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Fluctuations in the lives of the elderly over the years

Abstract

An elderly person is defined as an individual within a country's population who has reached the age of 65 or older. Consequently, retirees constitute the largest share of this age group. Population aging is a global phenomenon affecting all countries worldwide. It is a long-term process; while the elderly accounted for 8% of the global population in 1950, UN Population Division forecasts indicate that this figure will rise to 22% by 2050. According to UN data, the proportion of the elderly population is projected to increase in the long term, even in regions where the birth rate exceeds the replacement level (2.1 children). In Romania, variations in the population's age structure are primarily observed at the territorial level, driven by regional differences in demographic trends and population migration patterns.

Keywords: aging, social issue, forecasts, health.

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Introduction

The concept of the elderly

The concept of an elderly person is broad, encompassing all individuals aged 65 and older within a country's population. This is why retirees make up the largest share of this age group.

The phenomenon of demographic aging

Population aging is a global phenomenon that has affected countries worldwide in recent decades. A global decline in birth rates and a shrinking child population, coupled with a steady rise in the number of elderly people, are shifting the balance between generations. Population aging is a long-term phenomenon. Throughout the last century, the proportion of elderly people within the total population steadily increased. This trend is set to continue into the 21st century. While the elderly accounted for 8% of the global population in 1950, UN Population Division forecasts [1] indicate that this figure will rise to 22% by 2050. It is considered unlikely that birth rates will return to post-World War II levels; consequently, population aging is viewed as an irreversible process, and the proportion of the young population is expected to decline. According to UN data, the share of the elderly population will increase in the long term, even in regions where the birth rate exceeds the replacement level (2.1 children). The number of older people worldwide is growing faster than that of other age groups. While there were 810 million people aged 60 and over globally at the beginning of 2012, UN population projections indicate that this figure will reach 2 billion by 2050. Calculations suggest that by 2047, the global number of older people will surpass the number of children. Whereas in 2011 one in ten people was aged 60 or older, it is estimated that by 2050, one in five people will be over the age of 60. Population aging is a significant result of social progress achieved in various fields—such as medicine, quality of life, and social protection—and is driven by reduced mortality, particularly among the elderly, and increased life expectancy. At the same time, the shift in population structure is shaped by a significant decline in birth rates.

The countries most affected by demographic aging are Japan, the United States, and Russia. At the continental level, the aging phenomenon is particularly evident in Europe and North America. These continental disparities can be explained primarily by varying birth and fertility rates, but also—significantly—by migration patterns, life expectancy, and general (especially infant) mortality rates. Population aging is a social issue; it affects a large number of people and concerns not only the aging population itself but also policymakers and society at large, which must bear the consequences. Consequently, the development of our country's legislative framework must align with European legislation, public policy in the social sector, and concrete social reform measures targeting the elderly. This phenomenon calls for tangible social actions aimed at fostering greater autonomy and well-being for the elderly, promoting healthy aging, and ensuring a high quality of life at the lowest possible social cost.

Research objective and methodology

Many states have already demonstrated that achieving a decent minimum standard of living for everyone is not an impossible goal. Yet, no matter how lofty or refined humanity's other ideals may be, a significant portion of the human population still suffers from malnutrition and subsists in poverty—in a world that discards millions of tons of food. Despite inherent economic challenges, it would not be overly difficult for decision-makers across all centers of power and resources in every nation to intensify their efforts toward developing economies with a strong social orientation in the coming years, focusing more sharply on achieving the highest possible level of social inclusion. Narrowing the vast income gaps—both between different population groups and among nations—should be pursued not merely for the sake of egalitarian principles, but because such disparities generate and perpetuate underdevelopment and immense suffering across a significant part of the globe. Analyses of specific cases have revealed that, in two-thirds of low- and middle-income economies, the income of poor household's declines after they pay taxes, even when accounting for the transfers and subsidies they have received. This reduction in the income of poor households is also driven by the substantial size of the informal sector within these economies. Taxes are collected from such households predominantly indirectly—primarily through sales taxes and excise duties—yet income transfers are often too small to offset the tax burden borne through sales and consumption. Given these structural challenges, the World Bank report identifies three key priority actions for fiscal policy.[1]

Methodology

The methodology is based on a review of the literature; the collection of relevant objective indicators; a description of trends regarding the risk of poverty and social exclusion—both internationally and in Romania—during the 2019–2023/24 period;

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an analysis of data published by the World Bank, the Government of Romania, the National Bank of Romania, Eurostat, the National Institute of Statistics (Bucharest), the Research Institute for Quality of Life, and other institutions that have conducted relevant studies; and an analysis of subjective indicators and data from sources such as the NIS (Tempo database, Household Budget Survey, Quality of Life Survey), the European Parliament, the European Commission, and other relevant studies.

