

# Key social inclusion and fundamental rights indicators in Bulgaria

## Thematic report on older people

This report summarises the results of a large-scale survey conducted as part of the project 'Novel Approaches to Generating Data on hard-to-reach populations at risk of violation of their rights'. The project was funded by the European Economic Area and Norwegian Financial Mechanism programme under call BGLD-3.001, 'Local development, poverty reduction and enhanced inclusion of vulnerable groups'.

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## Introduction

This is one of a series of five thematic reports<sup>1</sup> as part of the project BGLD-3.001-0001, 'Novel Approaches to Generating Data on hard-to-reach populations at risk of violation of their rights'. The project is funded by the European Economic Area Financial Mechanism 2014–2021 under the programme 'Local development, poverty reduction and enhanced inclusion of vulnerable groups', and is implemented in partnership between the National Statistical Institute of Bulgaria (BNSI) (*Национален статистически институт, НСИ*) and the European Union Agency for Fundamental Rights (FRA). The main goal of the project is to provide data for key national, international and EU indicators on social inclusion and related fundamental rights, covering the general population and specific vulnerable groups at risk of social exclusion and violation of fundamental rights.

These data are intended to be used to inform the planning of appropriate social policy measures and the development of target indicators for the operational programmes of the European Structural and Investment Funds. Moreover, the indicators populated with data from a survey conducted by the BNSI can serve as a baseline for assessment of progress in important policy areas, such as the UN Sustainable Development Goals, the European Pillar of Social Rights and the new EU Roma strategic framework for equality, inclusion and participation. Other Member States facing similar social and economic challenges may also benefit from the outputs of the project and the experience gained during it.<sup>2</sup>

The BNSI conducted a nationally representative survey of households between 19 May 2020 and 17 September 2020. The analysis of the survey results specifically focuses on four groups identified as being at high risk of poverty, social exclusion and violation of fundamental rights:

- the Roma community (people who self-identify as Roma)
- children (people below the age of 18 years)
- older people (people aged 65 years and over)
- people with disabilities (people who answered that they had been limited or severely limited in the activities they usually do in the past 6 months owing to health problems).

This report presents and explains the results concerning older people.

The first chapter includes general information about the exact definition of 'older people' and some of the general trends in policy responses to population ageing at international, EU and national levels.

The second chapter outlines the socio-economic profile of older people in Bulgaria, including sex, area of residence and education level. Then the report examines in detail four thematic areas: (1) health, (2) poverty and financial situation, (3) housing and (4) social exclusion, discrimination and security.

**Health.** Health is undeniably interrelated with age, insofar as ageing leads to structural and functional changes in the human body that increase the risk of disease. The life expectancy of Bulgarians was increasing until 2019, but in 2020 it decreased by about a year and a half, according to Eurostat.<sup>3</sup> Many older people have to deal with the gradual deterioration of their health, long-standing limitations on their usual activities and health problems with degenerative causes, such as chronic illness or even some form of disability. Health problems associated with ageing, combined with income reduction for those who retire, constitute an important vulnerability risk overlapping with limited availability and accessibility of health services. Thus, older people are considerably more likely to have unmet medical needs and limitations on their usual activities due to health problems

than the general population in Bulgaria. In addition, access to healthcare services is especially challenging for older people who are at risk of poverty, belong to the Roma community or live in rural areas.

**Poverty and financial situation.** Financial insecurity in older age may lead to poverty and other forms of social exclusion. Pension inadequacy is among the principal reasons why the standard of living of older people may fall below what might be considered a decent level. A lack of financial resources may combine with other factors that are typical in older age – for example illness, disability or frailty – to lower the quality of life of older people. More than a third of people aged 65 years and over are at risk of poverty, which is by 12 % more than the whole population's average (23.6%).<sup>4</sup> Risk of poverty disproportionately affects people aged 75 years and over, women, Roma, people living alone and people living in rural areas.

Poverty undeniably leads to social exclusion, which entails not only material deprivation but also lack of agency or control over important decisions as well as feelings of alienation, and affects both the quality of life of individuals and the equity and cohesion of society. For older people, this means that not only poverty but also deteriorating health or fractured bonds with family can be major factors in feeling excluded from society.

**Housing.** Even though housing in Bulgaria has been consistently becoming more expensive for the past decade and a considerable share of the population cannot afford to either purchase or rent, housing does not seem to be among the key problematic areas for older people, who have usually acquired their dwellings decades ago, while they were still working. However, older people in Bulgaria are more likely to experience poor housing conditions (which present an increased health risk) due to lower income, older age of the housing stock and lower mobility.

**Social exclusion, discrimination and security.** This thematic chapter focuses on three aspects of the social environment that are closely connected to social inclusion. A considerable share of older people have no one to count on for material or non-material help, which speaks of a lack of community and increased risk of social exclusion, despite the survey registering a very low prevalence of discrimination.

Each thematic chapter starts with some background on the area in question at international and national policy levels and on the specific meaning and importance of the thematic area for older people. The results are presented through key indicators at national level and then are further disaggregated by a number of individual- and household-level characteristics. The meaning of each indicator and its relevance to the broader thematic area is explained immediately before the analysis of the specific results.

The last chapter is dedicated to conclusions and recommendations, based on the findings of the report, which are intended to help in the development of effective policies to promote active ageing and maximise older people's potential to live independently and contribute to their communities.

### Definition of 'older people', and population ageing and its implications

At international level, there is no universally accepted definition of 'older people'. The United Nations (UN) has not defined a specific age above which people are considered 'old'. At the same time, UN documents often consider people aged 60 years and over to be 'older people'.<sup>5</sup> However, most sociological studies conducted and statistical data gathered in the EU define people aged 65 years and over as 'older' because 65 years is the usual retirement age in many EU Member States. The BNSI defines 'working age' as between 16 years and the age of retirement as set by the government for the year in question. In 2021, the retirement age was set at 61 years and 8 months



for women and 64 years and 4 months for men, and it will regularly increase until it reaches 65 years for both men and women in 2037. Although the retirement age in Bulgaria is currently lower than 65 years and is different for men and women, the report uses the age group of 65 years and older to ensure the greater homogeneity of the group and greater comparability with the EU-level data provided by Eurostat.

Population ageing is a global trend, which started in developed countries but has since also reached developing countries. Ageing populations have an increasing median age because of declining fertility and mortality rates and, in some cases, emigration of young people and families. An indicator of ageing societies in Europe is life expectancy, which was steadily increasing until 2019 (in 2020, probably due to the coronavirus disease 2019 (COVID-19) outbreak, life expectancy decreased in nearly all European countries).

The share of the population aged 65 years and over in the EU-27 was 20.6 % in 2020 and 20.2 % in 2019, as of 1 January of the year in question.<sup>6</sup> The number of older people in the EU is projected to follow an upward trend over the next three decades and their share of the population is expected to reach 29.4 % in 2050.<sup>7</sup>

At the end of 2020, 1,504,048 people aged 65 years and older were living in Bulgaria, which corresponds to 21.8 % of the total population (0.2 percentage points more than in 2019).<sup>8</sup> According to data from the 2011 population census, the population aged 65 years and over in Bulgaria was 18.5 %, and in one region (Vidin) the share was 25.5 %.<sup>9</sup> The data for 2020 show that the share of the population aged 65 years and over has increased to 21.6 % and in eight districts it is above 25 %.<sup>10</sup> The BNSI projections show that the share of older people in the population will continue to grow and reach 29.6 % of the total population in Bulgaria in 2050. Population ageing is more pronounced for women than for men.<sup>11</sup> The difference is due to the higher mortality rate among the male population and consequently lower life expectancy.<sup>12</sup>

Bulgaria's labour supply is projected to decline by up to 40 % and the old age dependency ratio is expected to double by 2050, according to the World Bank. By then, one in three Bulgarians is expected to be older than 65 years and only one in two Bulgarians will be of working age. Since the proportion of the population that works is a key determinant of a country's income level, its decline is likely to depress growth, which could impose a heavy burden on the economy.<sup>13</sup>

A growing share of older people leads to economic and social change in a society. The most obvious economic challenges concern the size and structure of the working age population and the labour market. The effects are a smaller working age population, an increased old age dependency ratio, higher labour market participation rates (in particular for older workers), a decline in labour supply and higher employment rates, and stable gross domestic product growth relying mostly on productivity increases.<sup>14</sup> As the old age dependency ratio increases, the financial burden on working people grows. However, the old age dependency ratio does not account for the fact that not all people aged 65 years and over are no longer economically active and that not all people of 'working age' are necessarily working. Higher life expectancy and more healthy life-years will probably lead to older people remaining in the labour market for a longer time. In addition, an increase in the number of younger people in higher education would reduce the proportion of people of working age who were active in the labour market (unless they study in another country, in which case they would not be counted as part of the potential labour force). An increasing number of older people could, on the other hand, lead to an expansion in the services sector (tourism, cultural activities), thus providing new business opportunities, provided that these older people were in good health and had the financial means to pay for such services. Furthermore, in an ageing society the need for healthcare is very likely to increase, as is the number of older people at risk of social exclusion and discrimination.

## Policy responses to population ageing at international, EU and national levels

As a response to population ageing, policymakers at international, EU and national levels are actively developing measures to ensure that societies are ready to face the challenges and benefit from the opportunities in a manner that meets the needs of all stakeholders.

The concept of ‘active ageing’, introduced by the World Health Organization (WHO), is now widely used to frame policy discourse at international and EU levels and to help better understand the circumstances under which population ageing can offer opportunities for societies (e.g. the contribution of growing numbers of older people – as both consumers and producers – to economic and social innovation and development). The United Nations Economic Commission for Europe’s Active Ageing Index is a tool that measures the capacity of older people to age actively through a number of indicators in four domains: (1) employment, (2) participation in society, (3) independent, healthy and secure living, and (4) capacity and enabling environment for active ageing.<sup>15</sup> According to the United Nations Economic Commission for Europe, active ageing is a multidimensional concept referring to a situation in which people continue to participate in the formal labour market, engage in unpaid productive activities (e.g. caring for family members and volunteering) and live healthy, independent and secure lives as they age.<sup>16</sup> The 2018 Active Ageing Index results showed that Bulgaria was among the countries with a lower index value (31.8 compared with the EU-28 average of 35.7), scoring below the EU-28 average in each of the five domains (and lowest in the participation in society domain).<sup>17</sup>

In its 2018 fundamental rights report, FRA outlined the need for a shift in the perception of old age – i.e. for a move from a ‘deficit’ approach to a ‘rights-based’ approach to ageing – and thoroughly examined the negative effects of ageism (e.g. discrimination, risk of poverty, violence and inequalities).<sup>18</sup>

The main document that sets out Bulgaria’s policy on older people is the *National strategy for active life of the elderly in Bulgaria 2019–2030* (Национална стратегия за активен живот на възрастните хора в България 2019–2030 г).<sup>19</sup> The strategy does not explicitly specify the age of its target group, but, for the background analysis, it uses data on people aged 65 years and older. Being an important and valuable resource of Bulgaria, older people have the right to a dignified existence and full participation in social life, to good health and a productive life, to the development of their knowledge, skills and abilities, to equal treatment and to the protection of their fundamental human rights. The strategy aims to create the conditions for and guarantees of equal opportunities for a dignified and full life.

Recognising that older people are a key human resource (as both a generator and a source of experience and knowledge, and as a source of community and family support through caring for dependents and passing on work-related knowledge to younger generations), the strategy is based on the following values:

- **independent living**, which is understood as access to good living conditions and a good physical environment, reliable transportation, sufficient income, a safe living environment in the community and access to reliable and usable information;
- **participation in society**, meaning social participation and opportunities for volunteering as means of dealing with isolation and loneliness, as well as active civic participation in decision-making processes;

- **access to care**, allowing the promotion of the health and well-being of older people, and access to adequate health and social services tailored to the individual needs of older people, including home care for those with permanent disabilities;
- **dignity**, understood as older people living in a safe environment, without being subjected to physical and psychological aggression, having their human rights and their right to equality respected and being able to protect themselves from ageism in society.

The strategy's aim is to create the conditions for older people to have active and satisfactory lives by providing equal opportunities for their full participation in society's economic and social life. The strategy has four priorities:

- promoting active ageing in employment;
- promoting active ageing in participation in society;
- promoting active ageing in independent living;
- building capacity and an enabling environment for active ageing at national and regional levels.

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<sup>1</sup> The five thematic reports are on the situation of Roma, children, older people and people with disabilities, and a general report on the key social inclusion and fundamental rights indicators in Bulgaria.

<sup>2</sup> For more information, see the project's [website](#).

<sup>3</sup> Eurostat (2021), '[Life expectancy by age and sex](#)', 28 April 2021.

<sup>4</sup> BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, Bulgarian NSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

<sup>5</sup> United Nations (UN) (2010), *Strengthening older people's rights: Towards a UN convention*, New York, UN; United Nations High Commissioner for Refugees (2015), *Emergency handbook*, 4th edition, New York, UN.

<sup>6</sup> Eurostat (2021), '[Population structure indicators at national level](#)', 28 April 2021.

<sup>7</sup> Eurostat (2020), *Ageing Europe – Looking at the lives of older people in the EU*, Luxembourg, Publications Office of the European Union (Publications Office).

<sup>8</sup> Bulgaria, National Statistical Institute of Bulgaria (*Национален статистически институт*) (2021), '[Population by statistical regions, age, place of residence and sex as of 31.12.2020](#)', 12 April 2021.

<sup>9</sup> Bulgaria, National Statistical Institute of Bulgaria (*Национален статистически институт*) (2011), '[Population census in the Republic of Bulgaria 2011 \(final data\)](#)', 21 July 2011.

<sup>10</sup> Bulgaria, National Statistical Institute of Bulgaria (*Национален статистически институт*) (2021), 'Population above the age of 65 in Bulgaria' ('*Население на 65 г. в България*'); Bulgaria, National Statistical Institute of Bulgaria (*Национален статистически институт*) (2021), '[Population by districts, age, place of residence and sex as of 31.12.2020](#)', 12 April 2021.

<sup>11</sup> Bulgaria, National Statistical Institute of Bulgaria (*Национален статистически институт*) (2018), '[Population projections by sex and age](#)', 3 July 2018.

<sup>12</sup> Bulgaria, National Statistical Institute of Bulgaria (*Национален статистически институт*) (2018), '[Population and demographic processes in 2017](#)', press release, 12 April 2018.

<sup>13</sup> World Bank (2016), '[Active aging: How can Bulgaria tap the potential of the elderly?](#)', press release, 22 June 2016.

<sup>14</sup> European Commission (2021), *The 2021 Ageing report: Economic and budgetary projections for the EU Member States (2019-2070)*, Luxembourg, Publications Office.

<sup>15</sup> For more information, see the [website](#) of the United Nations Economic Commission for Europe.

<sup>16</sup> United Nations Economic Commission for Europe (2021), *Active Ageing Index and what it can do for you*, Geneva, United Nations Economic Commission for Europe.

<sup>17</sup> United Nations Economic Commission for Europe (2021), '[Active Ageing Index: Results](#)', 29 October 2019.

<sup>18</sup> FRA (European Union Agency for Fundamental Rights) (2018), *Fundamental Rights Report 2018*, Luxembourg, Publications Office.

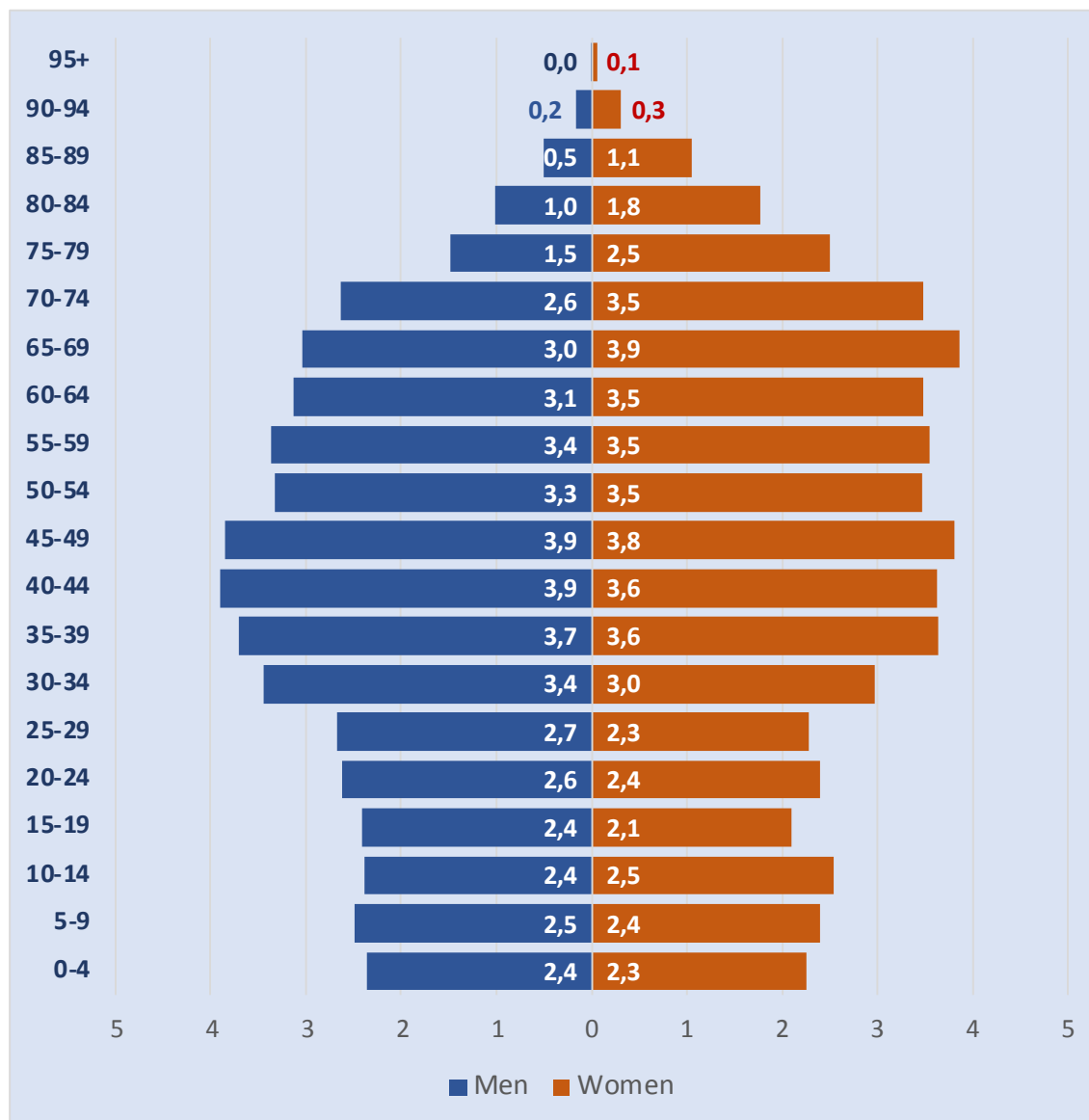
<sup>19</sup> Bulgaria, Council of Ministers (*Министерски съвет*) (2019), *National strategy for active life of the elderly in Bulgaria 2019–2030* (*Национална стратегия за активен живот на възрастните хора в България 2019–2030 г.*), 15 March 2019.

## 1. Socio-economic profile of older people in Bulgaria

The following three population pyramids, based on the survey results, illustrate how the population is distributed by age, sex and area of residence.

The first pyramid shows the distribution of the population by sex and five-year age group, with bars corresponding to the share of the given sex and age group of the total population.

Figure 1: Distribution of the population by age and sex (%)



Notes: <sup>a</sup> Out of all household members in the surveyed households (n = 30,303); weighted results.

Source: BNSI/FRA survey 2020

The Bulgarian population pyramid for 2020, constructed on the basis of the survey results,<sup>1</sup> is relatively narrow at the bottom and the very top, and broader in the middle (Figure 1). The low total fertility rate between 2010 and 2020 (increasing from 1.49 in 2010 to 1.56 in 2020) explains why the base of the pyramid for 2020 is relatively narrow; this is known as 'ageing at the bottom' (of the population pyramid).

In all age groups up to the age of 50 years (except the age group of 10-14 years), there are slightly more men than women. But from the age of 50 years onwards, at all ages, there are more women

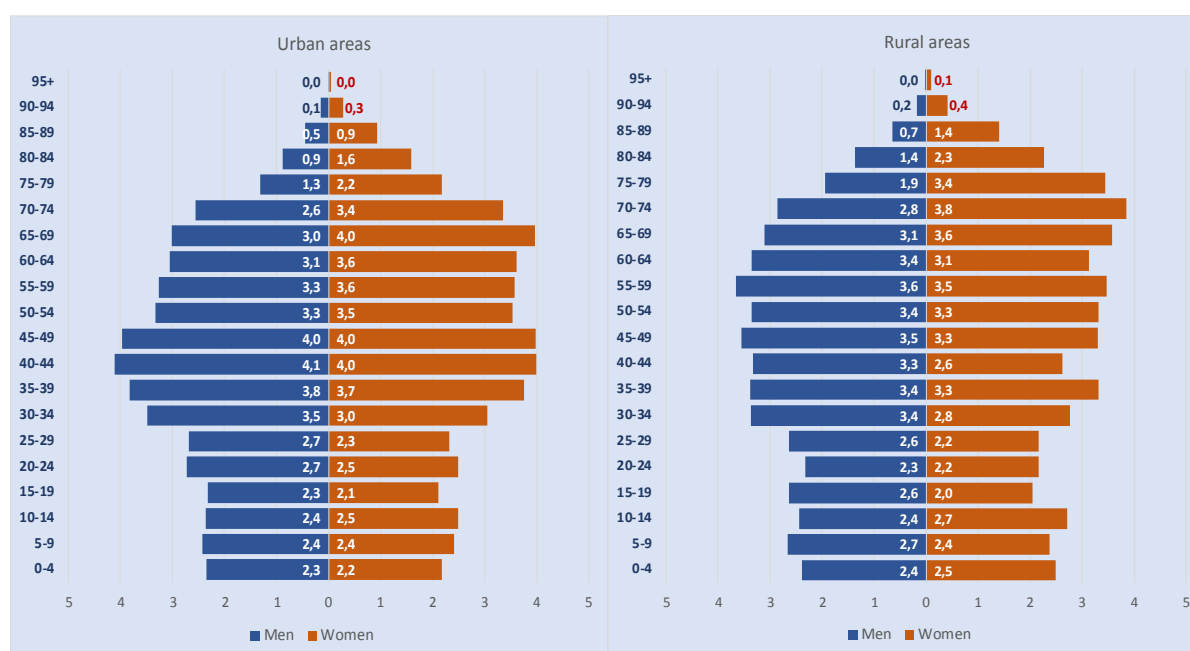
than men. Population ageing was more intensive for women than for men. The share of women aged 65 years and older was 13.1 % of the total population, compared with 8.7 % for men. The difference is due to the higher mortality rate in the male population and consequently lower life expectancy, as previously mentioned. According to 2018 Eurostat data, the life expectancy of Bulgarian women was 78.6 years, of which 67.6 were healthy life-years. The life expectancy of Bulgarian men was 71.5 years, of which 64.0 were healthy life-years.<sup>2</sup>

Migration is another factor that needs to be taken into account when interpreting the distribution of the population by age and sex. Migration figures for the 2010 – 2020 period suggest that the negative migration growth (except for during the pandemic 2020) relates to the high number of people at the age of between 15 and 44 years leaving Bulgaria (changing their current address to one abroad). This trend is reverse among people aged 60 years and over.<sup>3</sup>

Population ageing leads to an increase in a population's mean age. In Bulgaria, this has increased from 40.4 years in 2001 to 44.0 years at the end of 2020.<sup>4</sup>

The next two age pyramids show the distribution of the population in urban and rural areas by age and sex according to the survey results (Figure 2). According to these results, 72.9 % of the total population resided in urban areas and 27.1 % in rural ones. There were 5,257 settlements in Bulgaria at the end of 2020, of which 257 were towns and cities and 5,000 were villages.<sup>5</sup>

Figure 2: Distribution of the population in urban and rural areas by age and sex (%)



Notes: <sup>a</sup> Out of all household members in the surveyed household (n = 30,303); weighted results.

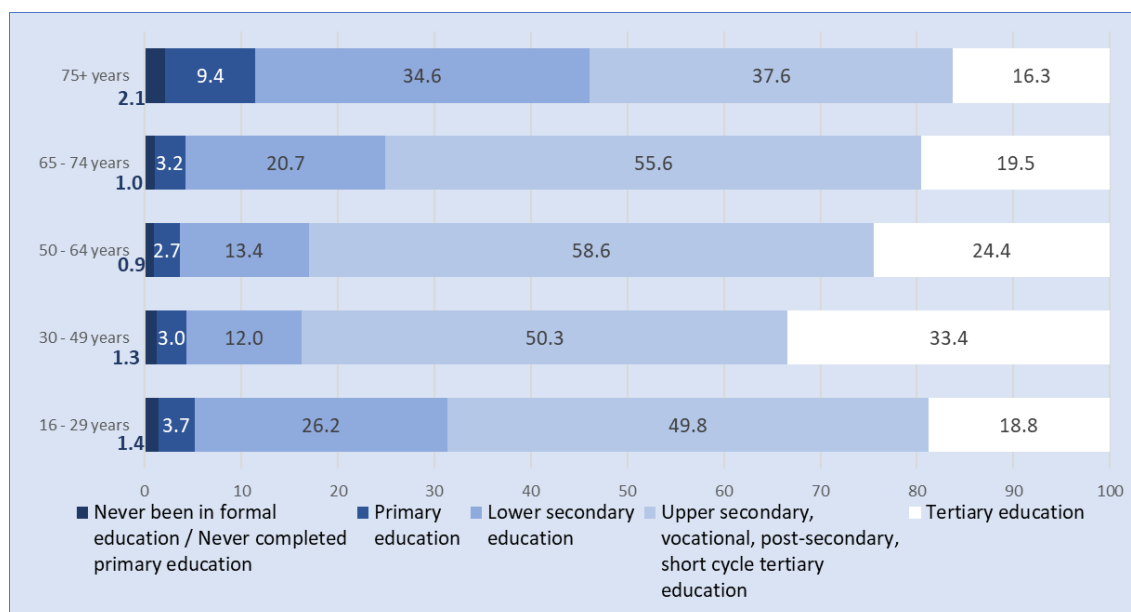
Source: BNSI/FRA survey 2020

In Bulgaria, older people are more likely than younger people to live in rural regions and are less inclined to live in urban regions, as the pyramids in Figure 2 show. However, the differences were slight and population ageing was observed in both urban and rural areas. In urban areas, the mean age of the population was 43.1 years, compared with 46.6 years in rural areas.<sup>6</sup> The shares of older men and older women living in rural and urban areas were close.

Rural areas have traditionally been more attractive to people of retirement age because they offer a calmer, more natural environment than urban areas, especially big cities. However, rural areas pose challenges associated with lower quality of services (transportation, healthcare, residential

infrastructure, commercial services, etc.), which can be particularly problematic for older people who are generally more prone to reduced mobility, illness and social exclusion. All these aspects are examined in more detail in the thematic chapters of the report.

Figure 3: Distribution of the population according to the highest completed level of education, by age groups (%)



Notes: Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–64 years ( $n = 6,838$ ), 65–74 years ( $n = 4,738$ ) and 75 years and over ( $n = 3,235$ ); weighted results.

