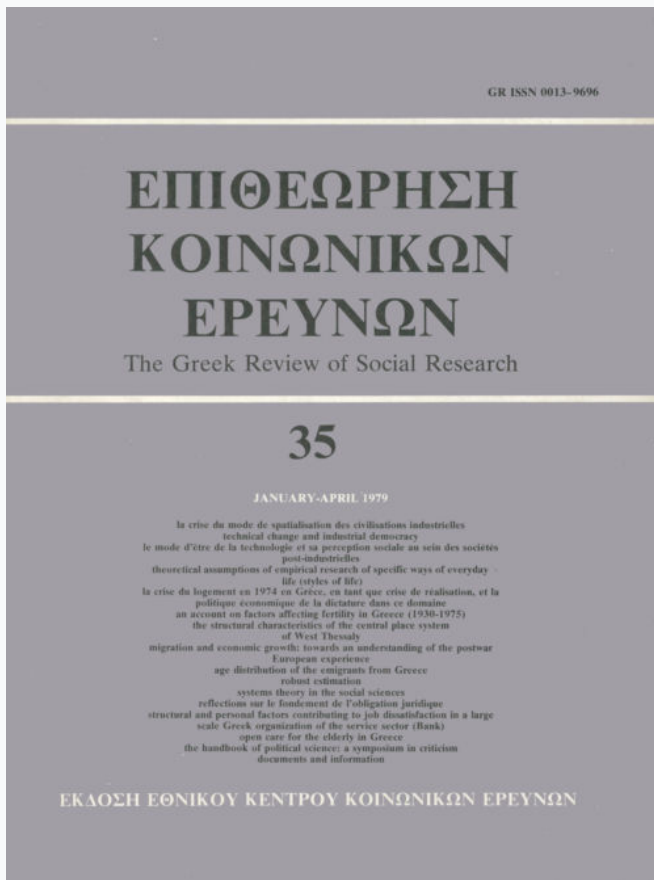


The Greek Review of Social Research

Vol 35 (1979)

35



Open care for the elderly in Greece: Research project in seven European Countries

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doi: [10.12681/grsr.172](https://doi.org/10.12681/grsr.172)

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To cite this article:

Teperoglou, A. (1979). Open care for the elderly in Greece: Research project in seven European Countries. *The Greek Review of Social Research*, 35, 196–207. <https://doi.org/10.12681/grsr.172>

open care for the elderly in Greece

*Research project in seven
European Countries*

by
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This report is part of the cross-national study «Open care for the elderly in seven European countries» to be published by Pergamon Press, Oxford and launched and sponsored jointly by the European Coordination Centre for Research and Documentation in Social Sciences, Vienna and the European Centre for Social Welfare Training and Research, Vienna.

I. background data

1. General demographic data

Greece is a European country situated in the Southeastern part of the Balcanic peninsula; we are not of course going to deal in this brief introduction with the history of the country, which dates back to 3,000 years B.C. —the oldest of Europe. Our study will be limited to the general demographic data which are relevant to it.

Greece has an area of 131,990 square klms. According to the latest 1976 data the population amounts to 9,167,190 inh. and the average population density is 69.5 inh. per square klm. According to the 1971 census¹ the urban population amounts to 53.2%, the semi urban 11.6% and the rural 35.2%.

The data, now, on the age and sex of the population are the following (census 1971): 25% of the population is in the age bracket of 0-14 years old; 64% in the age bracket of 15-64 years old, and the remaining 11% in the age bracket of 65 and more years old.

If we include sex to the above mentioned data, we have the following: in the bracket of 0-14 years old we have 27% male population and 24% female; in the bracket of 15-64 years old we have 63% male and 64% female; and in the last age bracket of 65 years old and more we have 10% male population and 12% female.

As the demographer G. Siambos reports characteristically: «The population composition according to age and sex can be shown as a pyramid the broader part of which represents the older ages and the smaller part the younger ages. The pyramidal form of the Greek population is similar to the pyramidal forms of populations in other European countries. It reflects in itself the demographic history of Greece during the last century and especially, the demographic 'transition' between the high ranges of mortality

— I do appreciate Miss A. Katousselis' help with the translation of this work.

1. The National Statistical Service of Greece (NSSG) defines the urban area as one with more than 10,000 inh., the semi-urban areas from 2,000 up to 9,999 and rural areas less than 2,000 inhabitants.

and birth of 19th century and the lowest ones in the present period».²

Comparing the data between the two censuses, that means, between the year 1961 and the year 1971 which are already given, we found out a significant population increase in the age bracket of 65 years and more. We should keep in mind that for the 1961 census the age bracket of 10-14 presents a 27% of the population; the 15-64 age bracket presents a 65%, and the bracket of 65 years old and more presents an 8%. This last figure (8%) is significantly lower than the 1971 census analogous figure which rises to 11%. As it has been shown in the three last census figures (1951, 1961, 1971) there has been a continuous and important rise of the 60 years old and more bracket, which proves the constant aging of the Greek population.

2. Data concerning the elderly

Based on the 1975 data we can confirm that the 17.3% of the total population (9,046,542) are of 60 years old and more; within that percentage, 4.3% are of 75 years old and more.

In the age bracket of 60-64 years old we have a 4.9% male population and 5.3% female; in the age bracket of 65-74 years old we have a 7.5% male and 8.4% female population; and in the last age bracket 75 years old and more we have 3.6% male and 5.0% female population.

The above figures show that there is a relative difference between men and women, especially for the age bracket of 65 years old and more.