Secondary analysis of the elderly

As is well known, the elderly population is not identical to the pensioner population, although the latter constitutes the largest share. In our country, the elderly population is defined as those aged 60 and over. For the first time in recent decades—specifically on January 1, 2000—the elderly population surpassed the young population in numbers; furthermore, by January 1, 2012, the proportion of the elderly (aged 65 and over, at 16.1%) exceeded that of the young (aged 0–14, at 15.8%). Demographic processes in our country now align with the demographic transition model observed in developed nations over recent decades—a model characterized by a shift from high mortality and birth rates to low ones. While the demographic transition is acknowledged to have national specificities, it is nonetheless an inexorable process linked to the general trend of societal modernization.

Demographic aspects concerning the elderly and other age groups within the population

The population's age structure bears the characteristic mark of a demographic aging process, driven primarily by a decline in the birth rate, which has led to an absolute and relative reduction in the young population (aged 0–14). Concurrently, rising life expectancy has resulted in an increase in both the number and the proportion of the elderly population (aged 65 and over).[2]

We are witnessing a decline in the share of the young population (aged 0–14) from 23.7% (in 1990) to 15.0% (in 2012) and a rise in the share of the elderly population (aged 65 and over) from 10.3% (in 1990) to 15.0% (in 2012). The adult population (aged 15–64) has steadily increased from 66% (in 1990) to 70% (in 2012).

For the first time in four decades, as of January 1, 2012, the proportion of the young population equals that of the elderly population (15.0%). Recent years have shown a sharper increase in the number of the "older" elderly (from 820.7 thousand in 1990 to 1.2 million in 2012) compared to the "younger" elderly subgroup (from 1.4 million in 1990 to 1.8 million in 2012). Of the total increase of 822.4 thousand people in the elderly population between 1990 and 2012, over 60.4% fell within the 75-and-older age group. In 2012, the "long-lived"—the population segment aged 85 and over—represented 8% of the population aged 65 and older, an increase compared to 1990 (5.1%).

The phenomenon of demographic aging is more pronounced in rural areas than in urban ones. For instance, at the beginning of 1990, the share of the population aged 65 and older in rural areas was 13.5% of the total population; by 2012, this figure had risen to 18.3%. A significant aspect of the aging process is the increase in the number of women within the elderly population—a process known as the feminization of old age. Women tend to live longer, with their numbers being nearly double those of men. The structure of the elderly population highlights this disparity: for every 1,000 women aged 65 and older, there were 674 elderly men (in 2012). While the sex ratio in the 65–74 age group was 737 men per 1,000 women, in the 85-and-older age group, the female population was nearly twice the size of the male population (522 men per 1,000 women). The age pyramid serves as a true „X-ray" of the population, where each age group holds its own history, revealing long-term trends in fertility and mortality, as well as the short-term effects of migration, demographic policies, or changes occurring over a century of demographic history. Persistently low birth rates have further narrowed the base of the pyramid.

Thus, in our country, while the decline in the young population has further narrowed the pyramid's base, the rising proportion of the elderly has caused the top of the pyramid to thicken.

Between 1990 and 2012, the median age rose significantly—from 33 to 40 years—reflecting a slow yet continuous process of demographic aging. This increase in median age was more pronounced among women (41.5 years) than among men (38.5 years).

As of January 1, 2012, the rural population—which is older—had a median age 1.2 years higher than that of the urban population, largely due to the rural female population (41.7 years).

In urban areas, the average age of the female population is 2.7 years higher than that of the male population, while in rural areas it is 3.3 years higher.

The effects that the aging process has on the development of economic and social life, as well as on the prospects of demographic evolution, are also highlighted by dependency reports. At the beginning of 2012, there were 430 young and elderly people per 1000 adults (of which the elderly population represented 50%), compared to 515 young and elderly people in 1990 (when the share of the elderly population was 30%). This reduction was primarily due to the decrease in the young population (0-14 years). The number of elderly people aged 65 and over per 1000 adults increased from 156 (in 1990) to 215 (in 2012), generating an increased social burden for adults.