Source: BNSI/FRA survey 2020

Educational attainment is, on the one hand, a measure of the effectiveness of the educational system of a country, and, on the other hand, an important indicator of the socio-economic status of the individual since it has a significant impact on their professional and economic situation. Higher educational attainment is associated with greater social connectedness and better chances of employment and higher incomes. In an ageing society, older people's health, independence and ability to lead an active life are essential. Studies show that education has a protective effect and older people with higher education levels have a lower mortality rate and a higher probability of recovery from functional disability.<sup>7</sup> In other words, greater education levels have proven to be crucial for the better cognitive functioning of older people and hence their ability to 'keep up' with changing times and lifestyles.

The pattern of educational attainment levels of the Bulgarian population is in line with those observed elsewhere in the EU: on average, younger people attain higher levels of education than older generations. This is clearly visible in the survey results showing shares of people with tertiary education: 33.4 % of those aged 30–49 years, 24.4 % of those aged 50–64 years, 19.5 % of those aged 65–74 years and 16.3 % of those aged 75 years and older. Similarly, the share of people with at least upper secondary education is lower among older people aged 65–74 years (75.1 %) and 75 years and over (53.9 %) than among people aged 50–64 years (83 %) and 30–49 years (83.7 %) (Figure 3).

<sup>1</sup> For the Bulgarian population pyramid for 2020, based on the data for the whole population, see Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2021), [Population and demographic processes in 2020](#)

<sup>2</sup> Eurostat (2020), [Demographic change in Europe: Country factsheets](#), Luxembourg, Eurostat.

<sup>3</sup> Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2021), [International migration by age and sex](#) 12 April 2021.

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<sup>4</sup> Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2021), [\*Population and demographic processes in 2020\*](#).

<sup>5</sup> Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2021), [\*Population and demographic processes in 2020\*](#).

<sup>6</sup> Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2021), [\*Population and demographic processes in 2020\*](#).

<sup>7</sup> Chen, H. and Hu, H. (2018), '[The relationship and mechanism between education and functional health status transition among older persons in China](#)', *BMC Geriatrics*, Vol. 18, No. 89.

## 2. Health

### Highlights

- Over 90 % of the Bulgarian population aged 16-49 years considered their health to be good or very good. This share dropped significantly to 69.9 % for the 50 to 64 years-old, and to 27.3 % for people aged 65 years and older. While 36.4 % of people aged 65-74 reported to be in good or very good health, this was the case for only 14 % of people aged 75 and over. The share of older men perceiving their health as good or very good (30.1 %) was higher than for older women (25.4 %). The share of older people who perceive their health as good or very good is lower among people living alone (21.2 %) and those at risk of poverty (18.2 %).
- The share of people aged 65 years and older who reported severe long-standing limitations due to health problems is 8.6 %, while those with some (but not severe) limitations is over 29 %. Severe limitations were most prevalent amongst people of Turkish origin (12.6 %). Older people, living alone tended to report long-standing limitations (45.7 %) more often than those living in a bigger household.
- The share of people aged 65 years and over that had a long-term (chronic) illness or health problem (60.5 %) was much higher than the share of people aged 50-64 years (25.3 %) and 30-49 years (6.3 %). A higher share of women than men reported suffering from a chronic illness or health problems. Older people living alone tended to report having a chronic condition (66.9 %) more often than those living in bigger households. Nearly 70 % of the population at risk of poverty reported chronic health problems.
- A total of 4.2 % of the Bulgarian population aged 65 years and over reported having unmet needs for medical care for reasons of financial barriers, distance or transportation problems, and/or long waiting lists. While 3.9 % of older people of Bulgarian origin claimed unmet medical needs, this was true for 5.4 % of those of Turkish background and 11.2 % of Roma. The frequency of reporting unmet needs was higher among people at risk of poverty and people living in rural areas.
- The share of people who had consulted a general practitioner during the past 12 months for people aged 65-74 (79.3 %) years and people aged 75 years or more (86.7 %) was higher compared to younger people. Women of 65 years and older were much more likely to have consulted their GP within the previous year than men. 83 % of Turkish people aged 65 and older consulted their GP in less than 12 months, compared to 82.6 % of Bulgarians and 70 % of the Roma.
- People aged 65 and older visited the dentist considerably rarer than people in the younger age groups. Those aged 75 years and over (18.7 %) were less likely to go to the dentist, than people aged 65-74 (27.5 %) years. The share of Roma over 65 years, who had visited the dentist in the last year, was considerably lower than other ethnic groups. Roma had the highest proportion of people aged 65 years and older, who had never been to the dentist (11.8 %). Only 19.4 % of older people at risk of poverty had visited the dentist in the last year against 26.6 % of people over 65 years, who were not at risk of poverty.
- A third of the those aged 65-74 years visited a medical or a surgical specialist within the last 12 months, compared to 39.9 % of people aged 75 years and older. While the shares of Bulgarian (36.5 %) and Turkish people (36.3 %) were almost identical, the share of Roma stands out as significantly smaller – 18.7 %.



## 2.1. Background

As officially defined by the WHO, “health is a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity”.<sup>1</sup> The preamble of the WHO constitution further states that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”.

Article 25 of the Universal Declaration of Human Rights considers health as part of the right to an adequate standard of living.<sup>2</sup> The right of everyone to the enjoyment of the highest attainable standard of physical and mental health was again recognised as a human right in Article 12 of the International Covenant on Economic, Social and Cultural Rights.<sup>3</sup>

In the EU, the right to health is upheld in the European Social Charter.<sup>4</sup> According to Article 11, all Member States are obliged to take appropriate measures to remove, as far as possible, the causes of ill health, to promote health and to provide healthcare in case of sickness.

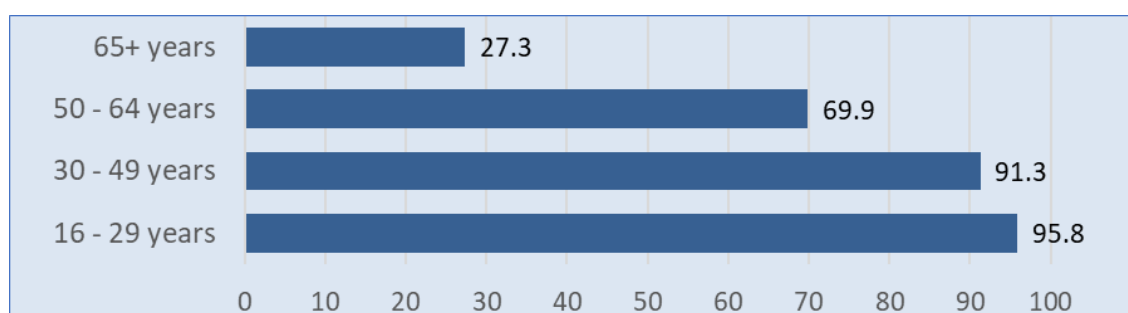
Health is related to age insofar as ageing leads to structural and functional changes in the human body, which increase the risk of disease. Although the life expectancy and healthy life-years of Europeans were steadily growing until 2019, many older people still have to deal with the gradual deterioration of their health, long-standing limitations on their usual activities and health problems with degenerative causes, such as chronic illness or even some form of disability. Similar to other European countries, in Bulgaria the average age of the population has been constantly rising, reaching 44.0 years in 2020 (increase of 2.1 years from 2010).

According to the *National strategy for active life of the elderly in Bulgaria 2019–2030*, Bulgarians suffered poorer general and mental health than people in other EU Member States.<sup>5</sup> Bulgaria also scored lower than the EU average on Active Ageing Index indicators such as health status, coverage of the needs for health and dental care, and opportunities for independent living.<sup>6</sup> The main reasons for these lower scores were the higher prevalence of chronic diseases and the more rapid age-related deterioration of the health status of the general population than in the majority of other Member States.<sup>7</sup>

In this context, the access of older people in Bulgaria to high-quality healthcare is of even greater importance. According to the latest available official data, as of 31 December 2020, Bulgaria had one doctor per 233 people and one dentist per 946 people, 342 health establishments provided hospital services, with 54,216 hospital beds, and there were 2,098 outpatient health facilities.<sup>8</sup> In addition, medical facilities and medical personnel were unevenly distributed across the country.

## 2.2. Results at national level

Figure 4: Share of people assessing their health in general as ‘Very good’ or ‘Good’, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–64 years ( $n = 6,838$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

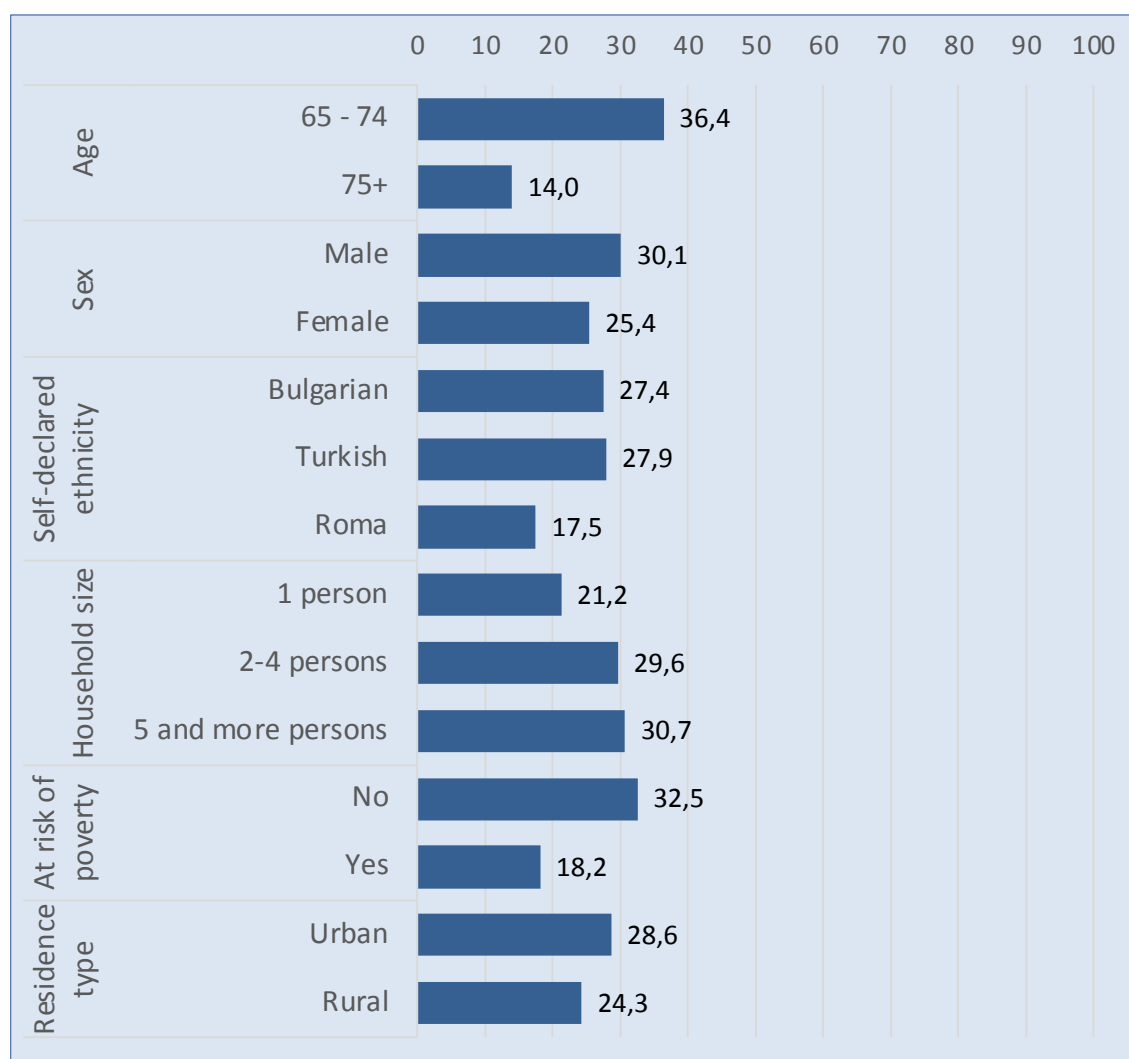
<sup>b</sup> Based on the question “How do you generally assess your health?” where possible answers included ‘Very good’ and ‘Good’.

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

Self-assessed health status provides information on how individuals perceive their health. Health can be rated as very good, good, fair, bad or very bad. Figure 4 presents information for this indicator by age group. As expected, the share of people perceiving their health as good or very good decreases with age. In 2020, over 90 % of the Bulgarian population aged 16–49 years considered their health to be good or very good. This share dropped significantly to 69.9 % for the group aged 50–64 years, and to 27.3 % for people aged 65 years and older.

Figure 5: Share of people aged 65 years and over assessing their health in general as ‘Very good’ or ‘Good’, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate and residence type (%)



Notes: <sup>a</sup> Out of all respondents aged 65 years and over (n = 7,973); weighted results.

<sup>b</sup> Based on the question “How do you generally assess your health?” where possible answers included ‘Very good’ and ‘Good’.

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

More detailed data further support a distinct age pattern in self-perceived health, as fewer people in older age groups tended to rate their health as being very good or good. Whereas 36.4 % of people aged 65–74 years reported being in good or very good health, this was the case for only 14 % of

people aged 75 years and over (Figure 5). The same pattern is observed at EU level too. In 2018, just under half (47.8 %) of older people aged 65–74 years in the EU-27 perceived their health to be good or very good, a share that fell to less than one third (32.3 %) among those aged 75–84 years and to around one fifth (20.6 %) for those aged 85 years and over.<sup>9</sup>

The share of men aged 65 years and over perceiving their health as good or very good was 30.1 %, which was higher than that of older women (25.4 %). This is a typical pattern across the EU. In 2018, in all other EU Member States except for Ireland, older men were more likely than women to perceive their health status as good or very good.<sup>10</sup>

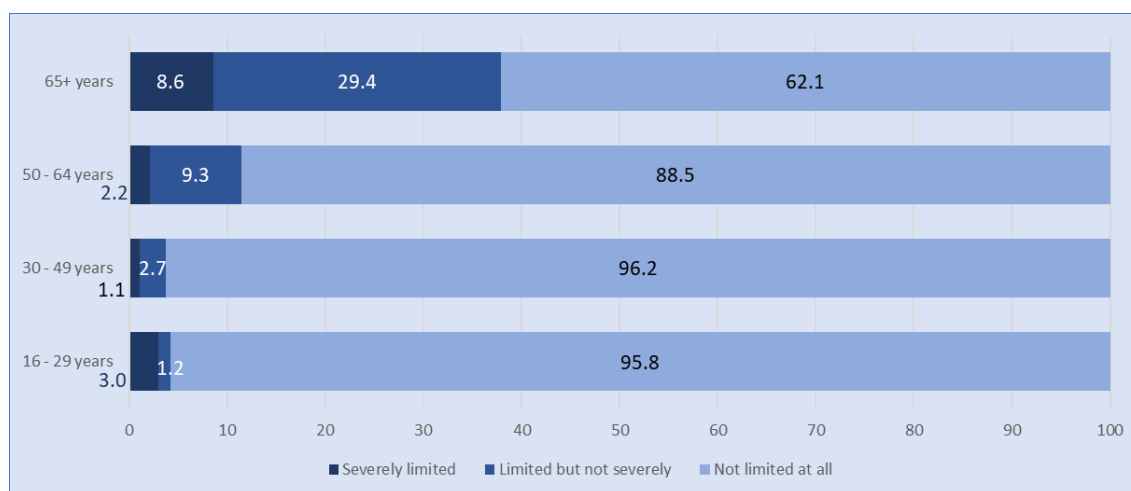
The proportions of people aged 65 years and older of Bulgarian or Turkish origin rating their health as good or very good were very similar (27.4 % and 27.9 %, respectively). However, only 17.5 % of older Roma perceived their health status as good or very good, around 10 percentage points less than the two other groups. These results are in line with other studies highlighting the poor health status of the majority of the Roma population.<sup>11</sup>

People living alone were less likely to rate their health as good or very good (21.2 %) than those living with other people (29.6 % for those living in households with two to four people and 30.7 % for those living in households with five or more people).

Figure 5 also shows that self-perceived health is closely related to income. The share of people aged 65 years and over who perceived their health as good or very good and who were not at risk of poverty is 32.5 %, almost twice as high as the share of those who were at risk of poverty. The place of residence does not play an important role in the perception of health status. A larger number of older people living in urban areas (28.6 %) than those living in rural areas (24.3 %) described their health as good or very good.

‘Limitations on usual activities’ refers to a reduction in a person’s ability to perform their usual activities. The ability to take part in daily activities is an important measure of the overall health and well-being of the population.<sup>12</sup>

Figure 6: Share of people aged 16 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems, by age (%)



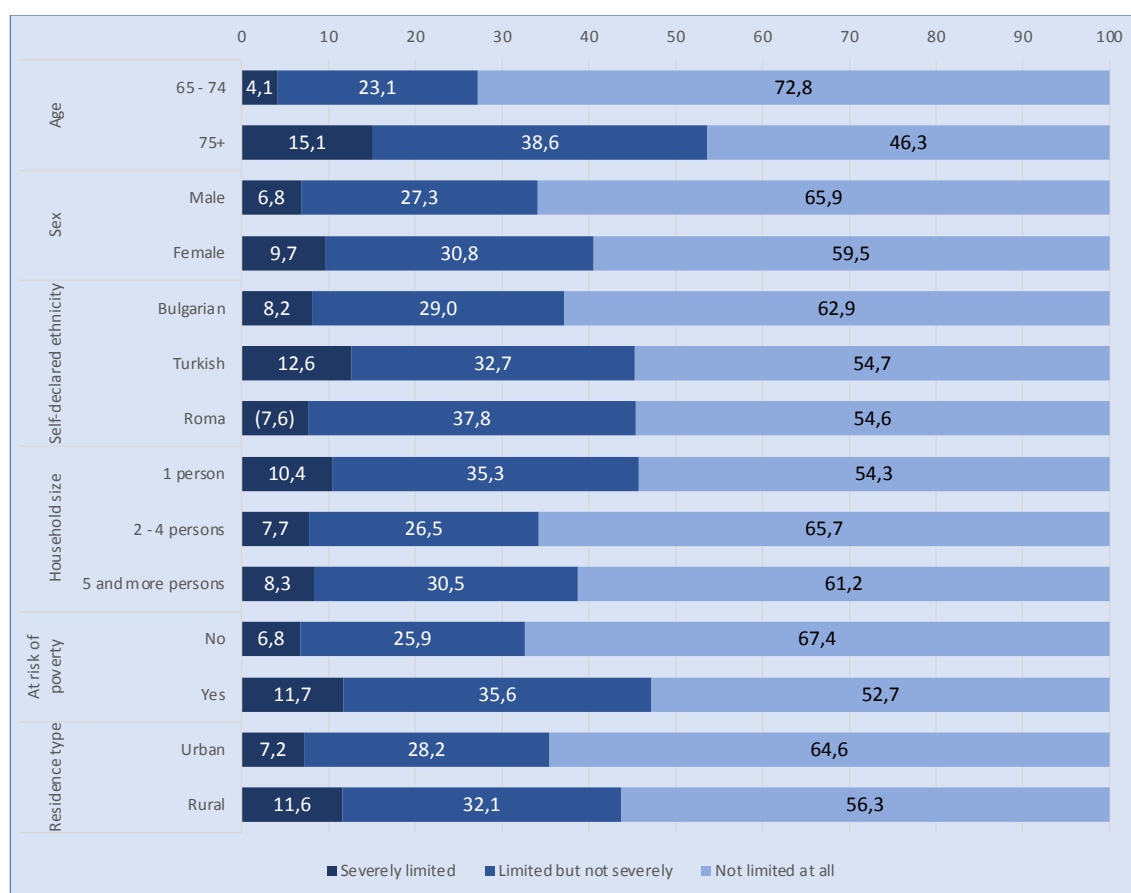
Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,720$ ), 30–49 years ( $n = 7,785$ ), 50–64 years ( $n = 6,811$ ) and 65 years and over ( $n = 7,933$ ); weighted results.

<sup>b</sup> Based on the question “In the past 6 or more months, have you been limited in performing normal activities due to a health problem?”.

Source: BNSI/FRA survey 2020

The shares of people aged 16–29 years or 30–49 years who reported severe or non-severe long-standing limitations were around 4 %, whereas around 96 % in both groups reported none. Just over 11 % of those in the 50- to 64-year age group reported severe or non-severe long-standing limitations. As expected, the share of older people who indicated that they did not have any long-standing limitations was much lower, at 62.1 % (a difference of over 26 percentage points from the 50- to 64-year group and of over 33 percentage points from the 16- to 29-year and 30- to 49-year groups). The share of people aged 65 years and older who reported severe long-standing limitations is 8.6 %, whereas the share of those who reported some (but not severe) long-standing limitations is over 29 %.

Figure 7: Share of people aged 65 years and over with self-reported severe, non-severe or no long-standing limitations in usual activities due to health problems, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate and residence type (%)



Notes: <sup>a</sup> Out of all respondents aged 65 years and older (n = 7,933); weighted results.

<sup>b</sup> Based on the survey question “In the past 6 or more months, have you been limited in performing normal activities due to a health problem?”.

<sup>c</sup> Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

The analysis by sex indicates that in 2020 a greater share of women than men reported non-severe or severe long-standing limitations on their usual activities due to health problems, which is in line with the trend in the EU.<sup>13</sup>

As shown in Figure 6, self-reported long-standing limitations have a distinct age pattern, as people in older age groups tended to report non-severe or severe long-standing limitations more than those in younger age groups. More detailed data about people aged 65 years and older confirm that the health gap between people aged 65–74 years and people 75 years and older is considerable (Figure 7). More than half of people aged 75 years and older had some sort of limitations.

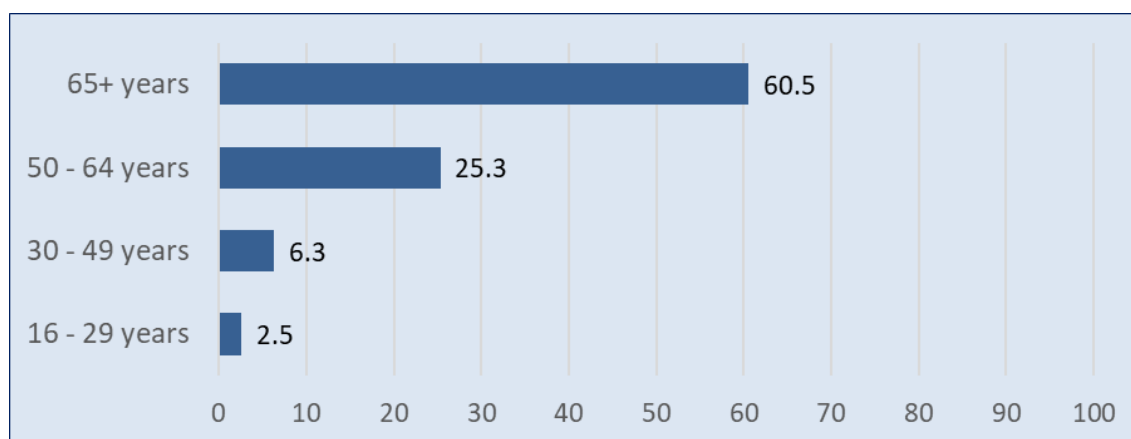
Severe long-standing limitations were most prevalent among people of Turkish origin (12.6 %). The higher share of ethnic Turkish people reporting severe long-standing limitations on their usual activities due to health problems than that among the other ethnic groups should be put in context. Ethnic Turkish people in Bulgaria inhabit predominantly rural areas and make a living from farming. Their usual daily activities consist of (often hard) manual labour. The nature of these activities means that ethnic Turkish people aged 65 years and over are more likely than people of other ethnicities in this age group to experience long-standing limitations on their usual activities due to ageing.

Older people living alone tended to report long-standing limitations considerably more often than those living in a bigger household (45.7 % of those living alone compared with 34.2 % in a household with two to four people and 38.8 % in a household with five or more people).

Close to half of the population at risk of poverty reported long-standing limitations, compared with 32.7 % of people not at risk of poverty. In 2020, Eurostat established a similar pattern among 25 of the 27 EU Member States, where the prevalence of self-reported long-standing limitations was highest in the lowest income group and decreased progressively as income increased.<sup>14</sup>

There were also clear differences when looking at the relationship between self-reported long-standing limitations and residence type. In 2020, 43.7 % of the population aged 65 years and over living in rural areas reported long-standing limitations, compared with 35.4 % in urban areas.

Figure 8: Share of people aged 16 years and over with long-term (chronic) illness or health problem, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–64 years ( $n = 6,838$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

<sup>b</sup> Based on the survey question “Do you have a long-term (chronic) illness or health problem?”.

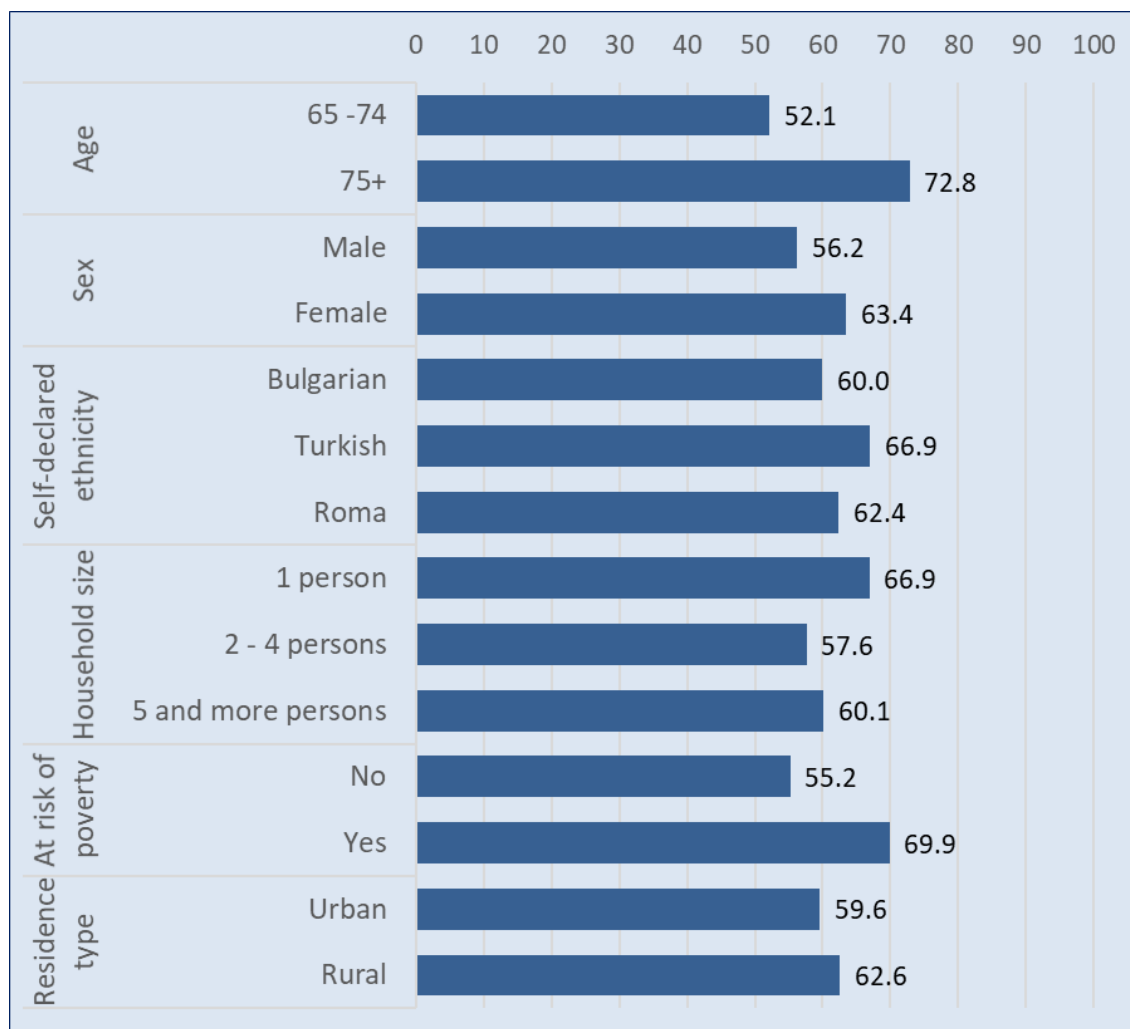
<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

A chronic illness/disease is often described as a health condition that has long-lasting effects or that gets worse over time.<sup>15</sup> According to the final data from the 2019 third wave of the European Health Interview Survey, carried out in Bulgaria by the BNSI, the most common chronic diseases among the Bulgarian population were high blood pressure (29.7 %), low back disorder or other chronic back defect (10.4 %), coronary heart disease or angina pectoris (7 %) and diabetes (6.9 %).<sup>16</sup>

Considering that, at biological level, ageing leads to a gradual decrease in physical and mental capacity, it is no surprise that the incidence of chronic disease rises with age and that the majority of patients with a chronic ailment are aged 65 years and over. As Figure 8 shows, the share of people aged 65 years and over who had a long-term (chronic) illness or health problem (60.5 %) was over double the share of people aged 50–64 years (25.3 %), nearly 10 times higher than the share of people aged 30–49 years (6.3 %) and over 24 times higher than the share of those aged 16–29 years.

