attending cultural events, or participating in community groups.

Based on different original definitions found in the literature published between 1980 and 2009, Levasseur et al. (3) proposed six distinct levels of social participation for a taxonomy of social activities.

These levels account for the individual proximity of involvement with others, the goal of the activity, and whether the individual performs activities with others or not: being alone (level 1, the lowest); being alone but having others around (level 2); interacting with others (social contact) without engaging in a specific activity with them (level 3); engaging in activities collaboratively (level 4); helping others (level 5); and contributing to society (level 6).

Our research adopts this comprehensive approach, recognizing the wide spectrum of social participation that encompasses even informal activities with family and friends, offering a more inclusive view that respects the diverse capabilities and preferences of older individuals based on their health, age, and living conditions.



V. MOLDOVA CONTEXT

In Moldova, demographic trends reveal a decreasing population and an increase in the aging population, driven by low birth rates, significant emigration, and comparatively low life expectancy. The country experiences a notable **aging process**, attributed more to declining fertility rates than to improvements in longevity, placing it at the lower end of regional longevity rankings.

According to official data, the population with habitual residence decreased from 2.869 million in 2014 to 2.597 million in 2021. With an **average life expectancy of 72 years**, Moldova is expected to face a population decline, with the proportion of the population of 60 years and over projected to increase from 18% in 2015 to 23.4% by the year 2035. **By January 2020, the share of population aged 60+ accounted for 22.5%**; the ageing coefficient among women was 26% and among men – 19% (4).

The socio-economic landscape remains challenging. Despite recent improvements in major macroeconomic indicators, Moldova's GDP per capita and labor productivity lag significantly behind European standards, contributing to notable income disparities.

In 2019, over a quarter of the population lived below the poverty line, with rural residents facing a higher risk of poverty compared to urban areas (5).

In 2020, the poverty rate was 26.2% for individuals aged 50-59 and rose to 41.1% for those aged 65 and older

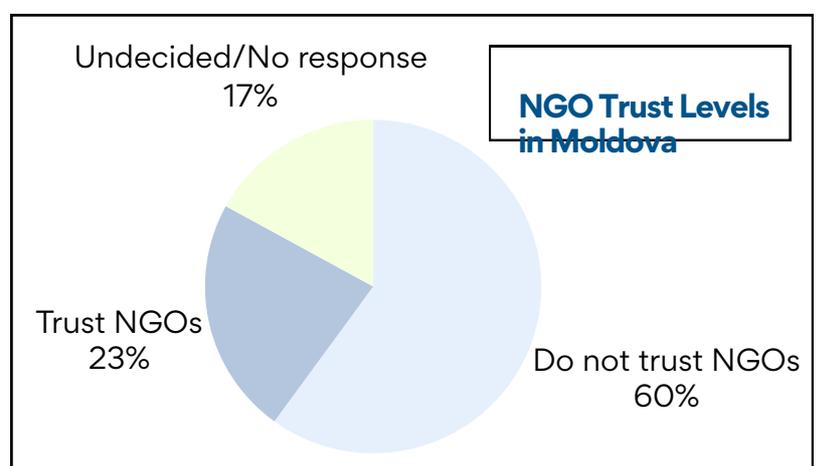
The 2022 Bertelsmann Transformation Index (BTI) report on Moldova highlights a low level of social self-organization within the country.

A significant portion of the population feels underrepresented by NGOs and trade unions, with trust levels at 22% and 17% respectively, according to the Public Opinion Barometer from October 2020(6).

Despite a relatively large number of non-governmental organizations, with approximately 14,200 Civil Society Organizations (CSOs) registered as of November 2020, this sector faces challenges. The number of CSOs has been on the rise, from 10,900 in 2017 to 11,700 by the start of 2018, yet a significant number of these organizations are inactive or lack a proper base of operations. The majority are based in the capital, with fewer found in Bălți and Comrat, and minimal to no civil society activity in smaller towns and villages.

Due to the lack of internal financing, 80% to 90% of CSO activity is funded from foreign sources, with the European Union, UNDP and the United States being the largest donors.

According to a survey published in August 2020 by the Association of Sociologists and Demographers of the Republic of Moldova, as many as 60% of respondents do not trust non-governmental organizations, while only 23% are of the opposite opinion.



V. MOLDOVA CONTEXT

While it is rather uncommon in Moldova to be an active member of a community organization or association, society attaches great significance to family ties. Families are traditionally understood to include not only spouses and relatives, but also, among others, godchildren and godparents, and the groom's best man. Belonging to a family entails very close relations and generates commitments which are considered to be much more important than obligations toward society or the state.

In 2019, Moldova scored a mere 0.3 on the Social Cohesion Index, where one indicates complete social cohesion and zero the total absence of social cohesion.

The level of social participation in NGOs and volunteering rates remain low. In small towns and villages, self-organization of society is marginal or de facto non-existent.

According to the results of Generations and Gender study (2020), social participation is not popular among older people (8). Without obvious gender gaps, only 3% claim that at least once a month they attend activities organised in the community (by social and community-based services; different education and cultural associations; charity organisations, etc.). Though various initiative groups of seniors and civil society associations that engage older people in different activities, particularly cultural and community-based, have become more active in the past years¹⁵, their low representativeness in the settlements of the country and the problems older population faces (financial difficulties, poor health status, infrastructure not adjusted to their needs, etc.) are the main barriers to the development of volunteering and political participation as defined by the Index.



In general, Moldovans are rather reluctant to engage in collective action. Social solidarity in Moldova is rather low. According to the latest available survey conducted by the Moldovan Association of Sociologists and Demographers (ASDM) in November 2018 (7).

68.7% see limited unity in Moldovan society

20% perceive Moldovan society as not united at all

To enhance old people engagement, the government has initiated training for Local Public Authorities on interacting with seniors, documented effective involvement strategies, and supported 85 community mobilizers to help seniors establish groups. Additionally, it offers annual grants to NGOs focused on increasing old people participation, volunteerism, civic activism, and developing services that provide economic opportunities and support entrepreneurship among older individuals.

VI. METHODOLOGY

Quantitative survey

Data collection method: Pen-and-Paper Personal Interview (PAPI).

Survey communities: 15 target communities, as following:

- Age Friendly Communities
- Localities with Older People Groups (OPGs)
- Localities without OPGs or Age Friendly approach

In general, the difference between these two types of communities is grounded in the approach to engaging older people in social activities:

- **OPGs approach** consists in bringing interested older people in the community together and facilitating the process of their development as a group.

Through learning-by-doing, members of such a group identify leaders, formulate vision, plan and organize activities. This process leads to individual empowerment of group members and changes in individuals. As the number of members such groups is about 10 – 30 people, effects on communities is rather low, especially at the beginning. But with time passing, groups become stronger, go out from their “shell”, start helping others, and sometimes become agents of change and advocated of local issues.

Effects on community scales up in this case, but still is not very high, other people are not very eager to join groups.

- **AFC approach** is based on the WHO methodology and, instead on focusing on individuals, **strategically addresses factors that prevent full participation of older people in societies. Main stakeholders including older people together assess the situation, plan interventions and implement plans.** It means, that broader community is involved in the process from the very beginning, which leads to higher outreach. OPGs also often come to existence in AFC and become one of the most engaged actors in the AFC strategy implementation.

The sample for quantitative survey was divided in 2 sub-sample:

- **Sample of older people (60+ years)**
- **Sample of adult population (18-59 years)**

These allowed to conduct a comparative analysis of the attitudes regarding the social participation of the older people, including the revelation of discriminatory attitudes in relation to them (ageism).

1129 people Total Sample Size

Such sample size provided a minimum required sample size for distribution stabilization per community and target group, also made possible statistical comparative analysis between target groups. The statistical error per sub-samples at the 95% confidence interval is $\pm 4.5\%$.



VI. METHODOLOGY

Qualitative Research

Data collection method:

- In-Depth interviews in order to identify best practices / cases of social participation of older people
- Focus Group Discussions (2 per locality)
- 1 focus group discussion with local stakeholders
- 1 focus group discussion with older persons

Core Participants:

- Older adults aged 60+ living in rural communities or small towns
Gender composition reflected the demographic data for such locations.
- Representatives of local authorities and leaders of OPGs
- Representatives of the national authorities

20 Total Interviews

Participants were invited / selected from four different kinds of locations:

- Living in communities where active ageing initiatives are not existent (control group),
- Living in communities where groups/ organizations of older people operate,
- Living in communities that have Age Friendly Strategies.

Focus group discussions and individual interviews focused on changes in communities resulting from social participation, as well as on factors affecting such participation, and existing cases of collaboration among stakeholders and their effectiveness

Data was collected between June and August 2023.

Research Approach

In developing and conducting the research a participatory approach was applied. The research team involved older people in all phases of research, which ensured the integration of the human rights-based approach and the needs of the older people in the research. The research team with the support of NNASM selected a group of older persons who participated as operators in the process of data collection. They assisted the research team in all the stages.

To ensure their participation as experts, a workshop / training was conducted to explain their role in the research and their contribution to design of tools, data collection, analysis and validation.

Research Focus

The research focused on associations between the diversity of social participation practices and individual well-being, life satisfaction among older adults, their social support, social inclusion, and perception of older people in communities. As life satisfaction is considered a good indicator of psychological adaptation to the ageing process and successful ageing, the research also studied the associations between social participation and the individual sense of wellbeing or quality of life. Questions regarding factors, both positive and negative, that affect social participation were also included into the survey.

The National Network of Active Seniors in Moldova (NNASM) was an important partner in the research, providing its point of view on all aspects of data collection, analysis and development of recommendations for local and national stakeholders.

VII. STRENGTHS / LIMITATIONS OF THE RESEARCH

One of the strengths of this research comes from its use of **participatory design** and implementation of the research. Older people were involved in all stages:

- **Planning**
- **Methodology development**
- **Piloting research tools in the field**
- **Conducting interviews**
- **Interpreting results.**

It ensured full understanding of the objectives by all parties involved and trustful communication with local people and stakeholders.

The second strength is related to a **high professionalism** of the agency that conducted all the field work: **iData**. Its staff accepted to include older people into their team, trained them and worked with them with due respect. The agency vigorously controlled study protocol that was implemented, data collection was performed by trained interviewers, and data was carefully checked.

The process of the research had various limitations. One of them is related to **geographical distances between researchers** that reside in three different countries: Moldova, Belarus and Poland, and speak different languages. Because the researchers were not able to visit together targeted communities, on-line communication was not so effective as it should be, some terminology required additional interpretations due to linguistic differences.

Another limitation was related to **financial resources**. General ageism, or ageist attitudes among residents over 18 years old in all targeted communities was thought to be an additional tool for measuring effects of social participation at the level of communities. Due to limited resources for the research, the researches were unable to conduct face-to-face interviews, and people were offered to answer questions online. Unfortunately, there were unproportionally low number of responses from control communities which did not permit to compare the data for all types of communities.



VIII. FINDINGS AND DISCUSSION / RESULTS

Socio-demographic characteristic of the respondents

In total, 644 people old people participated in the survey.

Gender composition of the respondents:



281 Men

363 Women

55 years old

Youngest

67 years old

Average Age

94 years old

Oldest

Among male respondents, the proportion of the youngest age group (55-64 years) is slightly higher. This is due to the fact that in the sample, as in the general population, **the proportion of men decreases with age**. So, if in the age group of 55-64 years men make up **47%**, then in the oldest age group (**75+**) - only **36%**.

