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## 18 What is hidden behind the ‘obvious’? SHARE data raise the curtain about health, early retirement and elderly care of ageing Bulgarians

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- ▶ The problematic health status of Bulgarians over 50, in line with their inactive relations with the healthcare system, contradicts their relatively high self-assessments of their general health
  - ▶ Institutionalized long-term elderly care seems to require the full commitment of Bulgarian families that do not use external services or receive support from the community or the state
  - ▶ A large portion of all employed Bulgarians in SHARE – employees at the end of their working careers and primarily women – seek early retirement, and a third of them have completed their primary or lower education. Forming plans for early retirement depends on their health status
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### 18.1 Introduction

Bulgaria (BG) is the country with the strongest demographic crisis in Europe, and it is also among the oldest populations worldwide (UN, 2015). What is hidden behind the obvious unprecedented ageing in Bulgaria? What research space is open for knowledge-based policies? SHARE data are of significant importance in understanding the ageing impact in eastern Europe relative to the EU, and Bulgaria is an extreme example of a rapidly ageing society.

The chapter describes national data from SHARE Wave 7 that frame together health and attitudes towards early retirement and elderly care:

- General physical health in Bulgaria;
- Early retirement plans; and
- Family networks.

The SHARE data concerning physical health are evaluated through various cross-sectional analyses, such as sex, age, education, source of income and employment status. Special attention is paid to ‘employed’ respondents seeking early retirement with reference to their gender, age, education and general health self-assessment. To open up space for further research, the national data

are observed through a comparative perspective with the central and eastern European countries of Germany (DE), Belgium (BE), Croatia (HR) and Romania RO. The selection of these countries allows a fruitful comparison between developed western democracies as old member states, and post-socialistic EU new-comers.

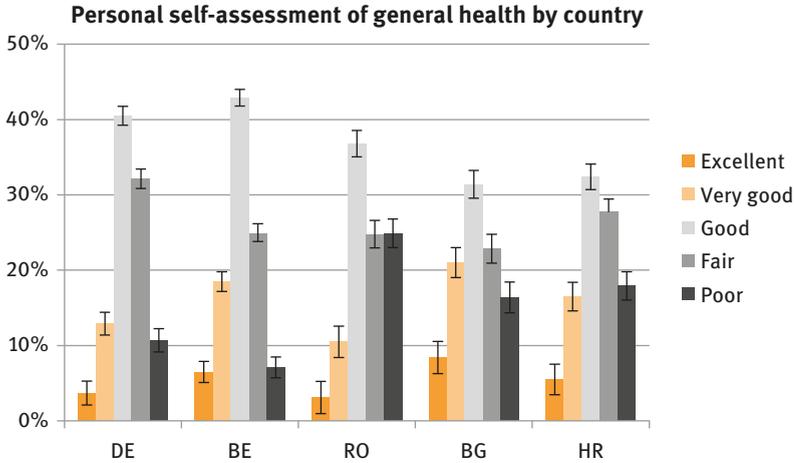
As an important topic of interest, we find family networks and possible data for use in developing an integrated long-term care policy and overcoming the negative public attitudes towards institutionalized elderly care. Most respondents are living with relatives (parents and/or children) for the purpose of helping each other.

## 18.2 Health status of ageing Bulgarians

Life expectancy in Bulgaria is among the lowest in the EU (74.7 years, Eurostat 2018). SHARE provides a high-quality opportunity to deeply explore the factors that affect the health behaviour and current health status of Bulgarians (self-assessments and objective measures).

The subjective self-assessment of general health is positive, but the reason for such an estimation could be, in general, the insufficient attention paid by the Bulgarians to their health. Approximately 61 per cent of all Bulgarian respondents report 'good' to 'excellent' health, relative to 68 per cent in Belgium, 57 per cent in Germany, 54 per cent in Croatia and 50 per cent in Romania. The percentage of Bulgarians who positively assess their general health as excellent or very good is higher than the percentages reported in other countries (29% in BG, 25% in BE, 22% in HR, 17% in DE, 13% in RO, Figure 18.1). A comparison of personal self-assessments of general health by country illustrates the serious need for in-depth research beyond the survey data – for example, within the context of national health systems, traditions and health culture.

SHARE data show that every fifth respondent (21.7%) had not discussed his or her health with a medical doctor/nurse in the past 12 months. At the same time, only 25.2 per cent of respondents declared taking no drugs, while 33.3 per cent stated that they took at least 5 different drugs in a typical day. More than two-thirds of respondents (69.1%) stated that they had not seen a dentist in the past year, 26.8 per cent did not suffer from SHARE-listed chronic diseases and half (50.6%) reported a long-term illness. Fully in line with the official statistics, the most reported disease that respondents suffer from is high blood pressure (51.5%), followed by heart attacks (14.3%), diabetes (12.1%) and high



**Figure 18.1:** Personal self-assessment of general health by country.

**Source:** SHARE Wave 7 release 0, 95% confidence interval.

blood cholesterol (11.7%). Problematic health causes limitations in daily activities for 44.0 per cent of SHARE respondents; 33.7 per cent had difficulty stooping, kneeling and crouching; 30 per cent had difficulty climbing several flights of stairs; 24.6 per cent had difficulty pulling or pushing large objects; 22.9 per cent had difficulty lifting or carrying weights over 5 kilograms; 15.6 per cent had difficulty getting up from a chair; 14.8 per cent had difficulty climbing one flight of stairs; 16.4 per cent had difficulty walking 100 metres; and 9 per cent had difficulty sitting for two hours.