Figure 9: Share of people aged 65 years and over with long-term (chronic) illness or health problem, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate and residence type (%)



Notes: <sup>a</sup> Out of all respondents aged 65 years and over (n = 7,973); weighted results.

<sup>b</sup> Based on the survey question "Do you have a long-term (chronic) illness or health problem?".

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

Further breakdown of the group aged 65 years and older shows that people aged 75 years and over reported having a long-term (chronic) illness or health problems significantly more often than people aged 65–74 years (difference of around 20 percentage points).

The analysis by sex indicates that a greater share of women than men reported suffering from a chronic illness or health problems.

Chronic health problems were most prevalent among people of Turkish origin (66.9 %). However, differences between ethnic groups were slight.

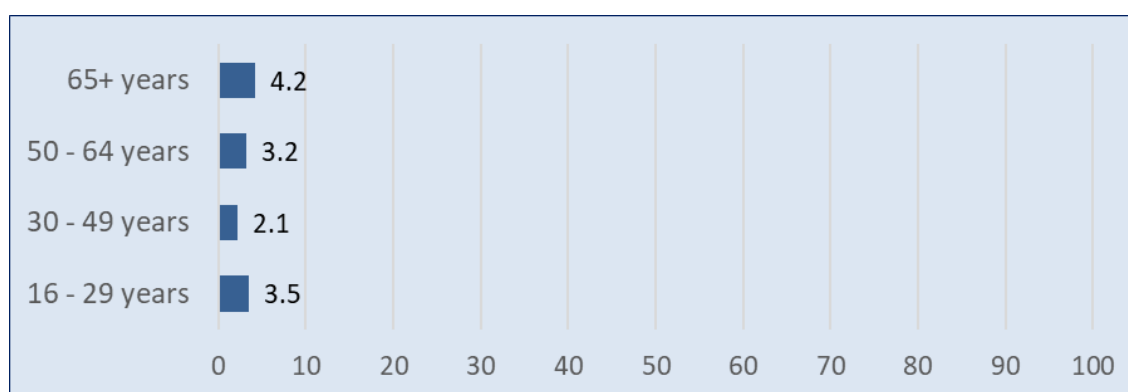
Older people living alone tended to report having a chronic condition (66.9 %) more often than those living in a household with two to four people (57.6 %) or in a household with five or more people (60.1 %).

Nearly 70 % of the older population at risk of poverty reported chronic health problems, compared with 55.2 % of people not at risk of poverty.

The type of residence did not seem to have a significant effect on self-reported chronic health problems.

The indicator ‘unmet medical needs’ captures some of the most common factors that lead to increased vulnerability in health. It estimates the share of the population aged 65 years and older in comparison with the share of the population aged 16–64 years reporting unmet needs for medical care due to one of three reasons: financial reasons, waiting lists being too long or medical facility being too far to travel to (Figure 10). The indicator is based on respondents’ self-assessment of their own need for medical examination or treatment that was not received or was not sought.

Figure 10: Share of people aged 16 years and over reporting unmet needs for medical care for three reasons – ‘financial reasons’, ‘waiting list’ and ‘too far to travel’, by age (%) ; cumulative result for all three categories)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–64 years ( $n = 6,838$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

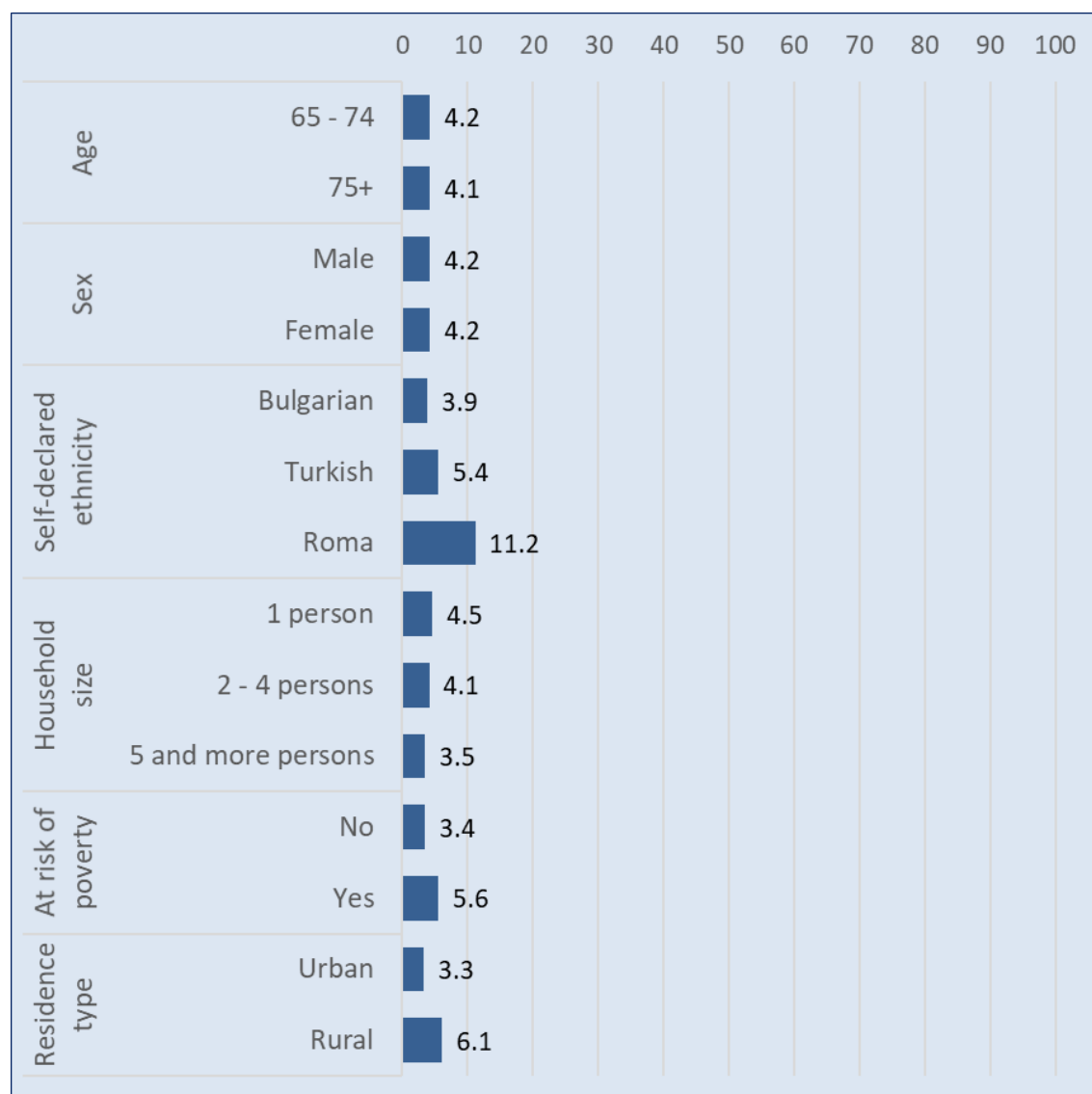
<sup>b</sup> Based on the questions “Was there any time during the past 12 months when you needed a medical examination or treatment but did not have one?”, and if yes, “What was the main reason for not consulting a doctor?”, where possible answers were “could not afford to/too expensive/not covered by health insurance”, “waiting list/did not have the referral letter” or “too far to travel/no means of transportation”.

Source: BNSI/FRA survey 2020

In 2020, 4.2 % of the Bulgarian population aged 65 years and over in need of healthcare reported having unmet needs for medical care due to financial barriers, distance or transportation problems, and/or long waiting lists. People aged 65 years and older in need of medical care were more likely than younger age groups to report unmet needs for these reasons. The fact that older people are generally in greater need of medical care, combined with their – on average – lower incomes might be reasons behind this difference.

This was also the case in many other EU Member States, where younger people were generally less likely to report an unmet need for those reasons, whereas older people were more likely to do so, according to Eurostat data from 2019. Although age was considered a factor, linked to unmet needs for medical care, there was not a universal pattern across the EU-27.<sup>17</sup> As Figure 10 shows, the share of people reporting unmet medical needs in the youngest age group (16–29 years) was higher than the share of people aged 30–49 years and even those aged 50–64 years.

Figure 11: Share of people aged 65 years and over reporting unmet needs for medical care for three reasons – ‘financial reasons’, ‘waiting list’ and ‘too far to travel’, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate and residence type (%; cumulative result for all three categories)



Notes: <sup>a</sup> Out of all respondents aged 65 years and older (n = 7,973); weighted results.

<sup>b</sup> Based on the questions “Was there any time during the past 12 months when you needed a medical examination or treatment but did not have one?”, and if yes, “What was the main reason for not consulting a doctor?”, where possible answers were ‘could not afford to/too expensive/not covered by health insurance’, ‘waiting list/did not have the referral letter’ or ‘too far to travel/no means of transportation’.

Source: BNSI/FRA survey 2020

As shown in Figure 11, age group (65–74 years vs. 75 years and older), sex and household size had no effect or a relatively small effect on the share of people aged 65 years and older with unmet medical needs due to financial barriers, distance or transportation problems, and/or long waiting lists.

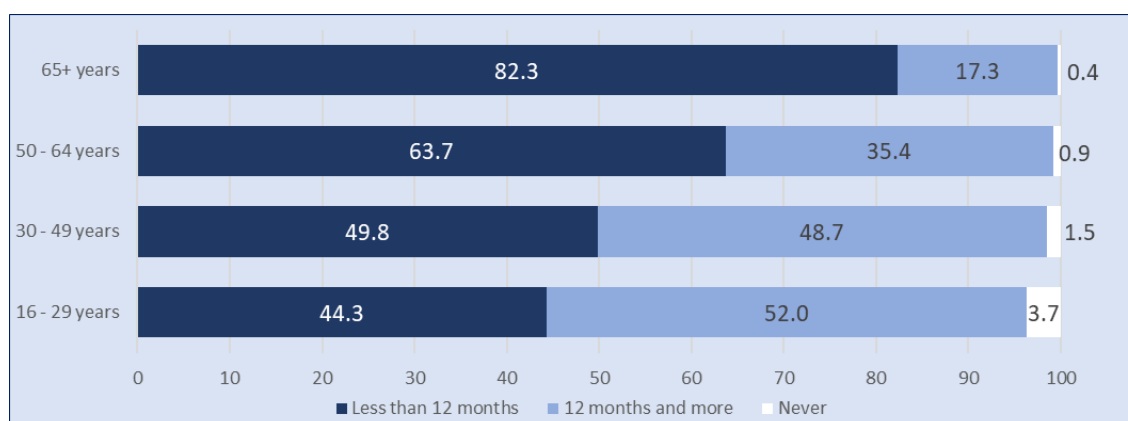
Ethnicity, however, seemed to be a major factor. Whereas 3.9 % of the people aged 65 years and older of self-declared Bulgarian origin claimed unmet medical needs, this was true for 5.4 % of ethnic Turkish and 11.2 % of Roma respondents.



The frequency of reporting unmet needs for the above reasons increased with risk of poverty (5.6 % of the population at risk of poverty vs. 3.4 % of the population not at risk of poverty) and almost doubled for rural residents (6.1 %) compared with their urban counterparts (3.3 %).

The Bulgarian legal framework<sup>18</sup> states that mandatory health insurance guarantees free access of insured people to medical care through a specific type, scope and volume of a package of health activities, as well as free choice of a general practitioner (GP) and a dentist. By choosing a GP/dentist, each insured person can use free primary non-hospital medical and dental care within a scope determined by the Minister of Health. A referral from a GP is necessary for consultations with a specialist in outpatient or hospital establishments.

Figure 12: Time elapsed since last visit to a general practitioner: last consultation with a general practitioner for people aged 16 years and over, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,656$ ), 30–49 years ( $n = 7,706$ ), 50–64 years ( $n = 6,760$ ) and 65 years and over ( $n = 7,908$ ); weighted results.

<sup>b</sup> Based on the question “When was the last time you consulted your GP about yourself?”.

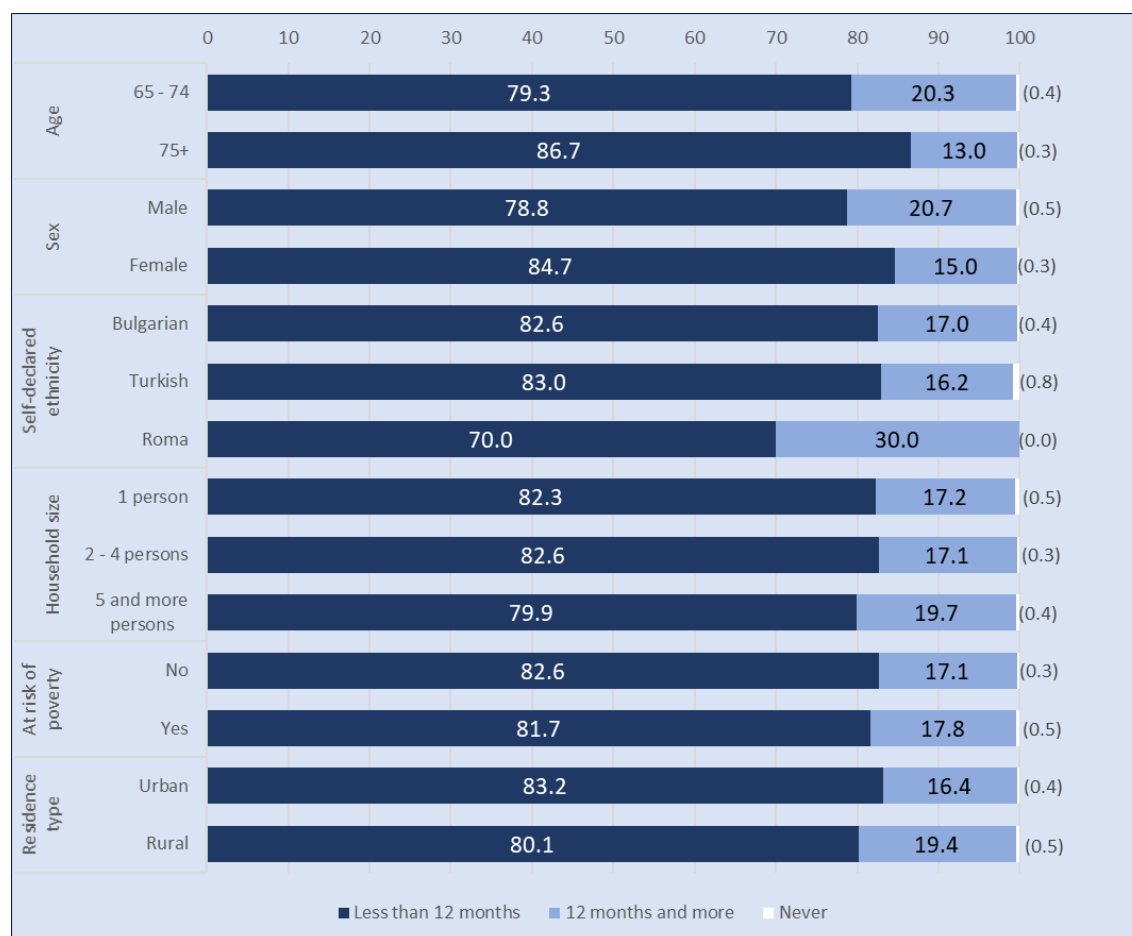
Source: BNSI/FRA survey 2020

As people age, it might be expected that they will need to consult their GP more frequently. Figure 12 and Figure 13 confirm this to be true. The progression with age is very clearly visible. In 2020, less than half (44.3 %) of the young adults (aged 16–29 years) had consulted a GP during the 12 months before the survey; this was true for 49.8 % of people aged 30–49 years and 63.7 % of people aged 50–64 years. The share was considerably higher for people aged 65–74 years (79.3 %) and peaked among people aged 75 years and over (86.7 %).

The average number of consultations with GPs was, unsurprisingly, far higher than the average number of consultations with dentists, as can be seen by comparing the scales of Figure 12 and

Figure 14. This pattern was also very clearly visible on all the specific indicators in Figure 13 and Figure 12.

Figure 13: Time elapsed since last visit to a general practitioner: last consultation with a general practitioner for people aged 65 years and over, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate and residence type (%)



Notes: <sup>a</sup> Out of all respondents aged 65 years and over (n = 7,905); weighted results.

<sup>b</sup> Based on the question "When was the last time you consulted your GP about yourself?".

<sup>c</sup> Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

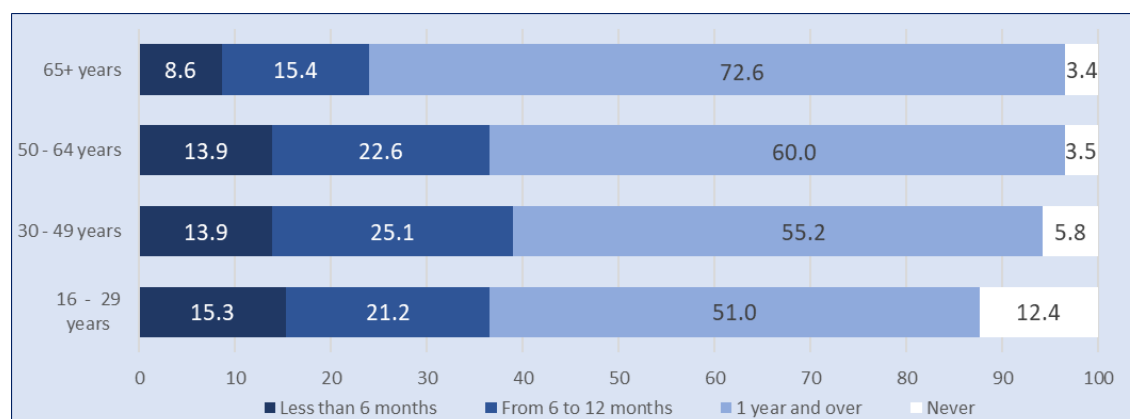
Source: BNSI/FRA survey 2020

Women aged 65 years and older were much more likely to have consulted their GP within the previous year than men in the same age group (a difference of 5.9 percentage points), as shown in Figure 13.

Regarding differences between ethnic groups, 83 % of ethnic Turkish people aged 65 years and older had consulted their GP in the last 12 months, compared with 82.6 % of ethnic Bulgarians and 70 % of Roma in the same age group.

The size of the household did not seem to have a determining role, as people living in households with five or more people were only slightly less likely to have consulted their GP (79.9 %) than their counterparts living in households with two to four people (82.6 %) or alone (82.3 %). Similarly, income and residence type did not cause significant differences in the frequency of visits to a GP.

Figure 14: Time elapsed since last visit to a dentist: last visit to a dentist or orthodontist for people aged 16 years and over, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,633$ ), 30–49 years ( $n = 7,646$ ), 50–64 years ( $n = 6,687$ ) and 65 years and over ( $n = 7,674$ ); weighted results.

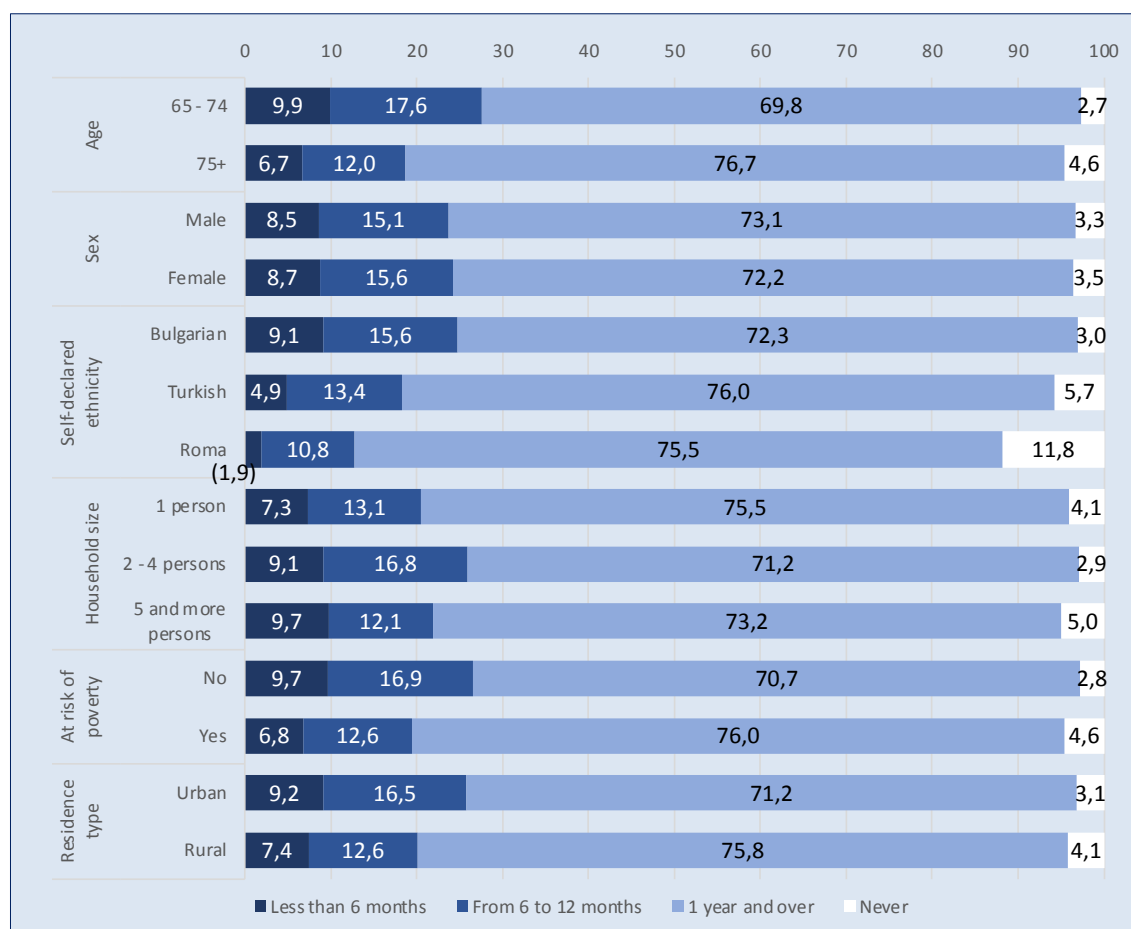
<sup>b</sup> Based on the question “When was the last time you visited a dentist or orthodontist (specialist in orthopaedic dentistry) for yourself?”.

Source: BNSI/FRA survey 2020

The data show that people in general were much less likely to visit their dentist or orthodontist than to visit their GP. Older people (aged 65 years and older) visited a dentist considerably less often than people in the younger age brackets. Despite the significant differences when it comes to dentist visits, the proportion of older people who had never visited a dentist was nearly half the proportion for people in the middle of their working life (aged 30–49 years) and almost four times lower than that for young adults (aged 16–29 years) (

Figure 14).

Figure 15: Time elapsed since last visit to a dentist: last visit to a dentist or orthodontist for people aged 65 years and over, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate and residence type (%)



Notes: <sup>a</sup> Out of all respondents aged 65 years and over (n = 7,974); weighted results.

<sup>b</sup> Based on the question "When was the last time you visited a dentist or orthodontist (specialist in orthopaedic dentistry) for yourself?".

<sup>c</sup> Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total – or based on less than 20 individual cell count – are flagged (the value is published in brackets). Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

Unlike GP visits (see Figure 13), sex did not appear to be a factor influencing the frequency of visits to a dentist or orthodontist for people aged 65 years and over.

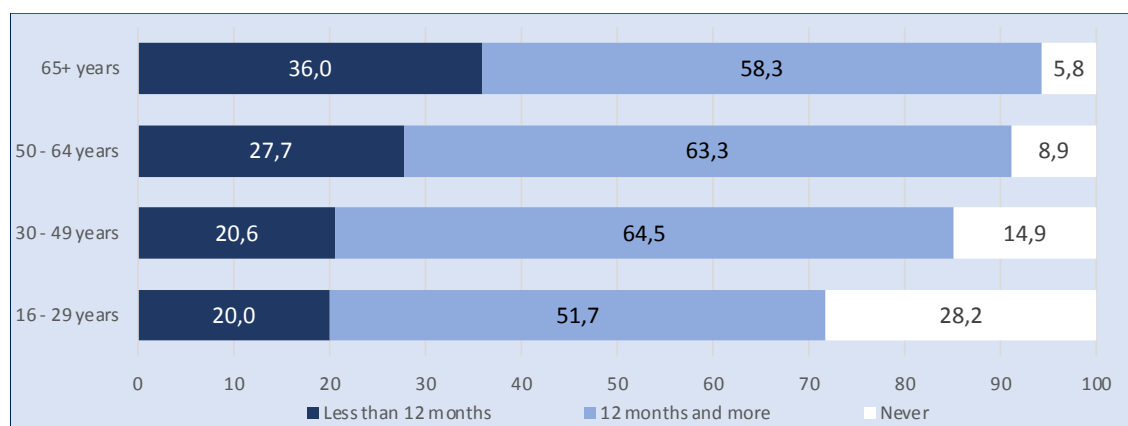
An age group analysis of the proportion of people who had visited a dentist in the year before the survey shows that people aged 75 years and older (18.7 %) were less likely to visit a dentist than people aged 65–74 years (27.5 %).

People of all three main ethnic groups in Bulgaria had visited their dentist in the last year significantly less often than they had their GP, as seen in Figure 15. People of self-declared Bulgarian ethnic origin were more likely to have visited a dentist in the last year (24.5 %), followed by ethnic Turkish people (18.3 %). The share of Roma aged 65 years and over who had visited a dentist in the last year was considerably lower: less than 13 %. At the same time, Roma were the ethnic group with the highest proportion of people aged 65 years and older who had never visited a dentist: 11.8 %.

People living alone were less likely to have visited a dentist in the last year (20.4 %) than people living in households with two to four people (25.9 %) or those with five or more people (21.1 %).

