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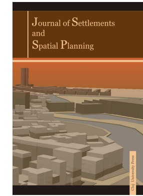

Questioning the Potential for Achieving Active Ageing in Bucharest

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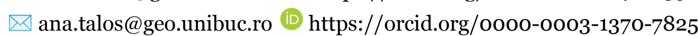
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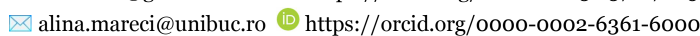
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A B S T R A C T

The continuous growth of elderly population cohorts represents a global phenomenon influencing the design of any country's economic and social policies. In the present context, an urban development planning challenge is encouraging an active and healthy lifestyle, transforming seniors into an economically and socially active group that further ensures their successful active ageing and respects place attachment values. This study aims to depict an overall image of the possibility to achieve active ageing for Bucharest's elderly and their perception of this matter. In order to do so, the research appealed to the survey method for a total sample of 402 residents aged 65+ and living in all districts of Bucharest. The research objectives follow the main pillars of the active ageing concept that is assessing: their financial security and reasons motivating them to work after retiring, their capacity and needs for independent living, their access to health services and the enabling environment, which can act both as a facilitator and a barrier. The main results reveal that an active lifestyle depends on socio-economic and psychological characteristics and that the elderly's contribution to economic life is often a continuation of their previous activities, not necessarily a result of successful policies for achieving active ageing. All these, next to low revenues, low access to health care, and limited usage capacity for ICT tools, define obvious difficulties for designing future urban friendly-ageing policies in Bucharest. This research represents a valuable contribution from the pre-COVID period, which may be complemented by further studies that contrast current perspectives on the topic.

1. INTRODUCTION

Demographic ageing is recognised as a global phenomenon in developed and developing countries alike (Fernández-Ballesteros et al., 2013; World Health Organization, 2019). EU will face an increase in the share of older people, as those aged 65+ are expected to go from numbering around 16% in 2000 to account for 24% of the total population by 2030 (EPSON, 2019). Romania fits in this European demographic landscape

as one of the most aged countries in Eastern Europe (Nancu, 2010).

The share of the population aged 65+ will increase exponentially, reaching 20% in 2030 and exceeding 26% in 2060 (CNPVa, 2014), while the medium age in Romania already increased from 40.8 years in 2012 to 42.2 in 2019 (National Institute of Statistics, 2020a). The population in the capital city follows the national trend as the elderly groups (65+) accounted for 10.38% in 1992, 12.12% in 2000, and 15.49% in 2020 of the total population of Bucharest (National Institute of Statistics, 2020b).

The shift to a society dominated by older cohorts affects social and public policies across the EU (Walker and Maltby, 2012). The same repercussions are felt in Romania and amplified in its urban settlements. Large elderly cohorts demand age-friendly endowments and specific health policies and place tremendous pressure on labour markets and social protection systems (Crăciun, 2012). In parallel with policies and scientific studies on the ageing phenomenon, dedicated projects for seniors may be emphasised at the EU level such as those advertised on the AGE-Platform Europe and tackling various domains (e.g., age equality in an ageing EU – SAA Smart Against Ageism; the autonomy of older people – InAdvance, SHAPES, ValueCare underlining barriers for seniors – FAITh, e-VITA, Urbanage, Pharaon; raising the voice against discrimination – Smart for Democracy and Diversity; leisure projects oriented to seniors - TOURAGE – Developing Senior Tourism in Remote Regions) (Europe, Age Platform, 2022).

The present study initially addresses the topic of active ageing both through its territorial approach and analytic perspective. On the one hand, this paper downscales the active ageing research on a particular geographical region/city in Romania as it aims to assess the capabilities and the needs for active ageing of the elderly population in its capital city. On the other hand, the empiric analysis proposes the evaluation of seniors' perception based on the main active ageing determinants belonging to its four pillars (e.g., economic status, social participation, living conditions, environmental facilitators, and barriers).

The moment of the survey, performed before COVID-19 pandemics, is also crucial for the aim of the study. In this respect, the present paper represents a valuable input from the pre-crisis period that helps depict Romanian seniors' perspective on essential elements for their active ageing potential from an unaltered perspective by the limitations and restrictions imposed by the sanitary crisis.

Taking into consideration all the above, our study relies on four main objectives which target the assessment of: O1. The financial security and determinants for continuing to work after retirement for seniors in Bucharest; O2. Bucharest's seniors' participation in society; O3. Bucharest's seniors' capacity and needs for independent living and their access to health services; O4. The enabling environment, with its main facilitators and barriers for achieving active ageing for seniors in Bucharest.

The present study is organised into six sections. The first section introduces the topic and the aim of the study while the second one presents the literature review, referring to the theoretical and methodological approaches on the concept and each of its generally agreed main components, also addressing Romania and Bucharest from a territorial perspective. The third section describes data collection and methodology according to the objectives and aim of the study. Section four refers to data analysis and interpretation of results following the active ageing main components. The fifth section includes the discussions recommendations according to the results and follow-up research. The sixth and last section concludes the paper.

2. LITERATURE REVIEW AND BACKGROUND CONSIDERATIONS FOR ROMANIA

2.1. Active ageing – conceptual approaches and theoretical background

Active ageing is defined by the World Health Organization (World Health Organization, 2002, p. 12) as "the process of optimising opportunities for health, participation, and security in order to enhance quality of life as people age". Nowadays, it refers to an umbrella concept, and it is closely related to healthy, successful, or productive ageing, "multidimensional and multilevel concepts referring to a positive way of ageing, or ageing well" (Fernández-Ballesteros et al., 2013, p. 2). According to the new paradigm in gerontology, active ageing aims to extend healthy life expectancy and quality of life for all people as they age (Clarke and Nieuwenhuijsen, 2009; Walker, 2010).

Therefore, active ageing and healthy or successful ageing overlap and sometimes are complementary terms. Various institutions and organisations use them as such in an attempt to efficiently shape their economic and social policies to counterbalance this broad phenomenon of demographic ageing that has territorial nuances.

In addition, World Health Organization (2019) mentions that healthy ageing also refers to the physical, social, and policy environment older people live in and the interaction between the two. These definitions display common elements and correspond to the new paradigm of ageing research, fighting 'ageism' and focusing on a more positive ageing discourse (Crăciun, 2012; Fernandez-Ballesteros et al., 2017).

In order to tackle myths and stereotypes about older people, governmental policies try to embrace a positive view of ageing emphasised in both biopolitics and gerontological studies (Bocalini et al., 2012; Sao Jose et al., 2017). As such, the maintenance of good health and high quality of life of the elderly became crucial concerns to be achieved through proactive adaptations of a successful ageing planning process (Kahana, Kahana and Kercher, 2003; Fernandez-Ballesteros et al., 2020).