The majority of respondents experience some level of difficulty with:

- Vision,
- Hearing
- Walking
- Climbing steps

Logically enough, a statistically significant relationship was identified between the age of respondents and difficulties in movement, and in perception of audio or visual information (from 0.24 to 0.27). Respondents from the oldest age group (75+) are 2-3 times more likely to encounter difficulties in performing everyday activities than respondents from the 55-64 age group.

At the same time, the majority of respondents (almost 90%) do not experience serious difficulties with communicating and understanding other people.

The majority of respondents were either married (**56.8%**) or widowed (**38.1%**) at the time of the study. Only **3.1%** of respondents were divorced, and literally only a few indicated a different status (for example, cohabitation or single). The share of widowers among **75+** is more than three times higher than among those who are **55-64** years old. **Moreover, as men have lower life expectancy, older old are mainly widowed women.**

The majority of respondents (54%) live together with their spouse. The proportion of respondents living alone is also quite high: more than one third (**34.1%**). **Only 18.8% of respondents live with children** (son or daughter), and every tenth person lives with grandchildren.

The data analysis revealed statistically significant relationships between the age of respondents and family composition (0.28) and 0.26): the older the respondent, the more likely he / she would live alone: while only a quarter of respondents aged 55-64 years live alone, the share of such people among those aged 75+ increases dramatically to nearly two thirds (**61%**).

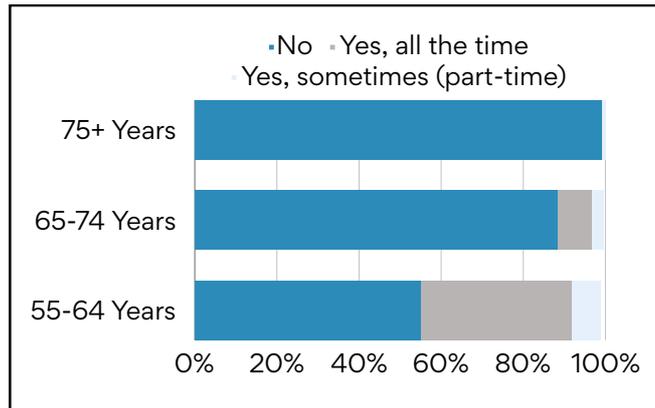
12.2% respondents Higher/Postgraduate Education

55.7% respondents Vocational/ Technical School

A fairly strong statistically significant correlation was found between the level of education and the age of the respondents (0.46): the older the respondents, the lower the level of their education.

VIII. FINDINGS AND DISCUSSION / RESULTS

Almost a quarter of respondents were employed at the time of the study, with every fifth respondent working full-time, though the employment decreases with age, especially after reaching the retirement age. At the same time, it should be noted that even at the age of **65-74**, every ninth respondent works (mostly full-time).

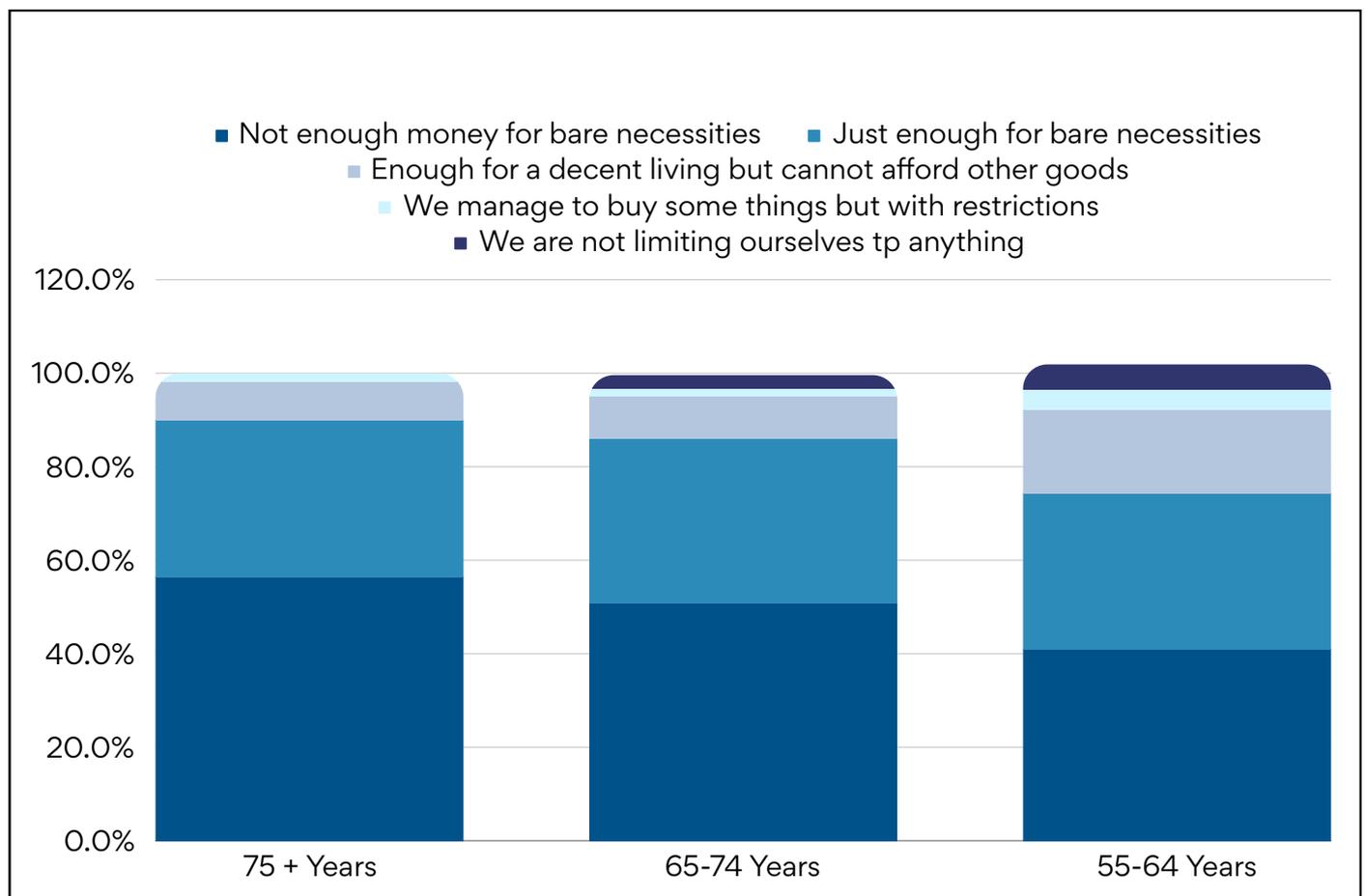


Poverty is a very important indicator of quality of life. The share of people satisfied with quality of their life is 43.8% among those with high disposable income, and only 12.4% among people with low disposable income. The data show that poverty increases with age.

„We avoid using the fridge, stove, or kettle because we're worried about the high electricity bills, which could be 300-400 lei. It's simply too much for us to handle”.

FGD participant, Horodiște Village, Râșcani District

Nearly half of the respondents (47.6%) say they cannot cover their basic needs, and an additional 34.1% have resources only for the bare necessities. Mere 2.5% of respondents have everything they need and can afford more expensive purchases.



VIII. FINDINGS AND DISCUSSION / RESULTS

Forms of social participation and its intensity

When discussing social participation by older people in rural communities one should keep in mind that the social fabric here is specific: ageing population due to out-migration of young or working age people, lack of CSOs, limited businesses, weak infrastructure.

"We lack active NGOs here. There's one called 'Bobocel' linked to the kindergarten, but it's inactive. I talked to the accountant at the mayor's office yesterday, and she mentioned it exists but lacks someone to manage it."

- LPA representative, Albinetul Vechi

Respondents demonstrate rather high level of employment which is considered to be an important indicator in Active Ageing Index: about 25% of them continue being employed. The share of employed is the highest among people aged 55 - 64 (nearly 44%) as the retirement age is currently 60,5 years for women and 63 ye4rs for men; though the employment rate is still significant among those aged 65 - 74: 16,3%. According to FGDs participants, it is a forced choice because pensions are very low and do not cover bare necessities.

"An older person lives alone, with no one around because all the nearby houses are empty. They can't call out for help like they used to. It's a lonely situation."

-LPA representative, village Cajba

On the other side, employment provides more opportunities for social interactions and improved access to information which leads to higher levels of participation in society.

The level of social participation of respondents without paid job is lower. The share of respondents with a high level of participation is especially clearly decreasing compared with those employed. Every eighth of these respondents (12.4%) did not practice more than half of the types of activities over the past year (the sum less than 21 points). More than half of the respondents (57,1 %) engage in various types of activity only a few times a year, and only 6.8 % are quite active in most types of activity.

Among unemployed respondents the level of activity in those types that require leadership skills is significantly lower. At the same time, it is surprising that among respondents without paid job, the proportion of those who together with others watched television, video, listened to music, etc. in the last year is a little lower too.



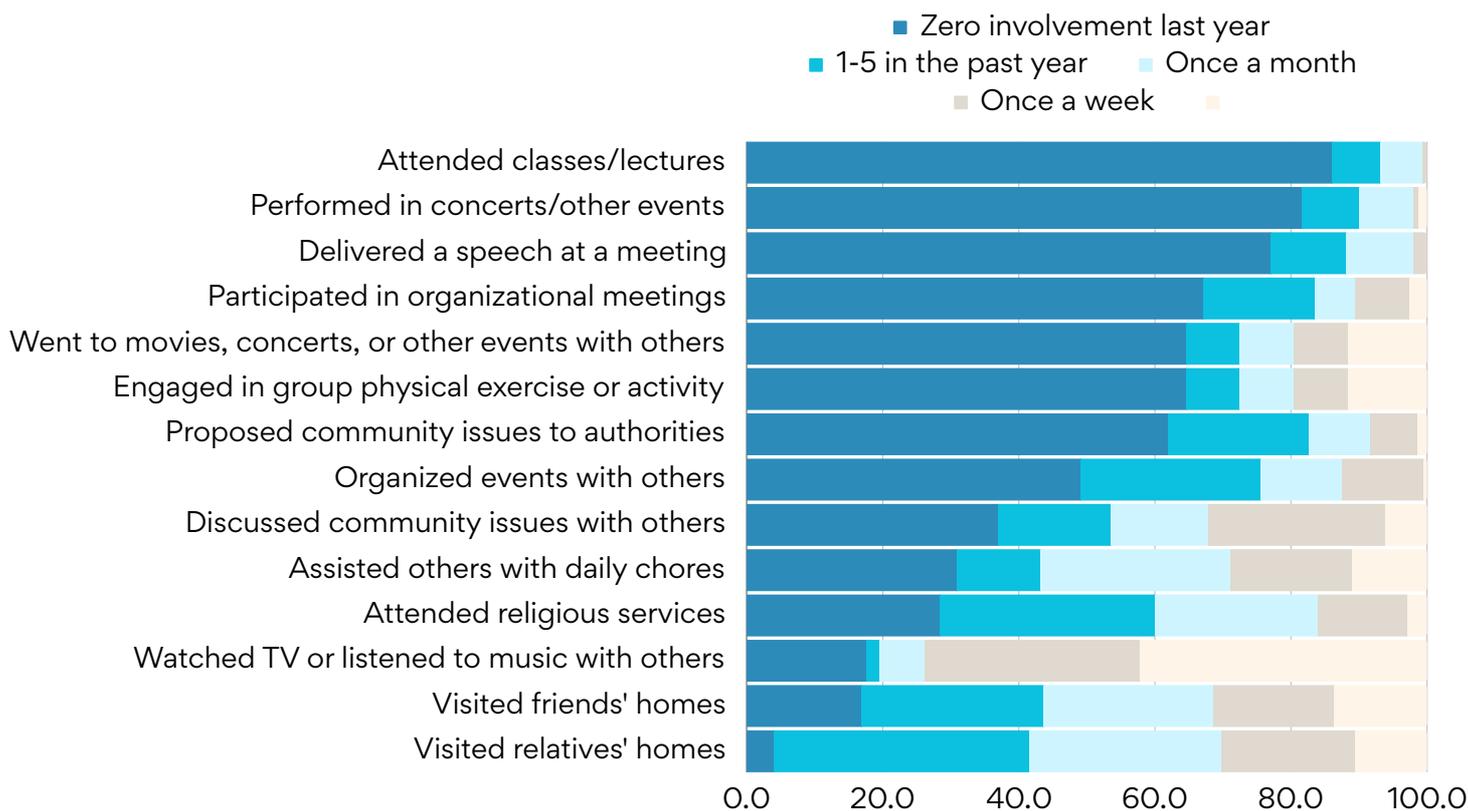
VIII. FINDINGS AND DISCUSSION / RESULTS

In this section, we're not talking about older people's involvement in work. Instead, we're focusing on their social activities outside of work. We have categorized these activities into four groups:

- **Informal social participation:** This includes spending time with friends, family, and neighbors without a specific goal of benefiting the community at large.
- **Informal social activities:** This involves engaging in activities or entertainment with others, such as watching TV together, attending church, going to cultural centers, or participating in other organized events.
- **Formal participation:** This refers to contributing time or resources to organizations or initiatives, helping others, discussing community issues, giving speeches at meetings, or performing at concerts.

- **Highest level of participation:** This occurs when an individual organizes activities or advocates for community issues, such as submitting proposals to local authorities with the aim of making broader impacts.

We included a new question in the survey to measure older people's interest in lifelong learning, which can improve their engagement in community life. Surprisingly, the results show that lifelong learning is the least preferred activity among respondents. However, participants in focus groups mentioned attending training sessions and seminars in Active Ageing Communities and communities with Older People's Groups (OPG). Overall, the data indicate low levels of social participation among respondents in all communities across various activities.



VIII. FINDINGS AND DISCUSSION / RESULTS

In general, there are no correlations between types of social participation and employment status, family status or living alone.

The most common type of social participation is **shared leisure** (watching television, video, listening to music, etc.): the most common answer is “more than once a week (**42%**); almost **74%** engage in these activities **at least once a week** or more often.

Participation in family interactions (with family, friends, etc.) is typical for the majority of respondents (in every fifth case we are talking about participation at least once a week). Most people practice them several times a year, i.e. from two times a month to one time every few months, and only **10-14%** do this more often than once a week. Formal participation as well as leadership are not typical for the majority of respondents.

Some types of social participation are completely atypical for respondents: the vast majority (from 60 % to almost 90 %) had never been engaged over the last 12 months in organized types of social participation (participation and performance in meetings, activities of organizations), as well as in leisure activities that involve regular or systematic participation (education, attending performances, concerts, physical activity and sports).

Every tenth respondent (10.4%) did not participate in more than half of the types of activities listed in the questionnaire over the past year. More than half of the respondents (50,2 %) participate in various types of activity a few times a year, and only 9.8 % of respondents are quite active in most types of activities.

The share of the most active respondents who participate in various types of activity at least once every 1-2 months is 9.8%. Almost half of them (48.9%) live in AFC. The distribution of this group of respondents by gender, age, marital and family status practically corresponds to the distribution in the sample as a whole.

These most active respondents are more engaged in activities aimed at other people (improving the lives of specific people or the community):

- **Discuss with others issues related to the community life**
- **Come to other person(s) to help with some daily chores**
- **Submit a proposal to authorities on issues related to the community life**
- **Organize events for / with other people**

The analysis revealed several predictors of the level of social participation.

➤ **Type of community:** the level of formal social participation and in leadership behaviour in age-friendly communities is 2-2.5 times higher than the level of participation of older people from “control” communities. Every tenth respondent in AFC had high level of involvement in activities related to leadership and an active role in interaction with fellow villagers and local authorities. In general, older people living in age-friendly communities are more likely to demonstrate high and middle levels of social participation in various areas. In communities with functioning GOP, older people are more active in interaction and communication with family, friends and neighbours.

VIII. FINDINGS AND DISCUSSION / RESULTS

➤ **Living alone:** respondents living alone demonstrate lower levels of participation in all types of activities. They less regularly participate even in such types of activities as meeting with friends, listening to music or watching TV together or going to the movies, concerts, plays, performances, any other events with other(s). More than half of these respondents (56,3 %) engage in activities only few times a year. At the same time, the proportion of people demonstrating a high level of social participation is almost identical to the general population (9.0 %).

➤ **Level of education:** social participation increases with education. Older people with a college or bachelor's degree are nearly 4 times more likely to demonstrate higher levels of formal social participation and in leadership behaviour.

➤ **Employment:** respondents with a permanent job are 7 times more likely to demonstrate a high level of formal social participation over the past year than those who do not have a paid job.

➤ **Age and health limitations** also affect formal social participation. As the age of respondents increases, the degree of social participation decreases significantly. This becomes especially noticeable for respondents in the age group 75 years and older. At the same time, age has virtually no effect on connections with family and friends.

At the same time, the respondent's gender, marital status, and in most cases even the level of income do not significantly affect the level of social participation of respondents.

Effects of social participation on individuals

To assess the effects of social participation on individuals, scales were used to find correlations with the well-being, self-esteem of respondents, the quality of their life and the nature of social connections (feelings of loneliness, the presence of social support, manifestations of ageism, etc.).

SELF-REPORTED HEALTH

The results of the analysis confirm the correlation between respondents' level of social participation and their self-reported health: the higher the level of social participation, the more often respondents rate their health as good. The share of respondents who rate their health as good is almost 3 times higher among those involved in formal social participation than respondents who reported non-involvement in social activities (73.9 % compared to 25.1 %).

In general, the fact of participation itself is of key importance: the transition from non-participation to a low level of participation already gives increase in self-assessment of health as good in 1.5 times. It should also be noted that a detailed analysis confirmed the correlation of self-reported health with most socio-demographic factors. So, the most pronounced statistically significant relationship is with the functional limitations (especially in vision and individual mobility, $\rho = -0.38$ & $\rho = -0.50$), as well as the presence of a permanent job ($\rho = 0.31$) and income level ($\rho = 0.29$). Though, the correlation is weak with the level of education ($\rho = 0.23$), age of respondents ($\rho = 0.20$) and their marital status ($\rho = 0.20$).

VIII. FINDINGS AND DISCUSSION / RESULTS

QUALITY OF LIFE

There is a statistically significant correlation between the level of social participation and the level of self-perceived quality of life; the strongest correlation is observed in case of formal participation: the share of respondents who are satisfied with their quality of life is 2.7 times higher among such respondents compared to those is not involved in any type of social participation (43.5 % compared to 16.1 %).

Similarly, the fact of participation itself is of key importance: the transition from no participation to a low level of participation already gives a two-fold increase in self-perceived quality of life, and the most significant change in the situation is observed in those engaged in formal participation and leadership behaviour. middle or high level of social participation.

Most socio-demographic factors, including age, gender, living alone, level of education, and paid employment do not demonstrate significant influence on quality of life. There is a relatively pronounced correlation only with income level ($\rho=0.29$), but weak correlation with functional limitations ($\rho=$ from -0.17 to -0.14 depending on the type of disability).

SELF-ESTEEM

In general, the majority of respondents in all types of communities have high and very high levels of self-esteem. There is some correlation between the level of social participation and self-esteem of respondents that participate together with others in entertainment or are involved in formal social participation. The share of respondents, whose level of self-esteem is extremely high according to the scale, is 2.5 times higher among respondents with a middle level of social participation compared to respondents who did not participate in social interactions (36.0 % compared to 14.3 %). Such relation is not observed in case of informal social participation with relatives and friends, and those who demonstrate leadership behaviour. There is no statistically significant correlation for the domains 1 and 4.

Regrettably, the younger generation is departing, leaving behind the elderly in our village. Out of the 455 households we had, 108 were empty last year. These homes stand empty, their occupants having either passed away or moved away.

- LPA representative, Grinăuți



VIII. FINDINGS AND RESULTS

SOCIAL RELATIONSHIPS

Loneliness:

There is an inverse correlation between social participation and feeling of loneliness: with increase in level of participation the frequency of subjective feelings of loneliness decreases. Those who contribute to community and its members have the lowest feeling of loneliness: 56.5% of them never feel lonely.

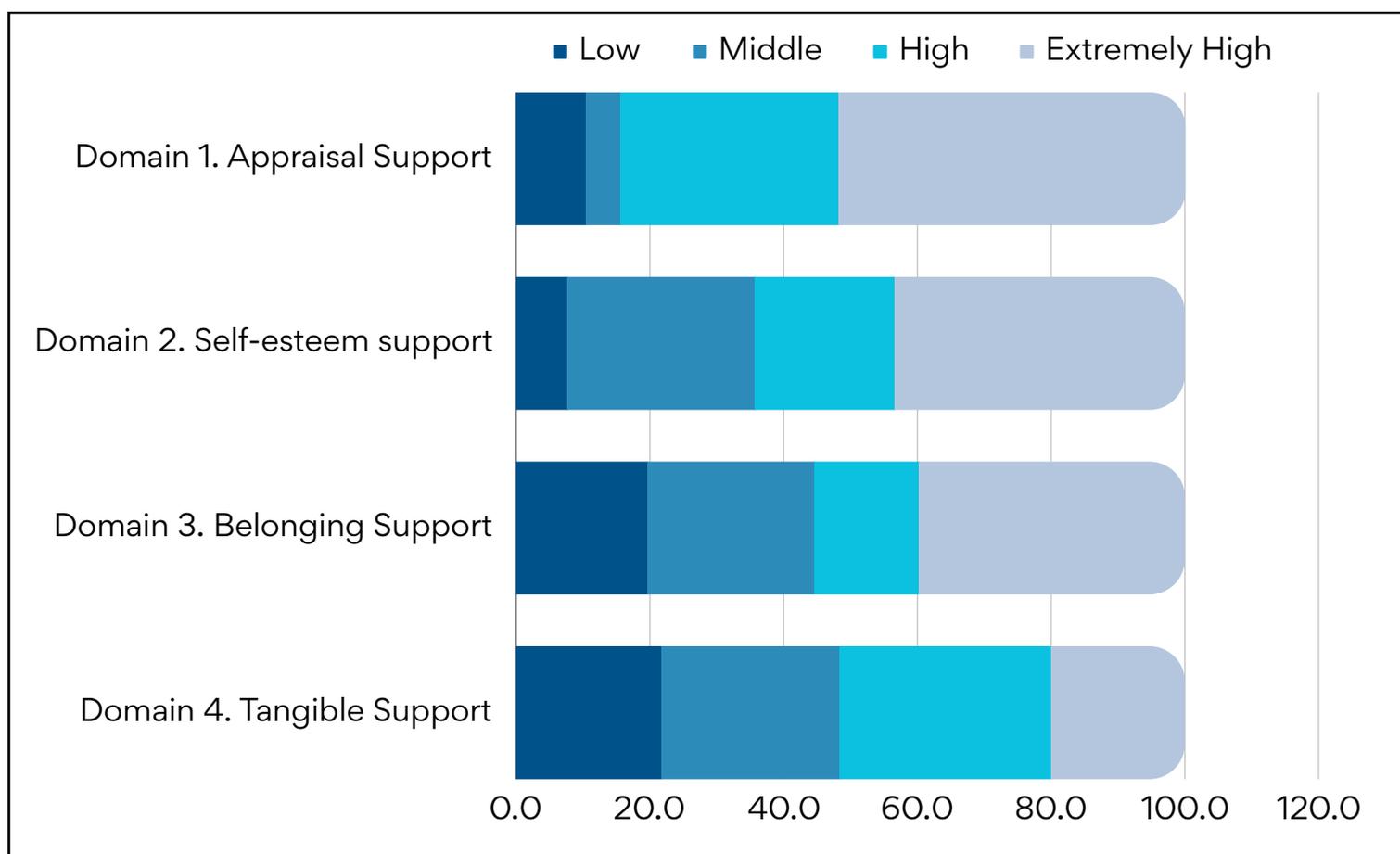
Social support:

The very fact and intensity of social participation significantly influences the perceived level of social support. Thus, people who show a high level of participation are much more likely to feel an extremely high level of social support - both in terms of communication, the opportunity to share their opinions, spending time together, and in terms of recognition of their value and significance.