Risk of poverty was one of the factors producing the biggest differences among people aged 65 years and over. Only 19.4 % of these older people with lower incomes had visited a dentist in the last year, compared with 26.6 % of those not at risk of poverty. Another factor was type of residence: 25.7 % of people aged 65 years and over living in urban areas had visited a dentist in the past year, compared with 20 % of people aged 65 years and over living in rural areas.

Figure 16: Time elapsed since last visit to a medical or surgical specialist: last visit to a medical or surgical specialist for people aged 16 years and over, by age (%)



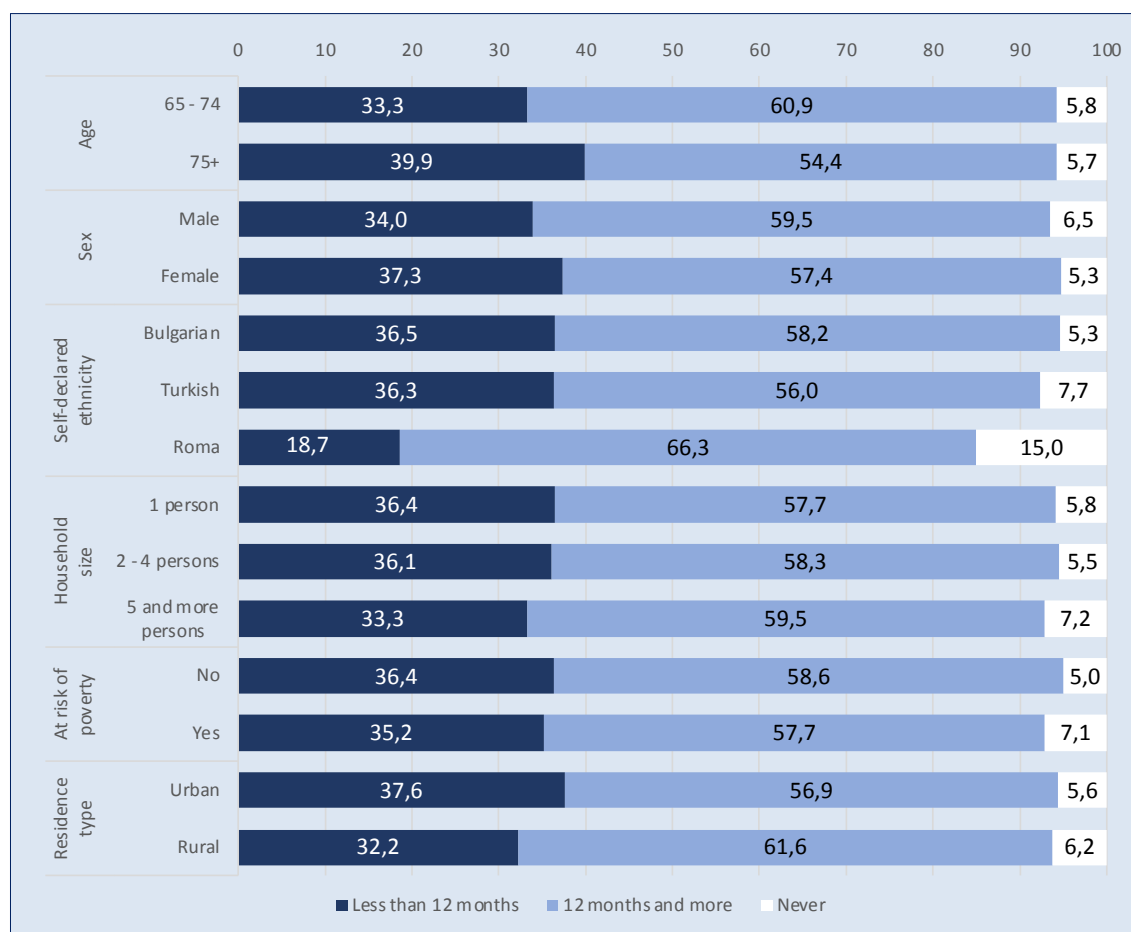
Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,613$ ), 30–49 years ( $n = 7,600$ ), 50–64 years ( $n = 6,622$ ) and 65 years and over ( $n = 7,699$ ); weighted results.

<sup>b</sup> Based on the question “When was the last time you consulted a specialist or dentist – surgeon for yourself?”.

Source: BNSI/FRA survey 2020

People were generally less likely to have consulted a medical or surgical specialist (as opposed to a GP), and older people (aged 65 years and over) were again more likely than younger generations to have consulted a specialist (Figure 16). The differences between age brackets are visible even in the group of people aged 65 years and older: 33.3 % of those aged 65–74 years had visited a medical or surgical specialist within the last 12 months, compared with 39.9 % of people aged 75 years and older, as shown in Figure 17.

Figure 17: Time elapsed since last visit to a medical or surgical specialist: last visit to a medical or surgical specialist for people aged 65 years and over, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate and residence type (%)



Notes: <sup>a</sup> Out of all respondents persons aged 65 years and over ( $n = 7,699$ ); weighted results.

<sup>b</sup> Based on the question "When was the last time you consulted a specialist or dentist – surgeon for yourself?".

Source: BNSI/FRA survey 2020

The overall pattern of women consulting medical professionals more often than men also applies for medical or surgical specialists. However, the situation for medical or surgical specialists was quite different, as 34.0 % of all men aged 65 years and older in Bulgaria and 37.3 % of all women aged 65 years and older had consulted a medical or a surgical specialist within the last year, which was about half of the figures for older men and older women who had consulted their GP in the same period.

Similarly, the proportions of people from the three main ethnic groups in Bulgaria who had consulted with a medical or surgical specialist within the last 12 months were about half of the proportions of those who had visited their GP. The shares of ethnic Bulgarian (36.5 %) and ethnic Turkish (36.3 %) people were almost identical. The share of Roma who had visited a medical or surgical specialist in the last year stands out as significantly smaller, at 18.7 %. It should be noted, however, that these numbers were still much higher than those for people aged 65 years and older from every ethnic group who had visited a dentist in the last year.

Similar to visiting a GP, the size of the household and income did not seem to significantly affect the frequency of visits to a medical or surgical specialist. Regardless of whether they lived alone, in a medium-sized household (two to four people) or a big household (five or more people) and whether

they were at risk of poverty or not, about one third of people aged 65 years and over had consulted with a medical or surgical specialist within the last year. The difference between people living in urban and rural areas who had visited a medical or surgical specialist within the last year was over 5 percentage points, which makes sense, considering that people living in cities or towns would generally have better access to medical and surgical specialists, in terms of both choice of specialists and infrastructure (Figure 17).

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<sup>1</sup> World Health Organization (WHO) (1946), [Constitution of the World Health Organization](#), 22 July 1946.

<sup>2</sup> United Nations (UN), [Universal Declaration of Human Rights](#), 10 December 1948. The Universal Declaration of Human Rights is an international document adopted on 10 December 1948 by the UN General Assembly that enshrines the rights and freedoms of all human beings. Although not legally binding, it has been fundamental for the development of international human rights law.

<sup>3</sup> UN, [International Covenant on Economic, Social and Cultural Rights](#), 16 December 1966. The International Covenant on Economic, Social and Cultural Rights is a multilateral treaty adopted by the UN General Assembly on 16 December 1966 and came in force on 3 January 1976. It is part of the International Bill of Human Rights, along with the Universal Declaration of Human Rights.

<sup>4</sup> Council of Europe, [European Social Charter](#), 18 October 1961. This is a Council of Europe treaty, which was opened for signature on 18 October 1961 and initially became effective on 26 February 1965. The charter treaty system is one of the most widely accepted human rights sets of standards within the Council of Europe, with 43 out of the [47 member states of the Council of Europe](#) being parties to either the 1961 charter or the revised charter. It is therefore seen as the social constitution of Europe and guarantees a broad range of everyday human rights related to employment, housing, health, education, social protection and welfare.

<sup>5</sup> Bulgaria, Council of Ministers (Министерски съвет) (2019), *National strategy for active life of the elderly in Bulgaria 2019–2030* ([Национална стратегия за активен живот на възрастните хора в България 2019 – 2030 г.](#)), 15 March 2019.

<sup>6</sup> United Nations Economic Commission for Europe (2021), [‘Active Ageing Index: Results’](#), 29 October 2019.

<sup>7</sup> Bulgaria, Council of Ministers (Министерски съвет) (2019), *National strategy for active life of the elderly in Bulgaria 2019–2030* ([Национална стратегия за активен живот на възрастните хора в България 2019 – 2030 г.](#)), 15 March 2019.

<sup>8</sup> Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2021), [‘Population per physician and per dentist by statistical zones, statistical regions and districts as of 31.12.2020’](#), 17 June 2021.

<sup>9</sup> Eurostat (2020), [Ageing Europe – Looking at the lives of older people in the EU](#), Luxembourg, Publications Office.

<sup>10</sup> Eurostat (2020), [Ageing Europe – Looking at the lives of older people in the EU](#), Luxembourg, Publications Office.

<sup>11</sup> Tomova, I. (2009), *Health and the Roma community: Analysis of the situation in Europe, preliminary national report – Bulgaria* ([Здравето и ромската общност, анализ на ситуацията в Европа, предварителен национален доклад – България](#)), Sliven, Roma Health Foundation (Фондация „Здравето на ромите“).

<sup>12</sup> For more information, see the [website](#) of Healthy People.

<sup>13</sup> Eurostat (2020), [Ageing Europe – Looking at the lives of older people in the EU](#), Luxembourg, Publications Office.

<sup>14</sup> Eurostat (2020), [‘Functional and activity limitations statistics’](#), 11 December 2020.

<sup>15</sup> For the various definitions of chronic disease, see Bernell, S. and Howard, S. W. (2016), [‘Use your words carefully: What is a chronic disease?’](#), *Frontiers in Public Health*, Vol. 4, No. 159.

<sup>16</sup> Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2020), [‘European Health Interview Survey: Wave 3 – 2019, final data’](#).

<sup>17</sup> Eurostat (2021), [‘Unmet health care needs statistics’](#), 29 January 2021.

<sup>18</sup> Bulgaria, Healthcare Act ([Закон за здравето](#)), 10 August 2004, last amended 12 March 2021; Bulgaria, Healthcare Insurance Act ([Закон за здравното осигуряване](#)), 19 June 1998, last amended 12 March 2021; Bulgaria, National Health Insurance Fund (Национална здравноосигурителна каса) (2020), Regulation for Exercising the Right of Access to Medical Care ([Наредба за осъществяване правото на достъп до медицинска помощ](#)), 22 December 2020; Bulgaria, National Health Insurance Fund (Национална здравноосигурителна каса) (2019), Regulation No. 9 of 10.12.2019 on determining the package of health activities guaranteed by the budget of the national health insurance ([Наредба № 9 от 10.12.2019 г. за определяне на пакета от здравни дейности, гарантиран от бюджета на Националната здравноосигурителна каса](#)), 10 December 2019, last amended 12 May 2021.

### 3. Poverty and financial situation

#### Highlights

- The share of at-risk-of-poverty people aged 65 years and older in Bulgaria was 36.2 %. The highest at-risk-of-poverty rate in 2020 in Bulgaria could be seen amongst Roma aged 65 years and older (76.5 %), followed by Turkish people (59.7 %) and Bulgarian people (33.2 %). People living alone were most likely to be at risk of poverty, a situation faced by 72.2 % of single-person households of people aged 65 years and older. The at-risk-of-poverty rate of households of between two and four people and five or more people were close (21.3 % and 25.1 % respectively) and were about three times as low as the rate of single-person households. The difference between people living in urban and rural areas was also quite large – over 20 percentage points.
- The survey asked about household durables to take into account the imputed value of services provided by telephones, colour TVs, washing machines, refrigerators, clothes, etc. The differences between younger generations (16-29, 30-49 and 50-64 years) and older people aged 65 years and over are not particularly large. This is rather unusual, considering the significant differences in the ‘at-risk-of-poverty’ rate. A small share of the people from each age group were living in households that could not afford a telephone (including mobile) or a colour TV for financial reasons. The more expensive, yet non-essential, household appliances such as clothes dryer, dishwasher and air conditioner were almost equally unaffordable in all age groups with insignificant differences between 1 and 3 percentage points.
- The average level of people aged 65 years and over satisfied with own financial situation in Bulgaria seems relatively low (about 45 %), compared to the younger generations. The relationship with ‘at-risk-of-poverty’ rate is clear – but with nuances, which become clearer with the disaggregated data: the gender gap of 6.3 percentage points shows that older men were in general more satisfied with their financial situation than older women. In terms of ethnicity, Roma (who were also more often living in poverty) seemed to be less satisfied with their finances compared to the Bulgarian and the Turkish ethnic group.
- In the age group 65-74 years the share of people, living in a household where at least one person in the household had gone to bed hungry in the past month was 2.3 %, while in the age group 75 years and over, about 3 % of the people were affected by this. People living alone were much more likely to have gone to bed hungry in the past month (4.9 %) in comparison to those living in bigger households (two-to-four members -1.5 % and five or more people – 3.0 %). Expectedly, people aged 65 years and over who were not at risk of poverty living in a household where one member had gone to bed hungry in the past month because there was not enough money were less than 1 %, while the share of those at risk of poverty was 6 %.

#### 3.1. Background

Poverty harms people’s lives and limits their opportunities by affecting their health and well-being. This, in turn, reduces opportunities to lead a successful life and further increases the risk of poverty. Financial insecurity in older age may lead to poverty and other forms of social exclusion.

Among the principal reasons why the standard of living of older people may fall below what might be considered a decent level is pension inadequacy. A lack of financial resources may combine with other factors that are typical in older age – for example, illness, disability and frailty – to lower the quality of life of older people.<sup>1</sup>

Measuring different aspects of poverty among older people can identify areas where further effort is needed to provide targeted social support. A hypothesis to be tested is that poverty rates are higher



in single-person households and in households where all adults are 65 years and older. Additional contextual indicators are used to present a broader picture and show the drivers behind the changes in the headline indicator. They break down the top-level indicator by sex, age, self-declared ethnicity, household type and place of residence to help identify the groups most at risk.

In 2018, Bulgaria recorded the lowest level of average income for older people in the EU according to Eurostat data.<sup>2</sup> Bulgaria has consistently had the worst Eurostat ranking in terms of severe material deprivation (one of the indicators most often used for measuring poverty), registering alarming rates of between 34.2 % in 2015 and 19.9 % in 2019 (compared with an EU-27 average of 5.6 % in 2019).<sup>3</sup> Bulgaria has also consistently ranked among the countries with the highest at-risk-of-poverty rate in the EU.<sup>4</sup>

At national level, until 2021, two different poverty thresholds were published each year. On the one hand, the BNSI published a poverty threshold calculated in accordance with Eurostat rules: 60 % of median equalised income after social transfers based on European Union Statistics on Income and Living Conditions (EU-SILC) data for the previous year. On the other hand, the government published its own poverty threshold, which was also based on EU-SILC data, but was calculated using a different formula.<sup>5</sup> Thus, for the years 2019 and 2020, the poverty threshold stood respectively at BGN 348 (about € 174)<sup>6</sup> and BGN 363 (about € 186)<sup>7</sup> according to the government, and at BGN 413 (about € 207)<sup>8</sup> and BGN 451 (about € 225)<sup>9</sup> according to the BNSI. In August 2021, the government amended its methodology and aligned it with the methodology used by Eurostat. Thus, starting from 2021, both poverty thresholds will be calculated in accordance with the Eurostat methodology, however using different reference years.

Table 1 shows Bulgaria's minimum and maximum basic pension amounts depending on work experience and age according to the Public Social Insurance Budget Act for 2020<sup>10</sup> and the Public Social Insurance Budget Act for 2021<sup>11</sup>.

*Table 1: Minimum and maximum pension depending on work experience and age in Bulgaria in 2020 and 2021*

Period	Minimum amount	Maximum amount
1 January – 30 June 2020	BGN 219.43 (about € 110)	BGN 1,200 (about € 600)
1 July – 31 December 2020	BGN 250 (about € 125)	BGN 1,200 (about € 600)
1 January – 31 December 2021	BGN 300 (about € 150)	BGN 1,440 (about € 735)

Sources: Public Social Insurance Budget Act for 2020<sup>12</sup> and Public Social Insurance Budget Act for 2021<sup>13</sup>

The non-employment pension amounts are calculated as a percentage of the old age social pension, which has been increased from BGN 132.74 (about € 66.50) to BGN 141.63 (about € 71), as of 1 July 2020.<sup>14</sup>

As a result of the pension modernisation and increases, the average pension for one pensioner in Bulgaria in 2020 was expected to exceed BGN 415 (about € 208).

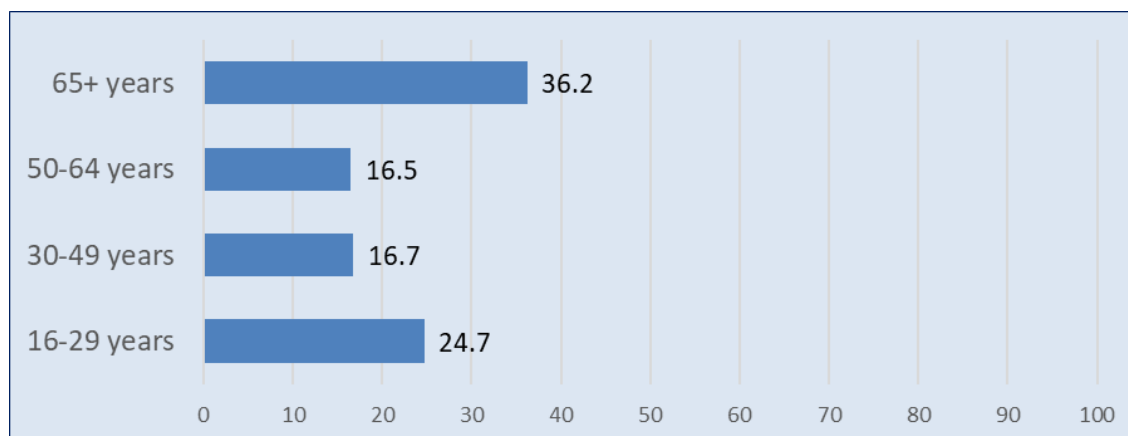
There were 2,095,989 pensioners in Bulgaria as of 31 March 2021, according to data from the BNSI. The average pension for the first trimester of 2021 amounts to BGN 509.39 (about € 260).<sup>15</sup>

From 1 July 2021, the old age social pension was increased to BGN 148.71 (about € 75.87) per month.

### 3.2. Results at national level

Addressing the big issue of income inequalities, older people are a group of particular interest to policymakers, given both their vulnerability and the growing proportion of the (EU's and Bulgaria's) population aged 65 years and older. Pension systems can play an important role in addressing poverty among older people. In this respect, it is interesting to compare the at-risk-of-poverty rate of older people with that of the rest of the population.

Figure 18: At-risk-of-poverty rate of people aged 16 years and over, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–64 years ( $n = 6,838$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

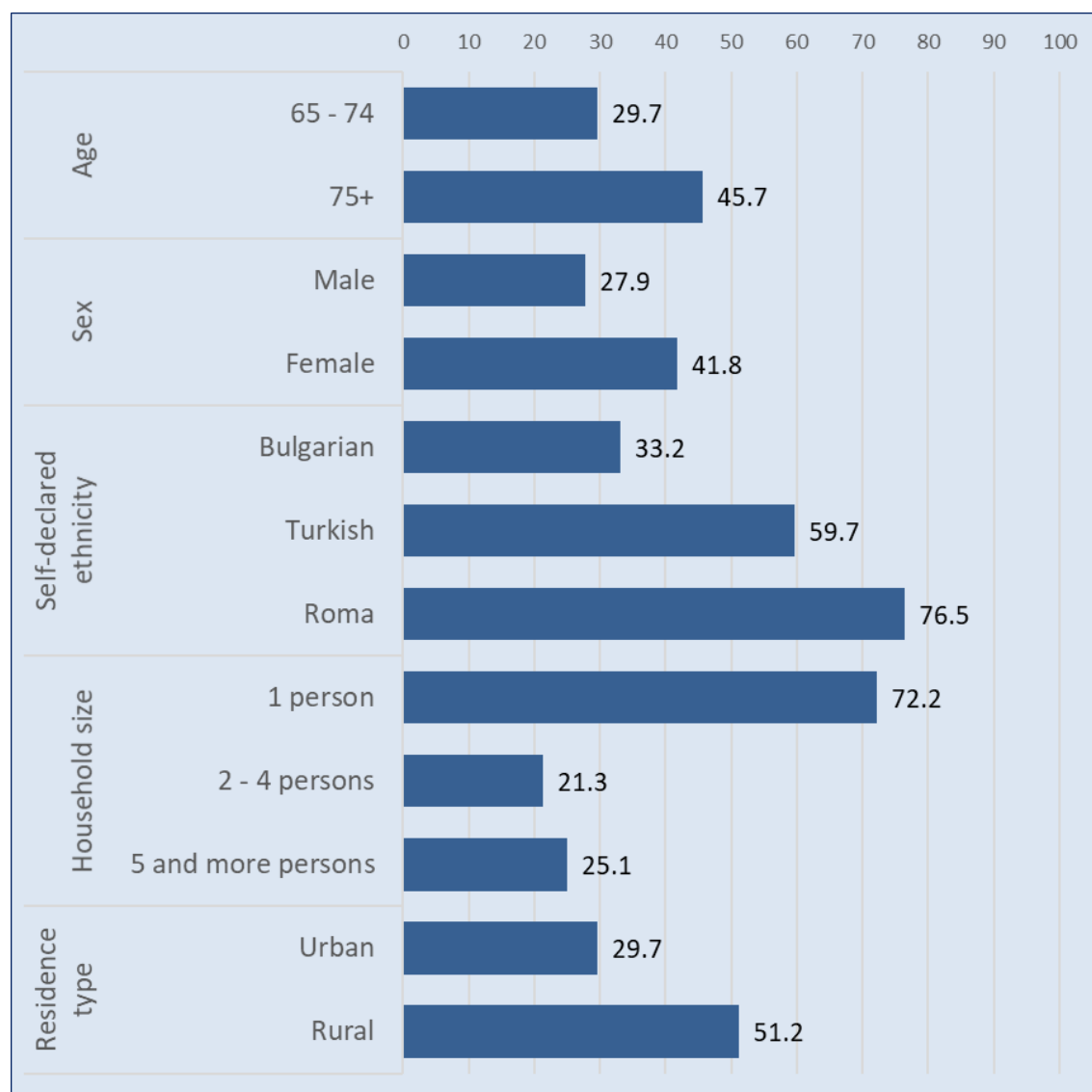
<sup>b</sup> Those at risk of poverty are all people with an equivalised current monthly disposable household income below BGN 413.04, the 2019 twelfth national EU-SILC at-risk-of-poverty threshold that the BNSI published. The equivalised disposable income is the total income of the household, after tax and other deductions, divided by the number of household members converted into equalised adults using the modified OECD equivalence scale (1–0.5–0.3).

Source: BNSI/FRA survey 2020

In 2020, the share of people aged 65 years and older in Bulgaria who were at risk of poverty was 36.2 %, as shown in Figure 18. The average for the EU-27 was 18.6 %.<sup>16</sup> Older people were around twice as likely to be at risk of poverty than people in the middle (30–49 years) and at the end (50–64 years) of their working life. The difference between people aged 65 years and older and young adults (aged 16–29 years) at risk at poverty was also significant, although comparatively smaller (11.5 percentage points).

Further disaggregating the data shows that the difference in the at-risk-of-poverty rate between people aged 75 years and older and people aged 65–74 years was also significant – over 15 percentage points (Figure 19).

Figure 19: At-risk-of-poverty rate of people aged 65 years and over, by age, sex, self-declared ethnicity, household size and residence type (%)



Notes: <sup>a</sup> Out of all respondents aged 65 years and over (n = 7,973); weighted results.

<sup>b</sup> Those at risk of poverty are all people with an equivalised current monthly disposable household income below BGN 413.04, the 2019 twelfth national EU-SILC at-risk-of-poverty threshold that the BNSI published. The equivalised disposable income is the total income of the household, after tax and other deductions, divided by the number of household members converted into equalised adults using the modified OECD equivalence scale (1–0.5–0.3).

Source: BNSI/FRA survey 2020

According to the survey, in 2020 there was a considerable difference between the sexes in Bulgaria's at-risk-of-poverty rate for older people. The rate was 27.9 % for men and 41.8 % for women. The gender gap in employment and working-age earnings leads to a gender gap in the amount of pensions.<sup>17</sup> This is partly attributed to the fact that women are paid less during their working years and lose income when they leave the labour force to carry out caring duties such as raising children. Hence women often face increased challenges in covering planned and unexpected expenses in old age and are more likely than men to face poverty in old age.<sup>18</sup>

In Bulgaria in 2020, the highest at-risk-of-poverty rate for people aged 65 years and older could be seen among Roma (76.5 %), followed by ethnic Turkish people (59.7 %) and ethnic Bulgarian people (33.2 %).

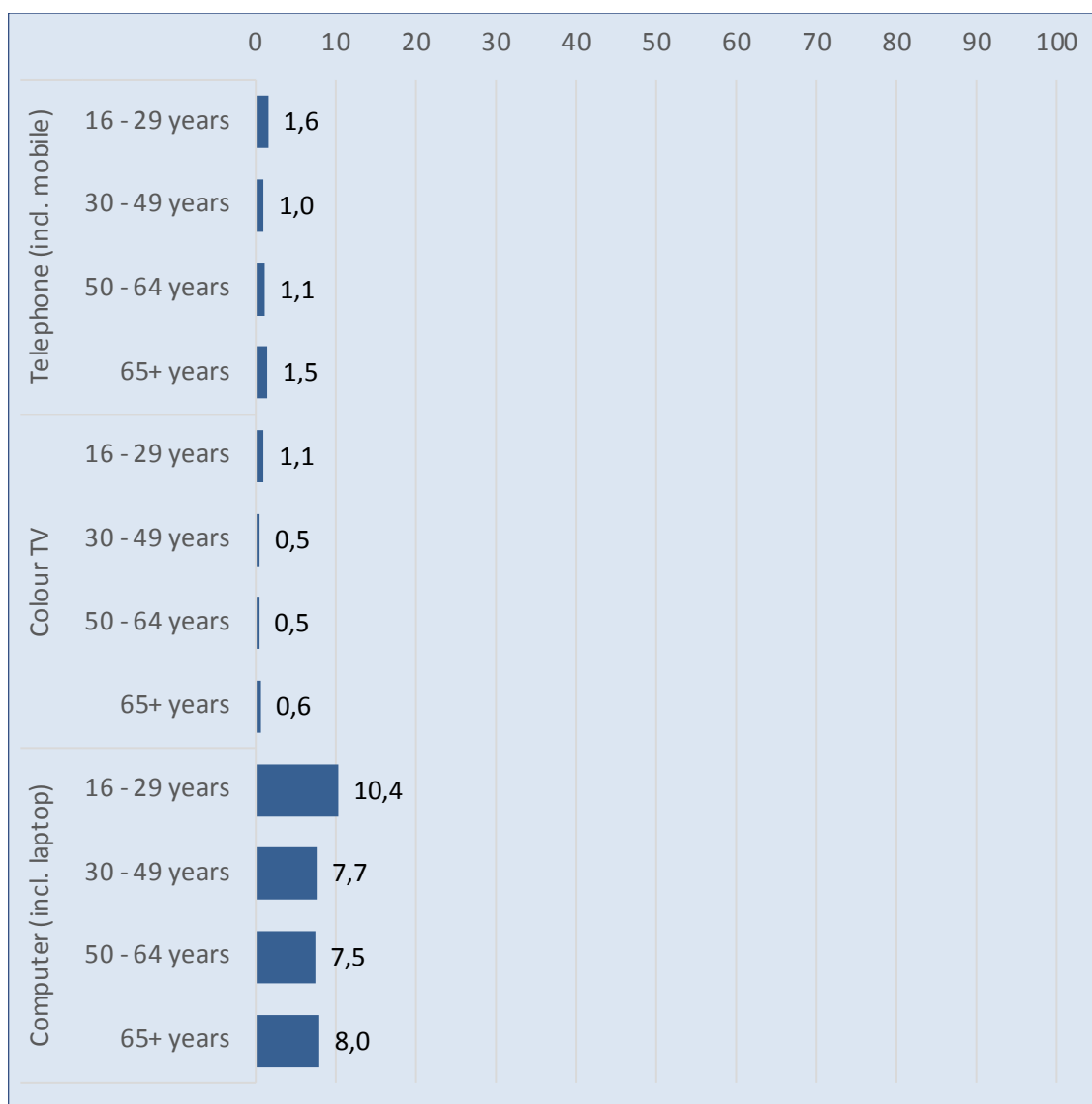
In terms of household size, people living alone were most likely to be at risk of poverty, a situation faced by 72.2 % of single-person households of people aged 65 years and older. The at-risk-of-poverty rate for those living in households with two to four people and those living in households with five or more people were similar (21.3 % and 25.1 %, respectively) and were about three times lower than the rate for single-person households.