Successful ageing requires an adaptation mechanism related to the 4Ds: dependency, disease, disability, and depression. Longevity, happiness, and health need to be combined (Dias and Couceiro, 2017). Scientists underlined the following main concepts: a longer and healthier life, a high employment rate for the elderly population, an active social and economic life, a low rate of dependency, and better healthcare services (Houben et al., 2004; McKenna, 2008).

The EU economic development models, social participation, and habitat planning refer explicitly to urban areas needing to adapt to the growing elderly cohorts (European Commission, 2011; Matthews et al., 2016). Other countries (i.e., Hong Kong or Taiwan), where the elderly population is rapidly growing, created frameworks and programmes to promote active ageing through both vital economic planning and allocation of resources, considering increased expenditures, particularly pensions, health care, or social care (Chan and Liang, 2013; Lin, Chen and Cheng, 2014).

Both World Health Organization and EU promote potential contextual elements to increase opportunities for active ageing. For example, if the former organisation focused its active ageing policy on healthy lifestyles, the latter emphasised the "older people's contribution to society, in terms of productive activity, working longer, lifelong learning, and remaining active after retirement" (Marsillas et al., 2017).

In the attempt to cover all aspects of active ageing, World Health Organization considers seven key determinants: economic (i.e., income and work), behavioural, personal, social, health and social services, and the physical environment (Walker and Maltby, 2012). These factors were further considered and operationalised through the Active Age Index (AAI), a "tool for monitoring active ageing policies both at European and national levels" (Sao Jose et al., 2017, p. 50), being recently extended to non-EU countries and applied at sub-national levels.

2.2. Active ageing – operationalisation and methodologic considerations

In order to assess the untapped potential of seniors, the AAI remained a reference method, as it was calculated for European countries and further adapted and corrected for other fast ageing societies, such as East Asian ones (Sao Jose et al., 2017). Romania has also brought forward specific recommendations based on these pillars (UNECE/EC, 2019). A valuable instrument for policymaking purposes, AAI reveals both advantages (allows analytical possibilities on an aggregated index, but also on domain-specific indices, through a numerical, easily accessible outlook) and several pitfalls (it measures achievements, not capabilities) (Sao Jose et al., 2017; Marsillas et al., 2017). As such, the AAI structure has been criticised recently for falling back into a narrow and economic view of the concept, and because of its fixed structure of weights, which assumes "a homogenous reality in Europe, not recognising the social, economic, cultural and political differences between (and within) countries" (Hijas-Gómez et al., 2020, p. 53).

Moreover, national studies are too broad to be further used as a basis for policymaking purposes. Consequently, other scientific methodologies focused on community-level models or surveys that involve empirical analyses of complex, interrelated variables (Kahana, Kahana and Kercher, 2003; Marsillas et al., 2017; Mendoza-Núñez, Martinez-Maldonado and Correa-Munoz, 2009).

The present study has a sub-national, regional approach and focuses its case study on the capital city of Romania, aiming to depict the active ageing potential of the elderly population in Bucharest through variables referring to AAI's four main components and adapted to this particular territorial perspective, but also supplementing the statistical overview with the qualitative perspectives of the target group.

2.3. Economic necessities for active ageing

In Romania, the number of seniors will continue to grow due to increasing life expectancy brought forward by the improvements in health care and quality of life in general, but more importantly, due to the legacy of the communist government. Decree no. 770/1966 banned abortions, and consequently, the country registered an abnormal increase in birth rates up to 1989, when the Decree was abolished (Bolovan, 2004; CNPVb, 2014). Furthermore, the continuous diminishing of the active population due to low birth rates and high emigration rates in the last three decades intensifies demographic ageing and seriously burdens Romania's pension system.

Romania currently has 5.1 million seniors (aged 65+) whose income consists, most often, solely of their pensions. The current pension system, which is based on the contributions principle and intergenerational solidarity, is still deficient (Croitoru, 2015; Pânzaru, 2015). Despite the May 2007 reform that introduced a three pillars contributions system of a PAYG "pay-as-you-go" type (Pillar I – public,

compulsory; Pillar II – private, compulsory; Pillar III – private, voluntary), the income of current generations of retirees almost entirely comes from Pillar I, which is reminiscent of the former scheme, inherited from the communist period (Nuţă, Zaman and Nuţă, 2016). Currently, the retirement age is 63 years for women and 65 years for men, and early retirement is allowed, based on specific legislation. There are two types of seniors in the country.

The first ones paid taxes to the state social insurance system and now receive a monthly pension calculated according to their contribution. The second ones are people who receive social benefits, respectively, a monthly minimum guaranteed pension. This latter category presently includes 961,000 people (18.84%).

The first category of seniors receives, on average, 1,380 RON monthly (approx. 285 Euro), while the second one receives only 736 RON (approx. 152 Euro) (National Institute of Statistics, 2020c). This led to an important percentage of seniors living in precarious conditions and relative poverty, of which 26% display a high risk of poverty (Bălașa, 2003; Zaidi, 2010). Moreover, the ineffective political measures concerning the pension system led to one of the most significant income inequalities in Europe, the most considerable inequality in terms of income displayed by 65+ age groups (Oancea, Andrei and Pirjol, 2017).

After 1990, the number of retired people continuously grew with some fluctuations from 452,539 in 1997 to 483,384 in 2019 (National Institute of Statistics, 2021), and this trend will continue.

The income and seniors' employment are two relevant factors often mentioned as a challenge and policy solution for seniors to live an active life. However, the motivations for working after retirement may differ a lot from one country to another (Ervik, Helgoy and Christensen, 2008).

2.4. Public social age-friendly policies and social participation of the elderly's

An important component of active ageing is encouraging seniors to be socially active. According to the modern concept of active ageing, societal participation and inclusion of seniors mean more than their association with production or the labour market. They improve quality of life and mental and physical well-being, ensuring their independence in a non-discriminatory, inclusive way (Walker, 2002).

Seniors' social participation must be seen from two perspectives. The first refers to the general premises created by the state, namely the social infrastructure. This infrastructure has to promote their inclusion in societal life through improving accessibility, in all areas, including the labour market, and eliminating dysfunctionalities by creating a more favourable image of this population segment.

There are also studies in which the results with both individual and population data highlight that a negative stereotypical view is significantly and negatively associated with different characteristics reported by people over 70 regarding their health, satisfaction, happiness, and social network–all components of active ageing, as defined by the World Health Organization (Fernandez-Ballesteros et al., 2020).