There are practically no statistically significant correlations of the types of social participation only with the tangible support. This is probably due to the fact that in this domain as a whole there is a pronounced heterogeneity of assessments: if we are talking about helping someone personally (help in an emergency - illness, accident), then the majority feels supported, and if we are talking about everyday issues (moving, housekeeping) the majority report below-average support.

Perceived community

The perceived sense of community among subjects is predominantly high, particularly concerning social connections and relationships with significant others. Overall, most respondents have no trouble seeing themselves as part of a community. In many cases, there's no statistically significant correlation between social participation and its intensity with the perceived level of community.



VIII. FINDINGS AND RESULTS

However, respondents who engage frequently in joint activities with family members and close friends are nearly three times more likely to perceive their social integration as extremely high compared to those who do not participate at all.

Generally, we can say with confidence that community connectedness is a characteristic feature of the rural regions of northern Moldova, that the basis of social participation and social integration for the rural regions of northern Moldova is interaction with family and loved ones, caring for them.

SUBJECTIVE EXPERIENCE OF AGEISM

When analysing data for this section of the report, we speak about cases when older people encountered age-based discriminatory attitudes of both types: disrespect or humiliation (negative discrimination) and over-protection (positive discrimination). We included positive discrimination into our analysis because it may appear to be emphatic, but is actually paternalistic in nature and supports ageist behaviours, which can reinforce inequality.

Ageism is the term used to describe prejudice towards and/or discrimination against an individual based on their age. It is rooted in stereotyping, where we cluster perceived traits together and make assumptions based on social categories. Its effects can be powerful and damaging. Ageism is not only directed toward others but can also be self-directed.

“*Old age is no gentle journey; it's marked by pain and fluctuating health. But beyond these physical afflictions lies a deeper wound: the sting of societal rejection we face from the younger, more active members of our communities. Even those of us who continue to work are overlooked and undervalued. Why is it that our presence becomes a burden to the young? Perhaps it's the struggle to move with grace, the challenge of frail legs. It's a lonely existence, as we find ourselves excluded from social gatherings and sidelined by our own families.*

In my work with the elderly, I witness their struggles firsthand – the locked doors, the lack of mobility, the absence of activities tailored to their needs. We tire ourselves out in the pursuit of work until midnight, yet in old age, even the simplest tasks become Herculean challenges. Unable to cook a meal, unable to share it with others – we are condemned to a life of perpetual solitude, trapped in our homes day and night.

– FGD Participant - Chetrosu, Control Group

According to the results of the analysis, the majority of respondents have never or extremely rarely experienced ageist attitude (overt discrimination), but periodically feel that their experience and contribution are not sufficiently valued by other people.

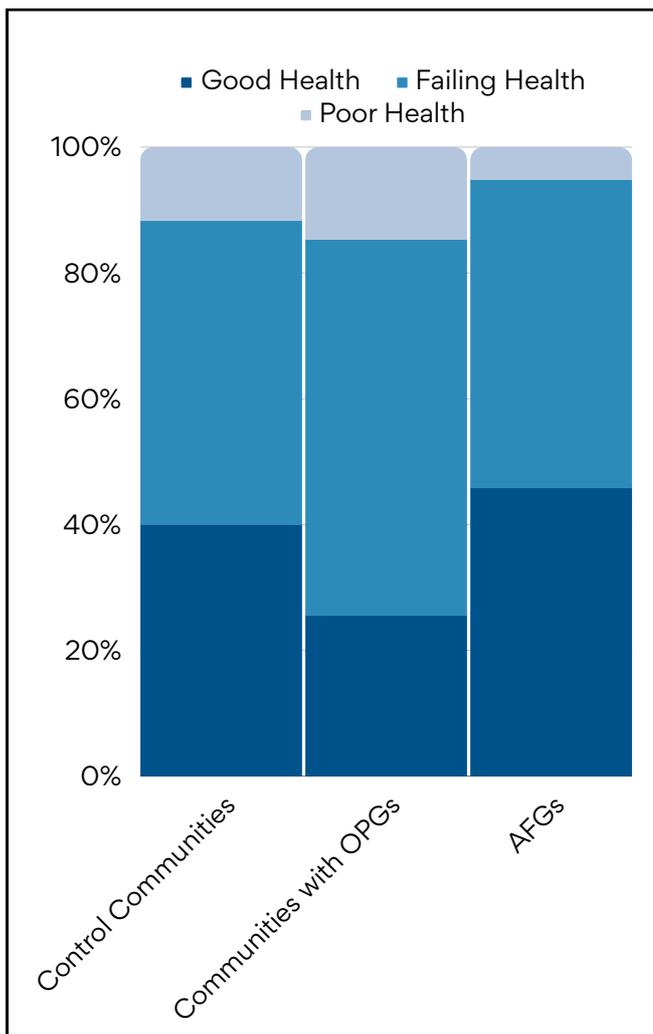
The highest level of experienced ageism have respondents (30.8%) that do not participate in / leisure/entertainment activities with others, and leaders (24,2%) who are the most active. Those older people who demonstrate an average level of social participation most rarely experience ageist attitudes.

VIII. FINDINGS AND RESULTS

Effects of social participation on communities

Number of respondents in all types of communities and their characteristics are practically identical. Since respondents have a similar socio-demographic structure, statistically significant correlations between type of community and a certain indicator (assessment of the level of health, quality of life, social support, ageism, etc.) becomes more significant. Because the significance of the key (studied) feature comes to the fore: the presence of special conditions for the participation of older people.

HEALTH



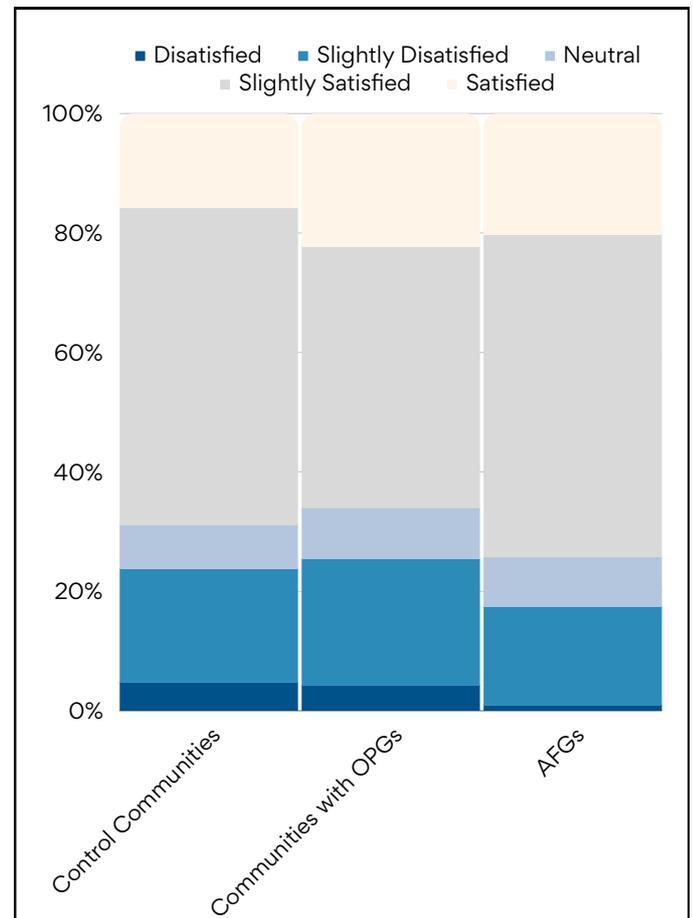
A statistically significant relationship was identified between the level of health and the type of community, the correlation is direct, weak (0.22).

In general, we can say that in AFCs the proportion of respondents assessing their health as good is higher than in other types of communities, and only 5% of respondents rate their health as poor.

In communities with OPGs, the share of respondents who consider their health being poor was almost three times higher (14.6%), while only 25.5% of respondents in these communities define their health as good or better.

QUALITY OF LIFE

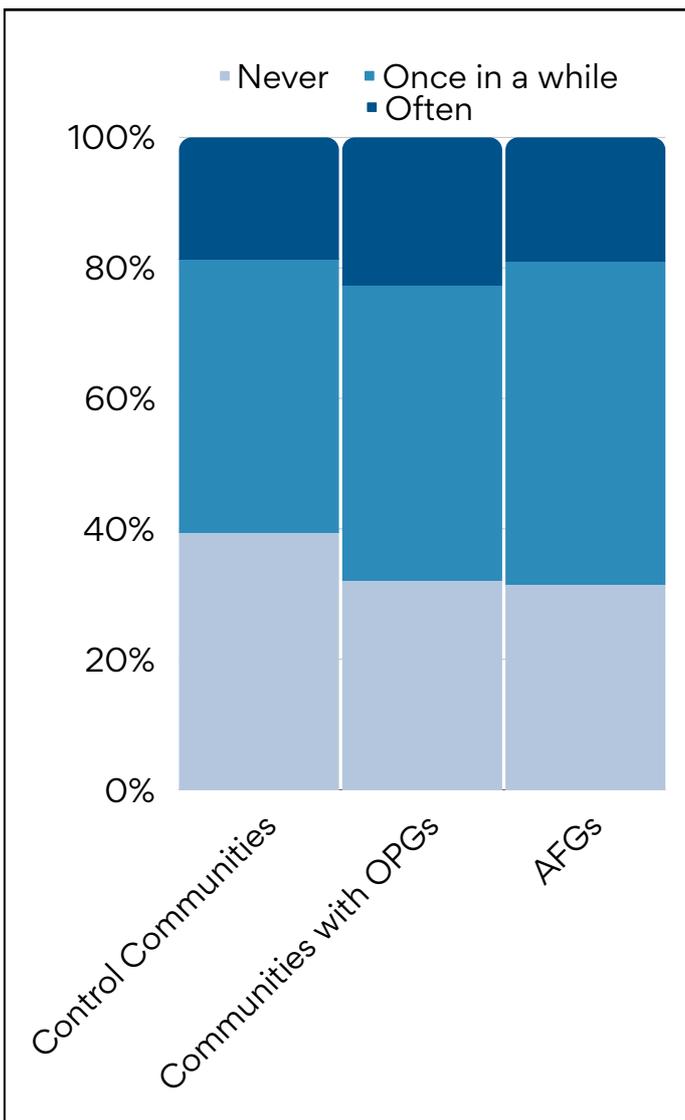
There were no statistically significant correlations between quality of life and type of community. In AFCs the proportion of dissatisfied with the quality of life is the lowest (0.9%), in communities with initiative groups 4.2% of respondents are not satisfied with the quality of life, and in control communities 4.7%. The proportion of respondents who are completely or rather satisfied with the quality of their life is higher in AFCs and amounts to almost 75%.