The difference between people living in urban and rural areas was also quite large – over 20 percentage points. About 30 % of the older people living in urban areas were at risk of poverty, compared with more than 50 % of older people living in rural areas. According to Eurostat, this phenomenon is more common in the eastern and southern parts of the EU, whereas in Western Europe the share of the population at risk of poverty or social exclusion is particularly high among those people living in cities.<sup>19</sup>

The next indicator is mostly related to poverty measurement. The survey asked about household durables to take into account the imputed value of services provided by telephones, colour televisions, washing machines, refrigerators, clothes, etc. Such items are typically bought at a point in time and then consumed over a period of several years. The survey also looked at various types of television broadcasting services used by households.

As data in Figure 20 show, the differences between younger generations (those aged 16–29, 30–49 and 50–64 years) and older people aged 65 years and over are not particularly large. This is rather unexpected, considering the significant differences in the at-risk-of-poverty rate (Figure 18). A possible explanation could be found in the way the question is formulated. It examined the lack or possession of certain items in a household; however, the prices of the items are not taken into account. Moreover, poorer people might be using outdated (but still working) durables or buying cheaper new or second-hand items.

Figure 20: Share of people aged 16 years and over living in households that cannot afford telephone, colour TV or computer, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–64 years ( $n = 6,838$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

<sup>b</sup> Based on the question asking “Does your household possess: ‘Telephone (incl. mobile)’, ‘Colour TV’ and ‘Computer (incl. laptop)’”, where possible answer was ‘No, cannot afford it’.”.

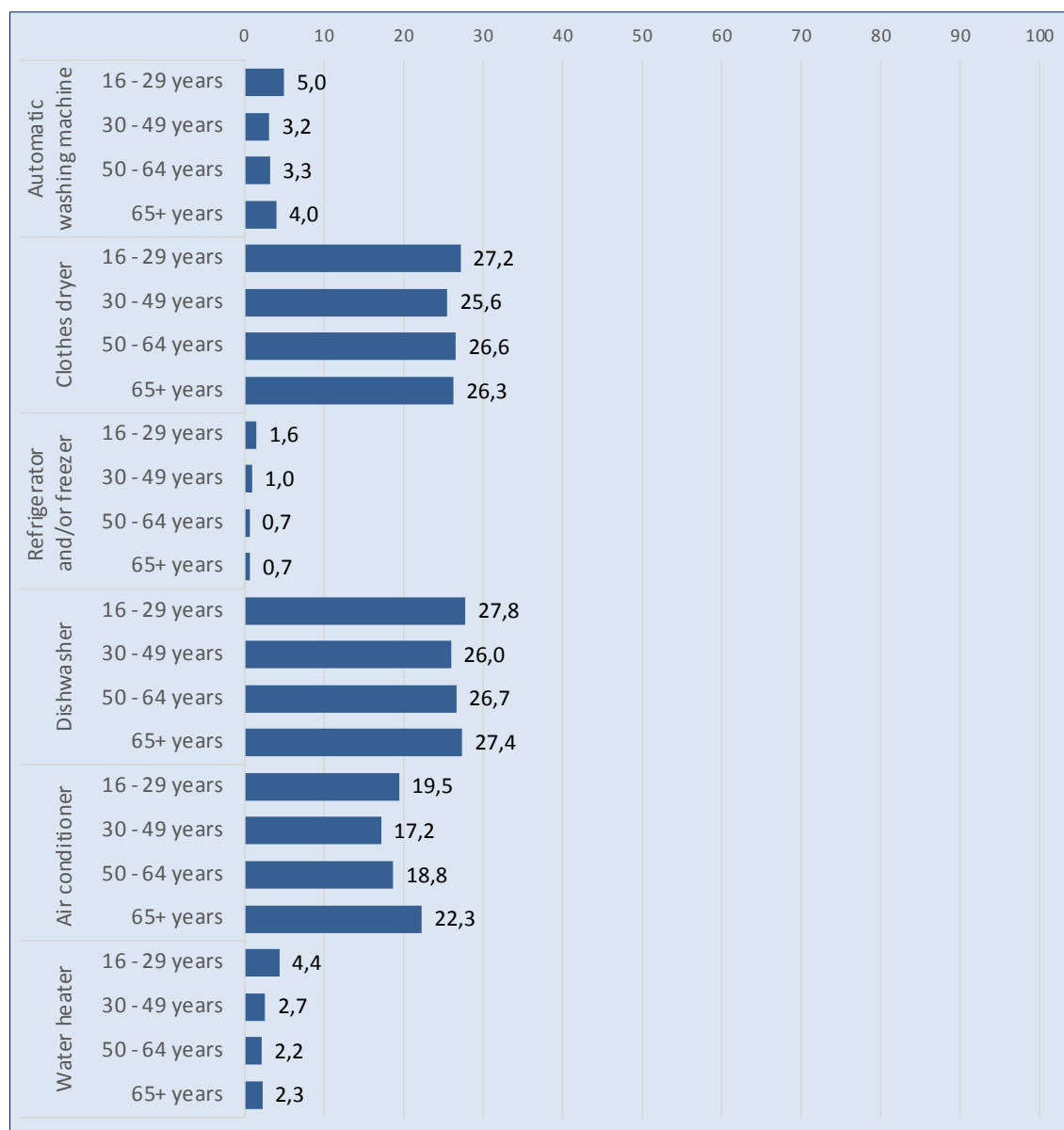
<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

According to the data, small shares of people from each age group were living in households that could not afford a telephone (including mobile) or colour television for financial reasons, with young adults (aged 16–29 years) being most likely to be in this situation (Figure 20).

While the shares of people aged 30–49 years, 50–64 years and 65 years and older who were living in households that could not afford a computer for financial reasons were almost identical (about 8 %), the share among young adults (aged 16–29 years) was slightly higher (about 10 %). According to BNSI data for 2019, 63.2 % of people aged 16–74 years preferred using their mobile phone (or smartphone) to access the internet. Portable computers (laptops, tablets) were used by only 25.2 % of people to access the internet.<sup>20</sup>

Figure 21: Share of people aged 16 years and over living in households that cannot afford basic durables, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–64 years ( $n = 6,838$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

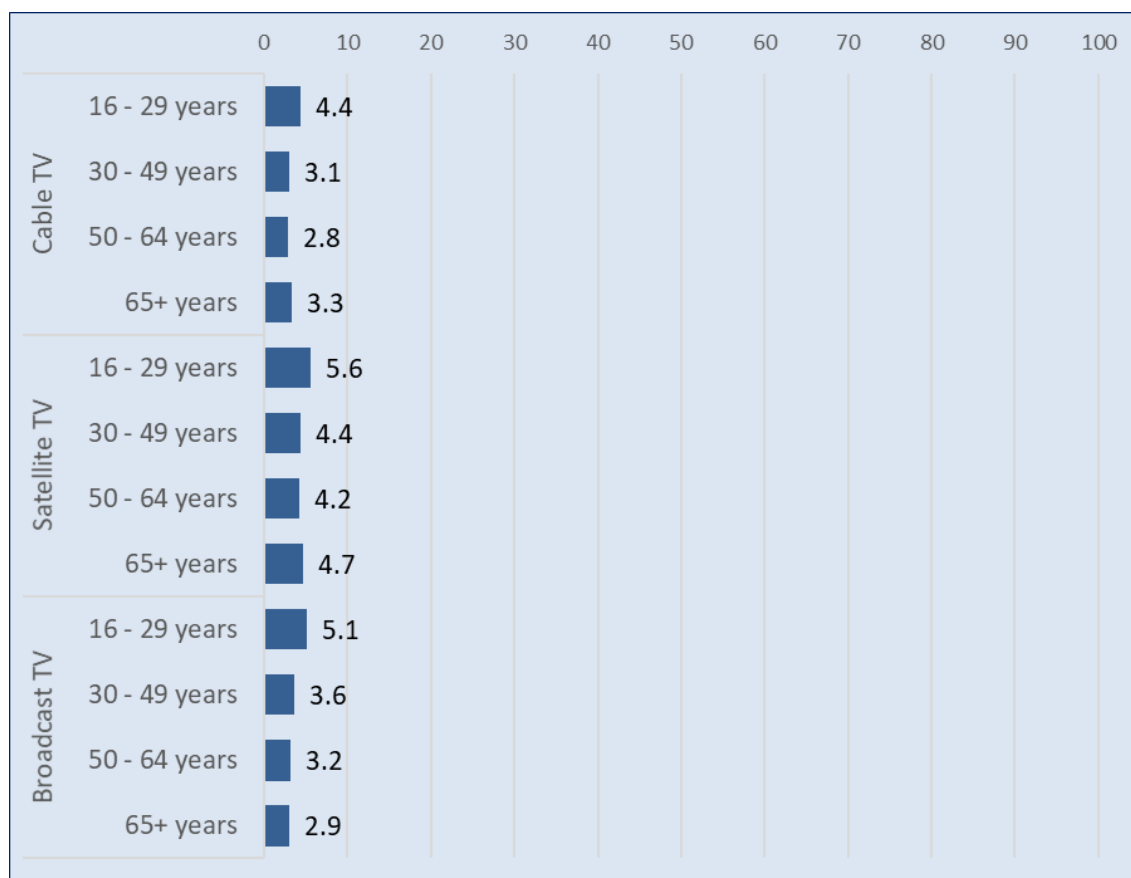
<sup>b</sup> Based on the question asking “Does your household possess: ‘Automatic washing machine’, ‘Clothes dryer’, ‘Refrigerator and/or freezer’, ‘Dishwasher’, ‘Air conditioner’ and ‘Water heater’, where possible answer was ‘No, cannot afford it’.”.

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

The more expensive, yet non-essential, household appliances such as clothes dryers, dishwashers and air conditioners were almost equally unaffordable in all age groups, with insignificant differences of between 1 and 5 percentage points. Automatic washing machines, refrigerators and/or freezers and water heaters are affordable for the vast majority of the Bulgarian population, regardless of the age bracket (Figure 21).

Figure 22: Share of people aged 16 years and over living in households that cannot afford television, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–64 years ( $n = 6,838$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

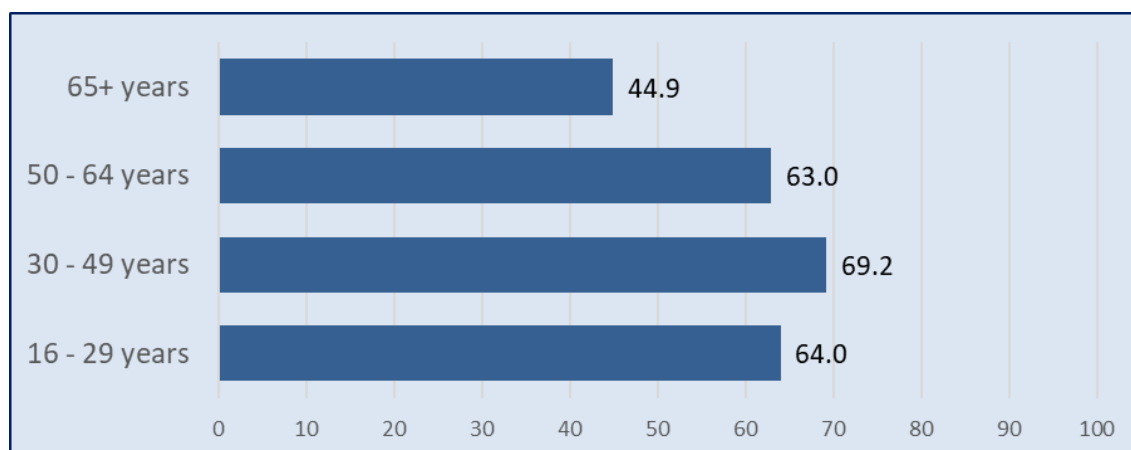
<sup>b</sup> Based on the question asking for “Services used by the household: ‘Broadcast television’, ‘Satellite television’ and ‘Cable television’?”, where possible answer was ‘No, cannot afford it’.”.

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

Very small shares of all age groups reported not being able to afford a television service for financial reasons. The differences between types of services are rather small, with cable and broadcast services being slightly more affordable than satellite television (Figure 22).

Figure 23: Share of people aged 16 years and over satisfied with their financial situation, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years (n = 3,743), 30–49 years (n = 7,826), 50–64 years (n = 6,838) and 65 years and over (n = 7,973); weighted results.

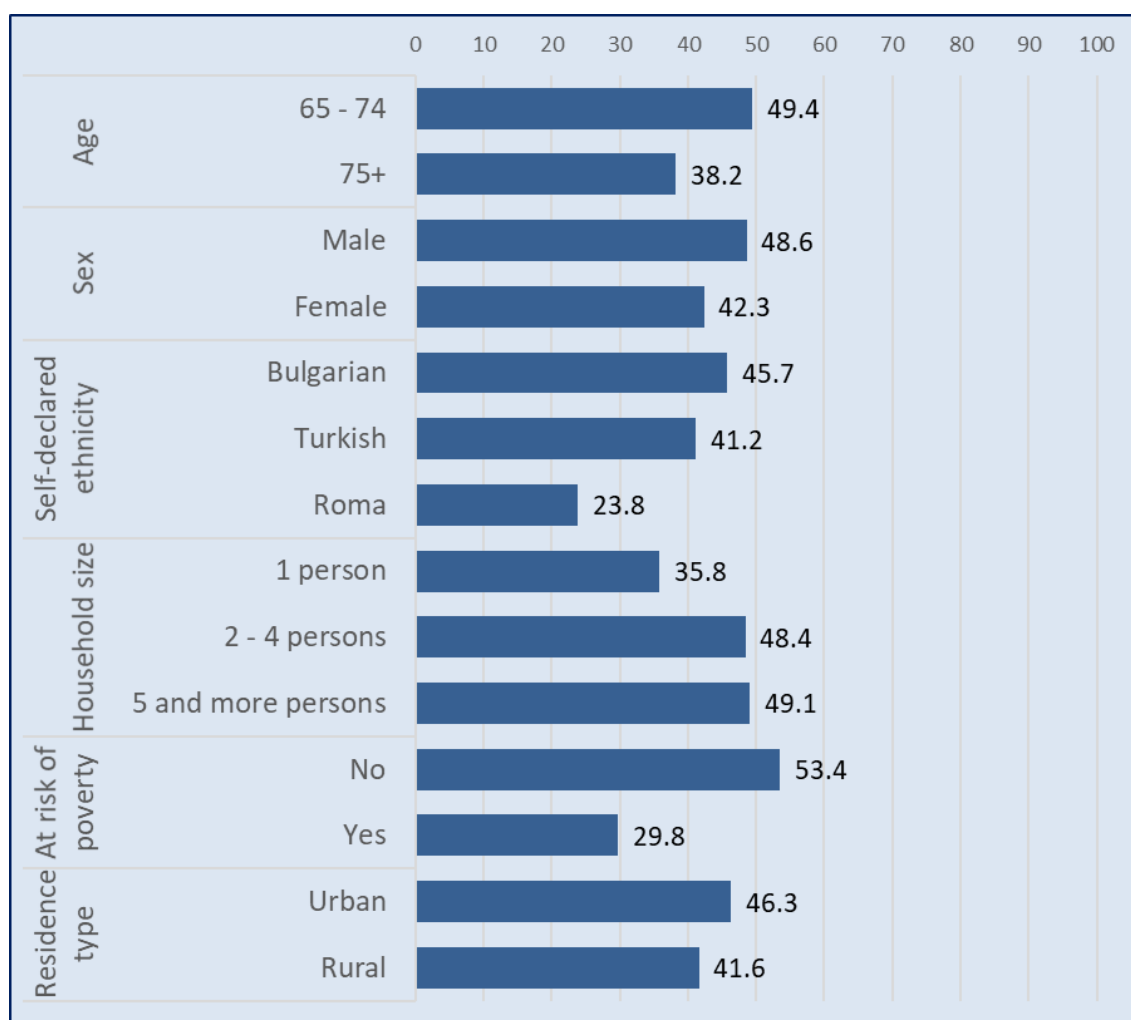
<sup>b</sup> Based on the question “Overall, what is your level of satisfaction with your financial situation?”, where ‘1’ means ‘completely dissatisfied’ and ‘10’ means ‘completely satisfied’.

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

The share of people aged 65 years and over who were satisfied with their own financial situation seems relatively low (about 45 %) compared with the younger generations (Figure 23). The differences between older people and the groups of young adults and people at the end of their working life are less than 20 percentage points, but the difference between older people and the 30- to 49-year group is higher, at 24.3 percentage points. The relationship with at-risk-of-poverty rate is clear, but there are nuances that become clearer with the disaggregated data (Figure 24).

Figure 24: Share of people aged 65 years and over satisfied with their financial situation, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate and residence type (%)



Notes: <sup>a</sup> Out of all respondents aged 65 years and over (n = 7,973); weighted results.

<sup>b</sup> Based on the question “Overall, what is your level of satisfaction with your financial situation?”, where ‘1’ means ‘completely dissatisfied’ and ‘10’ means ‘completely satisfied’.

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020



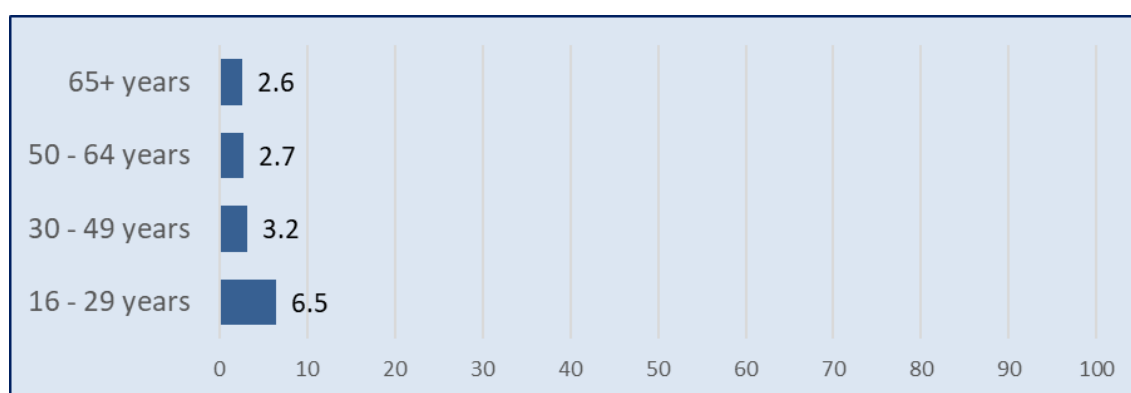
Financial satisfaction seemed to decrease with age, with less than 40 % of people aged 75 years and older being content with their income, which can be linked to the low cash income from pensions (Figure 24).

The difference of 6.3 percentage points between older men and older women shows that older men were in general more satisfied with their financial situation than older women.

In terms of ethnicity, Roma (the ethnic group most likely to live in poverty) seemed to be less satisfied with their finances than the Bulgarian and Turkish ethnic groups.

Not all people at risk of poverty were dissatisfied with their financial situation and vice versa: 53.4 % of those who were not at risk of poverty and 29.8 % of those who were at risk of poverty were satisfied. Considering that, in this age group, people's main income source is pensions, this dissatisfaction may be due to the perception of unfair compensation for their years of work.

Figure 25: Share of people aged 16 years and over living in households where one person went to bed hungry in the month before the survey because there was not enough money for food, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–64 years ( $n = 6,838$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

<sup>b</sup> Based on the questions “In the past month, have you or someone in your household gone to bed hungry because you didn’t have enough money for food? If so, how often this has happened in the last month?”

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

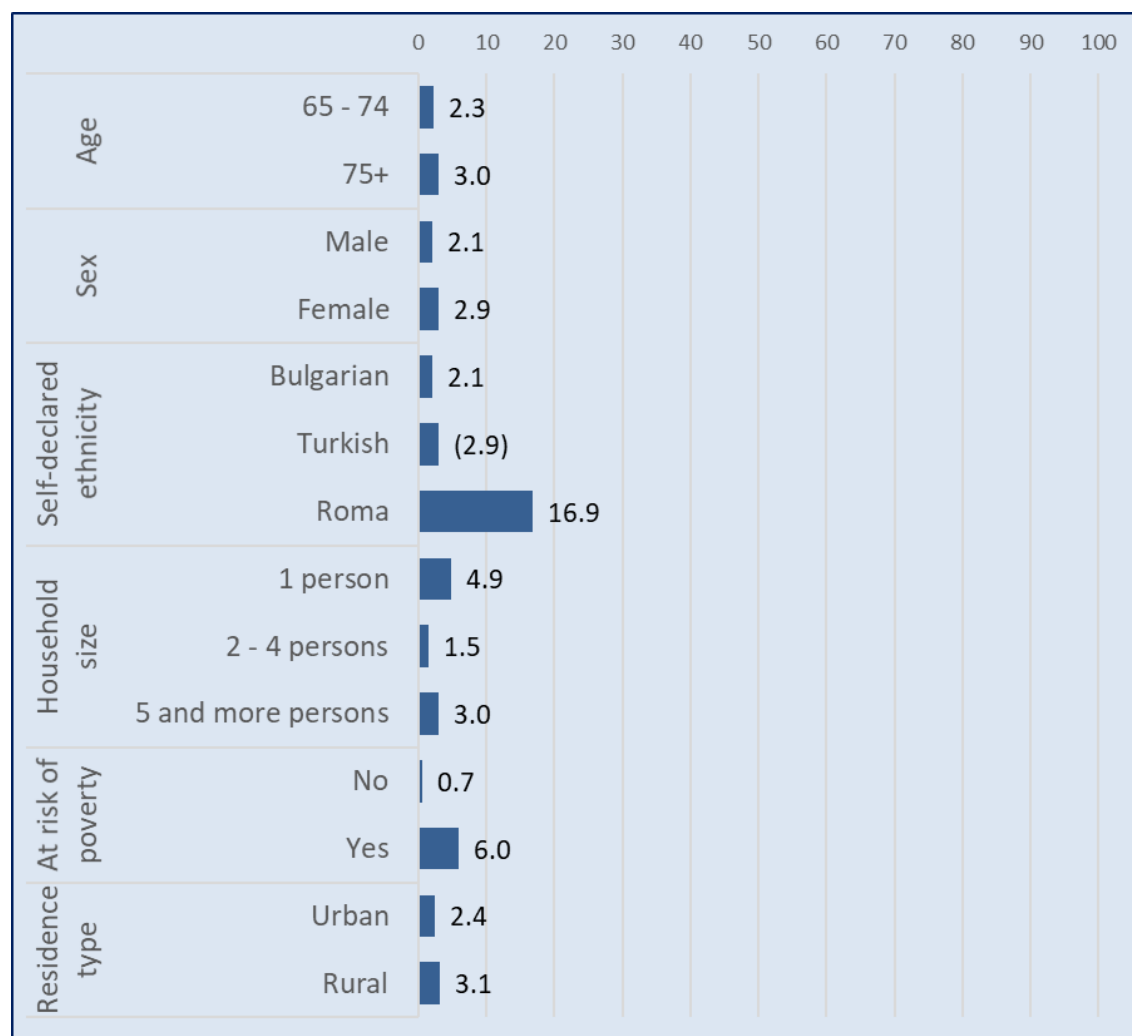
The ‘going to bed hungry’ indicator – the share of people living in households where at least one person has gone to bed hungry in the past month due to lack of money to buy food – reflects the affordability of food. Although being at risk of poverty is closely linked to food insecurity, older people are expected to also face different challenges, such as not being able to access food because of transportation or functional limitations, or not being able to make use of food (i.e. not able to prepare or eat available food) because of functional impairments and health problems.

According to the survey, in 2020 4.2 % of the Bulgarian population lived in a household where at least one member had gone to bed hungry at least once during the past month. The results also showed that hunger, as well as poverty, seemed to be closely linked to lower education levels in the household and was a serious vulnerability risk for Roma, children and young people. Low levels of education and high unemployment rates in large households have been highlighted as main factors in increasing the risk of hunger.<sup>21</sup> Older people (aged 65 years and over) were the age group at lowest risk of going to bed hungry in Bulgarian society (Figure 25).

Further breakdown of data by age showed a higher share of people in all other age groups than the share of older people (65 years and older) living in a household where at least one member had gone

to bed hungry in the previous month. The biggest recorded difference was between older people and young adults (3.9 percentage points).

Figure 26: Share of people aged 65 years and over living in households where one person went to bed hungry in the month before the survey because there was not enough money for food, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate and residence type (%)



Notes: <sup>a</sup> Out of all respondents aged 65 years and over (n = 7,973); weighted results.

<sup>b</sup> Based on the questions "In the past month, have you or someone in your household gone to bed hungry because you didn't have enough money for food? If so, how often this has happened in the last month?"

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

<sup>d</sup> Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total or based on cells with fewer than 20 unweighted observations are noted in parentheses. Results based on fewer than 20 unweighted observations in a group total are not published

Source: BNSI/FRA survey 2020

In the 65- to 74-year age group, the share of people living in a household where at least one person had gone to bed hungry in the past month was 2.3 %, whereas among those aged 75 years and older about 3 % of the people in the households were affected by this (Figure 26).

The difference between the sexes was about 0.8 percentage points, with women aged 65 years and over being more likely to be living in a household where one person had gone to bed hungry in the past month.

From the point of view of ethnic origin, the share of Roma living in households where one person had gone to bed hungry in the past month was significantly higher – almost 17 %.

People living alone were much more likely to have gone to bed hungry in the past month (4.9 %) than those living in bigger households (1.5 % for those living in households with two to four people and 3.0 % for those living in households with five or more people).

Unsurprisingly, less than 1 % of people aged 65 years and older who were not at risk of poverty lived in a household where one person in the household had gone to bed hungry in the past month because there was not enough money, whereas the share of those at risk of poverty was 6 %. The share of people experiencing hunger out of those at risk of poverty provides an idea of the magnitude of extreme poverty in Bulgaria in 2020 among older people.

The difference between people living in urban and rural areas was less than 1 percentage point.

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<sup>1</sup> Eurostat (2013), [‘Archive: Europe 2020 indicators – Poverty and social exclusion’](#), 28 October 2013.

<sup>2</sup> Eurostat (2020), [Ageing Europe – Looking at the lives of older people in the EU](#), Luxembourg, Publications Office.