The second perspective refers to seniors' social self-participation their civic involvement, which depends on how valued they feel by society. In Romania, the negative image of ageing enhances the target groups' vulnerability and supports the acute need for ageing policies that "require individuals to be active, engaged and independent in old age" (Crăciun, 2016). The specific issues and obstacles in this regard will be detailed and analysed in the present study. Personalised social services, targeting independent seniors, are usually initiatives of local authorities, NGOs, or firms and are temporary or cover limited functions. Seniors clubs or centres that provide training courses or help people develop a particular ability cultivate a passion, and sports organisations exist. However, they are not a priority for public authorities and policymakers, although they could be excellent platforms for encouraging active ageing and the elderly's social participation.

The Eurostat report (Eurostat, 2019) shows a weak social representation of the Romanian population aged 65+, in terms of involvement in cultural and/or sporting events (about 7% of seniors), artistic activities (about 3%), formal voluntary activities and active citizenship (below 1%), and education and training (0%). Bucharest saw occasional initiatives in the form of volunteering activities among old adults in the 2017-2021 period, under the initiative of the Bucharest City Hall and partner NGOs (DGASMB, 2017).

The National Strategy for Promoting Active Aging and Elderly People Protection 2015-2020, adopted by the Romanian Government and implemented by the Ministry of Labour and Social Protection, aims to promote active ageing by including seniors in the labour market and other social areas. Its objectives follow four directions focusing on: lengthening and improving seniors' quality of life through the reform of the pensions system; promoting a dignified social engagement by improving seniors' access to public infrastructure and preventing their exclusion; enhancing seniors' independence through a unified system ensuring long term or constant care and, last but not least, improving seniors access to tailored health-care services (Ministry of Labour and Social Protection, 2020).

2.5. Seniors' capacity for independent living and healthcare access

Unfortunately, the above-mentioned strategy addresses the issue of independent and active ageing only to a limited extent, focusing exclusively on people who need long-term or constant care (Ministry of Work and Social Protection, 2020). Social services for other categories of seniors are not a priority for the state, and personalised, state-funded services are lacking or are underfinanced, despite the concern to identify the necessary financial and human capital resources (World Bank, 2014). Against this background, the target population has an almost dismissive attitude towards house care or family care services for two major reasons. The first one is financial, as seniors prefer to avoid services that would, otherwise, improve their lives, especially if they have to pay for them. The second reason is psychological and refers to seniors' social self-participation, which derives from a cultural pattern where the possibility of involving a "stranger" in solving personal problems is frowned upon. The family cohesion formed over time and passed from one generation to the other led to transferring the responsibility of caring for older parents or grandparents to their descendants (CNPVb, 2014; Dinu, 2019).

According to Article 93 of Law no. 292/2011, the obligation to care for and support seniors falls to their families, with the state intervening only when there are no caregivers available, or the family is not able or does not provide total or partial support (Monitorul Juridic, 2011). The design of senior-oriented services is limited to a great extent to the participation of specific ministries. The Ministry of Health supports medical assistance, and the Ministry of Labour and Social Protection is responsible for pension payments. Social services for seniors prioritise a specific category of the population, mainly the most vulnerable people, through community day centres, residential care centres, or other specialised providers and register obvious disparities in infrastructure among regions in Romania (Damian, Mocanu and Mitrică, 2018). Seniors' healthcare services, offered in Romania, functions based on two sectors: a public one, financed entirely by the state and a private one financed through a system of optional medical insurance; by directly paying for medical services or state-subsidising pre-approved medical services. The elderly benefit from state-subsidised medical care by law, but many studies have brought up the numerous shortcomings and problems with state-provided services (Dumitrache et al., 2020). Access to better or more targeted healthcare services depends mainly on the above-mentioned income discrepancies and further deepens the social vulnerability for seniors with low incomes (Ministry of Health, 2016).

2.6. The enabling environment for seniors' active ageing

One of the main pillars of active ageing policies and a fourth domain of the AAI refers to the enabling environment for active ageing (Sao Jose et al., 2017; Zaidi et al., 2012). The urban context presents a range of diverse environmental pressures which increase risks associated with old age (Buffel, Phillipson and Scharf, 2013). Older adults have to adapt and maintain their quality of life during the ageing process and interact with others. In the process of optimising opportunities for social participation, health conditions, security, and environmental factors may act as barriers or facilitators (for example, well-designed technological solutions) (Rocha et al., 2019).

Recent studies and policies of reference institutions (e.g., World Health Organization, EC) are oriented towards the responsible planning, design, and production of the built environment (Lin, Chen and Cheng, 2014). "Cities of tomorrow have to be elderly-friendly" (European Commission, 2011, p. 7) and should integratively answer to multi-generational needs in the attempt to turn threats such as the demographic decline into positive challenges. According to Ivan, Beu and van Hoof (2020), a whole range of cities in Romania including Bucharest displayed the expression age friendly city in the policy papers, official documents and website pages, confirming the interest of public institutions and professional organisations on this topic for designing and implementing smart cities solutions in Romanian urban areas.

An age-friendly environment includes suitable transport, housing, public areas, services, leisure facilities, and a socially cohesive community, enhancing the opportunities for active ageing and delivering a more sustainable, resilient, and engaging urban experience in the city (Parkinson, 2014). The degree to which the environment will be adapted to respond to the needs of the elderly and people with disabilities (Frias-Lopez and Queipo-de-Llano, 2020) and for urban planning will respond adequately to the growth of an increasingly ageing population raises concerns. The increased importance of neighbourhoods in later life is reflected by Buffel, Phillipson and Scharf (2013) through four main factors: the great amount of time spent at home after retirement; the increased reliance on neighbourhood connections for support in old age; the long time spent residing in the same locality; and, last but not least, emotional bonds and community attachments.

Although Bucharest has the rank of a capital city, emphasising obvious social and technological advantages compared to other regions and cities in Romania (Mitrică et al., 2022), it displays a limited infrastructure for active ageing and age-friendly planned urban areas. The district city halls organised

and supported clubs for seniors in recent years, but recreational activities and different services addressed to seniors are mainly a result of the action by private stakeholders or different associations and NGOs. Unfortunately, the Bucharest administration authorities entirely lacked smart integrative urban planning policies. Their managerial incapacity is also proved by the recently severe problems displayed by centralised vital services failing to ensure the basic comfort for urban citizens (e.g., capital's heating system) (Ivanov, 2020). A recent study on the barriers and facilitators for the Romanian older adults in enjoying physical activity health-related benefits emphasised that the removal of barriers related to age and habits as well as their participation in Elderly Clubs and physical activity programmes may lead to their successful ageing and take advantage from lifelong benefits of physical activities (Urzeală et al., 2021).