Life expectation figures according to sex and for those being 60, 65, 75 years old are the following:

| Age | Men | Women |
|-----|------|-------|
| 60 | 17.3 | 19.3 |
| 65 | 13.8 | 15.2 |
| 75 | 7.9 | 8.5 |

Effort has been made to find data on living condition whether in private households or institutions, but it has not been possible to find access to these data in a collected manner. The only information on the elderly population we could get concerns the number of people living on relief within institutions,³ which is 0.5% of the total elderly population.

Other data are mentioned in *Annexe 1*.

2. Zarras, John, *The Problem of Elderly in Greece*, Athens 1974, p. 23 (in Greek).

3. Ministry of Social Welfare, General Direction of Social Welfare, Direction for the Protection of the Aged, *Informative Report Agencies and Programs for the Protections of the Aged*, Athens, March 1977, p. 4.

3. Socio-economic data

In the recent period after the Second World War the Greek economy has undergone many changes in its development. The most apparent and important element is the transition from the rural to the industrial phase. The following data show clearly this transition.

In 1961 (census date) the active population in agriculture constituted 55%. In 1971 already this figure has decreased to 40%. Although we do not have more recent data (for up until 1978) we have definite indications that there has been a much bigger decrease.

A more detailed look on the different branches of economic activity, gives us the following figures:

| | Total | % |
|--|-----------|------|
| Agriculture, livestock forestry, fishing | 1,312,600 | 40.6 |
| Mining, quarrying, salters | 21,096 | 0.7 |
| Manufacturing | 554,380 | 17.1 |
| Electricity, gas, steam, water supply | 24,816 | 0.8 |
| Construction and Public works | 256,424 | 8.0 |
| Trade, restaurants, hotels | 362,024 | 11.2 |
| Transport, storage and communications | 211,672 | 6.5 |
| Banking, insurance, real estate | 78,524 | 2.4 |
| Services | 349,104 | 10.8 |
| Not declared | 64,356 | 1.1 |

Economically active population both sexes: 3,234,996

In the recent economic development plans of the country the role of the working women has started to be taken seriously into consideration. Officially, the working woman (Census 1971) constitute 28% (905,408) of the active labour force (3,234,996).

More analytically, women in the total active labour force constitute in the urban areas 11.2%, in the semi urban 2.8% and in the rural area 14.0%. Within the 28% (905,408) of working women 40% are in urban areas, 10.0% in the semi urban and 50.0% in the rural areas.

4. Age of retirement for men and women

The age limit for retirement in Greece is 65 for males and 60 for females. But this limit is not the rule, it depends upon the security organization to which one belongs. The National Group and Social Insurance Agency (OGA) set the 65th year of age for pension for both sexes.

The Social Insurance Organization (IKA) set the 65th year of age for males and 60th for females. According to the recent government policy, announced in April 1978, as far as the Social Insurance Organization (IKA) is concerned, since 31.3.78 a new criterion for retirement will be the completion of 35 years service (however, an age limit of no less than 58 years of age, will be demanded).

For high ranking civil servants the pension age in the 65th year, for lower ranking servants the 62nd. In any case, they all retire upon completion of 35 years service, regardless of age.

For women civil servants, if they are mothers, there is a possibility to receive reduced pension upon the completion of 15 years service. (Without entering into more details here, we would like to emphasize the fact that this special treatment of mothers in the public services helps to ease the restraints in employment of women.) Other data are mentioned in *Annexe 1*.

II. outline of the systems of services

In Greece, the social security problem (as we find in the Social Budget of 1976, the percent of social insurance expenditures over national income is 14.25) has always been a crucial one for both the administration and the population. There is no National Security Scheme and according to one's profession there is a corresponding different security service.

1. Care of the elderly in institutions

Mainly, closed institutional care is offered to the elderly. The Ministry of Social Welfare, which is responsible for the social care of elderly is our source of the information below. There are Institutions of:

- a) Public Law
- b) Church Organizations and
- c) Private Law (Institutions which may receive money from the Ministry of Social Welfare and are under the auspice of the State).

According to the data⁴ of 1975 the total number of the Institutions are 85 and the total number of the beds are 4,460.

4. Centre of Planning and Economic Research, *Program of Development 1976-80 Social Welfare*, Athens, October 1976, p. 17.

Analytically there are: 8 Institutions of Public Law with 298 beds (1:37), 17 Institutions of Church Organizations with 565 beds (1:33) and 60 Institutions of Private Law with 3,597 beds (1:59/60). There are also private enterprises: 70 in the greater Athens area for closed care in which 2,000 of the inmates are suffering from chronic diseases.

2. Care of the elderly in the open system

It is difficult to present the structure of open care system at the various levels for a country where this system is almost underdeveloped. In Greece the system works under the sponsorship of three agencies:

1. *The State* with the Ministry of Social Welfare as the responsible Agency, in which there has been Department for the Protection of the Elderly since September 1976.

The State offers:

a) A special form of protection with the program of Old Aged Homes in Carea, Renti, Melissa—Communities in Athens—, as the result of a common effort by the High Commissioner of the United Nations for Refugees and the Greek Government. They found shelter for 250 able elderly refugees, individually or in pairs. Each person receives a small apartment with a kitchen for life, including full medical care and social service.

b) Other open care programs do not yet exist. Their approval and application is inextricably related to the availability of Funds.⁵

2. *The Holy Archdiocese of Athens* with the Department of «Special Care for the Elderly» (the activity of which covers only the greater area of Athens). The following table presents the number of elderly under its protection.