<sup>3</sup> Eurostat (2020), [‘Severe material deprivation rate, 2015-2019’](#), 22 April 2020. According to the data, Bulgaria has been the country with the highest rate of severe material deprivation every year since 2015.

<sup>4</sup> Eurostat (2020), [‘At-risk-of-poverty rate by poverty threshold, age and sex’](#), 17 December 2020. According to the data, the share of people at risk of poverty in Bulgaria has been consistently higher than the EU average since 2007 (the year in which Bulgaria joined the EU).

<sup>5</sup> Bulgaria, Council of Ministers (Министерски съвет), [Methodology for determining the poverty threshold for the country \(Методика за определяне на линията на бедност за страната\)](#), 27 September 2019, last amended 17 August 2021.

<sup>6</sup> Bulgaria, Council of Ministers (Министерски съвет), Decree No. 170 of 17 August 2018 for determining the poverty threshold for the country in 2019 ([Постановление № 170 от 17 август 2018 г. за определяне на размера на линията на бедност за страната за 2019 г.](#)), 17 August 2019.

<sup>7</sup> Bulgaria, Council of Ministers (Министерски съвет), Decree No. 275 of 1 November 2019 for determining the poverty threshold for the country in 2020 ([Постановление № 275 от 1 ноември 2019 г. за определяне на размера на линията на бедност за страната за 2020 г.](#)), 5 November 2020.

<sup>8</sup> Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2020), ‘Poverty and social inclusion indicators in 2019’ ([‘Индикатори за бедност и социално включване през 2019 година’](#)), press release, 30 April 2020.

<sup>9</sup> Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2021), ‘Poverty and social inclusion indicators in 2020’ ([‘Индикатори за бедност и социално включване през 2020 година’](#)), press release, 28 April 2021.

<sup>10</sup> Bulgaria, 2020 Public Social Insurance Budget Act ([Закон за бюджета за държавното обществено осигуряване за 2020 г.](#)), 17 December 2019.

<sup>11</sup> Bulgaria, 2021 Public Social Insurance Budget Act ([Закон за бюджета за държавното обществено осигуряване за 2021 г.](#)), 4 December 2020.

<sup>12</sup> Bulgaria, 2020 Public Social Insurance Budget Act ([Закон за бюджета за държавното обществено осигуряване за 2020 г.](#)), 17 December 2019.

<sup>13</sup> Bulgaria, 2021 Public Social Insurance Budget Act ([Закон за бюджета за държавното обществено осигуряване за 2021 г.](#)), 4 December 2020.

<sup>14</sup> Bulgaria, Council of Ministers (Министерски съвет) (2020), Decree 107 of 28.05.2020 for determining of a new amount of the old-age social pension ([Постановление № 107 от 28 май 2020 г. за определяне на нов размер на социалната пенсия за старост](#)), 28 May 2020.

<sup>15</sup> Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2021), ‘Statistical bulletin “Pensions” by 31.03.2021’ ([‘Статистически бюлетин “Пенсии” към 31.03.2021 г.’](#)).

<sup>16</sup> For more information, see the [‘Data visualisation: at risk of poverty or social exclusion in the EU’](#) of Eurostat.

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<sup>17</sup> Bulgaria, Council of Ministers (*Министерски съвет*) (2020), National strategy for the promotion of equality between women and men for the period 2021-2030 (*Национална стратегия за насърчаване на равнопоставеността на жените и мъжете за периода 2021-2030 г.*), 30 December 2020, p. 18.

<sup>18</sup> Global Partnership for Financial Inclusion, Organisation for Economic Co-operation and Development (2019), *G20 Fukuoka Policy Priorities on Aging and Financial Inclusion*.

<sup>19</sup> Eurostat (2016), *'Urban Europe – Statistics on cities, towns and suburbs – Poverty and social exclusion in cities'*, 30 June 2016.

<sup>20</sup> Bulgaria, National Statistical Institute of Bulgaria (*Национален статистически институт*) (2020), *'Devices used by individuals to access the internet'*, 11 December 2020.

<sup>21</sup> BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

## 4. Housing

### Highlights

- Age does not seem to be among the main factors determining people's living conditions, as the shares of younger generations (16-64 years) and older people (65 years and over), living in housing deprivation (home being too dark, or has a leaking roof and/or damp walls or floors, no indoor bathroom, shower, or toilet), are rather close (differences between 2.9 and 3.7 percentage points). Roma, people living at risk of poverty and people living in rural areas were at higher risk of housing deprivation across all age groups and the group of people of 65 years and over was no exception. The share of people in housing deprivation living in rural areas (41.2 %) is significantly higher compared to those living in urban areas (10 %).
- The shares of younger (16-64 years) and older (65 years and over) people, having neither flushing toilet, shower, nor bathroom inside the dwelling, were similar suggesting that age did not seem to play a role in determining people's living conditions in Bulgaria. Roma over 65 years stood out as the most affected of all three analysed ethnic groups: 41.5 % of them lived in such conditions compared to 19.5 % of the Turkish ethnic group and only 5.9 % of the Bulgarian ethnic group. Financial difficulties and type of residence seemed to be major factors increasing the risk of living in a place with no bath or a toilet inside. 19.1 % of people living in rural areas lived in a household without flushing toilet, shower, nor bathroom inside the dwelling compared to 2.9 % in towns and cities.

### 4.1. Background

International human rights law recognises the right to adequate housing as a component of the broader right to an adequate standard of living and the right to non-discrimination.<sup>1</sup> Adequate housing is central to human dignity and a lack of adequate housing effectively prevents respecting a range of other human rights, including family life, privacy and health. The growing scarcity of affordable housing is a serious problem in the EU and led to the adoption of the European Parliament resolution of 21 January 2021 on access to decent and affordable housing for all (2019/2187(INI)),<sup>2</sup> which calls on the Commission and Member States to ensure:

- “that the right to adequate housing is recognised and enforceable as a fundamental human right through applicable European and national legislative provisions”;
- “equal access for all to decent housing, including clean and high-quality drinking water, adequate and equitable sanitation and hygiene, connection to sewage and water networks, a high quality indoor environment and to affordable, reliable, sustainable energy for all, thereby contributing to eradicating poverty in all its forms, protecting the human rights of disadvantaged households and supporting the most vulnerable groups, so as to protect their health and well-being”.

Housing is recognised by the WHO as a social determinant of health.<sup>3</sup> The conditions in which people live day to day have a strong influence on health equity. Not only is the provision of housing essential, but its quality and the services associated with it, such as water and sanitation, are human rights<sup>4</sup> and vital contributors to health.<sup>5</sup> There is overwhelming evidence of negative health effects, both physical and mental, caused by toxins, dampness, mould, inadequate heating, overcrowding and safety factors.<sup>6</sup> Furthermore, the social, psychological and cultural value of home has long been

recognised, with housing providing a foundation for self-confidence, social identity and status in a range of ways.<sup>7</sup>

The group of people aged 65 years and over is as diverse as any other social group, and older people live in all kinds of dwellings. Despite diversity, older people share several housing challenges, which make them a vulnerable group needing a special attention in policymaking.

Even though housing in Bulgaria has been growing consistently more expensive for the past decade and a considerable share of the population cannot afford to either purchase or rent,<sup>8</sup> housing does not seem to be among the key problematic areas when it comes to older people,<sup>9</sup> who have usually acquired their dwellings decades ago, while they were still working. Although home ownership is generally considered to have a positive influence on well-being, because it is thought to provide an additional degree of control, resulting in a secure sense of home,<sup>10</sup> research shows that the social gradient in the effect of home ownership on mental health diminishes as people get older, whereas housing quality and ability to deal with household financial problems become increasingly important mental health issues.<sup>11</sup>

This is especially relevant for older people in Bulgaria who live in older buildings, which often have higher maintenance and repair costs, and the inability to cover them properly would lead to poorer living conditions. Therefore, the proposed indicator looks at the available housing data and focuses on manifestations of poverty that reduce the quality of life and social connections of older people.

## 4.2. Results at national level

Most indicators in this chapter refer to characteristics and amenities of housing units. A few indicators refer to characteristics of the neighbourhood the people live in.

Despite the lack of a universal definition of housing deprivation, EU Member States have agreed on a common set of indicators, based on EU-SILC variables.<sup>12</sup> These indicators are used by Eurostat and were used in the survey conducted as part of this project.

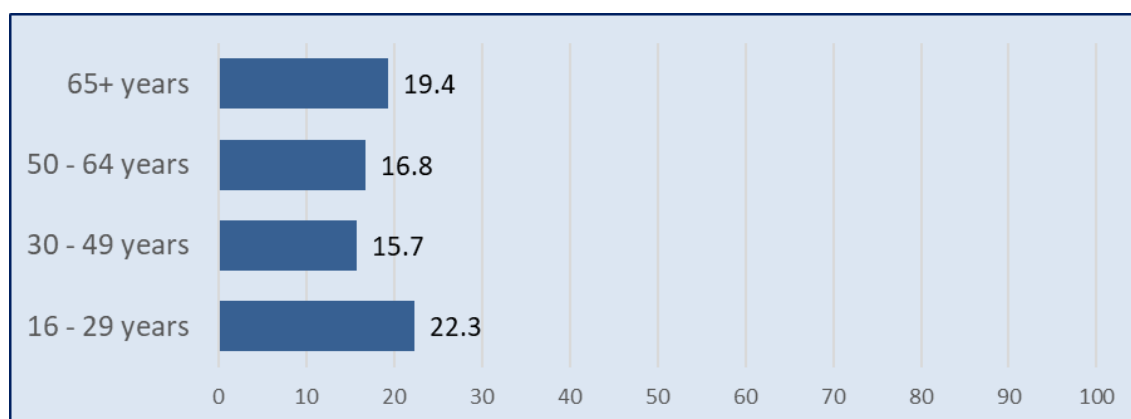
According to Eurostat,<sup>13</sup> housing deprivation occurs if a household suffers from any of the following housing conditions:

- the dwelling has a leaking roof, damp walls, floors or foundation, or rot in window frames or floors;
- the dwelling has neither an indoor bath nor a shower;
- the dwelling has no indoor flushing toilet for exclusive use of the household;
- the dwelling is considered too dark.

Severe housing deprivation is defined as meeting at least one of the housing deprivation conditions, combined with living in an overcrowded dwelling. In 2020, overcrowding was a common problem affecting a significant part (almost 35 %) of the Bulgarian population. However, the group of people aged 60 years and over had the lowest share of people living in households without the minimum number of rooms (15.7 %), as shown by disaggregating by various characteristics.<sup>14</sup> This is why the overcrowding indicator has not been further examined in this age group.

Housing deprivation is commonly analysed among the general population. Less is known about the role of age and its effects on people's living conditions. This is a crucial issue in countries where the population is progressively ageing, such as in Bulgaria.

Figure 27: Share of people aged 16 years and over living in housing deprivation (in dwellings that are too dark, have a leaking roof and/or damp walls or floors, have no indoor bath/shower or have no indoor toilet), by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–64 years ( $n = 6,838$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

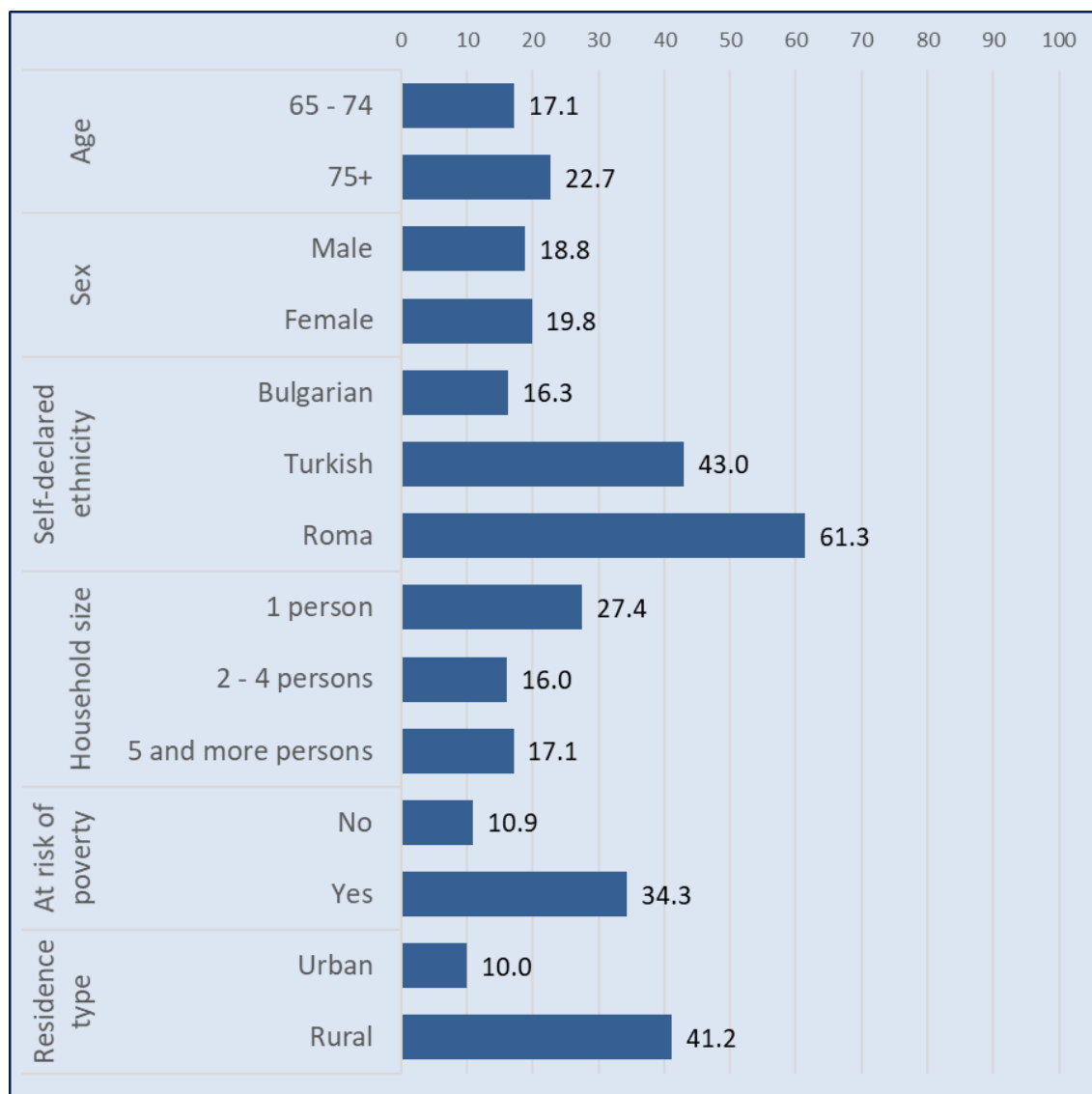
<sup>b</sup> Based on the questions “Do you have any of the following problems connected to the dwelling?: ‘Darkness, insufficient light’ or ‘Leaking roof, damp walls, foundations, etc.’”; “Are there in the dwelling: ‘Bathroom with a shower or bathtub’ or ‘Toilet with running water’?”, where possible answers included ‘Yes, inside the dwelling’ and ‘Yes, outside the dwelling’. These correspond to Eurostat’s indicator Tessi291.

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

Age does not seem to be among the main factors determining people’s living conditions, as the shares of younger generations (aged 16–64 years) and older people (65 years and older) living in housing deprivation due to at least one of the conditions mentioned above are rather similar (differences between 2.6 and 3.7 percentage points) (Figure 27). Although more older people lived in housing deprivation than people in the middle and end of their working life, data showed that young adults (aged 16–29 years) were most likely to live in inadequate conditions.

Figure 28: Share of people aged 65 years and over living in housing deprivation (in dwellings that are too dark, have a leaking roof and/or damp walls or floors, have no indoor bath/shower or have no indoor toilet), by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate and residence type (%)



Notes: <sup>a</sup> Out of all respondents aged 65 years and older (n = 7,973); weighted results.

<sup>b</sup> Based on the questions "Do you have any of the following problems connected to the dwelling?: 'Darkness, insufficient light' or 'Leaking roof, damp walls, foundations, etc.'"; "Are there in the dwelling: 'Bathroom with a shower or bathtub' or 'Toilet with running water'?", where possible answers included 'Yes, inside the dwelling' and 'Yes, outside the dwelling'. These correspond to Eurostat's indicator Tessi291.

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

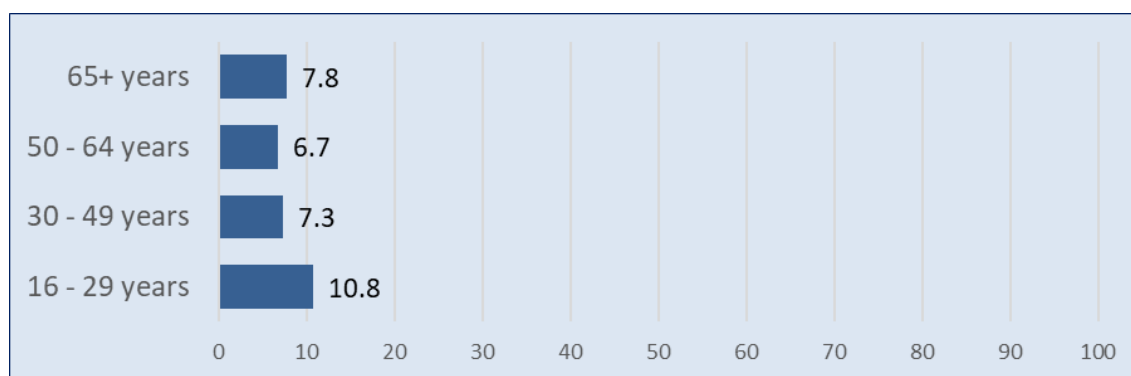
According to the survey data, Roma, people at risk of poverty and people living in rural areas were at higher risk of housing deprivation across all age groups,<sup>15</sup> and the group of people aged 65 years and over was no exception (Figure 28). In rural areas, people usually live in family houses, which are often more difficult to maintain and/or renovate (especially for older people), especially given that water and sewage systems and road infrastructure are often in poor condition. In urban areas, on the other hand, apartment buildings with centralised utilities are the prevailing type of dwellings. This explains the higher share of people in rural areas (41.2 %) than in urban areas (10 %) living in housing deprivation. According to Eurostat, in 2018 in Bulgaria the highest housing cost overburden rates<sup>16</sup>



were reported among rural populations, which may be due to the relatively low income levels in areas characterised by semi-subsistence farming.<sup>17</sup>

In terms of ethnicity, the Roma population was particularly vulnerable to housing deprivation (61.3 %), which can be explained by many factors, including that even in urban areas Roma are often living in segregated neighbourhoods (ghettos) where the infrastructure and living conditions are worse than in the other neighbourhoods in the same area. Nevertheless, risk of poverty is not a determining factor, since the share of Roma living in housing deprivation was almost twice as high as the share of those at risk of poverty. The higher risk of Roma being exposed to housing deprivation is not unique to Bulgaria: according to a FRA survey, the severe housing deprivation rate was much higher among Roma in all six countries where the survey was carried out.<sup>18</sup>

Figure 29: Share of people aged 16 years and over living in households with no flushing toilet, shower or bath inside the dwelling, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–64 years ( $n = 6,838$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

<sup>b</sup> Based on the questions “Are there in the dwelling: ‘Bathroom with a shower or bathtub’ or ‘Toilet with running water?’”, where possible answers included ‘Yes, inside the dwelling’ and ‘Yes, outside the dwelling’. These correspond to Eurostat’s indicator *ilc\_mdho05*.

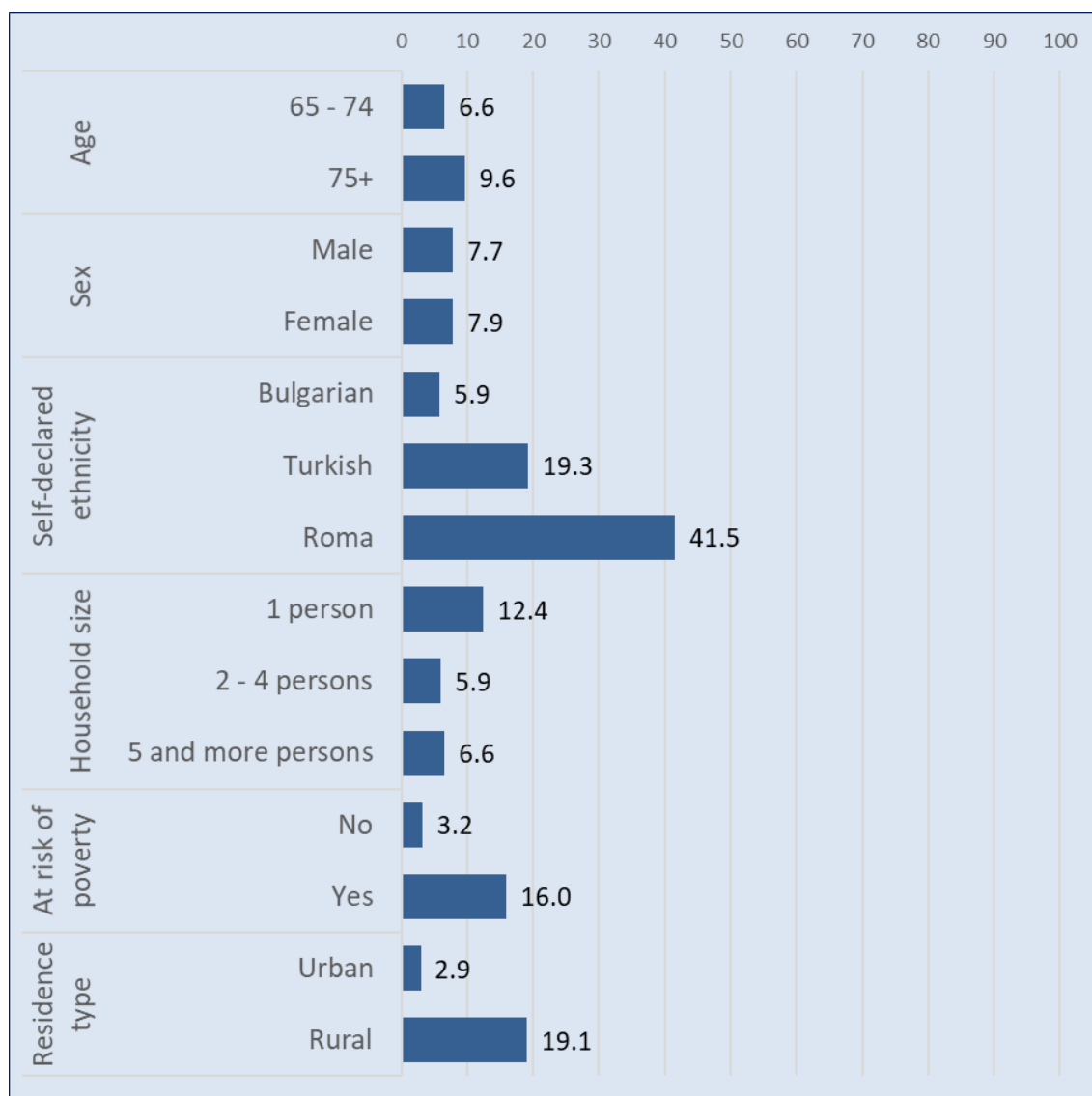
<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

Among the different housing deprivation characteristics, the lack of access to basic sanitary facilities for personal hygiene is detrimental to both human dignity and health-related vulnerability risks, particularly during the recent COVID-19 outbreak across the world. This characteristic is captured by the ‘lack of indoor shower, bath and flushing toilet’ indicator, which estimates the share of the population living in dwellings without any of these utilities.

Again, age did not seem to play a role in determining people's living conditions in Bulgaria, as the shares of younger people (aged 16–64 years) and older people (aged 65 years and older) without a flushing toilet, shower or bath inside their dwelling were similar (Figure 29). Again, young adults (aged 16–29 years) had the highest share of people living in dire conditions.

Figure 30: Share of people aged 65 years and over living in households with no flushing toilet, shower or bath inside the dwelling, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate and residence type (%)



Notes: <sup>a</sup> Out of all respondents aged 65 years and older (n = 7,973); weighted results.

<sup>b</sup> Based on the questions "Are there in the dwelling: 'Bathroom with a shower or bathtub' or 'Toilet with running water'?", where possible answers included 'Yes, inside the dwelling' and 'Yes, outside the dwelling'. These correspond to Eurostat's indicator ilc\_mdho05.

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

Roma aged 65 years and over stood out as the most affected of all three analysed ethnic groups: 41.5 % of Roma lived in dwellings without a flushing toilet, shower or bath, compared with 19.3 % of the Turkish ethnic group and only 5.9 % of the Bulgarian ethnic group. This is similar to the data on the housing deprivation indicator and the particular difficulties Roma faced in the area of housing compared with the rest of the population. Financial difficulties and type of residence seemed to be major factors increasing the risk of living in a place with no bath, shower or flushing toilet inside. In

terms of residence type, 19.1 % of people living in rural areas lived in a dwelling without a flushing toilet, shower or bath inside, compared with 2.9 % in towns and cities (Figure 30). This could be because water and sewage infrastructure in rural areas is often in poorer condition and less developed than in urban areas. It could also be because, in general, people living in rural areas appeared to be twice as vulnerable to poverty as those living in urban areas.<sup>19</sup>

<sup>1</sup> UN, [Universal Declaration of Human Rights](#), 10 December 1948, Article 25; UN, [International Covenant on Economic, Social and Cultural Rights](#), 16 December 1966, Article 11.

<sup>2</sup> European Parliament (2021), [European Parliament resolution of 21 January 2021 on access to decent and affordable housing for all \(2019/2187\(INI\)\)](#).

<sup>3</sup> WHO, Commission on Social Determinants of Health (2008), [Closing the gap in a generation: Health equity through action on the social determinants of health](#), Geneva, WHO. The report identified two broad areas of social determinants of health. The first area was daily living conditions, which included a healthy physical environment, fair employment and decent work, social protection across the lifespan, and access to healthcare. The second major area was distribution of power, money and resources, including equity in health programmes, public financing of action on the social determinants, economic inequalities, resource depletion, healthy working conditions, gender equity, political empowerment and a balance of power and prosperity of nations.

<sup>4</sup> United Nations Educational, Scientific and Cultural Organization (2006), [Water, a shared responsibility. The United Nations World Water Development Report 2](#), Barcelona, UNESCO Publishing.

<sup>5</sup> Shaw, M. (2004), 'Housing and public health', *Annual Review of Public Health*, Vol. 25, pp. 397–418.

<sup>6</sup> WHO (2018), [WHO housing and health guidelines](#), Geneva, WHO; WHO Regional Office for Europe (2007), [Large analysis and review of European housing and health status \(LARES\)](#), Copenhagen, WHO Regional Office for Europe; WHO Regional Office for Europe (2011), [Environmental burden of disease associated with inadequate housing](#), Copenhagen, WHO Regional Office for Europe; Fisk, W. J., Eliseeva, E. A. and Mendell, M. J. (2010), 'Association of residential dampness and mold with respiratory tract infections and bronchitis: A meta-analysis', *Environmental Health*, Vol. 9, No. 72.

<sup>7</sup> Rolfe, S., Garnham, L., Godwin, J., Anderson, I., Seaman, P. and Donaldson, C. (2020), 'Housing as a social determinant of health and wellbeing: Developing an empirically-informed realist theoretical framework', *BMC Public Health*, Vol. 20, No. 1138.

<sup>8</sup> World Bank (2017), *Evaluation of the housing sector in Bulgaria (Оценка на жилищния сектор в България)*, Sofia, World Bank.