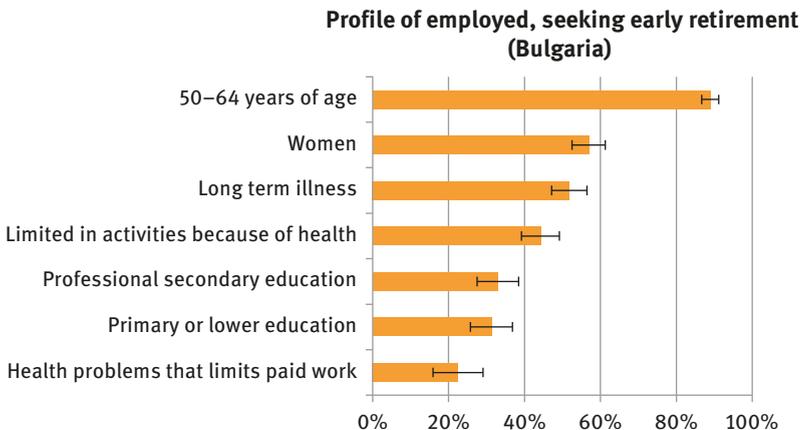
### 18.3 Early retirement plans in Bulgaria

The closure of industrial sites in Bulgaria during the change from a planned to a market economy in 1989 forced employees to find any job – even one that did not correspond to their education, experience and qualifications. Many workers became unemployed and, as a result, could not achieve the required age and work experience for retirement. Those who are 50–64 years of age are perceived as vulnerable to unemployment (Holtgrewe, 2015).

From all SHARE respondents in Bulgaria, 27.4 per cent reported being employed or self-employed, 61.7 per cent are retired and 4.7 per cent are unemployed. Of all SHARE respondents, a larger proportion (60.5%) counts on public pensions for the elderly as their main source of income. Retired persons

in Bulgaria often engage in undeclared work because of low pensions. We could call retired Bulgarians ‘the ageing poor’ because the minimum pension for 2017 was EUR 102.28, which was received by 612,437 Bulgarians (National Social Security Institute (NSSI)). The maximum pension rate for 2017 was EUR 465.39, which was received by 53,541 ‘rich pensioners’. The economic status of retired Bulgarians actually forces them to work or receive financial support from their children.

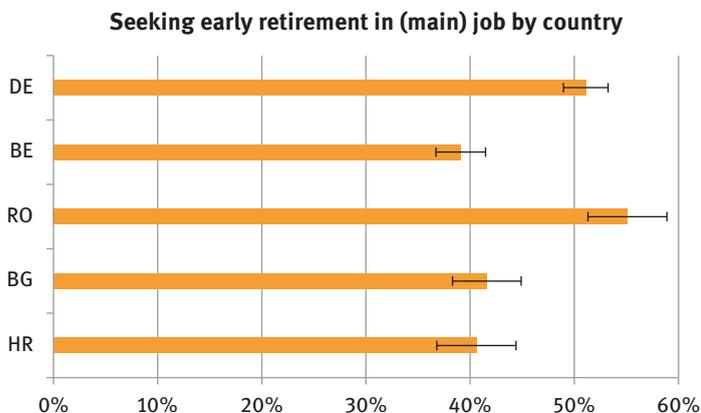
A large portion (41.6%) of all employed Bulgarians is seeking early retirement. This group of employed individuals is primarily comprised of employees at the end of their working career (50–64 years of age), and most are women (Figure 18.2). Furthermore, one-third of those seeking early retirement (31.3%) report completing primary or lower education, while 33 per cent have completed a professional secondary education. Forming plans for early retirement depends on health status: the general health self-assessment mean is fair, at 3.14; more than half (51.8%) suffer from a long-term illness; 44.2 per cent are limited in activities for health reasons; and 22.5 per cent have health problems that limit their ability to engage in paid work.



**Figure 18.2:** Profile of employed, seeking early retirement (Bulgaria).

**Source:** SHARE Wave 7 release 0, 95% confidence interval.

In line with the context of demographic change in Europe and plans to provide people with better conditions to work longer in good health, the comparative data between countries show that 55 per cent of Romanians and 51 per cent of Germans report a subjective willingness for early retirement relative to 39 per cent in Belgium (Figure 18.3).