«Activities» and no. of elderly under the protection of the «Special Care for the Elderly» of the Holy Archdiocese of Athens

| Activities | No. of Elderly |
|---|----------------|
| «Houses of Christ Peace» | 1,750 |
| «Groups of freely living elderly» | 1,025 |
| «Groups for the open care of the wide-spread elderly» | 850 |
| Total | 3,625 |

Source: *Special Care for the Elderly*, Holy Archdiocese of Athens.

5. Ministry of Social Welfare, General Direction of Social Welfare, Direction for the Protection of the Aged, *Informative Report Agencies and Programs for the Protections of the Aged*, Athens, March 1977, p. 4.

Analytically the program includes:

- a) 70 «Houses of Christ Peace» where food and full medical care is offered to indigent elderly
 - b) Groups of «Freely Living Elderly» the purpose of which is to meet the needs of the elderly, through the organization of mass recreational activities or visits to the home
 - c) «Groups of the open care of wide-spread Elderly» which offers various kinds of help to the elderly.⁶
3. *Private Activity*; that is, organizations such as the «Group of Volunteers», the Institution of Social Protection, etc. In this field we can mention two «Clubs of Elderly» in two areas of Athens (Dourgouti and Ano Petralona) and one in Salonika. These clubs offer food to the elderly of their area as well as cultural and recreational activities.

3. *Interrelationship between closed and open care*

We have already pointed out that in Greece open care system is almost non-existent making any comparison between closed and open care unnecessary.

We can mention here that demand for closed care is great, particularly in the section of health, that is hospitals, residential or retirement homes and other similar institutions. Of course, such a kind of closed care demands high amounts from the budget of Social Welfare, because the equipment and the salaries for the staff for such institutions costs a great deal. Our own proposition is that the State must determine through special legislation the relationship between these two types of care for the elderly.

4. *The Family as a type of open care*

In this chapter we are going to discuss a very important subject concerning Greece by describing the great role of the family in the care of old people.

Here we should make a distinction between the family's attitude to care of the elderly in respective rural and urban environments.

1. *Family care of the elderly in rural areas*

The de-population of youth from rural areas is a reality in Greece. Young people leave their country homes to go abroad or to set up a new home in urban areas. This phenomenon is due to a cluster of socio-economic factors, and the tendency is to be free of a narrow-minded, closely knit social environment, the lack of job opportunities, and of any educational.

cultural or recreational activity, etc. Consequently, in most rural areas of Greece, the elderly remain the only village inhabitants, closely attached to the land and place of birth, and with no desire to leave their homes.

As a result, we observe a change in the relationship of the old villagers and their children, who have already been established in the urban areas, and have developed a different point of view about life.

The bonds between them still exist. We cannot say up to what point now in relation to the past, but they still exist. For our topic it is important to refer to the kind of help that children offer to their parents and vice versa. For example, the migrants (internal-external) for various reasons, leave their offsprings under the protection of their old parents in the villages. Here, we have a case of mutual help (although there is opposition to this on the part of sociologists or psychologists as far as the influence of the grandfathers or grandmothers upon the children's rearing is concerned; but this is not a subject of direct interest to us). Generally, in recent years, the structure of the Greek family is showing a change from the Patriarchal extended family to the nuclear family unit. Besides this, close relationships between the two types of family units exist. The younger people respect the older, and still accept them in certain roles. The «old peasant» is the connecting bond between the younger people who have left the village in search of a better life conditions and those who remain. Beyond this psychological role, he acts as supervisor of the family's wealth in the village. The frequency of the children's visits to their parents depends on the place of their new establishment. Nevertheless, as contact is not as close as before there follows an inevitable deterioration of the parental influence, and therefore that of the traditional patriarchal family. As a result, the parents have a feeling of emptiness.

As mentioned before, children's help to parents is mainly economic.

National Group and Social Insurance Agency's (OGA) pensioning program, which started in 1961, covered 477,015 peasants 65 years of age and above in 1974.⁷ Women have no right to a separate pension if married.

Another kind of help offered to the old parents concerns their health; that is, the children, when necessary, arrange to have their parents admitted to hospitals or clinics if they live in urban areas. On the other hand, in rural areas close medical treatment is unavailable except for the institution of the «rural medical doctor»; consequently, it is necessary to

6. Centre of Planning and Economic Research, *Program of Development 1976-80 Social-Welfare*, Athens, October 1976, p. 59.

7. National Statistical Service of Greece, *Statistical Yearbook of Greece 1976*, Athens 1976.

transport ill peasants to the great urban centres to be cured. (This in turn causes congestion in city hospitals thereby exacerbating the problem of bed shortage. etc.)

2. Family care of the elderly in urban areas

As mentioned before, we are examining the life conditions of the elderly in the rural and the urban areas respectively, because there are differences in life conditions in both environments and because the problems of the elderly differ in both. In the urban areas, the transition, which we have pointed out in Greece, from the patriarchal to the nuclear family according to various sociological researches, is even more prevalent. In the nuclear family (the couple and their children, if any), the role of elderly is important. We also observe here a mutual help from the old parents to the young couple and vice versa.

From the economic point of view things seem better for the elderly in the urban areas; but the children keep helping their parents since the pensions are usually insufficient in Greece. The medical care offered is also better in the urban areas than in the rural. Nevertheless, the children, if necessary, take care of their old parents at all stages of a health problem. Besides the fact that the old parents usually live separately from the young couples, a close relationship exists between them. They visit each other quite often, take part in family celebrations and festive lunches, etc. In consequence, the elderly people do not suffer loneliness.