<sup>9</sup> BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

<sup>10</sup> Howden-Chapman, P., Signal, L. and Crane, J. (1999), 'Housing and health in older people: Ageing in place', *Social Policy Journal of New Zealand*, Vol. 13.

<sup>11</sup> Howden-Chapman, P. L., Chandola, T., Stafford, M. and Marmot, M. (2011), 'The effect of housing on the mental health of older people: The impact of lifetime housing history in Whitehall II', *BMC Public Health*, Vol. 11, No. 682.

<sup>12</sup> For more information, see the [website](#) of Eurostat.

<sup>13</sup> For more information, see the [website](#) of Eurostat.

<sup>14</sup> BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

<sup>15</sup> BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

<sup>16</sup> The housing cost overburden rate is defined as the percentage of the population living in a household where total housing costs (e.g. rental payments, mortgage interest payments, utility costs, the cost of repairs and other local taxes/charges) represent more than 40 % of disposable income (both composite values are net of housing allowances/benefits).

<sup>17</sup> Eurostat (2021), [Living conditions statistics at regional level](#), 16 August 2021.

<sup>18</sup> FRA (2020), [Roma and Travellers in six countries](#), Luxembourg, Publications Office.

<sup>19</sup> BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

## 5. Social exclusion, discrimination and security

### Highlights

- The risk of social exclusion grew with age, as people aged 65 years and over showed a rate of 22.1 % – approximately twice higher than the share of people from all the other age groups who felt that they were being excluded from society. The numbers peaked in the 75 years and older age group, where almost one third (29 %) of people felt this way. Older women were more likely to live in social exclusion than older men with a gender gap of 4.4 percentage points. Roma had a 30.5 % risk of social exclusion which is about 10 percentage points higher than for people from Bulgarian or Turkish origins.
- A total of 10.2 % of the young adults (16-29 years), 11.6 % of people in the middle of their work life and 15.1 % of people in the end of their work life could not ask any relative, friend or neighbour for non-financial help. The rate of people of 65 years and over in the same situation continued to be relatively higher – 15.5 %.
- In terms of discrimination, young adults (16-29 years) were generally the most (7.7%) and older people (65 years and older) the least (4.0%) discriminated group in Bulgarian society on any ground in any area of life. When it comes to feeling discrimination when accessing health services, people over 65 years were the second most affected age group (3.0 %) only 0.4 percentage points less than young adults (16-29 years). Again, people aged 65 years and over were the second most affected by discrimination age group entering a public place, using public transport, being in a shop or trying to enter a shop. Older people were, however, one of the age groups who felt the least amount of discrimination from public servants (2.3%), unlike young adults (16-29), who felt most discriminated (4.7%).
- Little over half of the people, aged 65 and older (52.7%), were aware that in Bulgaria there was legal framework, prohibiting discrimination based on skin colour, ethnic origin, or religion. Compared to the group of younger people where awareness levels vary of between 60.9% and 72.5%, older people were significantly less informed about anti-discrimination laws. Men were better informed than women, Bulgarians were better informed than both ethnic minorities (Turkish and Roma), people living in cities and towns were better informed than people, living in rural areas, but probably the most important and common factor was “risk-of-poverty”. The difference in awareness was over 20 percentage points in favour of people not at risk of poverty.
- The problems with access to certain services (shops, transportation, and healthcare) related to the neighbourhoods (villages) seemed to affect both younger generations and older people (aged 65 years and over). In terms of bank services, over 40 % of people aged 65 years and over in Bulgaria did not have a bank account, which was more than twice the share of people without bank accounts in the age groups 30-49 and 50-64 years. The share of people aged 65 years and over without a bank account was approximately 25 percentage points higher than among people, aged 50-64 years. Women aged 65 years and over were less likely to have a bank account than men by almost 7 percentage points.
- The proportion of people aged 65 years and over who feel safe walking alone in their neighbourhood measures the concept of ‘fear of crime’. Survey data shows that 21.4 % of older people (65 years and older) felt insecure to walk alone in their neighbourhood (settlement), which was nearly twice the share of people in every other age group, who did not feel safe to do so. The results of Bulgarian, Turkish people and Roma aged 65 years and over were rather similar, with Turkish people registering the highest share of 81.3 %.
- The share of people who claimed they did not read at all increased with age – 38.3 % of people, aged 16-29 years, compared to 42,6 % of people aged 30-49 years and 46,4 % of people aged 50-64 years. The same was true for 58.8 % of people, aged 65 years and over.

## 5.1. Background

Unlike the previous three chapters, this chapter does not mirror any thematic area from previous reports under the project. It rather uses an amalgam of the available data to identify aspects of the social environment that are not supportive enough to allow older people to play an active role in society. It examines three main aspects.

- Despite the lack of a universally agreed definition, social exclusion is usually described as a complex and multidimensional process in which people are deprived of access to rights, opportunities and resources that are normally available to members of a different group, and which are fundamental to social integration and observance of human rights within that particular group. It involves the lack or denial of resources, rights, goods and services, and the inability to take part in the normal relationships and activities available to the majority of people in a society, whether in economic, social, cultural or political arenas.<sup>1</sup> Thus, social exclusion entails not only material deprivation but also lack of agency or control over important decisions, as well as feelings of alienation, and affects both the quality of life of individuals and the equity and cohesion of society as a whole.<sup>2</sup> For older people, this means that not only poverty but also deteriorating health or fractured bonds with family can be major factors in feeling excluded from society.
- Discrimination against older people and the proportion of older people who continue to be part of a community are indicators concerning social inclusion and the level of interpersonal connectedness older people are able to maintain.
- The third group of indicators is dedicated to perceived security (i.e. how safe people feel in their neighbourhoods).

These three aspects constitute the so-called enabling environment. According to the WHO, an age-friendly environment aims to encourage active and healthy ageing by optimising health, stimulating inclusion and enabling well-being in older age. Physical and social environments can be adapted to the needs of older people with varying capacities. Although a supportive physical environment includes components such as access to outdoor space, transport and mobility, and housing, the social dimensions of an age-friendly environment relate to areas such as social participation, social inclusion and non-discrimination, and civic engagement and employment.<sup>3</sup> Generally, the more accessible and age-friendly an environment is, the more active older people may be.

Supportive environments for health and well-being for all ages were one of four strategic areas for policy interventions in the WHO's *Strategy and action plan for healthy ageing in Europe, 2012–2020*.<sup>4</sup> Age-friendly (physical, social and economic) environments continue to be recognised as important determinants of healthy ageing and are therefore a focal action area for the UN Decade of Healthy Ageing (2021–2030).<sup>5</sup>

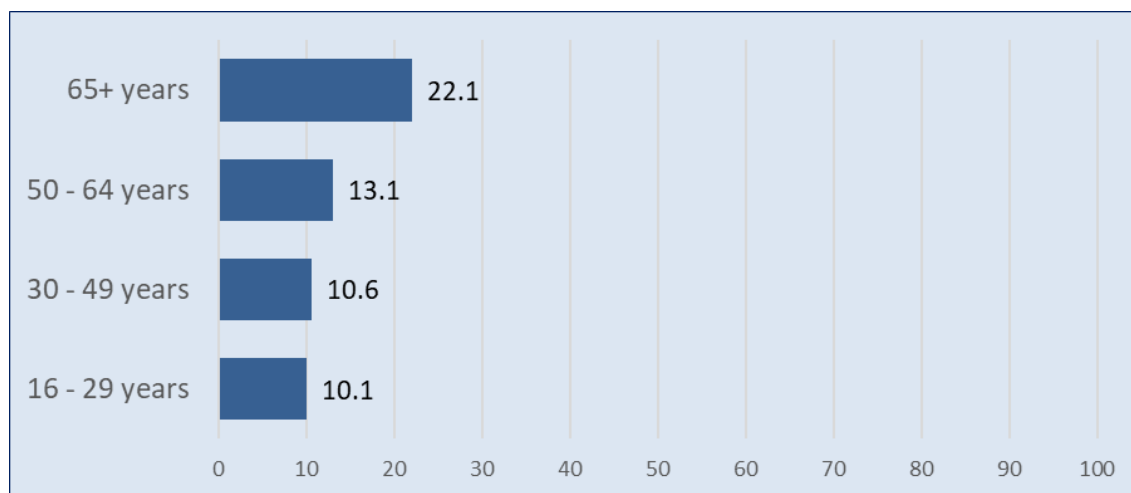
One of the main priorities of the *National strategy for active life of the elderly in Bulgaria 2019–2030* is defined as 'Building capacity and enabling environment for active ageing at national and regional level'.<sup>6</sup> The strategy contains measures to improve the condition and well-being of older people as well as institutional measures to strengthen the capacity of individual institutions and stakeholders to promote the active life of older people. These measures include maintaining up-to-date policies for older people at local, regional and national levels, improving the capacity of institutions and other stakeholders in said policies, improving attitudes towards older people and improving anti-discrimination communication.

## 5.2. Results at national level

### Social exclusion

People's perceptions can be used to measure the share of the population at risk of social exclusion through the indicator 'feeling of being excluded from society', which uses a 10-grade scale from 'not excluded at all' to 'completely excluded'.

Figure 31: Share of people aged 16 years and over feeling excluded from society, by age (%)



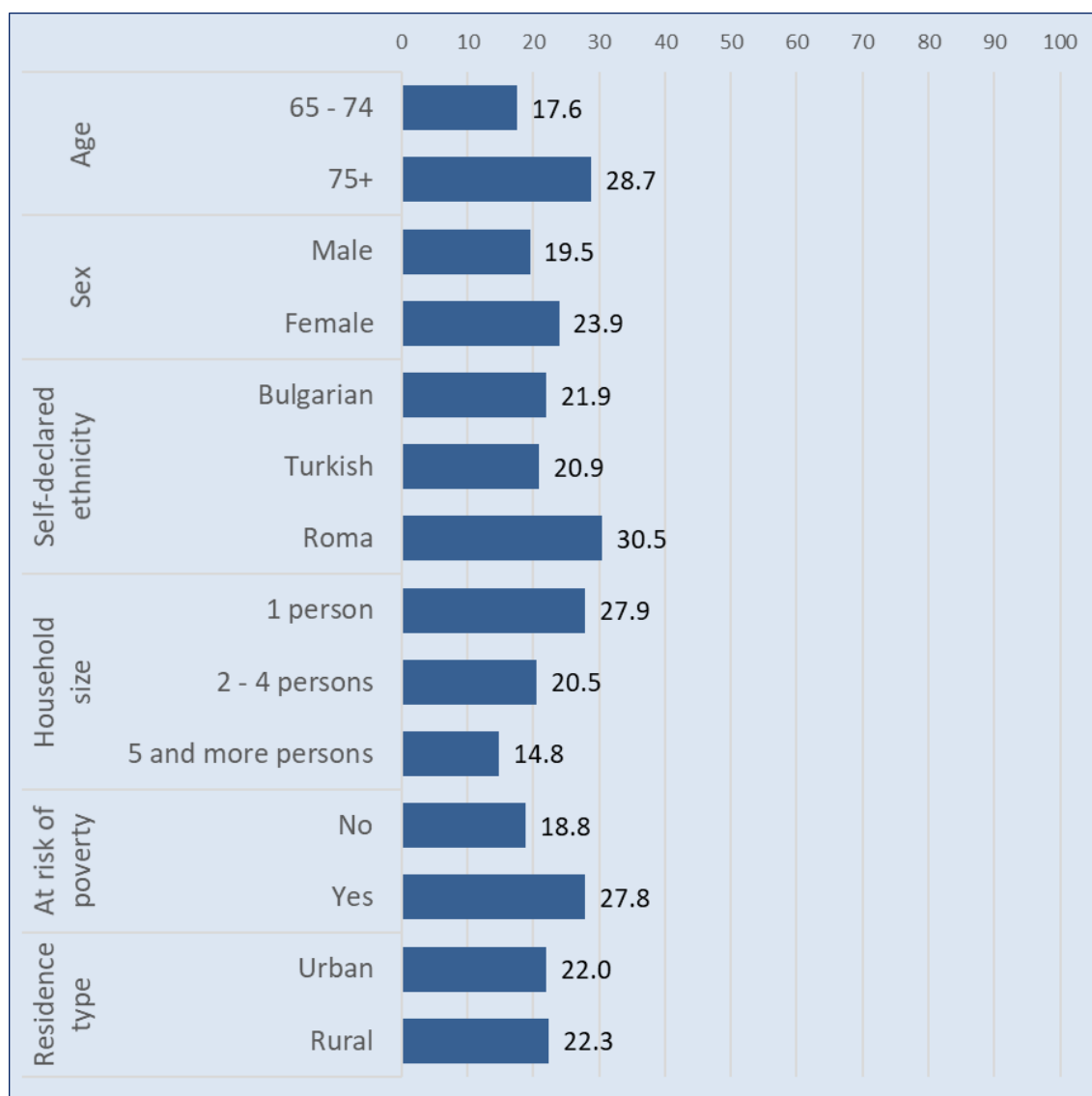
Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–64 years ( $n = 6,838$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

<sup>b</sup> Based on the question: "In general, to what extent would you say that you feel excluded from society?", where '0' means 'I am not excluded from society at all' and '10' means 'I am completely excluded from society'.

Source: BNSI/FRA survey 2020

The survey results show that in 2020, overall, 14.1 % of the Bulgarian population felt excluded from society.<sup>7</sup> The risk of social exclusion grew with age, as 22.1 % of older people aged 65 years and over felt excluded, 7 percentage points higher than the overall rate for Bulgaria and about double the share of people from all the other age groups (Figure 31). The numbers peaked in the 75 years and older age bracket, in which almost one third (29 %) of people felt this way (Figure 32).

Figure 32: Share of people aged 65 years and over feeling excluded from society, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate and residence type (%)



Notes: <sup>a</sup> Out of all respondents aged 65 years and over (n = 7,973); weighted results.

<sup>b</sup> Based on the question: "In general, to what extent would you say that you feel excluded from society?", where '0' means 'I am not excluded from society at all' and '10' means 'I am completely excluded from society'.

Source: BNSI/FRA survey 2020

Similar to the at-risk-of-poverty indicator, older women were more likely than older men to feel socially excluded: 23.9 % of women were at risk of social exclusion in 2020 in Bulgaria, compared with 19.5 % of men, a difference between the sexes of 4.4 percentage points.

Roma had a 30.5 % risk of social exclusion in 2020. This is about 10 percentage points higher than for people with Bulgarian or Turkish origins. However, the level of 'feeling excluded' among Roma was considerably lower than the level of poverty, suggesting that intra-community and intra-family bonds might somewhat compensate the impact of poverty on 'feeling excluded'. The group with the lowest social exclusion rate was older people living in big households (five or more people) (14.8 %), which also suggests a role of intra-community and intra-family bonds. For comparison, almost one third of people aged 65 years and older living alone felt excluded from society.

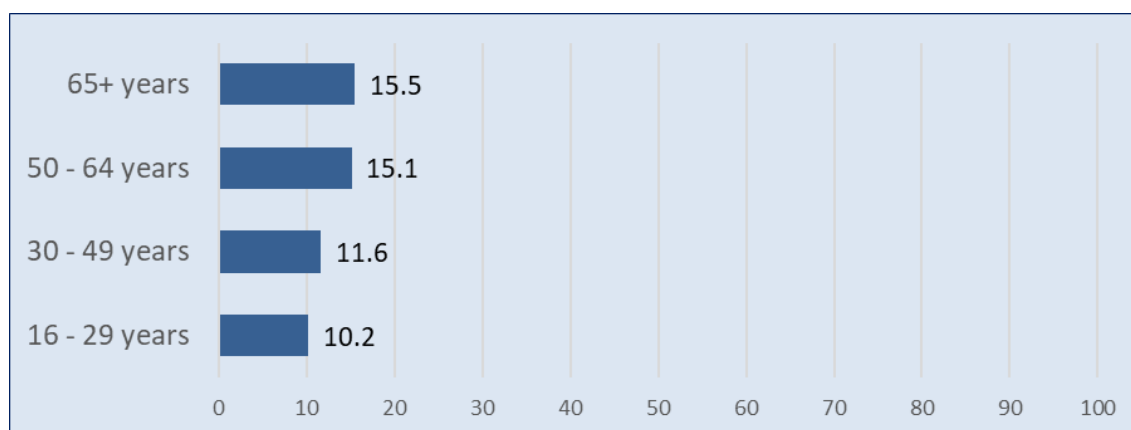


Given the interconnectedness between poverty and social exclusion, unsurprisingly, people at risk of poverty were much more likely to feel excluded from society than people with higher incomes were. This also explains the higher vulnerability of women and Roma, who were generally more likely to be at risk of poverty.

Social exclusion is directly connected to the lack of 'social support' (i.e. the availability of practical, moral and financial support from family and friends).<sup>8</sup>

Within the context of EU-SILC, social support is related to the respondent's capacity to ask for both material (e.g. money, a loan or an object) and non-material (e.g. somebody to talk to, help with doing something or help with collecting something) help from family, friends, colleagues or other people they know.<sup>9</sup> This relates to the concepts of cultural and social capital, which, in addition to economic capital, have an impact on quality of life. The lack of social support leads to isolation and loneliness among older people, which are important yet neglected social determinants of the psychological and physical health of older people,<sup>10</sup> of their quality of life and of their longevity. The effect of isolation and loneliness on mortality is comparable to that of other well-established risk factors such as smoking, obesity and physical inactivity.<sup>11</sup> On the other hand, a supportive social environment, including good levels of interpersonal trust and a good extent and quality of personal contacts, enables people to live better lives.

Figure 33: Share of people aged 16 years and over who think they cannot get help from relatives, friends, neighbours or other people they know if they need other than financial help, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–64 years ( $n = 6,838$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

<sup>b</sup> Based on the question "Do you think that if you need help other than financial (to talk to someone, someone to help you do something or to give you advice on a personal matter) you can get it from relatives, friends, neighbours or other people you know?".

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

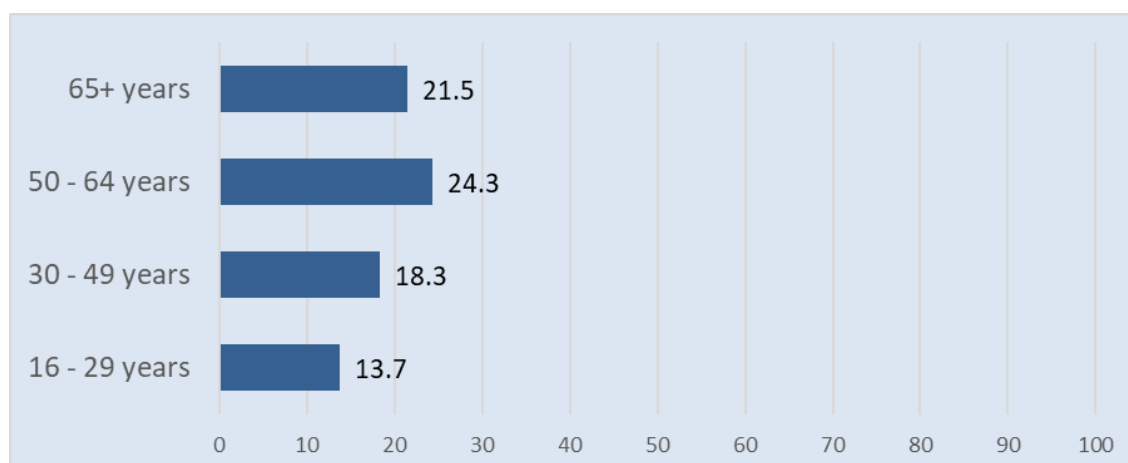
Source: BNSI/FRA survey 2020

The EU average percentage of people (aged 16 years and over) who do not have someone to ask for non-material help was 9.2 %, according to 2018 EU-SILC data. One of the highest rates was measured in Bulgaria (19.3 %). This rate grew even higher with age, to over 20 % for people aged 65 years and over.<sup>12</sup>

According to the survey results, 10.2 % of Bulgarian young adults (aged 16–29 years), 11.6 % of people in the middle of their working life and 15.1 % of people at the end of their working life could not ask any relative, friend, neighbour or other person they knew for non-financial help. The rate of people aged 65 years and over in the same situation continued to be relatively higher, at 15.5 % (Figure 33).



Figure 34: Share of people aged 16 years and over who think they cannot get financial help from relatives, friends, neighbours or other people they know if they need, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–69 years ( $n = 6,838$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

<sup>b</sup> Based on the question “Do you think that if you need financial help (money, loan or item) you can get it from relatives, friends, neighbours or other people you know?”.

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

The share of people in all age groups who thought they could not get financial help from relatives, friends, neighbours or other people they know if they needed was even higher than the already-high share of people in Bulgaria who had nobody to turn to for non-material help (Figure 34). This is consistent with 2018 Eurostat data, in which Bulgaria had the biggest share in the EU of people who had no one to ask for material help.<sup>13</sup>

Results in Figure 33 and Figure 34 are indicative of two negative phenomena.

- An objective inability to give/receive material or non-material help. This situation is easily explained by the high at-risk-of-poverty rate in Bulgaria, both on average and in the different age brackets. Living in material deprivation effectively means not only that people could not afford to financially help their family and friends, but also that they would be challenged to accommodate their request for non-material help because they are too busy trying to solve their own problems.
- A low level of social trust<sup>14</sup> and, in particular, of intrapersonal trust, understood as a belief in the honesty, integrity and reliability of others. It is believed to be an important factor at societal level (influencing social cohesion, integration and stability) and at individual level (improving health, happiness, longevity and social inclusion),<sup>15</sup> and the lower the level of social trust in a society is, the worse the quality of life of its citizens is.

## Discrimination

Article 21 of the EU Charter of Fundamental Rights prohibits any discrimination based on any grounds, including age. In Bulgaria, the principle of equality is proclaimed in Article 6 of the Constitution and safeguarded by the national anti-discrimination legislation.

Stereotypes, prejudice and discrimination based on age are referred to as ‘ageism’. According to the WHO, half of the world’s population is ageist against older people. Negative attitudes are not always the result of a conscious exclusion of older people but can simply be a sign of lack of awareness.<sup>16</sup> Despite its sometimes very subtle expressions, discrimination based on age has effects significantly

more severe than simply hindering older people from taking an active part in social life: ageism is associated with earlier death (by 7.5 years), poorer physical and mental health, and slower recovery from disability in older age. It also increases risky health behaviours (smoking, excessive drinking, unhealthy diets) and generally reduces quality of life.<sup>17</sup>

According to a recent Eurobarometer report, Bulgarians were least tolerant towards people from Roma and lesbian, gay, bisexual, transgender and intersex communities and most tolerant towards young people, old people and people with disabilities.<sup>18</sup>

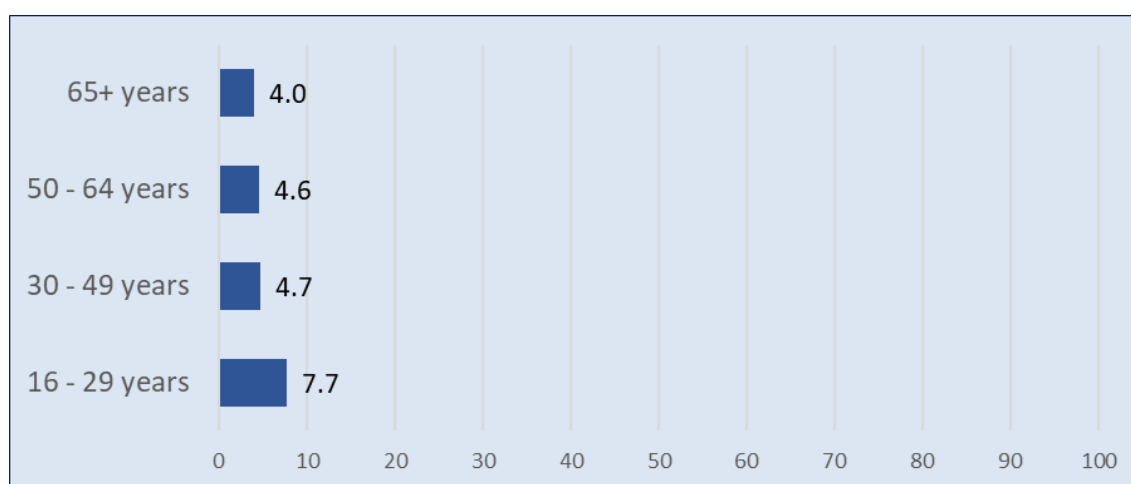
The number of complaints of unequal treatment on the grounds of age (although usually in combination with other grounds), particularly in employment, has been increasing, according to data of the national equality body, the Commission for Protection against Discrimination (*Комисия за защита от дискриминация*).<sup>19</sup>

The survey asked respondents about their awareness of the prohibition of discrimination (using the most prevalent grounds for discrimination) and if they felt discriminated against on grounds of their age in the past 12 months when in contact with administrative offices or public services. Then they were asked if they felt discriminated against on any grounds in the past 12 months in different situations (i.e. looking for work, at work, in education (their own or their child's), health, housing and other public or private services).

Consistent with the Eurobarometer data, the share of people who felt discriminated against because of their age when in contact with administrative offices or public services in the past five years was very low. Despite that, the share of those who felt discriminated against was significantly higher among people aged 65 years and older (1.1 %) than among those aged 16–64 years (0.3 %).

Most common governmental strategies for combating ageism include creating a more positive image of older people and improving attitudes and respect towards them. A crucial step is the breaking down of stereotypes of ageing and the negative views of older people.<sup>20</sup>

Figure 35: Share of people aged 16 years and over who felt discriminated against on any ground in any of the areas covered in the survey in the 12 months before the survey, by age (%)



Notes: <sup>a</sup> Out of all respondents who have been in at least one of the areas of daily life asked about in the survey in the 12 months before the survey, aged 16–29 years ( $n = 3,663$ ), 30–49 years ( $n = 7,714$ ), 50–64 years ( $n = 6,723$ ) and 65 years and over ( $n = 7,546$ ); weighted results.

<sup>b</sup> Areas of daily life asked about in the survey: looking for work, at work, education (as a student or as a parent), health, housing, and other public or private services (public administration, restaurants or bars, public transport and shops).

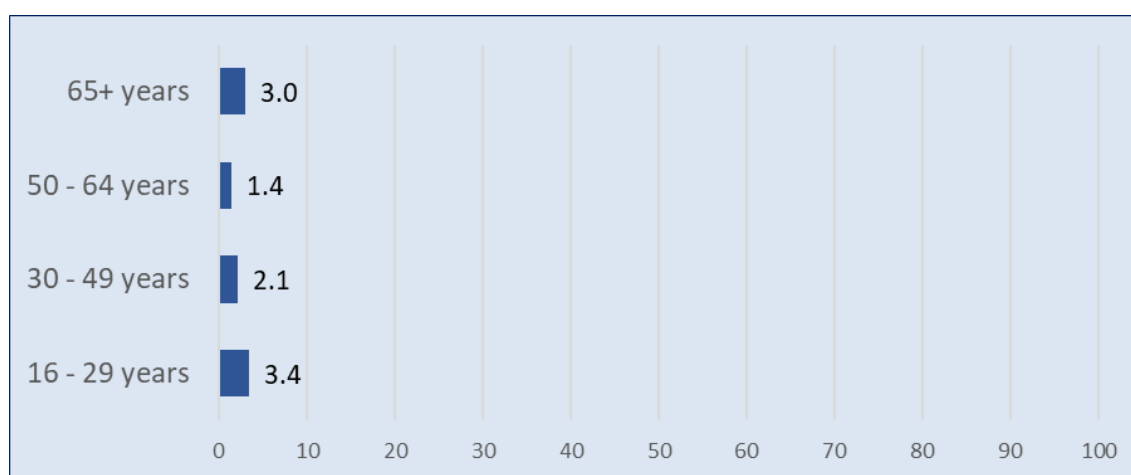
<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

The indicator ‘discrimination on any grounds in any area of life’ shows the extent of the risk of experiencing discrimination. It identifies the share of people who felt discriminated against because of any grounds in any of the areas covered in the survey during the year before the survey.