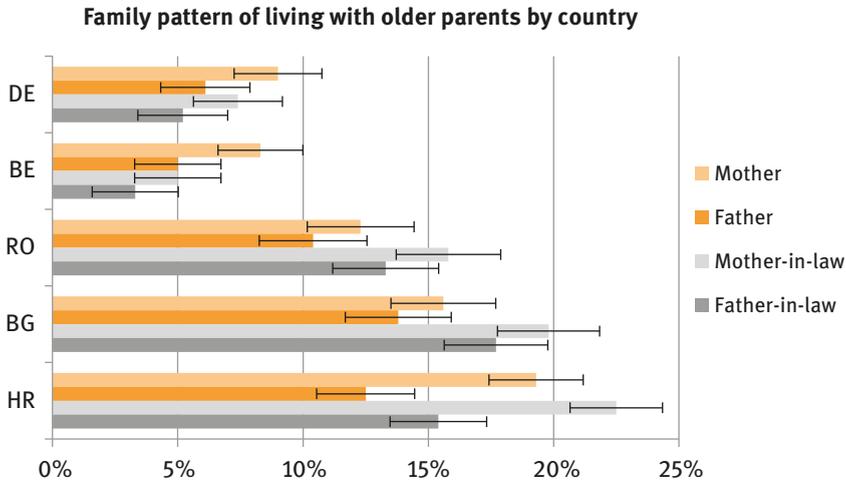


**Figure 18.3:** Seeking early retirement in (main) job by country.

**Source:** SHARE Wave 7 release 0, 95% confidence interval.

## 18.4 Family networks as the main provider of elderly care

A widespread stereotype in Bulgarian society is that elderly care should be taken on by the family. Nursing homes and hospices are considered too expensive. The media often reports that, 'It is shameful and irresponsible to put your parents in such institutions'. SHARE data indicate that 36.1 per cent of respondents are living with parents and parents-in-law in the same household. The main reason for living together is the mutual help provided (more than 70%). The pattern of living with older relatives favours living with parents-in-law (for example, 71.4% live with their mother and 78.2% live with their mother-in-law) because of national traditions. Even those who do not live with their parents maintain a daily relationship with them (42.1% with the mother, 29% with the father). The maximum distance from the parents' home is up to 5 km for most cases (mother's home, 46.6%; father's home, 43.7%). The life history data (Börsch-Supan, 2013) from SHARE show that most Bulgarian respondents were born in small villages and rural areas that are today highly depopulated. Rural areas and villages are inhabited by old persons, whereas the young are seeking a better life and work opportunities in large cities or abroad. Adult children take care of their parents and shape the internal migration of the elderly from villages to cities. The family pattern of living with older parents varies among western and eastern European countries (Figure 18.4).



**Figure 18.4:** Family pattern of living with older parents by country.

**Source:** SHARE Wave 7 release 0, 95% confidence interval.

Institutionalized elderly care and, in particular, long-term care is generally outside of Bulgarian SHARE respondents' experience: no one contributes to long-term care insurance, and we noted only 3 individuals who were the beneficiaries of nursery home care (1–3 week temporary stay). External professional care has been used by 1–2 per cent of all surveyed households in Bulgaria.

## 18.5 Conclusions

The preliminary conclusions derived from SHARE data indicate the problematic health status of Bulgarians over 50, which is in line with their inactive relationship with the health care system. From a comparative perspective, the subjective self-assessment of general health provokes our research interest for further analyses: why do Bulgarians demonstrate higher self-assessments than Romanians, Croatians and Germans? Probable explanations might be the tendency of Bulgarians to overestimate their health, to negate health problems and to rarely take preventive health actions.

The early retirement plans of 41 per cent of employed Bulgarians over 50 should be analysed in the context of employment, health and economic policy-making, such as the national programme for increasing the retirement age, ambitions to increase the quality of life of the elderly and a national strategy for

demographic development. Among different EU member states, the analysis of the comparative desires for early retirement is of critical importance from a comprehensive and multidimensional perspective within national and EU legislation to create policies that are in line with the personal motives of people who want to leave the labour market earlier.

Long-term elderly care seems to be a full-time commitment for Bulgarian families that do not use external services. Families are entrusted with great responsibility for caring for their sick and elderly parents, and they generally do not receive sufficient support from the community or the state. An open issue is whether – in creating an integrated national long-term care programme – family traditions and stereotypes in Bulgaria would be obstacles or would provide support. In southeast European countries, because the strong family ties and the tradition of living with older parents differ from family networks in western Europe, the long-term care policies should consider national specifics. Moreover, public policies need to be flexible not only at the national and regional levels but also regarding important aspects of historical development, such as how Bulgaria could implement external ideas related to an integrated elderly care policy without exploring strong family networks and stereotypes.

SHARE helps shed light on one additional socio-political dimension of human capital development through its life history data and provides insights into the transition from a centrally planned economy to a market economy and the impact on an individual's lives and their ageing processes. Further research needs to focus on the impact of childhood quality of life on current health status, health literacy and retirement.

## References

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