Of course, the above remarks have never been proved empirically and remain only simple hypotheses.

Let us take now the opposite aspect. It is not without cause that there has been a significant rise recently in the number of homes for the aged in the Greater Athens area. These houses function as profit-making enterprises and have found their clients among wealth people.

Hypothetically this increase shows that:

a) more and more elderly, since isolated from their family environment (that is their married children), prefer to live in such a house-enterprise, and

b) the children themselves for various reasons «arrange» for their old parents to enter such houses.

We are not mainly interested here in the psychological consequences caused by the isolation of the elderly. We simply think that it is necessary to mention this new phenomenon of Greek society. We have already mentioned the mutual help between old

parents and children. We would like to make special reference to the role of the grandparents. «For many the grandparent role is more pleasurable than the parent role. It is looked upon as an opportunity to enjoy one's relations with children without having to assume responsibility for them.»⁸

But in the case of Greece, particularly, the role of the grandmother is extremely important in urban areas. In the last few years, the work of more and more women outside their home has created a number of problems, the recognition and solution of which must be basically the State's business. One of the biggest problems is the shortage of crèches, which in turn creates a new role for the grandmother, that of the baby-sitter. A lot of working mothers leave their little children in the care of the grandmother, who uses the traditional way of bringing them up, contrary to more modern pedagogical standards which a crèche may put into practice.

In conclusion, we can say that the customary family care of the elderly is still strong. This can be explained by the tradition, customs and ethics of Greek people. Of course, in the process of time, within the framework of social change, the structure of family has been affected by the decline of traditional types of behavior, such as the gradual parting of the elderly from their families, with all the undesirable consequences for which the state has to find appropriate solutions.

III. the needs and how they are met

In our opinion this relation is very interesting for the Greek society, because very few relevant researches have been carried out⁹ on this question.

A problem in Greece is that we can not clearly classify the needs into categories. 1) Elderly living with their Family, 2) Elderly living in own home in Open Care, 3) Elderly living in Open /Closed Care (e.g. sheltered dwelling) and 4) Elderly living in Closed Care (e.g. Old People's Home). This is due to the fact that the agencies for the care of the elderly (public, private or the family itself) often overlap each other. We are also obliged to distinguish between rural and urban areas, at least for some of the needs of the elderly; this distinction is necessary be-

8. Loether, J.Herman, *Problems of Aging: Sociological and Social Psychological Perspectives*, Belmont, California, 1976, p. 13.

9. We would like to make special reference to John Zarras' study, *The Problem of Elderly in Greece (1974)* which was carried out for the United Nations. The author, for the first time, gathered all the relevant material and gave a presentation of the whole problem up to the present.

cause, due to different life conditions,¹⁰ different needs are created and different solutions for their satisfaction are required.

1. Economic independence

The economic need is the most vital one. Generally, the economic situation is the determinant factor of many activities in life, especially in the case of the elderly. The economic problem is basically—but not sufficiently—solved by the pension system of the State. The economic help on the children's part attributes to its solution. This is more prevalent in areas with a high migration rate, where the economic help to the parents is actually substantial. Here, of course, the help is mutual for reasons already mentioned.

We would like to refer to the dowry system¹¹ which still exists in Greece; that is, to the wealth offered by the bride's father to the bridegroom for the «relief of the marital obligations» according to the Civic Code (Art. 1407).

In consequence, the parents in their effort to respond to dowry's demands often starve themselves from basic goods for years long to the advantage of the newly created nuclear family. As a result they may find themselves without home since houses are the basic part of a dowry and are obliged to hire a new home. So, dowry quite often determines the economic condition of the elderly.

However, the general claim on the Pensioners Association is the improvement of the pensions, the only constant economic help to the elderly.

Generally, concerning the economic condition of the elderly we would like to add that, while the family basically protects them, there is no such thing as cash benefits going to the family with an elderly dependent. This seems very important. The slogan «keep the elderly at home» is right providing that the family will receive an allowance from the State.

2. Health and nutrition

a. Health

In this chapter we would like to make special reference to the elderly who suffer from chronic dis-

10. Another interesting sociological research study was investigated by the Centre of Social Research (EKKE) under the title *Life Styles of Old Athenians* by sociologists Helen Pitsiou and Irene Korre-Grueger. This was carried out in the greater area of Athens and aimed at the examination of the social participation of the elderly, their psychological and economic life conditions and their problems of health (from the sociological point of view).

11. Teperoglou, Aphrodite, «Mitgift als ein sozioökonomisches Problem». *The Greek Review of Social Research*, National Centre of Social Research, July-Dec. 1971, p. 132-136.

eases. The Greek law distinguishes between the healthy elderly and the elderly who suffer from chronic diseases; consequently, there are two kinds of Institutions for each category. The Institution for the elderly who suffer from chronic diseases offer 1,735 beds while new buildings with 850 beds are under construction. On the other hand, the number of the disabled elderly who need urgent hospital care is approximately 4,000.¹² In this case we cannot give exact data. The closed care for these elderly is problematic because of the following:

1. The houses for the aged do not function exclusively for the healthy elderly who are obliged to live with totally or partly dissipated ones. As a consequence, the former suffer psychologically and the latter are lacking all the needed care.
2. In most Institutions for chronic diseases there is no distinction between physically or mentally disabled.
3. The number of beds is limited in relation to the number of the elderly who wish to enter the Institution.
4. The number of proper staff for nursing and medical care (doctors, physiotherapists, etc.) is limited.
5. There is no staff for recreational and social activities.