Many studies also refer to technology as "a great facilitator for improving the quality of life and supporting age-friendly practices in cities" (ESPON, 2019, p. 37). Gerontechnology and social connectedness or lifelong learning have been recognised as essential components of an enabling environment for successful ageing (Hsu et al., 2019). Well-designed technological solutions are environmental factors that may act as facilitators of active ageing, by supporting ageing in place, for e-services, or to maintain inter and intra-generational social contacts, even if the new technologies often represent a challenge for older people (ESPON, 2019; Rocha et al., 2019).

The need to adapt society including elderly to face future technological challenges is underlined by the impressive changes and investments which transformed smart cities nowadays into networked 'large technological systems' based on digital information and communication technologies (Mondschein, Clark-Ginsberg and Kuehn, 2021). Studies show that in the developed countries aged people have the same open-mindedness like non-elderly in getting themselves familiarised with the new technologies (Gilly and Zeithaml, 1985). The usefulness of technology is obvious in various domains such as the self-management of health, entertainment and communications. Technologies have a great impact in monitoring the health status and improve elders' lives, helping them to age in an active and independent way within their own homes as well as in residential care institutions (Cahill et al., 2017).

2.7. Aging in place and place attachment - an essential goal of current urban planning policies and successful ageing

Ageing in place represents, for many countries with an aged population, one important element of social policies addressing seniors and, therefore, another emerging paradigm of present societies which increasingly adopted it as a core strategic goal (Pop, Muntean and Dimitriu, 2021), contributing to and/or being associated to the objectives of active, healthy and successful ageing. Financial pressures to limit health and social care costs and seniors' preferences pushed numerous Western countries to widely support ageing in place policies (Van Dijk et al., 2015). They are meant to support and develop seniors' opportunities to keep living in their personal dwellings and live independently in the community as long as possible and avoid institutionalised options and residential care (senior centres, retirement homes) (Vitman Schorr and Khalaila, 2018; Pop, Muntean and Dimitriu, 2021).

Many studies show that most seniors prefer to spend the end of their lives in their own house, which enhances their attachment to it, and finally, towards neighbours, neighbourhood or the city they live in (Means, 2007; Phillips, Walford and Hockey, 2011; Wiles et al., 2012). Both researchers (Buffel, Phillipson and Rémillard-Boilard, 2019; Gardner, 2011; Scharlach and Lehning, 2013; Skinner, Cloutier and Andrews, 2015) and reference institutions (World Health Organization, 2007) expressed concerns regarding the planning of the living environment, neighbourhood, local community, city according to the needs of old adults. The city induces significant stress on old adults' lives through how its planning policies adapt for seniors' needs; positive respectively negative changes brought by local development strategies lead to an environment generating place attachment or rejection (Buffel, Handler and Phillipson, 2018; Buffel, Phillipson and Scharf, 2013).

When considering age-friendly environments and cities, WHO (2017) refers to eight variables starting with outdoor environments; transport and mobility and housing as main components of physical environment; to social participation; social inclusion and non-discrimination and civic engagement and employment as main parts of the social environment and to communication and information and community and health services as part of administrative services in urban areas.

In 1983, Rowles developed the concept of place attachment, demonstrating that old adults who lived in the same community for an extended period of time display three different types of attachment towards their living environment: physical insideness, reflecting the familiarisation with the already known physical environment; social insideness, generated by the feeling of social integration and community belongingness and autobiographical insideness, which is determined by the accumulation in the same place of life experiences which help form a sense of identity (Rowles, 1983, p. 302; Rowles and Bernard, 2013). Studies regarding

place attachment approached the relationship between the person and the place, underlining that seniors are attracted sentimentally by their living environment and that they grant less attention to changes occurring around them (Burns, Lavoie and Rose, 2012; Lewis and Buffel, 2020). Also referred to as "ageing in the right place" (Golant, 2015), place attachment represents an emotional process determined by psychological factors (Kamalipour et al., 2012), which leads to a powerful feeling of belongingness through which the individual feels himself/herself integrated and manifests a feeling of social acceptance of the others (Wang, Xue and Kong, 2016; Afshar et al., 2016).

Gillespie et al. (2022) distinguished among the notions of sense of place defined by the "relationship between people and places, whether positive or negative, weak or strong" and also "involving an interpretative perspective and an emotional reaction to the environment"; (Gillespie et al., p. 2) place attachment particularly referring to emotional connections between people and comprising as main elements: place dependence and place identity; and belonging-in-place which "involves the establishment, over time, of an affective connection to…a particular place" (Gillespie et al., p. 2) framed by social experiences in that place. Satisfaction is another concept 'analytically distinct' but associated with attachment and meanings and interpretation when defining the sense of place (Stedman, 2003).

The authors Banini and Ilovan (2021a) underline a particular interest in terms of environmental psychology on behalf of geographers and the need to make the distinction between the identity of place, as part of personal identity derived from dwelling in specific places, and the identity of the place defined by the collective representations of communities related to a certain place.

Furthermore, the same authors point out the importance of self-representations in people's attachment to places and the role of representations in constructing place identity (Banini and Ilovan, 2021b). Therefore, collective representations are perceived as an intrinsic part of the material, symbolic and organisational territorial transformations (Banini and Ilovan, 2021a). Nowadays, they have obvious implications for urban planning policies and territorial development strategies at different levels.

3. METHODOLOGY AND DATABASE

3.1. Methodological approach

Studies on ageing are many, but most focus on the economic impact (effects on labour market) or are simple demographic analyses, following the European approach (Lin, Chen and Cheng, 2014; Xu, He and Chen, 2020).

Besides punctual statements, included by reference studies on the active ageing potential of the old adults in the EU, there are very few approaches on the potential for active ageing in Romania and its representative sub-national territories, and notably lacking in its urban areas. Bucharest, in particular, is an ideal choice to study the active ageing potential of the elderly in Romania as it has the most potential for infrastructure and service facilities development that may support age-friendly policies in the future. Official statistics of the Romania's Ministry of Labour and Social Protection referring at elder care institutions revealed, for 2022, 98 functional units destined for caring old people in Romania, among which 92 are private and 6 are state owned (Ministry of Labour and Social Protection, 2022). The current research did not focus on the elderly within these units because of the impossibility of applying the investigation techniques determined by the access restrictions.

Therefore, in order to assess the active ageing potential of the elderly in Bucharest, Romania, the present study had an exploratory, in-depth approach and appealed to the target group's perception (Yu and Rosenberg, 2020) regarding the key variables of the issue. The survey method was chosen as it better complies with the prospective character of our research. Our questions focused on the four pillars of active ageing as described by the AAI methodology (Zaidi et al., 2012), and corresponding to the objectives of the research, but did not aim to calculate the index, as the rigid quantitative perspective of the AAI calculation was criticised by reference studies (Sao Jose et al., 2017) and successful attempts to operationalise the AAI at lower-level geographic units clearly showed the need to reconsider and adapt the index, dropping some of the component indicators (Karpinska and Dykstra, 2015).