VIII. FINDINGS AND RESULTS

LONELINESS

No statistically significant relationship was found between subjective feelings of loneliness and type of community. In general, we can say that respondents from all types of communities only sometimes feel lonely: in age friendly communities the share of such respondents was 49.5%, in communities with initiative groups 45.3%, in control communities 41.9%. At the same time, respondents from communities with OPG feel lonely slightly more often 22.6% than respondents from age friendly communities and control communities



“*In our golden years, we find ourselves in a beautiful stage of life – what some call the "third age." For many of us here, our spouses have passed away, and our children have moved on, leaving behind a profound sense of loneliness. Joining this group has become essential to us; it's our anchor in a sea of solitude. Personally, as a single woman with a daughter living in Canada, the companionship offered here is invaluable. We were drawn to this community with the hope of alleviating our loneliness, of living more vibrant and fulfilling lives as we age gracefully and healthily. And it's been a transformative experience – we feel valued, respected, and heard. Our voices matter, as evidenced by our frequent interactions with the mayor. In essence, being part of this group brings us immense joy, purpose, and a deep sense of belonging.*

- OPG Member, Balatina

SOCIAL SUPPORT

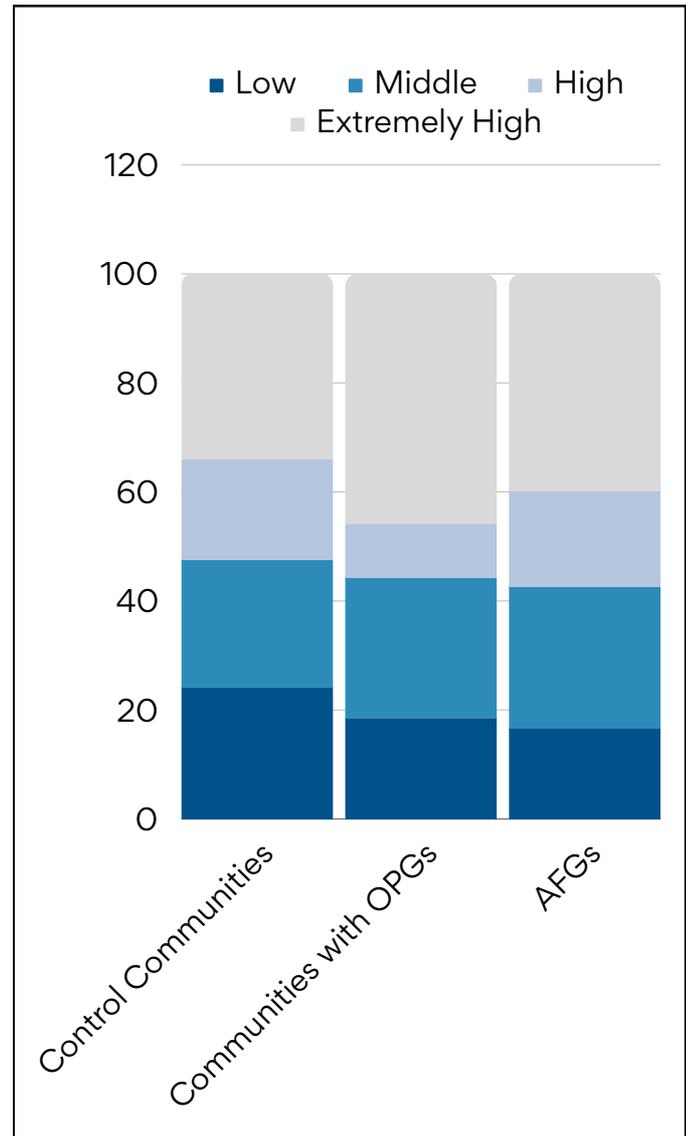
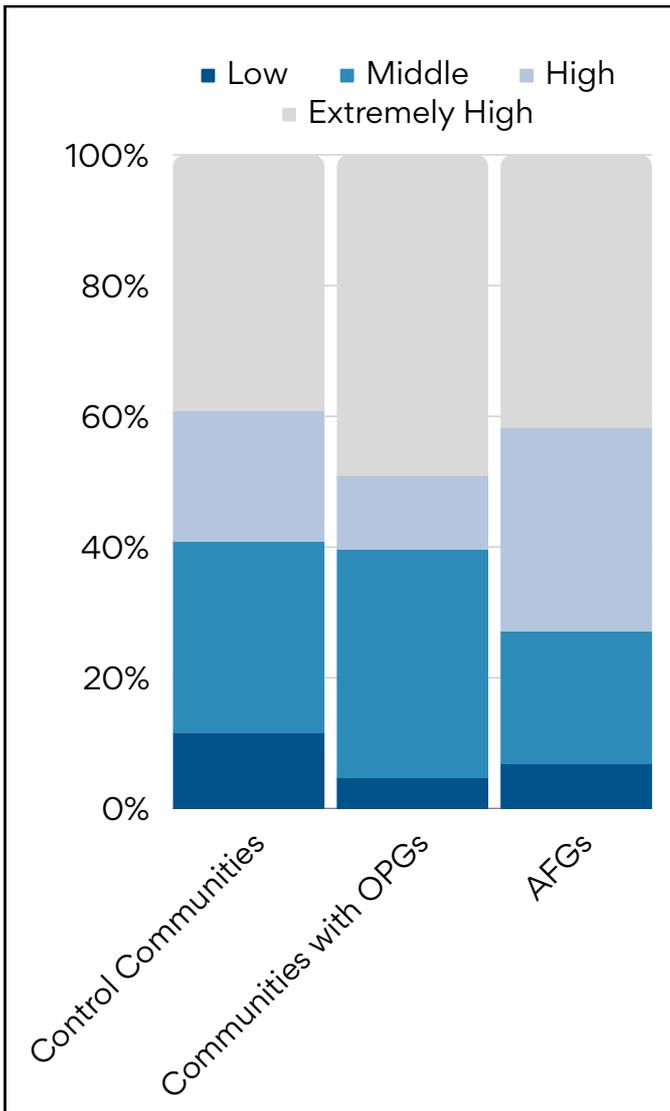
A statistically significant correlation was found between the type of community and the level of different types of social support:

- **Have someone to talk about personal issues:** both types of communities: AFCs and communities with OPG are characterized by a very high level of this form of support (58.5 and 59.4% correspondently). In control communities, a high level of this form of social support is 1.5 times less often.

VIII. FINDINGS AND RESULTS

- Others accept and value me:** the respondents from AFCs more often experience high and extremely high levels of such support (73,9%), while communities with OPGs are characterised by a larger share of those who experience extremely high level of such support (49.1%).

Moreover, it is maximum in communities with OPGs. There is a higher proportion of those respondents who perceive a low level of such support in the control communities.



- Other people spend time with me:** both types of communities, with the exception of the control ones, have better results in the extremely high level of such support (39.8% for AFCs and 45.8% for OPGs).

“As an elder, possibly the eldest among us, feeling needed ensures I'm not overlooked; attention is always forthcoming. Serving as the group leader, I actively participate in various meetings, including online ones organized by CASMED. Additionally, I contribute to the organizing and research committees of the National Network of Seniors Groups in Moldova.”

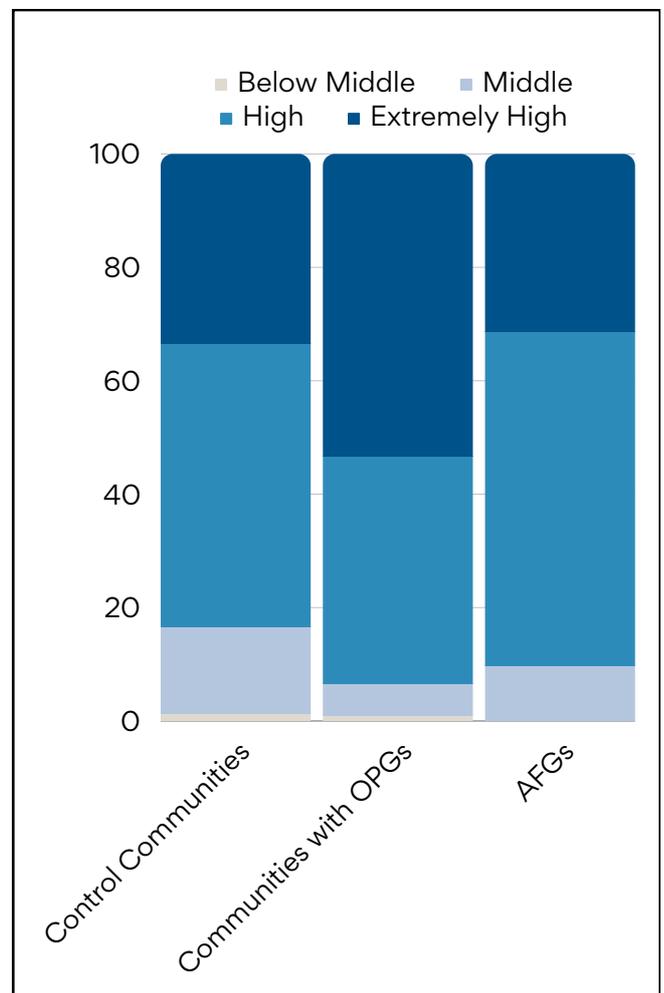
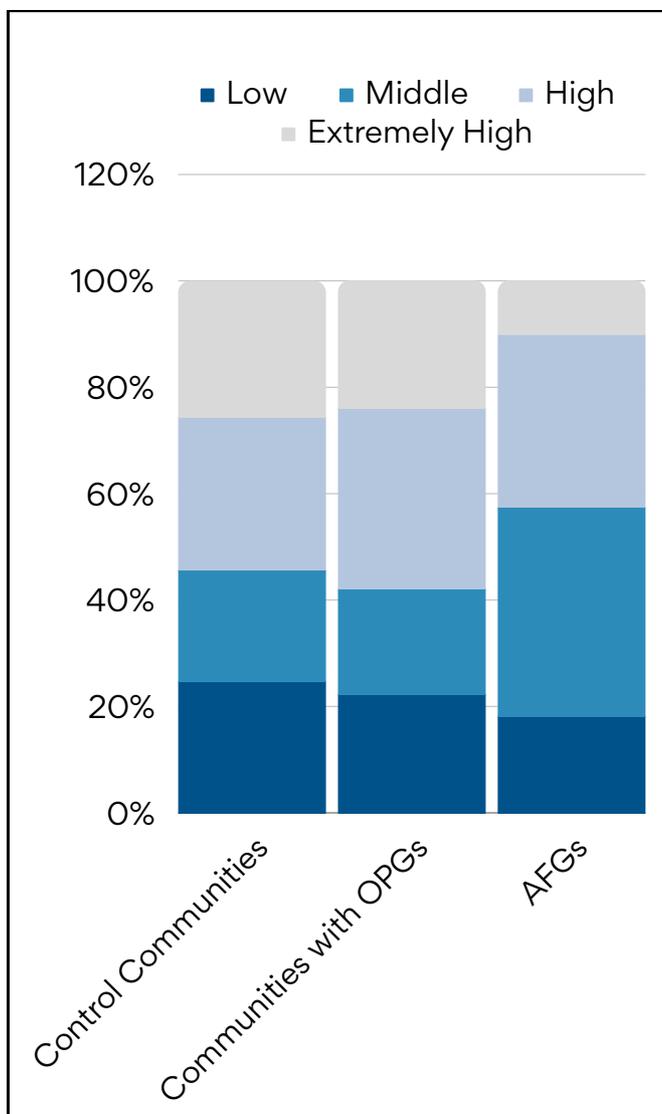
- FGD Participant, Sarata Veche (AFC)

VIII. FINDINGS AND RESULTS

- People help me with practical things and doings:** AFCs are more characterized by an average level of such support (39.4%), while communities with OPGs have a high level (34%). At the same time, the highest level of this kind of social support is felt by respondents from control communities. Thus, in this case, we can rightly speak of opposing tendencies.