In general, the care for this group of elderly is limited within the framework of the state closed care system. Recently, the Minister of Social Welfare announced the establishment of two geriatric services which will function in the Health Centres of Ambelokipi and Peristeri (Near Athens). In these services the elderly would receive free medical care. This is a step toward the improvement of medical care offered for the elderly, within the framework of the Law No 162, September 1973 which mentions «measures for the protection of the elderly and the chronically disabled».

For Greece this is the first Law relevant to the problems of the third age and covers all the needs of this age by proposing all the necessary measures which have to be taken.

b. Nutrition

The nutritional problem of the elderly officially concerns only the various Institutions for their protection; that is, they offer special diet. According to the situation, the State can intervene for the improvement of nutrition.

Generally, there is no public organization offering a systematic distribution of meals on wheels at home.

12. Ministry of Social Welfare, General Direction of Social Welfare, Direction for the Protection of Elderly, *Information Report, Agencies-Programs for the Protection of Elderly*, March 1977, p. 3.

This may be done by organizations of Volunteers and the Church.

Because the subject is really important we would like to insist on it. Even the ancient Greeks knew the close relationship between nutrition and health. Hippocrates in his book *For Diet* says that health depends on the positive relationship between food and exercise (Litré Arg. 6/463) and underlines that «famine is illness».¹³

The above is absolutely true in the case of elderly whose health depends on a greater degree to the kind of food they receive. That's why, any measure relevant to the diet of the elderly must be radical, effective, and adjusted to their functional changes and needs which keep changing as they grow older.

3. Housing and house keeping

a. Housing

We think that housing and living conditions are very important for old people. «Living accommodation is an even more central concern for old people than for young people because (1) they spend more time at home, and (2) old people tend to be more socially isolated.»¹⁴ Unfortunately, as we have mentioned in chapter I, we cannot obtain data concerning the housing condition and we can only distinguish between rural and urban areas. In the *rural areas* the elderly usually own a home, but the facilities are few or none. In consequence, they face difficulties in their every day life.

In the *cities* we have an increase in the demand for small apartments of 1-2 rooms, which manifests the tendency of the elderly people to live alone. Of course, these apartments offer better living conditions, but only to those who can afford them, since the housing conditions usually depend on the economic situation of the elderly. As we mentioned in the chapter concerning «Family care» a high percentage of the elderly live with their children. The Sociological research by National Centre of Social Research concerning «Life Styles of Older Athenians» concluded «that one-third of all households is built up by parents living together with (one or more of their) children».

Recently, we find also in Greece the tendency, particular in urban areas, that «the elderly prefer to maintain their own households, but to live near enough to children and relatives so that they can visit them and call upon them when they need help».¹⁵

13. Koudakis, X., *Vitamin D Deficiency and Marasmus of Children*, Athens 1965, p. 9.

14. Loether, J. Herman, *Problems of Aging Sociological and Social Psychological Perspectives*, Belmont, California 1967, p. 34.

15. *Ibid.*, p. 44.

For the poor elderly the housing problem is really vital. There are lonely aged people who live in terribly miserable room usually in distant labour neighborhoods. Unfortunately, we have no figures (absolute numbers or percentages, etc.) concerning the extent of this phenomenon.

b. Housekeeping

In Greece there are no official services, like elsewhere, with trained personnel who can give advice about housekeeping to the elderly.

The family once again takes care of the housekeeping without any allowance, as part of a tradition to help and respect their parents. The church and also some volunteers often take care of the indisposed elderly.

Once more, the problem is faced through the traditional respect toward the elderly, deeply rooted in the attitudes of Greek people.

4. Social integration and activity

a. Transportation

For this need no special measures have been taken, such as cheaper tickets or passes. Only those pensioners who have worked in transportation services, enjoy certain privileges.

Increasingly, the new transportation means do not facilitate the elderly, since most of the buses have quite high steps. The only facility on the State's part, is the almost obligatory offer of two seats for the elderly and handicapped persons in the buses and the slogan «respect the elderly, offer them a seat» can be read in all public vehicles.

b. Communication

We do not have a system of «aged-telephone» which we consider useful, particularly for those who live alone and need help.

We recognize the importance of TV within the family (we are not going to discuss the positive or negative side of its role here). There are no special programs for the elderly; only some medical programs of general interest. Recently TV presented 2-3 very interesting programs, relevant to the closed care of the elderly, with the participation of inmates of both public and private institutions.

c. Work

Improvement of medical care presupposes better health and contributes to the fact that persons above 65 years of age (the mean age of retirement) can still

work and be part of the active population. The problem here is either their access to the labour market, or their retirement, because work affects not only the economic status of a person but also his psychological status. For the elderly the latter is more important and by working they feel useful and not marginal citizens.

Although we have no concrete data we can say positively that the number of «working pensioners» is large due mainly to economic reasons (low pensions). In many cases this is done secretly since certain limitations exist in the pensioning system concerning «working pensioners». In *rural areas*, the elderly keep cultivating their lands, either because of lack of hands or for the improvement of their income. In the *urban centres* some pensioners still work for family enterprises, others (mainly the blue-collar workers) can find a job easier than younger people, because they offer cheap labour plus experience.

d. Recreation, education, social participation

These needs are inextricably related to the educational level of a nation. In rural areas the elderly still enjoy the deference of the young, and their opinion is respected, because they have wisdom due to experience. Their participation covers the social milieu of their village where the word «neighborhood» has not lost its meaning. Their children's family is their vital milieu of activity and their main contacts are relatives and friends. There is no other kind of participation. The old peasant is closely related to his earth and he abandons his village with great difficulty.