The questionnaire was designed in relation to the four main pillars influencing active ageing (Fig. 1) and had two main parts.

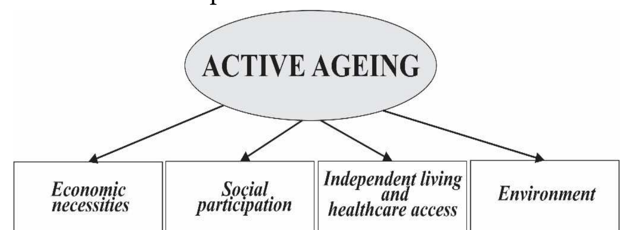

Fig. 1. Research and questionnaire approach on active ageing.

The first part was meant to collect demographic and socio-economic information on the respondents (age, sex, marital status, education level, workplace, income, ownership of their residence). The second part centred on seniors' perception regarding their employment status and motivation for work, their participation in society, their capacity to have an independent, healthy and secure living, and the

characteristics of the environment enabling active ageing.

The questionnaire contained a set of closed-ended questions for dependent variables (i.e., income level) in order to gather accurate and precise data on the type of medical services accessed, labour market participation, involvement in different activities for seniors, the help received from different persons or organisations, the existence of age-friendly urban planned areas/services in their neighbourhood, the appropriate dwelling amenities or on the use of modern technological means. A five-point Likert scale ranging from 1 (very dissatisfied) to 5 (very satisfied) was used to assess self-perception on their participation in society, their satisfaction towards life in general, their health status or living conditions, the self-evaluation of their contribution to the economic or social sphere, their satisfaction regarding their dwelling amenities, their accessibility to essential services.

Open-ended questions were also added to the questionnaire and aimed to reflect seniors' needs or preferences (e.g., social and recreational activities) for certain elements. Finally, the obtained data were centralised and processed using dedicated software (SPSS 20) through descriptive analysis, crosstabs, Pearson correlation, and regressions. The survey was applied to a sample of residents aged 65+, living in any of Bucharest's districts. All questionnaires were applied in October 2019, using the face-to-face method, to ensure data accuracy, the validity of the sample, and the reliability of the answers. Because of personal reasons, some of the participants could not answer all the questions; as such, eight questionnaires were declared invalid. A number of 402 responses were validated from a total of 410. All districts have been equally approached by the sampling in order to ensure a homogenous degree of collecting information, as there are no territorial disparities in elderly population distribution among the main districts of Bucharest. In this way, there were validated 67 questionnaires for the first district, 65 for the second one, 69 for the third one, 66 for the fourth one, 68 for the fifth one and 67 for the sixth district.

The study was conducted in accordance with the Declaration of Helsinki, and the Ethics Committee of the Faculty of Geography, University of Bucharest approved the protocol.

4. RESULTS

4.1. Economic necessities

The sample group displayed highly diversified professions as they used to work in: education, defence, construction, manufacture, energy, healthcare, catering, finance, and culture. When looking at their educational background, most respondents have a high school diploma (over 40%), while 27% have a bachelor's degree. This structure mirrors the Bucharest sample, and it is not relevant for other regions in Romania, especially for rural areas, as the elderly population in the capital city is more qualified than those living in rural areas. The survey's results reflect the labour market significance of the sample group, as 100% of respondents were retirees and received a pension (Table 1).

Table 1. Socio-economic characteristics of the survey sample.

Demographic indicators		%	No.
Gender	Male	48.3	194
	Female	51.7	208
Age	65-70 years	52.2	210
	70-75 years	25.9	103
	75-80 years	14.2	57
	over 80 years	7.7	32
Retired	Yes	100	402
	No	0	0
Education	Secondary	14.6	59
	Highschool	43.9	176
	Professional school	15.4	62
	University	26.1	105

Socio-economic indicators		%	No.
Income	Under 1,000 RON	58.7	236
	1,000-2,000 RON	26.6	107
	Over 2,000 RON	14.7	59
Living alone	Yes	27.1	109
	Living with husband/wife	40.8	164
	Living with other members	32.1	129
Living in a house / a block of flats	Block of flats	80.1	322
	House	19.9	80
Owner of his/her residence	Yes	87.6	352
	No	12.4	50

In spite of having retired, some in the target group (about 20%) continue to work. Over 50% of interviewed seniors earned less than 1,000 RON/month (approx. 203 Euros) and declared that they are currently working. This percentage decreases as the income level increases. In fact, only about 20% of respondents declared that seniors are important or very important for the local economy, while approximately half of the respondents mentioned that seniors' contribution to the general labour force is low (Table 2).

So, there is a positive correlation between low income (pensions) and continued participation in the labour market. Seniors need to work because their pensions are insufficient to ensure decent living conditions. Almost half of the respondents (46.3%) declared their income insufficient for the cost of their current medication, and 59% of this group were still employed at the moment of the survey.

Table 2. Seniors' participation in the labour force and their monthly income.

Opinion on seniors participating in the labour force	Weak (%)	Moderate (%)	Important (%)	Very important (%)	DK/NA (%)	Total (%)
Under 1,000 RON (205 Euro)	51.0	25.5	13.9	5.3	4.3	100
1,001-2,000 RON (205 – 410 Euro)	46.8	35.1	11.7	5.2	1.3	100
2,001-3,000 RON (410 – 616 Euro)	37.0	25.9	14.8	22.2	0.0	100
DK/NA	52.2	18.9	15.6	4.4	8.9	100
Total	49.5	25.9	13.9	6.2	4.5	100

As expected, the most active category in terms of employment is the youngest segment in the sample, as two-thirds of respondents who declared to be still employed were aged between 65 and 70 (Table 3).

Table 3. Seniors' participation in the labour force according to their age groups.

Currently employed	Unit	65-70 years	70-75 years	75-80 years	Over 80 years	DK/NA	Total
No	%	45.6	28.7	14.5	8.5	2.7	100
	% in the age group	75.9	91.3	84.2	90.3	81.8	100
Yes	%	67.6	12.7	12.7	4.2	2.8	100
	% in the age group	24.1	8.7	15.8	9.7	18.2	100
Total		49.5	25.9	14.2	7.7	2.7	100

4.2. Social participation

Regarding their social participation, 55% of respondents declared that they felt socially involved and 38% of them felt excluded. The statistical analysis proves the low involvement in actual spheres of social life, with most seniors confirming that they prioritise their family and mostly ignore the community or political life (Fig. 2).

