

Quality of Life of Older People in Central and East European Countries



Valentina Hlebec and Ida Lah

Paper presented at conference:

European Comparative Research on Ageing – Challenges
and opportunities, Vechta, Germany, June 22-24.



Outline of presentation

- Introduction
- Research question
- Data
- Results
 - Social support
 - Quality of health services
- Discussion



Introduction

- Central and East European Countries have overcome many changes in the last 15 years (transition from communism to market oriented society, accession to EU in 2004, ect.).
- What is happening with quality of life of older people owing to these changes?



Research Question

- What are characteristics of CEEC as compared to old member states of EU across various quality of life indicators?
- What are specifics of older people (55+)?
- Can we position CEEC between welfare models (Esping-Aandersen – liberal, social-democratic and conservative, with addition of Ferrera's Mediterranean model)?



Data

- European Quality of Life Survey, 2003 (European Foundation for the Improvement of Living and Working Conditions), data distributor - UK Data Archive, University of Essex, Colchester (February 2006)
- The bibliographic citation: European Foundation for the Improvement of Living and Working Conditions and Wissenschaftszentrum Berlin fuer Sozialforschung, European Quality of Life Survey, 2003 [computer file]. Colchester, Essex: UK Data Archive [distributor], February 2006. SN: 5260.



Data

- (EQLS) is a representative, questionnaire-based household survey.
- It represents an ambitious attempt to explore quality of life in a wide range of countries (the 25 European Union (EU) countries and Romania, Bulgaria and Turkey).
- The survey enables an accurate picture of the social situation in the enlarged EU to be drawn, a picture that includes both objective and subjective elements.



Data

- Limitations to the data: the sample sizes of around 1,000 per country can provide a general population profile, they are too small to allow for detailed analysis of sub-groups
- Although the wide range of topics covered by the survey this also means that none of the topics could be treated in great depth. Some of the dimensions are measured with a narrower set of indicators than one would use in highly specialized surveys.



Data

- Data collection: 2003 – 2004 (face-to-face survey)
- Sampling frame: Multi-stage stratified random sample
- Realized sample: 500 – 1000 depending on total population size of each country
- Weighting: according to age, gender and region within country. In addition, several weighting variables were also produced that adapt the sample size of each country to the proportion of their population within several recognized EU country groupings, e.g. EU15, EU25, and AC10.



Results

- So far two areas were examined:
 - Social support networks
 - Health services



Social support networks

- Indicators:
- Average number of people living in household (HH1),
- Average frequency of direct contacts with any of your children (Q34a),
- Average counts of support received from family member (Q36-1), work colleague (Q36-2), friend (Q36-3), neighbor (Q36-4), from someone else (Q36-5), from nobody (Q36-6),
- Percentage of households that give regular help to people outside ones household (Q62),
- Percentage of households that receive regular help from outside ones household (Q63)



Social support networks

- Cluster analysis of countries,
 - hierarchical clustering (Ward)
 - We made three analysis on different group of people:
 - all respondents (all age categories),
 - 55+, and
 - 65+.



Social support networks (all)

ALL 3G		household	children	family	colleague	friend	neighbor	someone	nobody	give	receive
1. n=12	Mean	2,440	4,521	2,542	0,053	0,860	0,072	0,202	0,186	20,069	9,039
2. n=3	Mean	2,533	4,338	2,084	0,125	0,826	0,195	0,208	0,417	34,502	28,266
3. n=8	Mean	2,982	4,605	2,825	0,094	0,575	0,095	0,120	0,188	23,645	15,117
n=23	Mean	2,641	4,526	2,581	0,077	0,756	0,096	0,174	0,217	23,195	13,661

1. cluster: AT, BE, DK, FI, FR, DE, UK, IE, IT, LU, NL, SE
2. cluster: EE, LV, LT
3. cluster: CZ, EL, HU, PL, SK, SI, ES, PT

Social support networks (55+)

55+ 3G		household	children	family	colleague	friend	neighbor	someone	nobody	give	receive
1. n=12	Mean	1,750	4,099	2,555	0,028	0,572	0,150	0,283	0,260	20,978	4,680
2. n=3	Mean	1,841	3,916	2,116	0,046	0,466	0,374	0,217	0,584	33,381	21,418
3. n=8	Mean	2,254	4,464	2,946	0,037	0,346	0,159	0,119	0,275	25,715	11,018
N=23	Mean	1,937	4,202	2,634	0,034	0,480	0,182	0,218	0,307	24,243	9,067

1. cluster: AT, BE, CZ DK,FI, FR, DE, UK, IE,LU, NL, SE

2. cluster: EE, LV, LT

3. cluster: EL, HU, PL, SK, SI, ES, PT, IT

Social support networks (65+)

65+ 3G		household	children	family	colleague	friend	neighbor	someone	nobody	give	receive
1. n=13	Mean	1,606	4,073	2,623	0,010	0,444	0,193	0,276	0,281	18,183	5,257
2. n=3	Mean	1,696	3,823	2,038	0,026	0,420	0,440	0,241	0,615	29,839	23,457
3. n=7	Mean	2,057	4,481	3,050	0,028	0,291	0,132	0,109	0,274	23,703	12,543
n=23	Mean	1,755	4,165	2,676	0,018	0,394	0,207	0,221	0,322	21,383	9,848

1. cluster: AT, BE, CZ, DK, FI, FR, DE, UK, IE, LU, NL, SE, PT

2. cluster: EE, LV, LT

3. cluster: EL, HU, PL, SK, SI, ES, IT



Social support networks- findings:

- In comparison between different age groups (all, 55+, 65+), clusters remain the same, except for Portugal and Czech Republic (joined the first cluster with age).
- The highest number of people living in household is in the third cluster, while the first cluster has the smallest households. In comparison between age groups, households are becoming smaller with age in all clusters.
- Frequency of direct contacts with any of the children is the highest in the third cluster and the lowest in the second. In comparison between age groups, there is less contacts with age in all clusters.
- Family is the most important source of social support in all clusters, but it is the most frequent in the third cluster and the least in the second.