The isolation of rural areas from any kind of cultural activities was, and still is, great. There are the traditional festivities and folklore fairs, and the «coffee-house» (kafenion) a place traditionally dedicated for the gathering of men (women traditionally never frequent there), especially of the retired. Within the «coffee-house» the frequenters, while drinking coffee, refreshments, or «raki» play cards or backgammon (tavli) and discuss mainly politics. The «coffee-house» is very much a part of the Greek country town or village.

Also we have to refer to TV's «invasion» in the rural and urban homes. Here, we simply ought to mention the fact without discussing its «side-effects» that a TV offers to the peasants new standards unknown to them until recently (Television started in Greece 12 years ago).

Concerning *urban areas* the picture is different. The main social participation is also limited within the family, but in the cities there are more opportunities for social participation and cultural and

recreational activities; theatre, movies, libraries, concerts, lectures, exhibitions.

This kind of activities appeal to a general public no matter what its age. Of course, the participation of the elderly in all these mentioned activities depends on their interests, their educational level, and, to a great deal, on their income level.

On the State's part, some official organizations such as «Ergatiki Estia» (Home of the working people) offers free tickets for theatre and organizes excursions all over Greece in summer time. Some church organizations also arrange visits for pilgrimage with cheap tickets and with high participation of the elderly. Empirical evidence has shown that the elderly are not interested in participating in such activities, because they are completely alien to them, and they do not consider their participation useful or necessary. From a limited number of samples empirical data reveals a strong feeling of loneliness¹⁶ among the elderly of the urban centres, who feel that their lives have become marginal by age.

IV. innovations, difficulties and shortcomings; future outlook

1. General aims

During recent years demographers, social scientists and journalists have pointed out the forthcoming dangers indicated by the shape of the population pyramid, which is modified by the low fertility rate and the increase of the elderly population. Greece is becoming a country of aged people. The phenomenon is due to:

1. The general improvement of living conditions, which has resulted in a longer life expectancy (increased longevity). According to recent data from Centre of Planning and Economic Research (1976), the average length of life for males is 67.46 and for females 70.76.
2. a) The low fertility rate of the Greek population. Data received from the National Statistical Service of Greece, inform us that the birth rate in 1965 was 17.7 per thousand, with a total of 151,448 live births; where as in 1976 it was 16.0 and 146,566 respectively.
- b) The great number of abortions¹⁷ in Greece. Without official data (because abortion is prohibited in Greece) relevant researches refer to high

16. Institution of Social Labour, Group of Volunteers, *Data from the Social Study of Dourgouti Area*, Athens 1977, p. 35.

17. Valaoras, Vassilios, *Low Fertility Rate in Greece and Abortions*, reprinted for the Minutes of Medical Association of Athens, Athens 1969. Presvelou, Clio, Teperoglou, Aphrodite, «Sociological Analysis of the Phenomenon of Abortion in Greece. A study of the feminine sample», *The Greek Review of Social Research*, National Centre of Social Research, No. 28, Sept.-Dec. 1976.

numbers of abortions which take place in Greece each year. Another point of view is that abortion is used quite often as the main «contraceptive method».

3. The high migration rate. According to the data given from the Centre of Planning and Economic Research «during the decade 1961-71, 460,000 people migrated».

We can say, that no concrete or radical measures have been taken as yet to solve the problems of the elderly population apart from a few vague future plans. This should not be just a subject of purely scientific interest but should also be the responsibility of Greek Society as a whole.

It seems that the non-progressive view that the children should take care of all aspects of the life of their old parents, is still prevalent. Consequently, although the progressive change of family structure and patterns of behavior accelerates, the State has done little to alleviate the ever multiplying problems.

What then, is the philosophy and ideology of State policy and the people's attitudes towards this large segment of the population, the elderly? It is difficult to give a short answer.

The State aims mainly at the improvement of closed care for the elderly. Simultaneously, similar programs and reports from other countries with special reference to open care systems are under study. Measures to improve the open care of the elderly, such as «home-helps» visiting social workers, special housing and friendly lunches, etc., have not yet been put into practice in Greece.

2. *Future outlook concerning open care for the elderly*

This study for the open care for the elderly has opened our eyes to one of the most important problems facing the people of Greece. The State has been unable to perceive the size of the problem, since until relatively recently family-care was sufficient on the whole.

Here, we point out its future explosion and simply present some personal thoughts in relation to this study: there is such a long tradition inherent in the remaining elderly within the family, that any attempt to change it would, regardless of incentives, cause them psychological problems.

It would be better to start the open care system within the family framework, with the improvement

of pensions and of the economic conditions (allowances) of the family members who take care of them.

The difficulty here is how the young can be convinced to keep taking care of the elderly as they had in the past, since the generation gap undoubtedly exists and widens.

The elderly must feel that they are still useful and active members of society. Consequently, within the community activities some programs relevant to their socio-cultural participation should be applied. In any case, for Greece, the catch-word must be «keep people at home as long as possible». Otherwise, for people, used to living within the family and enjoying respect and interest, any removal from home would unavoidably make them feel loneliness and grief. Any measures that would be taken must be pioneered and suited to the character and the needs (both material and psychological) of the elderly themselves. We present here synoptically the problems and the best possible solutions.

1. The economic efficiency of the elderly through the improvement of the existing pensions, and the extension of the pension system to all elderly people.