- Social integration** (I have a good bond with others in this neighbourhood): no statistically significant correlation was found in this domain with community type.

- Social comparison** (I have a say about what goes on in my neighbourhood): A statistically significant correlation was found between the type of community and the level of perceived community in the given domain (direct correlation, 0.24). AFCs are characterized by the largest score in a high level (59%), and representatives of communities with OPGs have the largest score in an extremely high level (53.3%).



PERCEIVED COMMUNITIES

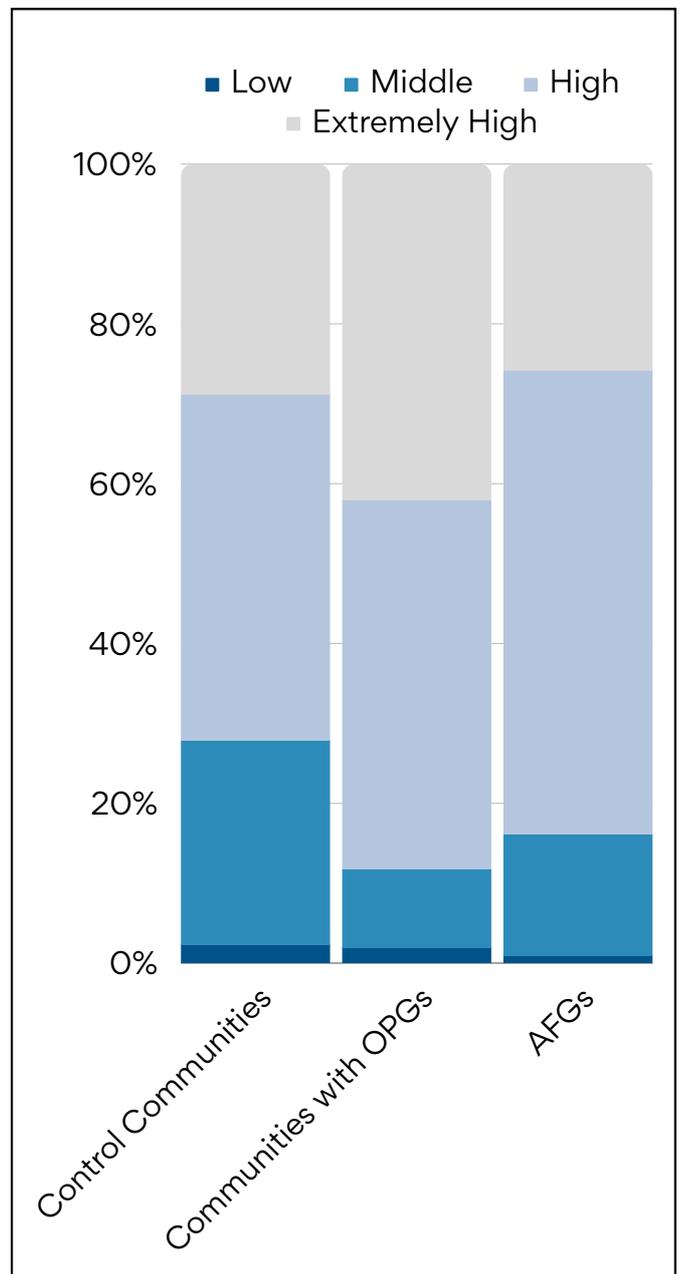
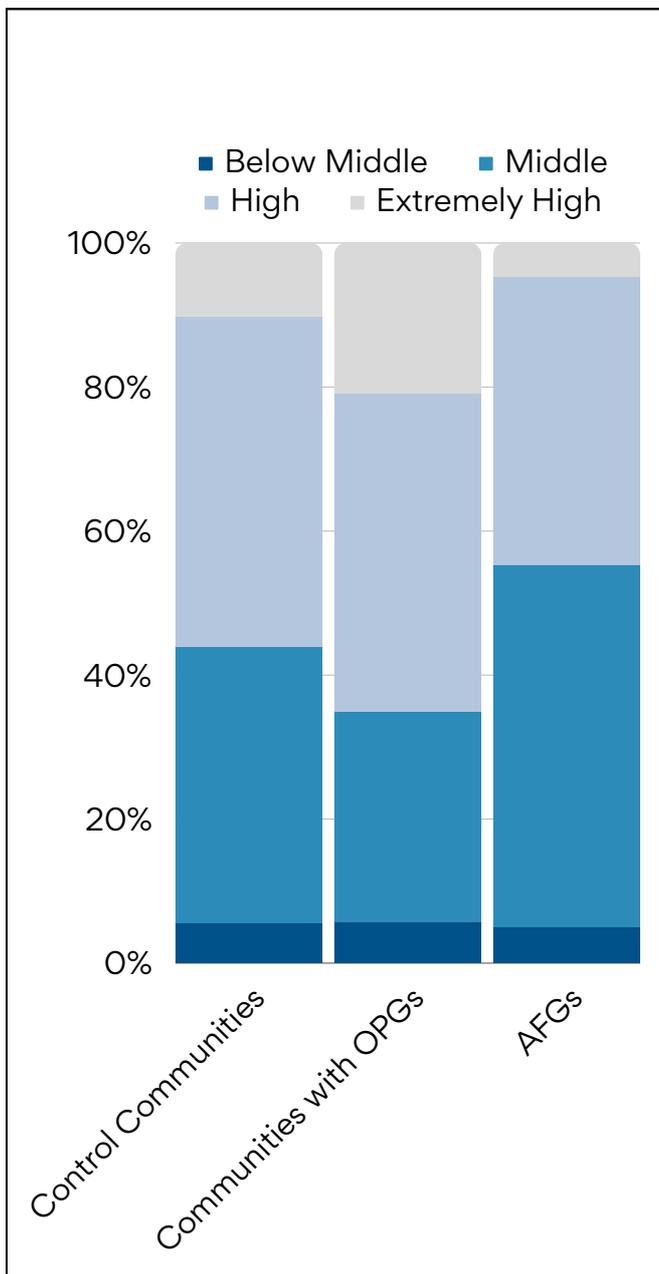
(The degree to which subjects perceive themselves as belonging to their respective communities).

VIII. FINDINGS AND RESULTS

- Internal comparison** (I consider I spend enough time with people outside of my family): a statistically significant correlation was found between the type of community and this type perceived community (direct correlation, 0.26). The situation looks most favourable in communities with OPGs: here we observe a very high and high level (20.8 and 44.3%) of satisfaction with the correspondence of ideal ideas about oneself and real roles.

SELF ESTEEM

The results of the study indicate a statistically significant correlation between the type of community and the level of self-esteem of respondents (direct correlation, 0.27). Communities with OPGs look the best: almost 90% of respondents here demonstrate high and extremely high levels of self-esteem. At the same time, in control communities there are more people with low and middle level of self-esteem and less with high.