Social support networks- findings

- Friends are the second important source of support in all clusters, but are less important for older people.
- Neighbors are more important source of support in old age for the second cluster than for others.
- In the second cluster, there is the highest perceived frequency of no support source at all, this frequency is becoming higher as age increases.
- In comparison between age groups 55+ and 65+, frequency of regular help, which household gives (in the form of either money or food) to someone living outside their household is dropping with age, while receiving is rising, in all clusters. The highest frequency of receiving and giving is in the second cluster, while the lowest is in the first cluster. Overall, giving is significantly higher than receiving, in all clusters.



Health services

- Indicators:
- Percentage of people that have difficulties about distance to doctor (Q45a_1),
- Percentage of people that have difficulties about delay in getting appointment by the doctor (Q45b_1),
- Percentage of people that have difficulties about waiting time to see doctor on day of appointment (Q45c_1),
- Percentage of people that have difficulties to see a doctor because of cost (Q45d_1),
- Average satisfaction with quality of health services (Q54a)



Health services

- Cluster analysis of countries,
 - hierarchical clustering (Ward)
 - We made three analysis on different group of people:
 - all respondents (all age categories),
 - 55+, and
 - 65+.



Health services (all)

ALL 3G		Distance to doctor	Delay in appointment	Waiting time	Problem of cost	satisfaction
1. n=14	Mean	3,140	7,554	7,754	4,498	6,702
2. n=9	Mean	8,008	16,590	20,127	18,143	5,063
n=23	Mean	5,045	11,090	12,595	9,837	6,061

1. cluster: AT, BE, CZ, DK, FI, FR, DE, UK, IE, LU, NL, SE, ES, EE

2. cluster: EL, HU, PL, SK, SI, PT, IT, LV, LT



Health services (55+)

55+ 3G		Distance to doctor	Delay in appointment	Waiting time	Problem of cost	satisfaction
1. n=13	Mean	4,178	6,273	6,069	3,794	6,970
2. n=10	Mean	12,847	18,005	19,409	21,338	5,251
n=23	Mean	7,947	11,374	11,869	11,422	6,223

1. cluster: AT, BE, CZ DK,FI, FR, DE, UK, IE,LU, NL, SE, ES
2. cluster: EL, HU, PL, SK, SI, PT, IT, LV, LT,EE



Health services (65+)


65+ 3G		Distance to doctor	Delay in appointment	Waiting time	Problem of cost	satisfaction
1. n=13	Mean	5,384	5,819	6,102	3,728	7,119
2. n=10	Mean	15,237	19,016	20,576	21,936	5,388
n=23	Mean	9,668	11,557	12,395	11,644	6,367

1. cluster: AT, BE, CZ DK,FI, FR, DE, UK, IE,LU, NL, SE, ES
2. cluster: EL, HU, PL, SK, SI, PT, IT, LV, LT,EE



Health services- findings:

- In the second cluster there is bigger problem with health services on all fields. (distance to doctor, delay in getting appointment, waiting time to see doctor on day of appointment, problem of costs).
- In the second cluster people are less satisfied with health services as in the first cluster (scale 1-10).
- With age, the frequency of problem with health services on all fields is increasing and the satisfaction is also increasing in the second cluster. In the first cluster only the frequency of people having problem with distance to doctor is increasing (other indicators are decreasing), satisfaction is also increasing.
- The most problematic field of health services are delay in getting appointment and waiting time to see doctor on day of appointment.



Conclusions – key findings:

Social networks:

- There are three almost stable clusters, group of old EU members, with exception of Czech Republic and Portugal; former Russian countries; Mediterranean and central-east countries together.
- Family is the most important source of support for all clusters.
- In the third cluster family is more important than in the first two clusters, neighbors are becoming more important for second cluster in old age, where is also the highest percentage of receiving and giving help to someone living outside their household.



Conclusion – key findings:

Health services:

- There are two stable clusters: (1) group of old EU members, with exception of Czech Republic and (2) cluster of former Russian countries, Mediterranean and central-east countries together.
- In the second cluster there are bigger problems with health services in all fields, and satisfaction is lower.
- With age, the frequency of problem with health services in all fields is rising and also satisfaction with that services is getting higher in both clusters.



Conclusion

- Open questions and further work:
 - Selection of indicators
 - Ways of clustering people and countries at the same time (to address variations within countries and across lifespan)
 - Economic situation
 - In-depth interpretations of results



About authors

- Valentina Hlebec and Ida Lah,
- University of Ljubljana,
- Faculty of Social Sciences,
 - Kardeljeva pl. 5, 1000 Ljubljana, Slovenia
 - Phone: +386 1 5805 284
 - Fax: +386 1 5805 101
 - Email: valentina.hlebec@fdv.uni-lj.si
 - Email: ida.lah@nicos.si