2. The social welfare of the elderly. The good healthy condition of the elderly is extremely important and, for this, improvement of full medical care is a necessary step. In this field, the shortage of proper staff is serious and the education of the existing personnel is imperative.

3. The shortage of relevant scientific research.* The Centre of Planning and Economic Research in its five year Program of Economic Development suggests a number of researches concerning the problems of the elderly segment of the population.

For the future, we believe that the whole subject should come under the jurisdiction of a National State program for the elderly.

We hope also that it will be possible to find suggestions, specifically for the case of Greece, where the problems of the elderly have just recently become obvious.

Greece, being late in the field, can benefit from the experiences of other countries and avoid possible mistakes in the application of programs, particularly in the open care system when the conditions permit it.

* In this framework, based on private initiative, an Hellenic Association of Gerontology was founded in Athens in 1977.

Annexe I

TABLE 1.1. 1975 mid-year population estimates by sex and age

| Age groups | Total | | Males | | Females | |
|-------------------|-----------|-----|-----------|-----|-----------|-----|
| | 9,046,542 | % | 4,431,597 | % | 4,614,945 | % |
| years | | | | | | |
| 0-4 | 690,045 | 7.6 | 356,059 | 8.0 | 333,986 | 7.2 |
| 5-9 | 759,301 | 8.4 | 391,285 | 8.8 | 368,015 | 8.0 |
| 10-14 | 711,107 | 7.9 | 366,210 | 8.3 | 344,897 | 7.5 |
| 15-19 | 704,654 | 7.8 | 361,397 | 8.1 | 343,257 | 7.4 |
| 20-24 | 638,526 | 7.1 | 332,670 | 7.5 | 305,856 | 6.6 |
| 25-29 | 614,310 | 6.8 | 303,497 | 6.8 | 310,813 | 6.7 |
| 30-34 | 519,424 | 5.7 | 250,012 | 5.6 | 269,412 | 5.8 |
| 35-39 | 615,894 | 6.8 | 291,222 | 6.6 | 324,672 | 7.0 |
| 40-44 | 656,003 | 7.3 | 317,799 | 7.2 | 338,204 | 7.3 |
| 45-49 | 636,596 | 7.0 | 308,332 | 6.9 | 328,264 | 7.1 |
| 50-54 | 499,616 | 5.5 | 240,811 | 5.4 | 258,805 | 5.6 |
| 55-59 | 429,304 | 4.7 | 200,783 | 4.5 | 228,521 | 4.9 |
| 60-64 | 465,070 | 5.1 | 219,377 | 4.9 | 245,693 | 5.3 |
| 65-69 | 401,618 | 4.4 | 189,400 | 4.3 | 212,218 | 4.6 |
| 70-74 | 315,542 | 3.5 | 142,126 | 3.2 | 173,416 | 3.7 |
| 75-79 | 200,947 | 2.2 | 85,411 | 1.9 | 115,536 | 2.5 |
| 80-84 | 106,620 | 1.2 | 44,149 | 0.9 | 62,471 | 1.3 |
| 85 years and over | 81,965 | 0.9 | 31,056 | 0.7 | 50,909 | 1.1 |

Statistical Yearbook of Greece, 1976.

TABLE 1.4. b. De facto population by areas, sex, age groups and marital status

| Marital status | 55-64 | Age groups | |
|------------------|-----------|----------------------------|-------------|
| | | 65-79 | 80 and over |
| | | <i>Urban areas—Males</i> | |
| Single | 13,264 | 10,100 | 1,824 |
| Married | 197,196 | 130,724 | 17,684 |
| Widowed | 6,260 | 16,496 | 8,676 |
| Divorced | 3,340 | 1,884 | 188 |
| Not declared | 132 | 120 | 36 |
| Total | 220,192 | 159,324 | 28,408 |
| Total population | 2,280,192 | | |
| | | <i>Urban areas—Females</i> | |
| Single | 17,960 | 11,996 | 3,112 |
| Married | 155,000 | 75,284 | 7,284 |
| Widowed | 65,344 | 113,036 | 36,660 |
| Divorced | 5,808 | 2,856 | 276 |
| Not declared | 168 | 204 | 76 |
| Total | 244,280 | 203,276 | 44,408 |
| Total population | 2,385,580 | | |

TABLE 1.4. c. De facto population by areas, sex, age groups and marital status

| Marital status | 55-64 | Age groups | |
|------------------|---------|---------------------------------|-------------|
| | | 65-79 | 80 and over |
| | | <i>Semi-urban areas—Males</i> | |
| Single | 2,176 | 1,984 | 340 |
| Married | 46,012 | 34,460 | 5,240 |
| Widowed | 1,592 | 4,472 | 2,620 |
| Divorced | 316 | 268 | 20 |
| Not declared | 64 | 16 | 12 |
| Total | 50,160 | 41,200 | 8,232 |
| Total population | 507,868 | | |
| | | <i>Semi-urban areas—Females</i> | |
| Single | 2,548 | 2,360 | 768 |
| Married | 37,332 | 23,340 | 2,276 |
| Widowed | 10,944 | 23,456 | 9,840 |
| Divorced | 552 | 344 | 32 |
| Not declared | 40 | 40 | 16 |
| Total | 51,416 | 49,540 | 12,932 |
| Total population | 511,624 | | |