Social integration is tightly connected to ageing in place as it is almost entirely associated with the family sphere and manifests itself through psychological dependency on family and home. Place attachment is reflected by community bonds mainly generated by networking with neighbours and friends. However, the percentage of those confirming a direct connection between community and social life is low compared to those mentioning family when asked about their social involvement (Fig. 2, Table 4).

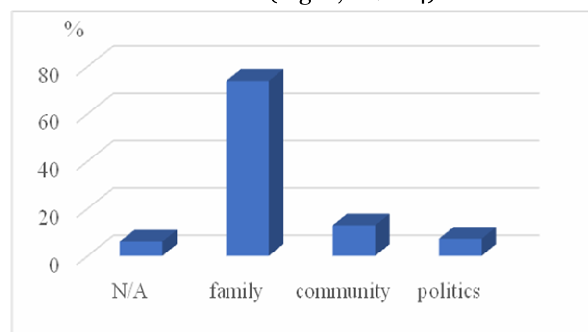

Fig. 2. Seniors' degree of participation to components of social life (weekly frequency).

Seniors' social involvement is usually limited to taking care of their children and grandchildren. The survey shows that 27.6% of them consider this activity as important, and 35.6% as very important (Table 4).

Table 4. Measuring seniors' perception of their involvement in raising and caring for their grandchildren.

Involvement	Frequency	(%)	Cumulative (%)
Very weak	19	4.7	4.7
Weak	80	19.9	24.6
Moderate	49	12.2	36.8
Important	111	27.6	64.4
Very important	143	35.6	100.0
Total	402	100	

In the case of volunteering or recreational activities, only 17.4% of respondents are part of a club or specific organisation. Women were more inclined to be part of religious associations or reading clubs (100%). On the other hand, men got involved (80%) in homeowners' associations (an administrative structure existing at the level of each block of apartments usually led by one of the owners, generally a senior), in chess clubs (75%), and pensioners' clubs (71.4%) (the last one is a particular organisation in the capital city and functions under the patronage of the City Hall).

4.3. Independent living and access to health

Out of all respondents, 47.1% lived alone, and 40.9% lived with somebody. Out of those living with

somebody, in 58.5% of cases, it was their wife/husband, and 41.5% lived with their extended family. A lack of solitude positively influences a person's ability to be active, as the family and/or partner can satisfy their emotional needs and represent the base of a supportive and mutually helpful relationship. Most of the sample group do not call for help outside their immediate family or partners when they have to go somewhere (62.4%), and 34.1% rely on their close circle of friends or neighbours. Seniors prefer not to externalise their problems and ask for support from family members first. A smaller percentage declared they ask for help from their neighbours or friends. When asking for mobility support, it usually refers to health (transport to a clinic or doctor, buying medicines), groceries, and walks in the park or other recreational activities. A total of 77.9% declared they do not use specialised services for medical transport to the hospital, family doctor, or other adjacent services.

When asked whether they used specialised services for domestic chores, such as cleaning their house or catering and getting groceries, a striking majority (93%) denied using the first category and 88.6% the second category of services. These answers result from seniors' limited financial resources, with 58.7% of respondents declaring they earn less than 1,000 RON (approx. 203 Euros). In many cases, the explanation included the large-scale spread of family cohesion, with the younger generations getting involved in solving their seniors' household problems.

Only 22.9% of seniors requested personalised health paid services if the state services, free of charge, were not available or could not solve a situation. They rely on state-provided free-of-charge medical services, not necessarily because they are satisfied by their quality, but because they cannot afford private healthcare services.

Regarding access to health services, 94.72% of seniors declared that they benefit from state-ensured medical care. Most of them (52.5%) use public medical services exclusively. Only 6% use private services, and an important percentage of 40.8% use both options. The correlation between income level and access to medical services proves that seniors with limited financial resources prefer the free-of-charge state-provided services. Furthermore, there is a positive relation ($r = 0.348$, $df = 402$, $p < 0.01$) between the two variables, which shows that the possibility of accessing paid medical services increases with income level. The correlation coefficient is 0.348, thus validating the interdependence between income level and the type of medical services they accessed (Table 5).

Table 5. Correlation between seniors' monthly income and the use of private and/or public medical services.

Pearson correlation		Income level	Use of private and/or public medical services
	Pearson correlation	1	0.348
Monthly income	Sig. (2-tailed)		0.000
Use of private and/or public medical services	N	402	402
*Correlation is significant at the 0.01 level (2-tailed)	Pearson correlation	0.348	1
	Sig. (2-tailed)	0.000	
	N	402	402

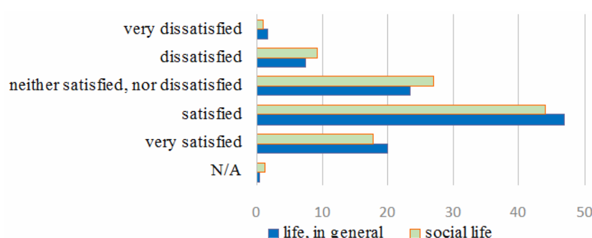

Fig. 3. Satisfaction degree of seniors regarding their social life and life in general.

The high percentage of seniors that use private health care is in line with studies that conclude that the public healthcare sector does not meet all their needs, as it is currently undersized and underfinanced (Dumitrache et al., 2020).

Out of those who declared that they exclusively use private services, 16.7% have an income lower than 1,000 RON (approx. 203 Euros), 45.8% have an income between 1,001 and 2,000 RON (approx. 405 Euros), and 29.2% have an income between 2,001 and 3,000 RON (approx. 607 Euros).

According to the self-reported satisfaction level with life, in general, worth mentioning are the percentages of those being neither satisfied/nor dissatisfied, but with a majority being satisfied (Fig. 3).

4.4. The enabling environment for active ageing for seniors in Bucharest

Analysing the elements that contribute to their quality of life, namely an acceptable or short distance to various services, over two-thirds live in the range of a grocery market and a supermarket, and over half live in the range of their current physician/doctor and a bank.

The distance to a hospital was defined by less than 40% to be short or acceptable, and this might show the increased vulnerability of the elderly compared to other age groups. This answer was verified by the open-ended question regarding the main reason for their long-distance travelling, for which approximately one-third mentioned medical purposes.

Other important reasons for travelling long distances were commercial and recreational activities (around 15% each) or visiting friends and relatives. However, accessibility in terms of distance and availability of different services is one of the highest in our study area, compared to other regions in Romania, and it could be perceived as an environmental advantage rather than a barrier. Approximately two-thirds of the seniors, barring a major handicap, travel independently for long distances due to the vast public transport network. More than half of respondents declared themselves happy and approximately 28% very happy with their living conditions, although most of them are dissatisfied by the lack of appropriate specially designed public spaces (37.3%), or they did not know of such spaces existing (26.9%). Moreover, half declared that their needs are not considered in the urban development of the capital city, and 30% acknowledged not having any information on this issue.