In Romania, the population aging index increased from 433 elderly people to 1000 young people in 1990, to 998 in 2012. Differences in the age structure of the population appear especially in the territorial profile, determined by the territorial variation of demographic phenomena and the migratory movement of the population.[2]

a) In 2012, the counties of Brăila, Cluj, Olt, Hunedoara, Teleorman and the Municipality of Bucharest had the highest share of the population aged 65 and over, below 14%.

b) The counties of Buzău, Giurgiu and Teleorman registered a high percentage of the elderly population (over 18.0%), while in the counties of Constanța, Iași and Satu Mare the shares were below 13%. Compared to 1990, the share of the population aged 65 and over increased in all counties.

c) The most „aged" were the South-Muntenia and South-West Oltenia regions, with shares of the elderly population of 16.8% and 16.5%, respectively.

d) Declining birth rates and worsening overall mortality, with negative external migration, have left their mark on the share of the elderly population in the overall population.

e) In the period 1990-2012, there was a decrease in the mortality of the elderly in all age groups, both for men and for women.

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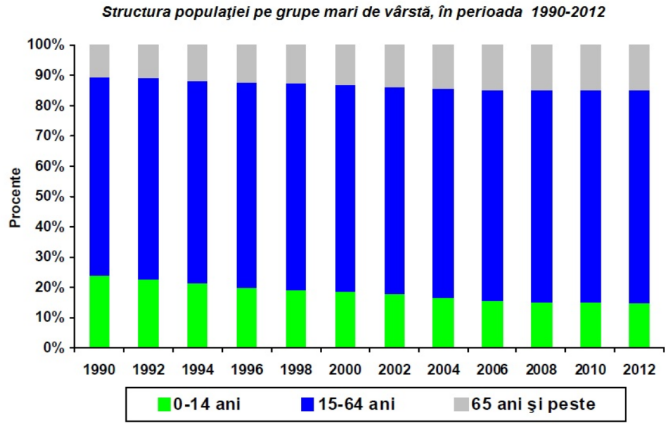

Figure 1 Population structure by broad age groups, 1990–2012.[2]

The age pyramid highlights a pronounced trend of demographic aging, characterized by an unbalanced distribution across cohorts, a constricted base, and a significant expansion of the middle-aged and elderly segments. Specifically, cohorts over 60 years of age demonstrate increased longevity, expanding the overall share of the elderly population (65 years and over). Within the demographic structure, the absolute largest share is held by the 45–49 age group, followed closely by the 35–39 and 50–54 cohorts. These dense segments represent a massive population contingent that will rapidly transition into retirement, signaling immense future structural pressure. Conversely, younger cohorts (such as the 0–4 and 10–14 age groups) account for a significantly lower percentage of the population, underscoring a severe generational imbalance. Reflecting these dynamics, the average age as of July 1, 2025, stood at 43.1 years (an increase of 0.4 years), the median age reached 44.0 years, and the demographic aging index exceeded 127.5. As the broad 40–54 age brackets gradually transition into senior categories, a sharp decline in the active labor force is anticipated, creating widespread labor shortages. Furthermore, the increasing share of the elderly population—marked by a prominent expansion in the 70–79 senior categories—will inevitably drive up demand for healthcare and social assistance, placing severe strain on the public pension system and the national health budget (Figure 2).

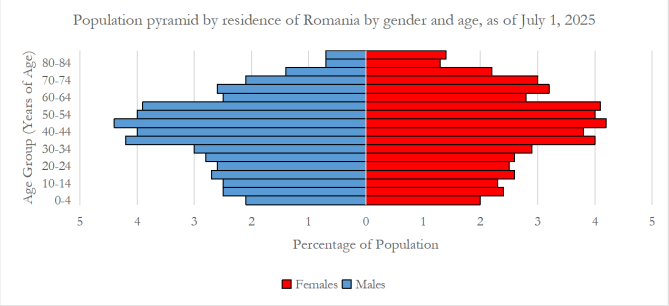

Figure 2 Population pyramid by residence of Romania by gender and age, as of July 1, 2025.