TABLE 1.4. a. De facto population by areas, sex, age groups and marital status

| Marital status | 55-64 | Age groups | | <i>Males Total</i> |
|------------------|-----------|----------------------|-------------|--------------------|
| | | 65-79 | 80 and over | |
| Single | 21,160 | 17,260 | 3,260 | |
| Married | 404,516 | 291,100 | 42,632 | |
| Widowed | 13,760 | 38,584 | 22,396 | |
| Divorced | 4,512 | 2,808 | 300 | |
| Not declared | 276 | 240 | 76 | |
| Total | 444,224 | 349,992 | 68,664 | |
| Total population | 4,286,748 | | | |
| | | <i>Females Total</i> | | |
| Single | 27,660 | 21,320 | 5,948 | |
| Married | 330,596 | 190,800 | 18,820 | |
| Widowed | 109,892 | 211,740 | 84,552 | |
| Divorced | 7,576 | 4,284 | 464 | |
| Not declared | 340 | 380 | 152 | |
| Total | 476,064 | 428,524 | 109,936 | |
| Total population | 4,481,624 | | | |

TABLE 1.4.d. *De facto population by areas, sex, age groups and marital status*

| Marital status | Age groups | | |
|----------------------------|------------|---------|-------------|
| | 55-64 | 65-79 | 80 and over |
| <i>Rural areas—Males</i> | | | |
| Single | 5,720 | 5,176 | 1,096 |
| Married | 161,308 | 125,916 | 19,708 |
| Widowed | 5,908 | 17,616 | 11,100 |
| Divorced | 856 | 656 | 92 |
| Not declared | 80 | 104 | 28 |
| Total | 173,872 | 149,468 | 32,024 |
| Total population | 1,498,572 | | |
| <i>Rural areas—Females</i> | | | |
| Single | 7,152 | 6,964 | 2,068 |
| Married | 138,264 | 92,176 | 9,260 |
| Widowed | 33,604 | 75,248 | 38,052 |
| Divorced | 1,216 | 1,084 | 156 |
| Not declared | 132 | 136 | 60 |
| Total | 180,368 | 175,608 | 49,596 |
| Total population | 1,584,420 | | |

TABLE 1.5. *Households and their members*

| Census year | Number | Households | |
|-------------|-----------|------------|---------------------------|
| | | Members | Average number of members |
| 1971 | 2,491,916 | 8,440,292 | 3.39 |

TABLE 2.1. *Economically active population by branch of economic activity—Percentage*

| Agriculture livestock, forestry, fishing | Mining quarrying salterns | Manufacturing | Electricity, gas, steam, water supply | Construction and public works | Trade, restaurants, hotels | Transport, storage and communications | Banking, insurance, real estate | Services | Not declared |
|--|---------------------------|-----------------|---------------------------------------|-------------------------------|----------------------------|---------------------------------------|---------------------------------|-----------------|---------------|
| 1,312,600 40.6 | 21,096 0.7 | 554,380 17.1 | 24,816 0.8 | 256,424 8.0 | 362,024 11.2 | 211,672 6.5 | 78,524 2.4 | 349,104 10.8 | 64,356 1.1 |

TABLE 2.3. *Educational level, sex, age group 65 and over, Census 1971*

| Age | Total | Graduated higher education | Completed secondary education | Completed primary education | Have not finished primary school | Have not declared education level | Illiterate |
|-------------------|---------|----------------------------|-------------------------------|-----------------------------|----------------------------------|-----------------------------------|---------------------------|
| 65 years and over | 418,565 | 16,184 | 28,172 | 171,820 | 185,436 | 17,044 | <i>Males</i> 72,904 |
| 65 years and over | 538,460 | 3,712 | 15,696 | 94,604 | 340,972 | 83,476 | <i>Females</i> 321,012 |

TABLE 2.4. Pensioners, pensions (amounts in thousand drachmas) paid by some organizations of principal insurance: 1974

| Insurance Organization | Social Insurance Organization (IKA) | National Crop and Social Insurance Agency (FSIO) | Merchant Seamen's Fund (NAT) | Professional and Handicraft Insurance Fund (TEBE) | Tradesmen's Insurance Fund (TAE) |
|------------------------|--|--|--|---|---|
| Pensioners | 263,659 | 477,015 | 22,202 | 78,916 | 12,242 |
| Pensions | 8,480,751 | 3,241,085 | 905,000 | 1,626,426 | 336,724 |
| | Motor-owners' Pension Fund | Lawyer's Fund | Medical Personnel's Insurance and Pension Fund | Insurance Fund of the Clergy Greek | Public Works Engineers and Contractors Pension Fund |
| Pensioners | 17,651 | 10,437 | 6,624 | 3,601 | 3,215 |
| Pensions | 485,372 | 630,315 | 484,130 | 126,627 | 196,407 |
| | Pension Fund of Printers and Graphic Art Workers | Insurance Fund of the Telecommunication Organization's Personnel | | | |
| Pensioners | 4,873 | 3,533 | | | |
| Pensions | 179,262 | 377,719 | | | |

Annexe 2

Economically non active population
Main source of sustenance (Census 1971)

| Age groups | | Property income | Pension |
|------------|--------|-----------------|----------------|
| | | | <i>Males</i> |
| 65-79 | 11,532 | 616 | 8,412 |
| 80+ | 2,828 | 140 | 1,920 |
| | | | <i>Females</i> |
| 65-79 | 18,180 | 1,192 | 8,764 |
| 80+ | 3,820 | 164 | 1,700 |

Usual employment (Census 1971)

| Age group | Both sexes | |
|-----------|--------------------------------|------------------------------------|
| | Economically active population | Economically non-active population |
| 65+ | 169,528 | 778,636 |
| | 0.5% | 20.4% = of |
| Total | 3,234,996 | 3,820,072 |