Over 70% of respondents, regardless of their income level, declared themselves satisfied with their dwelling and amenities, and less than 20% did not and gave some examples such as thermal insulation, lift, ramp access to buildings, new furniture, wall painting and/or electronic devices. Over 75% of respondents live in a flat, mostly as part of the massive block units built in the communist era. In light of the current EU legislation, these flats are poorly adapted to meet the basic requirements for persons with disabilities and do not shape an age-friendly habitat.

The results regarding the capacity to use ICT solutions show a vital discrepancy between the elderly's usage of mobile phones, broadly employed for communication purposes, and other technological means (Table 6).

Table 6. Seniors' level of studies and the use of personal laptop/mobile phone.

Using a personal laptop or computer and mobile phone	Laptop Yes (%)	Mobile phone Yes (%)	Laptop No (%)	Mobile phone No (%)	Total (%)
Secondary school	9.30	48.80	90.7	51.2	100
High school	24.8	65.8	75.2	34.2	100
Professional high school	21.70	71.70	78.3	28.3	100
University	54.30	74.30	45.7	25.7	100
DK/NA	28.9	66.7	71.1	33.3	100
Total	31.0	67.0	69.0	33.0	100

Most of them retired before the large-scale adoption of ICT tools at workplaces and did not benefit from any lifelong learning programmes. Education plays a crucial role in their capacity to adapt to the digital era, as those with a bachelor's degree are more proficient in using a computer than those with middle-level studies. The low capacity of the elderly to use modern electronic devices is related to their poverty risk and economic vulnerability, as many of them cannot afford modern utilities.

Compared to other technological means, mobile phones, particularly smartphones, are broadly used by the sample group, regardless of their education level (Table 6) due to their increased availability and popularity.

5. DISCUSSIONS AND FOLLOW-UP RESEARCH

Over the last years, government administrations, reference institutions but also researchers underlined the importance of developing age-friendly policies and social and physical environments to support seniors' health, well-being, quality of life as well as their capacity to remain autonomous and active members of the community and ultimately to enhance their ability to age in place (Vitman Schorr and Khalaila, 2018). An impressive increase in ageing-in-place literature (Grimmer et al., 2015) and the obvious growing scientific interest in people-place relations (Lewicka, 2011) emphasise the need to connect active ageing goals and dedicated studies with other concepts and objectives embraced by the policies that cope with the ageing phenomenon. "Old people are seen as less mobile and less likely to change the place or the manner in which they live" (Gilleard, Hyde and Higgs, 2007, p. 591) and are also more vulnerable to changes often perceived as 'disruptive and threatening' (Falanga, 2022) which also occurred in Romania's case during the pandemic context (Matei et al., 2021). Changes may affect their sense of familiarity and identity with their neighbourhood, their sense of security and ultimately, their well-being (Han, Li and Chang, 2021). Active ageing potential evaluated through its main pillars referring to economic revenues and necessities, elderly's capacities to have independent lives and socially integrate into their community and to easily access health and other services as well as comfortably

continue to live in their homes would not stand alone, but interconnects with other focal concepts prioritised by both policymakers and researchers in their efforts to optimise strategies and by studies dedicated to the accelerating ageing phenomenon. Place attachment, for instance, recognised as one of the most complex and multilayered constructs in social sciences and largely agreed to have the capacity to reduce loneliness and social isolation (Falanga, 2022), could be analysed in relation to active ageing goals and may envisage interesting results from regional and study case perspectives.

Many studies emphasised that the well-being of older adults is directly connected to their health and ultimately with their life expectancy and that economic status, which registers an inevitable decline due to ageing, is a key variable positively correlated to well-being (Sawada and Toyosado, 2021). Romanian seniors have one of the lowest average incomes and average gross public pension benefits in the EU (Eurostat, 2019; IZA, 2011). In Romania, more than 90% of the seniors who received a pension in 2012 (the highest percentage in the EU28) declared the need for a decent living income as the main reason to continue working after reaching retirement age (Eurostat, 2019). The EU study also indicated an exceptionally high risk of in-work poverty, with almost half of seniors still in work in 2017. However, these figures mainly referred to small, family-based subsistence farms displaying an important self-employment share for senior age groups, which do not apply to the elderly living in Bucharest.

The value of neighbourhoods as places of social cohesion and interaction is significant when considering the ageing process, and seniors were demonstrated "to increasingly establish alternative networks of support" which involves friends, neighbours, formal care institutions and where possible, family members (Enßle, Dirksmeier and Helbrecht, 2020, p. 2). The present study also reveals that Bucharest's seniors have a low social involvement. In many cases, their social life overlaps with their involvement in their extended family, helping with raising and taking care of their grandchildren. Their weak involvement in other social components is caused by authorities' inefficient development of the social infrastructure, but also by seniors' financial limitations, as they are usually the ones earning the lowest income.

According to Grimmer et al. (2015), most seniors wish to continue to live independently and autonomously in their communities, preserving control over their lifestyle choices. Seniors in this study declared an independent behaviour only in the sense that they do not require or ask for specialised support and solve their problems themselves or ask their friends, neighbours, or relatives for help. Bucharest's seniors have low accessibility to specialised social assistance services due to their low-income level and because the state does not subsidise such specialised services. The Romanian culture also prioritises family cohesion, as seniors ask for help from their children or relatives to substitute services that they would otherwise have to pay for. Romanian elderly live in a systematised and socially homogenised built-up environment induced by the socialist block of flats (Mihăilescu et al., 2009).

The high number of respondents that live with their extended family is explained by their financial situation, respectively, the high price of living in Bucharest, and also the inability of young people to achieve financial and housing independence (Merciu et al., 2019), thus relying on their seniors for help and creating an unbreakable circle of dependency. Financial limitations also underline the need for help from elders, as young families with small children are unable to access children-care paid services during working hours. These results are in line with other studies, showing that different social variables and especially social inequalities among seniors, are explained by economic discrepancies (Taloș et al., 2021). Seniors from low socio-economic groups often deliver family care. The cultural and political differences are important, as some developed states rely more on grandparental involvement in childcare than others (Sao Jose et al., 2017). In the case of Romania, it displays to a much greater extent than in other European countries less independent types of living arrangements for older people (Pani-Harreman et al., 2020).