Source: NIS, 2025c, Population by domicile as of July 1, 2025.[3]

Conditions affecting the elderly

a) Circulatory system diseases—particularly ischemic heart disease and cerebrovascular disease—represent the leading cause of death among the elderly population, although mortality from these causes declined between 1990 and 2010, falling from 4,811.2 to 4,212.7 deaths per 100,000 elderly persons.

b) There has been a reduction in the number of deaths caused by respiratory and genitourinary system diseases, as well as those resulting from traumatic injuries, poisonings, and other external causes. Conversely, mortality rates associated with tumors, digestive system diseases, and infectious and parasitic diseases have risen.

c) Mortality rates for the main causes of death continued to vary by gender. Female mortality rates were lower than male rates across all causes of death. However, for tumors, digestive and respiratory system diseases, genitourinary system diseases, and—most notably—traumatic injuries, poisonings, and other external causes, male rates were significantly higher than female rates (more than 1.5 times higher).[3] The greatest disparity was observed in mortality from traumatic injuries (2.5 times higher), while the smallest difference was found in mortality from circulatory system diseases (1.1 times higher).

d) If at least half of the deaths caused by cerebrovascular diseases and ischemic heart disease were eliminated, the mortality rate among the elderly would decrease 1.6-fold.

e) Between the 1992 and 2002 censuses, the number of single-person households where the occupant was over 60 years of age rose by 14%, reaching 860,000; this figure represents 62% of all single-person households and 12% of total households.

In recent years, there has been a noticeable upward trend in the number of vulnerable elderly people living alone—particularly women—which drives increased demand for social and medical services focused on personal care.

Conclusions

The aging of the general population exerts a significant influence on the labor market, leading to a reduction in the young active population, the maintenance of high levels within the adult active population, and an increase in the number of elderly individuals who either participate in economic activity or become recipients of social assistance (pensioners). The socio-economic changes necessitated by the transformation of the Romanian economy into a market economy have brought about shifts in the quality and structure of the active population. According to results from the „Household Labour Force Survey (AMIGO),"[4] the active population—which stood at 10,079 thousand persons in 2002—declined to 9,868 thousand persons by 2011, with the activity rate shifting from 56.0% to 54.3%. In 2025, the employment rate was 63%—eight percentage points below the European Union average of 71%—according to data compiled by the National Institute of Statistics based on European statistics.

a) An analysis of activity rates by adult age group in 2011 reveals that the most active individuals fall within the 25–54 age bracket (79.1%), whereas young people aged 15–24 and those nearing retirement age (55–64) recorded rates of only 31.1% and 41.5%, respectively.

b) In 2011, the number of economically active elderly persons (aged 65 and over) was 388 thousand, representing 3.9% of the total active population and 12.2% of the total population within that same age group. Economically inactive elderly persons (aged 65 and over) accounted for 87.8% of the total number of individuals in this age category.

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c) Between 2002 and 2011, the activity rate for the population nearing retirement age (55–64 years old) rose from 38.3% (in 2002) to 41.5% (in 2011). Activity rates evolved differently by gender: the rate for men rose from 44.2% (2002) to 51.6% (2011), whereas for women, it fell from 33.2% (2002) to 32.7% (2011). Regarding the area of residence, urban areas saw an increase in activity rates from 18.2% (in 2002) to 33.1% (2011), while rural areas experienced a decline from 56.5% (2002) to 53.6% (2011).

d) A distinct situation is observed among persons aged 65 and over. The activity rate for this group dropped from 18.5% to 12.2% between 2002 and 2011—a trend seen in both the male and female populations. However, there is a stark contrast between the activity rates of those aged 65 and over in rural versus urban areas (with the rural rate being 16 times higher than the urban rate in 2011).

e) In Romania, people aged 65 or over amounts to 19.2% of total population, with prospects of hitting 27.7% until 2050.[5] Besides that, Romania was the EU country with the fourth highest number of elderly people at risk of poverty or social exclusion according to the latest data in 2021. Almost one in four (38.8%) of the population over 65 years old is part of this category, which is almost double the EU average (19.5%). In this context, ensuring an acceptable standard of living becomes essential and transforms into a pursuit that should concern each Government.

Acknowledgments

None.

Conflicts of interest

The author declares that there is no conflicts of interest.

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