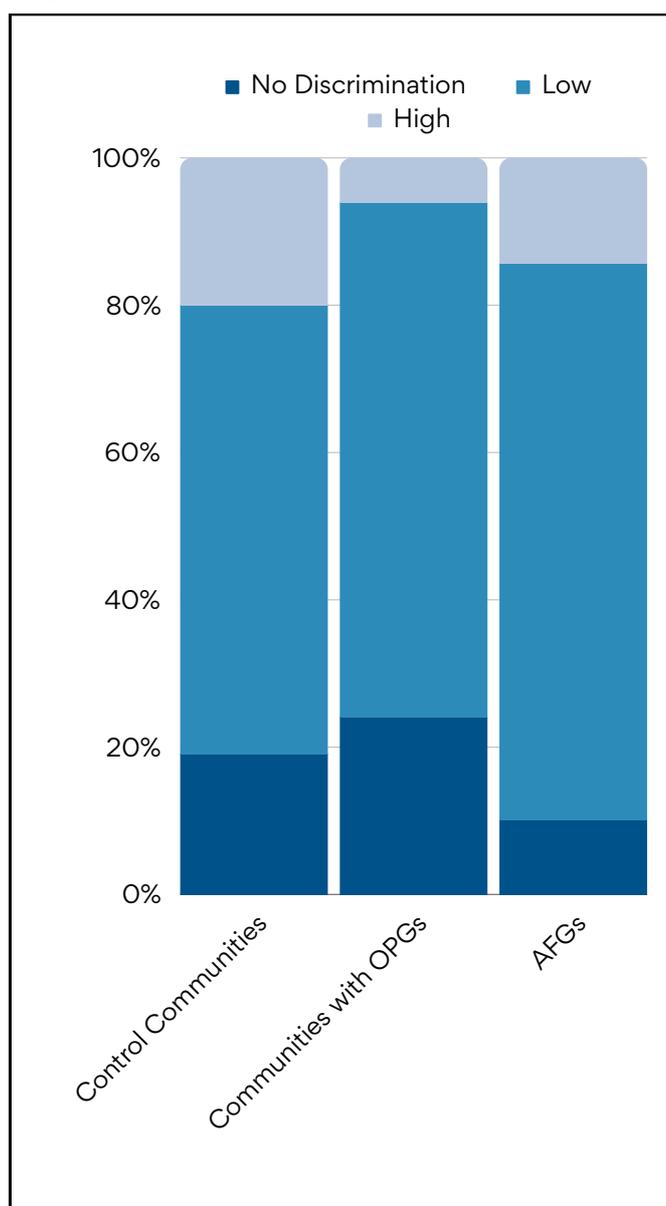


VIII. FINDINGS AND RESULTS

SUBJECTIVE EXPERIENCE OF AGEISM

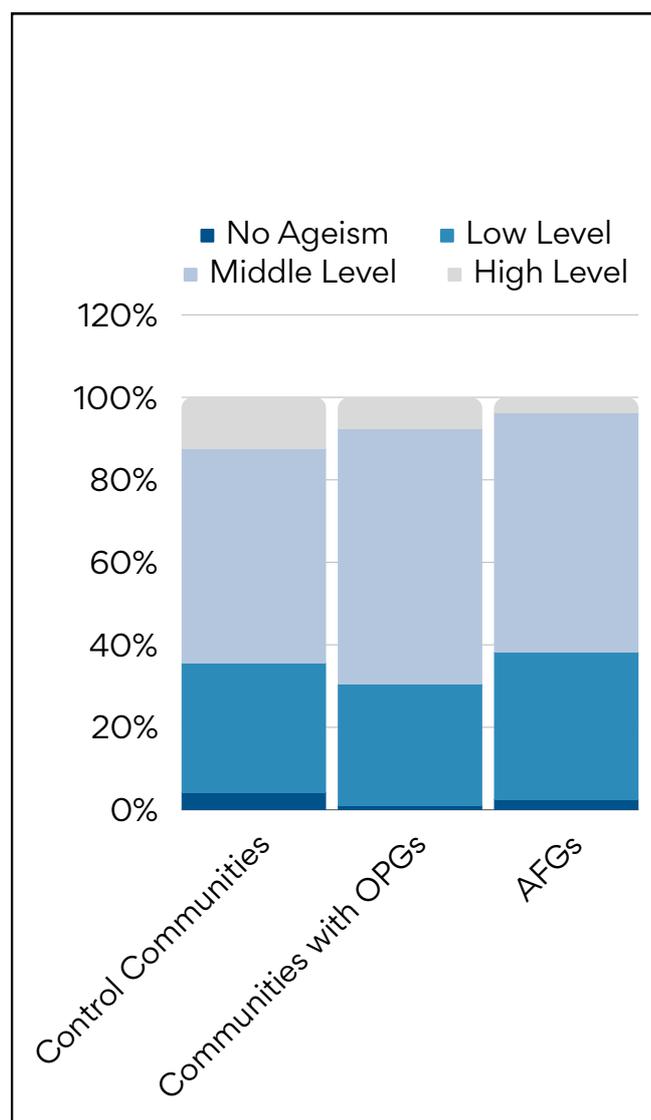
Analysis of the data obtained shows that there are significantly higher levels of both discrimination and neglect of the contribution of older people in control communities. Communities with OPGs look much better compared to others, especially in recognizing the importance and contributions of older people. The proportion of older people who frequently experience ageism is the lowest here (6.1%).

The correlation between community type and level of perceived age discrimination (ageism) is statistically significant (0.27).



GENERAL AGEISM

General ageism, or ageist attitudes among residents over 18 years old in all targeted communities was thought to be an additional tool for measuring effects of social participation at the level of communities. Due to limited resources for the research, the researchers were unable to conduct face-to-face interviews, and people were offered to answer questions online. Unfortunately, there was a unproportionally low number of responses from control communities. The number of respondents from AFC was 246, from communities with OPGs 194, and from control communities 48. This situation does not permit to look for correlations.



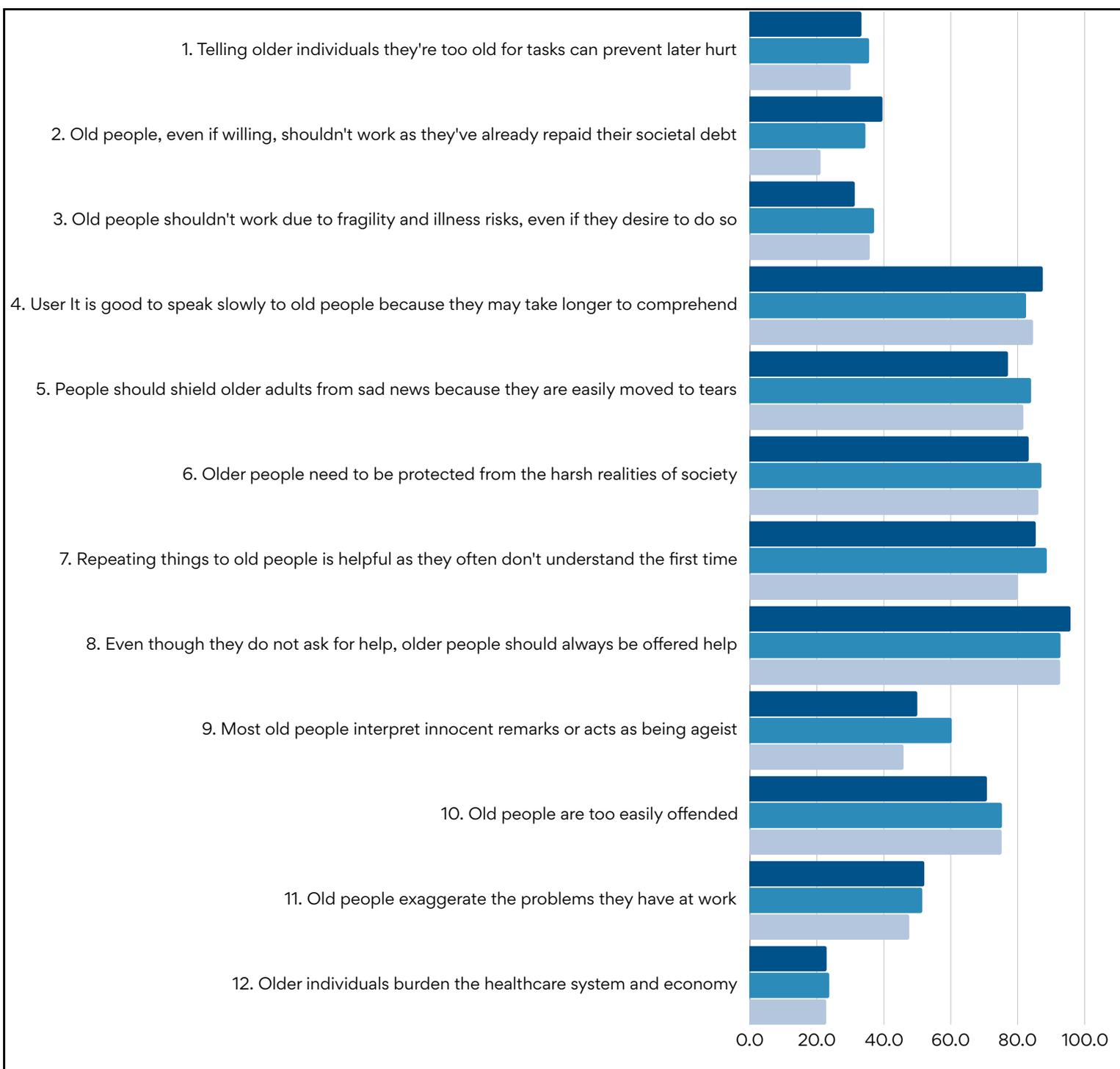
VIII. FINDINGS AND RESULTS

In all communities, certain questions reveal a prevalent trend: higher levels of ageism are observed in questions 8, 6, 4, 5, 7, 10, 11, and 9, while lower levels are evident in questions 2, 12, 1, and 3. This suggests a prevailing over-protective attitude towards older individuals, viewing them as a vulnerable segment of society in need of care and assistance by default.

It's worth noting that none of the socio-demographic factors show statistically significant correlations.

However, education does seem to influence attitudes, with individuals holding higher degrees, particularly master's degrees or above, displaying lower levels of ageism. Additionally, the field of professional activity plays a role, as those working in healthcare and social services exhibit the highest levels of paternalistic or protective behavior towards older people.

More details about the online survey can be found in the Annex 5



VIII. FINDINGS AND RESULTS

At this point, it's evident that there are effects at the community level, although they're not particularly robust. We've selected specific indicators to demonstrate this observation.

Indicators %	AFC	Communities with OPGs	Control Communities
During the last 12 months I have never:			
• Met with friends	11.1	15.6	24.2
• Attended a meeting of some organization	56.7	66.0	78.6
• Discussed with others issues related to community life	27.2	38.7	45.1
• Went with others to cultural events	50.7	64.2	74.0
• Performed in concerts, plays	64.1	89.6	91.6
In our community we do not have:			
• Information about various activities	7.9	29.2	20.5
• Open events	5,5	27.8	21.9
• Meeting places	3.2	12.7	22.3
• Organisations/ groups of/ for older people	12.0	29.2	62.8
• Invitations from LPA to discuss decisions	15.7	39.2	51.2
• tradition of mutual support	4.2	14.2	40.7
People treat you as you are less capable because of your age	2.7	5.2	14
You / your opinion are not being listened because of your age	3.2	7.5	7.9

These data show that in majority of cases older people in AFC have higher levels of participation in activities, the environment for participation here is more favourable, cases of ageism are nearly not experienced. Communities with OPGs have somewhat lower results but still look better than control communities.

Participants to focus group discussions in control communities are much more pessimistic about their situation and ageing.

IX. CONCLUSION

The data show that the level of social participation of respondents in all communities is quite low for most types of activities. The most common type of social participation is shared leisure (watching television, video, listening to music, etc.), and participation in family interactions (with family, friends, etc.). Formal participation or participation in organised structures as well as leadership behaviour are not typical for the majority of respondents. The share of the most active respondents who participate in various types of activity at least once every 1-2 months is 9.8%, almost half of them (48.9%) live in AFC.

The analysis revealed several predictors of low level of social participation: communities without organised support to social participation of older people, living alone, low level of education, lack of paid employment, age and health limitations. At the same time, the respondent's gender, marital status, and in most cases even the level of income do not significantly affect the level of social participation of respondents. Based on FGD, we can suppose that reasons for low levels of social participation of older people include also:

- **Cultural norms do not support social activities.**

Participants in various focus group discussions shared.

“—
Some acquaintances admire our active involvement, while others criticize it. Even when we attend events, we face comments like, 'Why did you, being old, go there?'

My older sister-in-law once wrote to me, suggesting I take my grandchildren to church instead of participating in activities with them.

“—
Upon joining the Older People's Group, some neighbors remarked negatively, implying that we lacked meaningful activities and had lost our minds.

Initially, there was harsh criticism from the community towards us for joining this group, with some resorting to aggressive language.

- **Older people have limited tangible resources for social participation: many live in poverty and have nearly nothing left to invest in relations with others.**

“—
People in the village express skepticism, saying, 'We don't believe you're not being compensated. There would be no incentive otherwise.'

Perhaps it's the mindset of older individuals, thinking, 'If I attend, maybe I'll receive something in return. But if there's no benefit, I won't bother going.'

I believe that over the years, our Moldovan society has become accustomed to expecting handouts from others. If someone receives a gift, they credit the giver. But if there's no gift, the person is deemed insignificant. This expectation has become ingrained in Moldovan culture.



IX. CONCLUSION

- **High workload related both to employment and household activities: nearly 25% of people over 55 are employed, over 34% live alone without anyone to help them with everyday chores.**

“

In my neighborhood, I met someone who couldn't join the Older People's Group because they were caring for their bedridden mother for 13 years. Another person couldn't leave their yard to visit neighbors.

We don't rely on gyms for exercise; our tools are the shovel and rake. We're constantly on our feet, engaging in physical activity throughout the day.

To be honest, my aspiration isn't to remain at home. Why? Because there's always something to tend to in the countryside; from attending to a mooing cow to various chores. My dream in old age is to live peacefully in a small house amidst the woods, free from phones and disturbances.

- FGD Participants

Social participation has positive impact on various aspects of life of older people, and data proves this.