According to Eurostat (2019), a large proportion of persons aged 65+ in Romania spent a relatively large share of their expenditure on health, and the results of this study also emphasise this. In order to achieve long-term health and productive lives, authorities need to: invest in early prevention, detection, and treatment of chronic diseases, revise its pharmaceutical policies, focus more on the provision of medical care to the elderly. The healthcare system will also need to focus more on geriatric care and family physicians and be better equipped to manage more chronic diseases and weaker cognitive functions, as population ageing is accelerating (Ministry of Work and Social Protection, 2020; European Commission, 2017). The differences between private and public healthcare and the important financial discrepancies among different categories of seniors in Romania also limit access to health services.

Most seniors living now in Bucharest come from rural areas marked, until recently, by an acute lack of drinking water supply systems, modernised sewage systems or central heating (Mitrică et al., 2020). Consequently, the block of flats represented the idea of the ultimate dwelling comfort. However, it is a so-called

"poor's comfort" and marked the differences in perception between the city and the village for many people (Mihăilescu et al., 2009). For seniors in Romania, the urban areas are synonymous with comfort, both their dwelling and access to amenities being acknowledged by most of them as satisfactory. However, as for other regions (Frias-Lopez and Queipo-de-Llano, 2020) and predicted by the over dominance of the massive blocks of flats, one of the main challenges of implementing ageing in place in the Romanian urban landscape will come from the adaptation of the existing urban flats to meet comfort standards demanded by the elderly (Pop, Muntean and Dimitriu, 2021).

Understanding the ways to create urban areas that answer the necessities of people as they age both in terms of physical environment adaptations (e.g., transport infrastructure, housing) and social needs (e.g., social participation, community care, neighbourhood support) (Lewis and Buffel, 2020) is essential for future urban planning policies.

Overall, most respondents are satisfied with their living conditions and their amenities, even if they admit not to benefit from or to be aware of senior-oriented urban infrastructure, age-friendly areas, and targeted services in the city. The satisfaction towards living conditions and endowments is tightly connected to attachment towards their own home, seniors preferring to live in their familiar residential environment and to maintain their social interaction (Cahill et al., 2017).

In terms of digital accessibility, despite the general trend emphasising "older adults as the fastest-growing segment among Internet users" (Nimrod, 2014, p. 247), reference studies (Eurostat, 2019) state that more than two-thirds of older people in Romania never used a computer. Furthermore, only 1 in 50 older people makes online purchases, while the percentage for the participation rate in education and training is almost inexistent for both groups of 55 – 64 years and 65 – 74 years. In this context, technological solutions seem to act more as environmental barriers than facilitators for active ageing if they were put in place. However, the generalised use of mobile phones, and more recently of smartphones by seniors as modern ICT devices for communication, no matter their income or education level, emphasises the role this ubiquitous and popular device can have in improving seniors' social participation and implicitly well-being in the current context.

Researchers underlined the "necessity to develop new concepts, programmes and services to fulfil the expectations of older populations" (Pani-Harreman et al., 2020, p. 2) and to integrate the inhabitants' opinion as a fundamental component for "building sustainable and participatory societies and spaces" (Banini and Ilovan, 2021b, p. 259). In this respect, this paper could be a valuable input for different stakeholders interested in studying or developing adequate age-friendly policies and planning urban areas for the urban landscape in Central Eastern European countries in general and Romania in particular.

The present study represents an original approach to the active ageing concept, evaluated at a local urban scale through seniors' perception of its key variables.

This study represents a necessary contribution to fill the research gap for analysing the active ageing concept in Romania and met several limitations. On the one hand, the lack of statistical data concerning seniors' employment, their remuneration related to their activity field, their involvement in institutionally supported social care programmes.

On the other hand, the study struggled to centralise and access information regarding senior-oriented policies and programmes as Romania lacks a coherent governmental strategical framework with macroregional and/or local implications dedicated to older adults and displays rather punctual, temporary approaches on ageing, highly dependent on the short-term allocated financial resources. Another important limitation was determined by the lack of access within elderly care institutions and residences such as retirement homes, both public and private. This led to target exclusively independent elderly population, not belonging to any residential care centre.

6. CONCLUSIONS

In terms of financial security and work motivation, seniors with low income participated more in the labour market, being preoccupied to a greater extent to cover the costs of their current medication and health necessities. Consequently, as they depend almost entirely on the public pension system, the low-income categories display an increased risk of poverty.

As main variables conditioning seniors' capability to achieve active ageing, the target group's behaviour depends, firstly, on their financial resources, and only secondly, on the public infrastructure developed for them. The respondents experience independent living as they do not frequently use specialised services (i.e., house cleaning, catering, or grocery provision). However, this does not mean seniors do not need such services but rather that they are financially limited, as many of these services are not state-subsidised. Another reason is the Romanian cultural pattern, oriented towards family cohesion, which translates into seniors relying on their immediate family who substitute the role of those service providers.

In the case of access to medical services, the state's public healthcare sector is not developed enough

to satisfy all the seniors' needs, as they are constrained to also appeal to the private option. Nonetheless, the limited financial conditions of the target group eclipse the importance of any other factors and restrict seniors' access to private medical care.

The main results showed that the extent of seniors' participation in society is directly connected with the insufficiently developed programmes and associated infrastructure targeting them. The economic factors do not have a decisive influence on seniors' involvement and social accountability but do constitute a limiting factor. As such, Bucharest's seniors prefer to be more involved in their family life, taking over responsibilities relating to raising and taking care of their young grandchildren. Because the current state infrastructure that aims to increase seniors' social involvement targets people living in long-term care facilities, the more independent seniors are left outside the system or depend on structures that are too expensive to access.

In order to meet basic requirements, in concordance with age-friendly urban planning rules and the EU legislation, future cities and Bucharest, in particular, need to be adapted to a growing older urban population. ICT on its own may not be a facilitating solution in this respect. The capacity of seniors in Romania to use technological solutions should be increased, either directly, through lifelong-learning solutions, or indirectly, by increasing their income and their affordability of modern utilities.

The most important limitation of this study is the scarcity of detailed statistical data for the elderly population in Romania at a locality of regional level. Furthermore, this type of information is scattered among different institutions responsible, at policymaking or legislative level, according to certain aspects impacting this age group: economy, demography, healthcare, which makes it challenging to ensure their comparison and validity across all domains and regions. As a result, many studies approaching active ageing focus mainly on seniors' main demographic characteristics.

The innovative nature of this research is that it brings forward an assessment of the active ageing capabilities and needs at a local level. This is why the study results do not apply to suburban or rural areas in Romania. In order to construct successful policies to improve active ageing objectives at a regional and national level, additional research should be conducted to identify the specific needs of these age groups, as they differ depending on the place of residence and geographical specificities.

The study represents a valuable input for the topic's status in this particular urban environment, undertaken before the COVID crisis and not marked by the current pandemic, which imposes further research on possible active ageing solutions in the new context.

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