Respondents from the most active group more often rate their health as good (58.6 % compared with average 37.2 %), are more often satisfied with their quality of life (26.7 % compared with 19.3 %), a little more often have an extremely high level of self-esteem (34.7 % compared with 32.1 %), have a higher chance of never feeling loneliness (41.0 % compared with 34.4 %), and are even less likely to experience high levels of ageism (13.4 % compared with 16.3 %).

Also, respondents from the most active group feel extremely high level of social support in most areas, including: appraisal support (to talk about personal issues) (75.3 % compared with 51.8 %); self-esteem support (others accept and value me) (54.8 % compared with 43.4 %); belonging support (spend time together) (68.0 % compared with 39.8 %).

The data also prove that social participation has positive impact on various aspects of life of older people. Respondents from the most active group more often rate their health as good (58.6 % compared with average 37.2 %), are more often satisfied with their quality of life (26.7 % compared with 19.3 %), a little more often have an extremely high level of self-esteem (34.7 % compared with 32.1 %), have a higher chance of never feeling loneliness (41.0 % compared with 34.4 %), and are even less likely to experience high levels of ageism (13.4 % compared with 16.3 %).

In majority of cases older people in AFC have higher levels of participation in activities, the environment for participation here is more favourable, cases of ageism are nearly not experienced.



IX. CONCLUSION

“

From my perspective, I'd like to shed light on our local older population's activity level. While not everyone is involved, the majority actively participate in various activities, volunteering, and local festivals. We take great pride in their achievements, such as winning the titles of Mister Grandfather and Miss Grandmother 2023 at a recent festival. As social workers, we've developed numerous services in our district and community, striving to inform older individuals about available resources, many of which they may not be aware of. We collaborate with CASMED and actively engage in the Age-Friendly Strategy implementation through the local coordinating committee, holding meetings, discussions, and activities. Despite the abundance of activities and involvements, I can confidently say that the seniors in our area remain highly active.

- Social worker, Izvoare (AFC)

Unfortunately, there is limited number of local organisations that promote and support social participation. Projects in this field are rare, and their history is short enough to produce long-lasting effects and change cultural norms.



“

Initially, for the gathering it was quite challenging due to various barriers, primarily related to people's mindset. Many believed that life ends after retirement, feeling reluctant to participate and questioning the purpose. However, over time, attitudes began to shift, particularly among us. Reflecting on ourselves five to six years ago compared to now, we've witnessed significant growth in self-esteem and confidence. People now recognize their capacity to make meaningful contributions, enriching their lives with contentment and interest.

- FGD Participant, Viisoara (AFC)

Communities with OPGs have somewhat lower results but still look better than control communities.

“

Local residents greatly appreciate our activities because, in addition to representatives from the mayor's office or other entities, there's also someone from the village, a group advocating for their needs. I believe this is a significant advantage, perhaps one of the most important.

- OPG member, Balatina

We regularly visit bedridden individuals in their homes, assisting with household tasks and sewing pillowcases, quilts, and bags for them. With fabric rolls donated by a leader, we've crafted these items. Additionally, we've collectively purchased groceries and grains to distribute to those in need. Personally, I visit a neighbor daily.

- FGD, Ciuciulea, Glodeni District

X. RECOMMENDATIONS

Practically all the recommendations listed below are given by older people themselves and also representatives of local stakeholders in targeted communities. We believe that they know the situation better than any experts, and we rely on their opinions.

Macro Level

- As the research proved that the use of WHO Age-Friendly Cities Framework produces more visible changes in the levels of social participation and in outcomes for community members already at early stages of its implementation, it is highly commendable to promote it at the policy level and support all the stakeholders involved in applying this approach.
- Policymakers and community leaders must take proactive measures to understand and address the factors that limit older adults' social participation. This may require a more significant commitment to developing policies and programs that prioritize the needs and perspectives of older adults living in different communities and in different circumstances, as well as ensuring that these programs are adequately resourced and accessible to all. Legislation that legitimises participation of older persons in policymaking is also a way to ensure spaces for consultation and participation with them.

“*The government ought to prioritize the needs of older individuals. I believe there should be regular gatherings at the town hall, both formal meetings and informal gatherings, specifically for older members of the community, where they can participate in discussions about all the issues facing the village. Currently, these discussions primarily involve younger council members, but it would be beneficial to include the perspectives of older citizens as well. There are certain village problems that we, as older residents, observe but feel are not being adequately addressed.*

- Member of OPG, Sofia

There should be a ministry dedicated to the protection of older people, to safeguard their health and the activities they participate in, to prolong their lives.

- FGD Participant, Corpaci (AFC)

- This research indicates that concern about social disapproval poses a barrier to social participation, although positive media images and real life examples of peer role models to illustrate the social acceptability and multiple benefits of participation could promote more positive attitudes, norms of reciprocity, trust, and social interactions. Bringing new “images of ageing” into the mass media and into the consciousness of the general public might show that older people are a potential societal resource, and help to decrease cases of ageist behaviour.



X. RECOMMENDATIONS

“
I am currently tuned in to the TV, and it strikes me that all the programs feature artists from Chisinau. Even last night's show at Coliba was centered around artists. But where are the shows that highlight the lives of people from rural villages?

- Member of OPG, Sofia

I aim to challenge the negative perceptions of senior citizens held by government officials and political analysts. They shouldn't take offense at every turn, nor constantly remind us that we are a burden

- FGD Participant, Viisoare (AFC)

I perceive it as crucial to provide opportunities for people who have reached retirement age and are still willing and able to work. Not all of them are unwell; there are individuals who are eager to continue contributing, yet they often encounter rejection with statements like 'We don't need pensioners.' This mindset creates staffing crises without considering the potential contribution of older workers.

- OPC Mmember, Sofia

- Participants to FGDs unanimously expressed their concern about villages becoming unpopulated and “dying”. They consider that out-migration of young and working-age people makes the life of older people unbearable: increases their own workload, breaks social participation in family and friends circles, impedes economic and social development of communities. There is an obvious need in a participatory assessment of the situation and development of a special rural revitalization programme or strategy.

“
The government fails to conduct thorough analyses of the conditions in rural villages, where many are experiencing a decline in population, particularly among the youth. In some villages, only 2 or 3 children are born each year, leading to the inevitable extinction of the village community. What will happen to the elderly residents in these dwindling communities?

- Member of OPG, Sofia

At my age, I yearn for more job opportunities to emerge, so my children can return to the village and be by my side. I dream of sitting them down at my table, treating them to traditional meals of cornmeal, cheese, and meat, and nurturing them at home. I'm not alone in facing this predicament; it affects everyone. Why should I wait to be sent to a nursing home after raising my 4 children and 8 grandchildren? Do I need to wait for the president to build a care facility for me? I want to see job opportunities created so that everyone can return to their roots, close to their families.

- OPG Member, Horodiste

I believe it's essential for government officials to engage directly with the people, allowing us to express our opinions firsthand, just as we're doing here. However, our opinions are often disregarded. If they were to visit us now, we would share our thoughts with them immediately. There are numerous injustices, despite promises to rectify them. While there are positive aspects, there are also negative ones. We need them to listen to us, like children listening to their elders. They should come and hear us out.

- FGD Participant, Grinauti (control community)

X. RECOMMENDATIONS

- The Government should consider measures to sustain adequate health and care services in villages. Mainly older people live there who have neither resources nor opportunities to be served in other localities.

“Old age is an inevitable reality that constantly weighs on my mind. It's not just about me; every elder in our community requires accessible social services, and these services must meet the highest standards. For instance, home care services should be exceptional, and it's crucial that hospitals and health centers remain operational. Essential amenities such as pharmacies, hair salons, tailor workshops, and laundries should be available within the community. As one grows older, traveling to other districts or localities for these services becomes increasingly challenging due to declining strength.

- FGD Stakeholders

Not every village has a dedicated center for older individuals. It would be beneficial to establish such centers, even if only for a short period, as a significant portion of our country's children live abroad. Over 60-70% of older people, not just in our village, spend their days alone at home, longing for interaction with passersby on the road

- FGD Participant, Sarata Veche (AFC)



- Consider solutions that would alleviate the process of fundraising and management of funds by not registered civic initiatives, including OPGs.

“To increase our organization's activity and garner broader interest, it would be beneficial if we could find a way to formalize our status and generate some funds. Without financial resources, many of our plans remain mere ideas. Thus far, everything we've accomplished has relied solely on our enthusiasm and personal contributions. While we do occasionally receive support from sponsors, it often falls short of our needs. Having financial stability would enable us to plan and execute initiatives more effectively. For instance, we could establish a legal entity, open a bank account, and start accumulating funds. With a budget in place, we could better organize events like our annual festivals, where everyone pitches in significantly. Unfortunately, the municipality lacks the means to allocate funds for such endeavors in its budget.

- Member of OPG, Sofia



X. RECOMMENDATIONS

Community Level

- To support decision-making related to older people and support their interests, organise participatory consultation processes through creation of advisory or consultative bodies of older people.
- Facilitate and support active people in their efforts to establish OPGs: provide them with meeting spaces, with advice and consultation, assigning a person within the local structures who will serve as a liaison between older people and local decision-makers. Utilise a variety of forms of social encouragement of social participation by older people.

“ I also believe that there aren't many proactive individuals in our community. However, if there were organizers who could engage and motivate them by offering activities and opportunities to participate, I think there would be a positive response. People would be willing to come out, socialize, and contribute if they felt needed and valued. Unfortunately, in our rural setting, such opportunities are scarce. We lack the necessary infrastructure, such as buildings and material resources, to provide spaces for people to gather and engage in activities. With gradual efforts and the availability of resources, it's possible to organize and involve more individuals over time, but it may not happen overnight.

- FGD Participant, Sofrancani, (control community)

- Promote collaborative working among diverse stakeholders at the community level, including health and social care practitioners, businesses, the retail and commercial sectors, and residents to identify needs and develop initiatives focusing on older people.

“ We require a partnership and cooperation with economic entities; perhaps they will heed our pleas. Indeed We're seeking a partnership and cooperation with business entities, hoping they'll respond to our needs. We're deeply involved in our village's decision-making and believe businesses could offer support and assistance., we contribute significantly to the welfare of our village and actively participate in the decision-making process. It would be beneficial if economic actors could offer assistance and support.

- Member of OPG, Sofia

Securing the amenities our community needs involves everyone's participation to access these opportunities and meet our requirements. Crucially, a sufficient pension is vital for covering these necessities. That's the essence of our situation.

- FGD Stakeholders



X. RECOMMENDATIONS

Civil Society Organisations

- Provide accessible information and training to older people on social participation and its benefits, how to organise and run OPGs, and how to initiate the process of AFC creation.
- Assist local communities and OPGs with sharing experiences and good practices aimed at increasing social participation by older people.
- Whenever possible, look for possibilities to expose older rural people to different styles of ageing and involvement in social interactions.

“

It would be nice if the town hall could arrange a trip for us... I believe we'd all enjoy that. We contribute significantly and I feel we've earned it.

- OPC Member

Older People

- Look for like-minded people and together organise activities for you and other people around you that may bring back life to years.
- Look for partners and work collaboratively with civil society and governments.

“

I'd plan outings for the elderly. I'd love to show them the world from new angles and perspectives. I'd organize visits to the beach, the mountains, and monasteries.

- OPG Member, Horodiste



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