Of all the people who had been at risk of unequal treatment in the previous 12 months, 5 % felt discriminated against (on any grounds and in any of the areas that the survey covered).<sup>21</sup> Examining the results by age group, young adults (aged 16–29 years) were the most and older people (aged 65 years and older) were the least discriminated group in Bulgarian society. Considering the Eurobarometer data and Figure 35, it can be presumed that young adults (aged 16–29 years) were probably discriminated against on grounds other than only their age. In addition, the lower share of people aged 65 years and over who had felt discriminated against could be explained by the lack of sensitivity to this kind of discrimination, typical among older generations.

Figure 36: Share of people aged 16 years and over who felt discriminated against on any ground when accessing health services in the 12 months before the survey, by age (%)



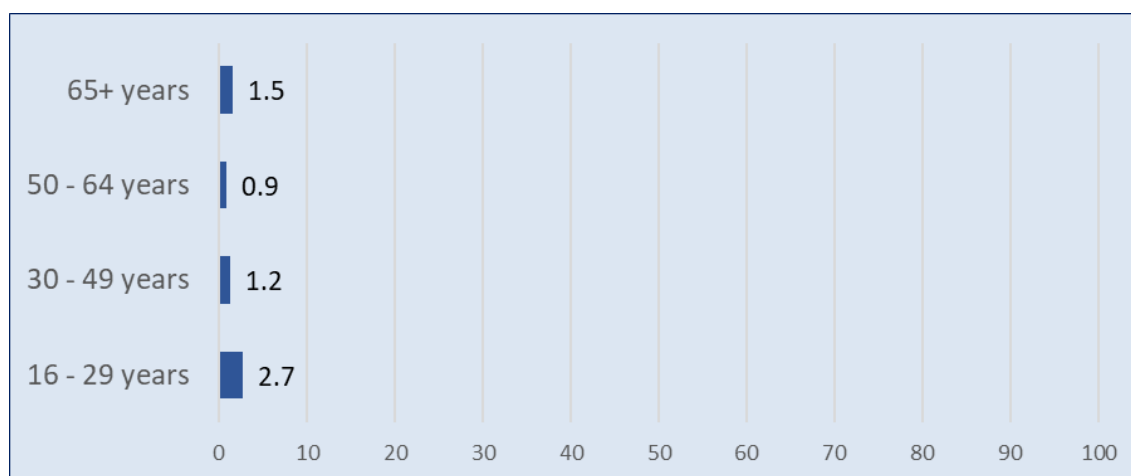
Notes: <sup>a</sup> Out of all respondents who accessed health services in the 12 months before the survey, aged 16–29 years ( $n = 2,062$ ), 30–49 years ( $n = 4,617$ ), 50–64 years ( $n = 4,741$ ) and 65 years and over ( $n = 6,568$ ); weighted results.

<sup>b</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

When it comes to experiencing discrimination on any grounds when accessing health services in the previous 12 months, people aged 65 years and over were the second most affected age group (3.0 %), the proportion being 0.4 percentage points less than that for young adults (aged 16–29 years) (Figure 36).

Figure 37: Share of people aged 16 years and over who felt discriminated against on any ground when entering a night club, a bar, a restaurant or hotel, using public transport, being in a shop or trying to enter a shop in the 12 months before the survey, by age (%)



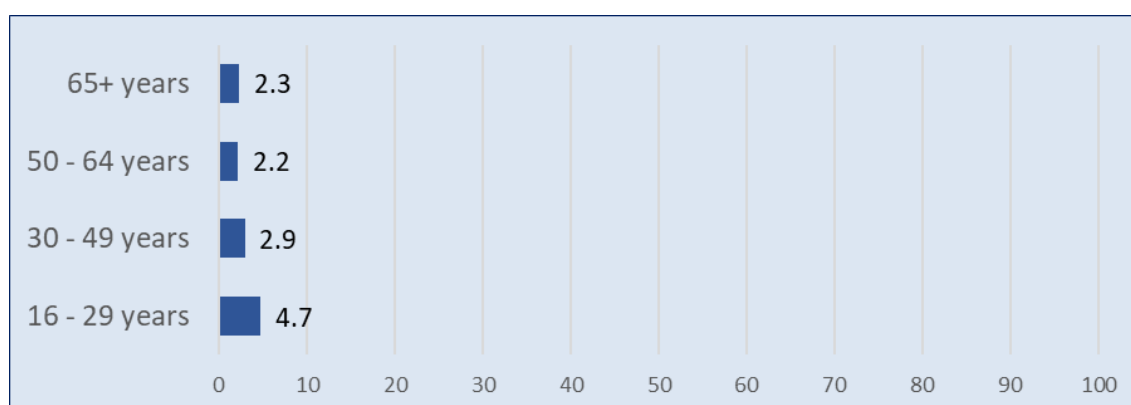
Notes: <sup>a</sup> Out of all respondents who entered a night club, a bar, a restaurant or hotel, used public transport, or were in a shop or tried to enter a shop in the 12 months before the survey, aged 16–29 years ( $n = 3,317$ ), 30–49 years ( $n = 6,673$ ), 50–64 years ( $n = 5,747$ ) and 65 years and over ( $n = 5,890$ ); weighted results.

<sup>b</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

Again, people aged 65 years and over were the age group second most affected by discrimination when entering a public place (nightclub, bar, restaurant or hotel), when using public transport, or when in a shop or trying to enter a shop (Figure 37). However, the share of people aged 65 years and over who felt discriminated against in these places was half the share of people aged 65 years and over who felt discriminated when trying to access health services.

Figure 38: Share of people aged 16 years and over who felt discriminated against on any ground when in contact with public services in the 12 months before the survey, by age (%)



Notes: <sup>a</sup> Out of all respondents who were in contact with public services in the 12 months before the survey, aged 16–29 years ( $n = 1,870$ ), 30–49 years ( $n = 4,903$ ), 50–64 years ( $n = 4,070$ ) and 65 years and over ( $n = 2,928$ ); weighted results.

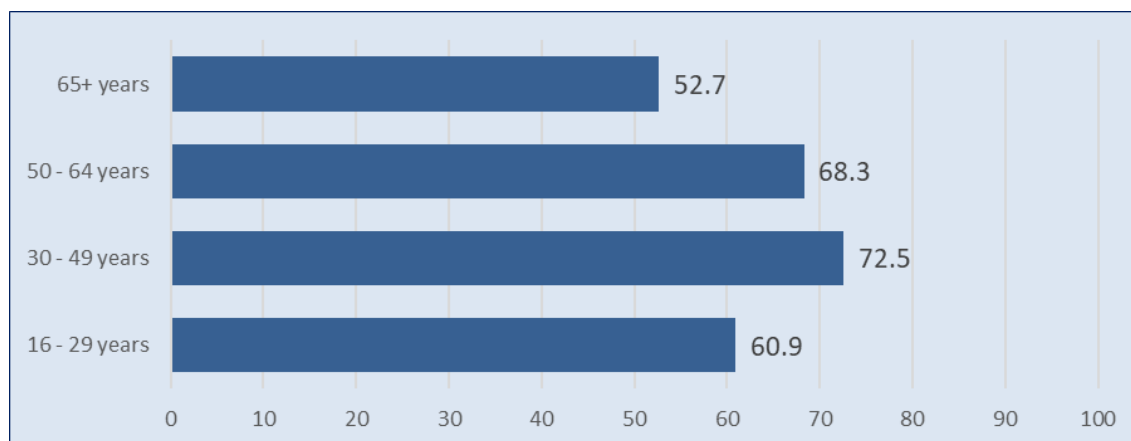
<sup>b</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

Unlike the results shown in the previous figures, older people were one of the age groups who felt the least amount of discrimination from public servants, unlike young adults (aged 16–29 years), who felt most discriminated against (Figure 38).

Despite the slight differences between age groups in the levels of those who experienced discrimination, the share of people who felt discriminated against is low. Without a doubt, the group of young adults (aged 16–29 years) was the most susceptible to discrimination on all examined grounds and situations. Further research is needed to explore whether this is a matter of objectively higher vulnerability of this particular group or a result of increased subjective understanding of discrimination issues among young adults.

Figure 39: Share of people aged 16 years and over who are aware that there is a law prohibiting discrimination based on skin colour, ethnic origin or religion, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–64 years ( $n = 6,838$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

<sup>b</sup> Based on the question: “As far as you are aware, is there a law in Bulgaria that forbids discrimination based on skin colour, ethnic origin or religion?”.

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

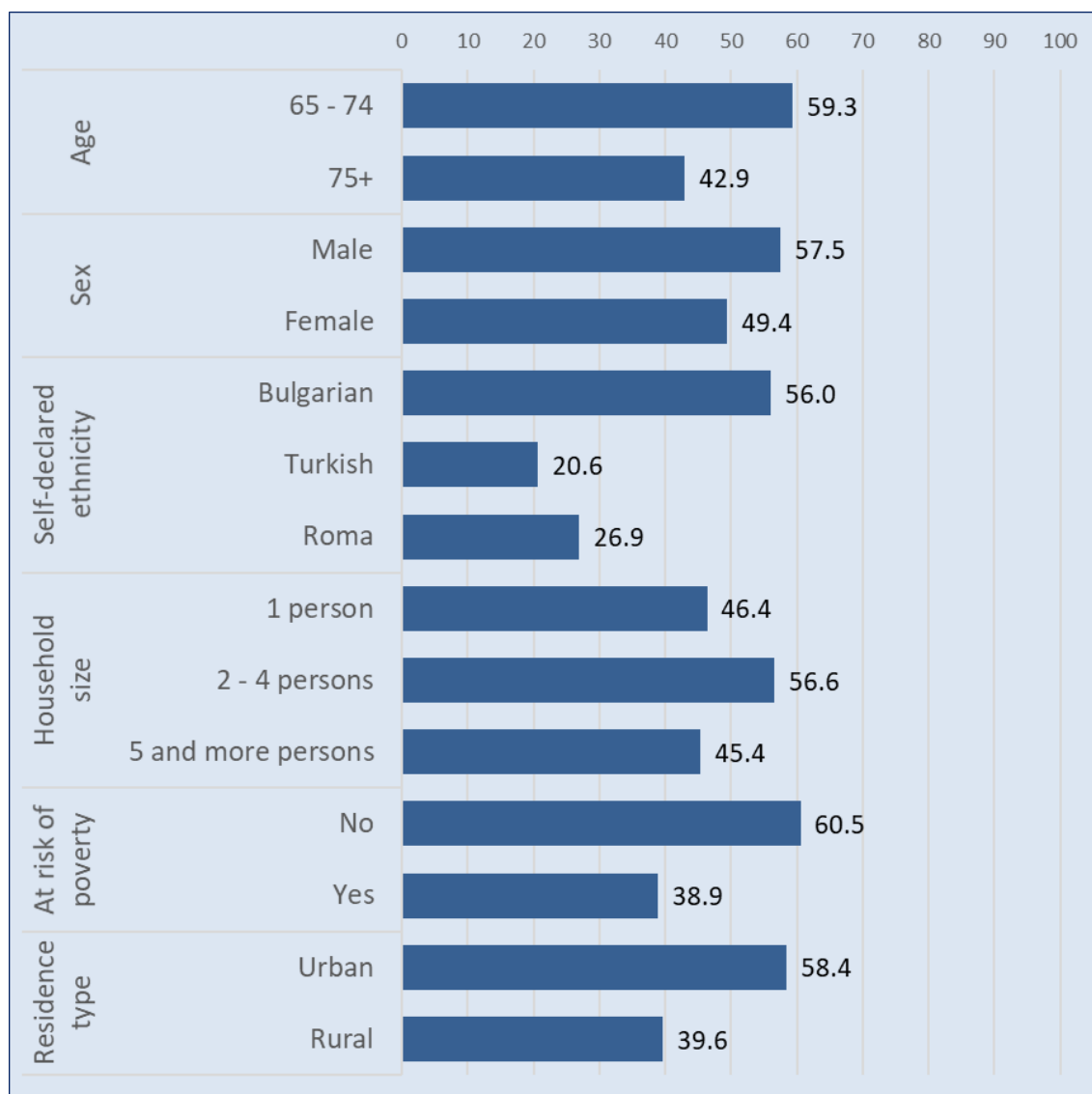
According to the annual activity reports of the national equality body, the Commission for Protection against Discrimination (*Комисия за защита от дискриминация*), the number of complaints of unequal treatment has been increasing. This trend could be seen as reflecting the increased sensitivity of Bulgarian society to discrimination, due to the commission’s active preventive work to raise people’s legal awareness of issues of equality and non-discrimination, as well as the increased civic activity in upholding human rights and intolerance of discrimination and unequal treatment. On the other hand, this trend shows that at all levels of society and in all age groups there are still stereotypes that affect the way people perceive each other. These stereotypes involve oversimplified assumptions based on socially constructed norms, practices and beliefs, which are often culturally and religiously conditioned and nurtured.<sup>22</sup>

Survey data show that a little over half of people aged 65 years and older were aware that there was a legal framework prohibiting discrimination based on skin colour, ethnic origin or religion in Bulgaria. Compared with the group of younger people, older people were significantly less well informed about anti-discrimination laws (Figure 39).

Older people in Bulgaria are a challenging target group for awareness-raising campaigns. This is because it is more difficult to engage them to participate in events in person, partly because of the physical difficulties they experience and especially during the recent COVID-19 pandemic. In addition, according to BNSI data for 2020, people aged 65–74 years were the least likely to regularly (every day or at least once a week) use the internet,<sup>23</sup> which means that they would most probably not be successfully addressed by online campaigns. However, lack of awareness might be the result of a cultural generational gap, with more conservative older people not perceiving discrimination as a

real problem, but as something ‘normal’, and not being interested in additional information on the issue.

Figure 40: Share of people aged 65 years and over who are aware that there is a law prohibiting discrimination based on skin colour, ethnic origin or religion, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate and residence type (%)



Notes: <sup>a</sup> Out of all respondents aged 65 years and over (n = 7,973); weighted results.

<sup>b</sup> Based on the question: “As far as you are aware, is there a law in Bulgaria that forbids discrimination based on skin colour, ethnic origin or religion?”.

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

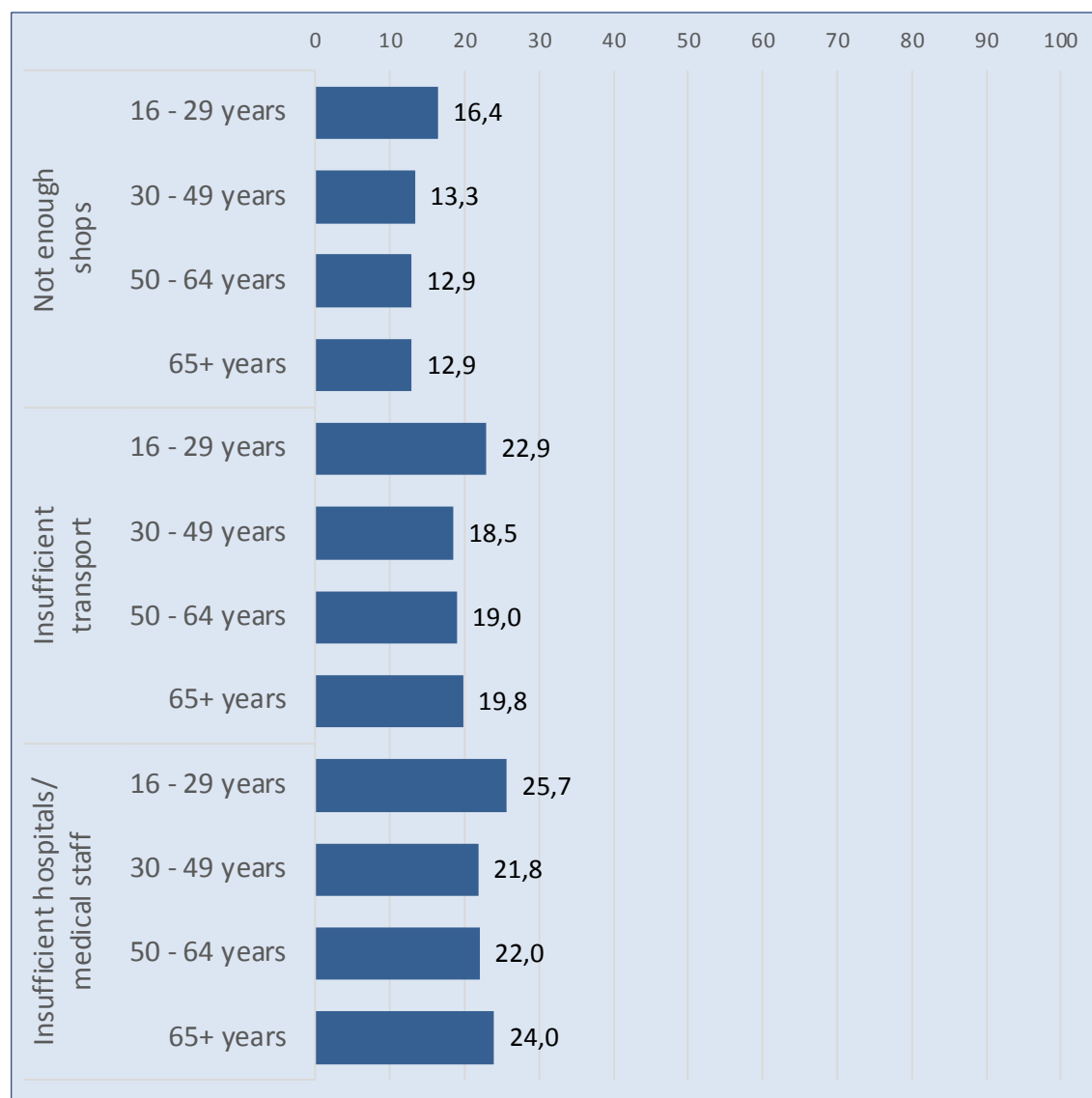
Source: BNSI/FRA survey 2020

Further study of the data shows that people aged 65–74 years were better informed than people aged 75 years and older, which can probably be attributed to the fact that the oldest group faces more barriers to active social participation<sup>24</sup> and keeping up with current social problems and events.

Men were better informed than women, ethnic Bulgarians were better informed than both ethnic minorities (Turkish people and Roma) and people living in cities and towns were better informed than people living in rural areas. Probably the most important and common factor affecting awareness was risk of poverty. The difference in awareness was over 20 percentage points, in favour of people who were not at risk of poverty.

Roma were more aware than other ethnic groups of the anti-discrimination legal framework, probably because they were most vulnerable to unequal treatment on various grounds<sup>25</sup> and were, to a greater extent, ‘forced’ by circumstances to get educated about their rights (Figure 40).

Figure 41: Share of people aged 16 years and over who live in areas with insufficient shops, hospitals or transport, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–69 years ( $n = 6,838$ ) and 65 years and older ( $n = 7,971$ ); weighted results.

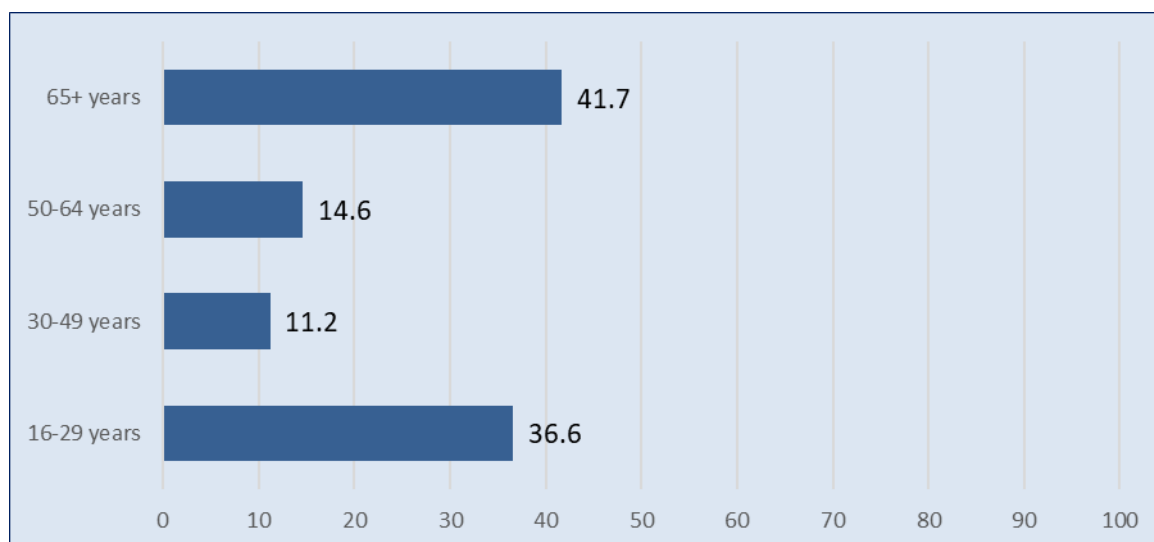
<sup>b</sup> Based on the question “Which of the following problems related to the neighbourhood (village) in which you live do you have?: ‘Not enough shops’, ‘Insufficient transport’ and ‘Insufficient hospitals/medical staff’.”.

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

The problems with access to certain services (shops, transportation and healthcare) related to the neighbourhoods (villages) seemed to affect both younger generations and older people (aged 65 years and over). The differences between age groups were rather small (less than 5 percentage points), suggesting that the main infrastructure problems faced in the living environment were largely universal and all age groups were equally vulnerable to them (Figure 41).

Figure 42: Share of people 16 years and over who do not have a bank account, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–64 years ( $n = 6,838$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

<sup>b</sup> Based on the question: “Do you have a bank card (debit, credit) and/or bank account?”.

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

Financial services are crucial in the functioning of everyday life for most people, hence the growing recognition that having access to a bank account and the financial services that banks and other financial institutions provide are a necessary condition for social inclusion. However, different generations have different needs for financial services and face different challenges in access and usage.

Older age itself does not make a person vulnerable in terms of financial exclusion. However, according to the Organisation for Economic Co-operation and Development,<sup>26</sup> older people are more exposed to factors that make some of them vulnerable, such as physical access to bank branches,<sup>27</sup> barriers arising from lower digital capability of older people in an increasingly digital environment and lower levels of financial literacy, which may be affected by the decrease in cognition. Other important factors include general health condition, income level and potential risk of social isolation.<sup>28</sup>

Given the global ageing of the population, both policymakers and private stakeholders (i.e. financial service providers, consumers and merchants) should take measures to address these challenges that make current and future older generations more vulnerable in a highly digital environment.

Survey data showed that over 40 % of people aged 65 years and older in Bulgaria did not own a bank account, which was more than twice the share of people without bank accounts in the 30- to 49-year and 50- to 64-year age groups. Interestingly, the youngest age group (16–29 years) held the second place, with 36.6 % not owning a bank account (Figure 42).

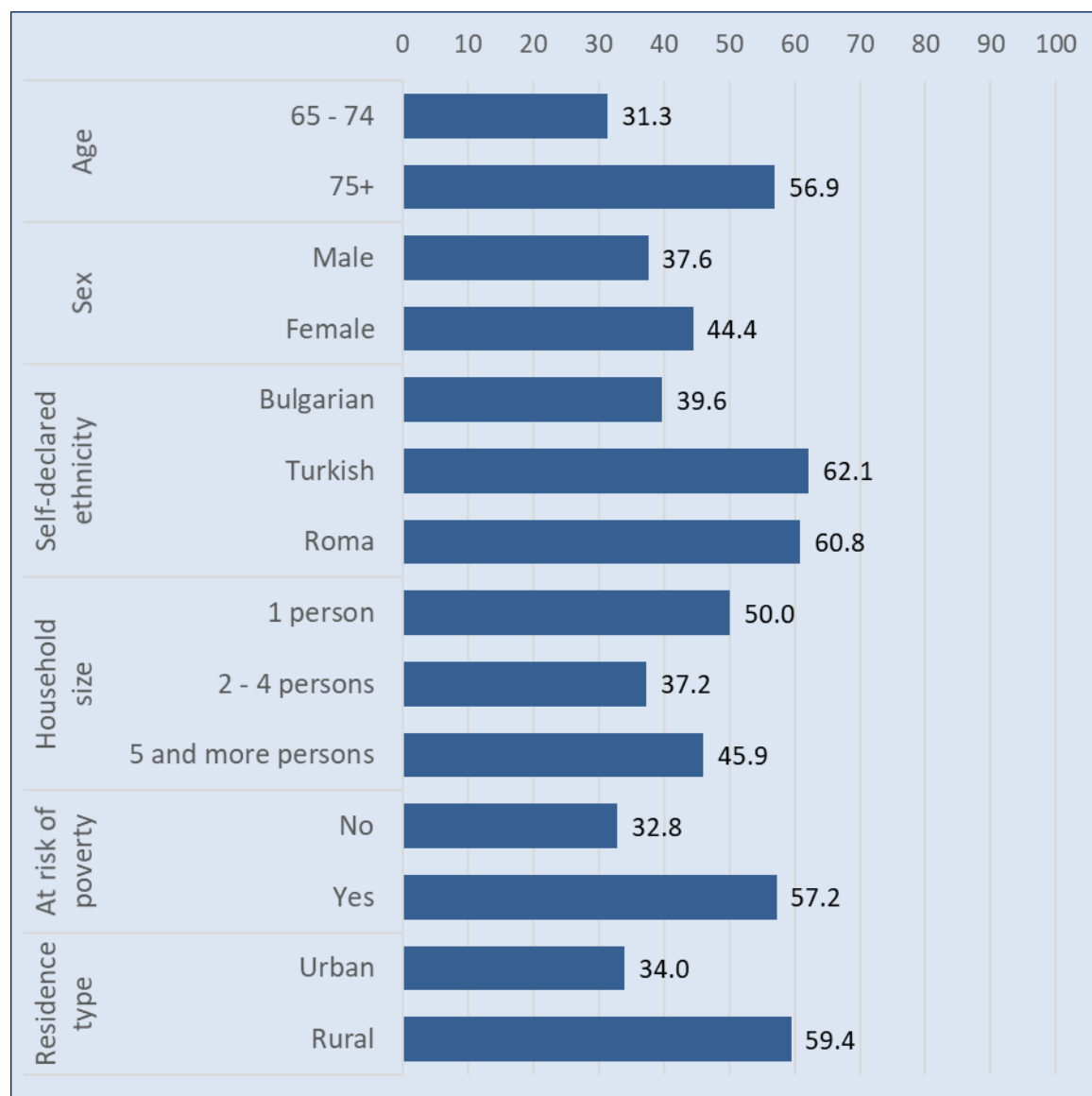
Bulgarians are rather conservative in relation to banking, in the sense that in 2018 fewer than 10 % of Bulgarians were using the internet for their banking, according to a 2021 study on the EU payment accounts market, prepared for the European Commission. Moreover, contrary to the EU-28 trend of a decreasing number of bank branches, in Bulgaria their number has actually increased in recent years. Since 2014, Bulgaria is one of the EU Member States where the share of unbanked population has decreased most. However, the total share of unbanked individuals (aged 15 years and older) in 2017 in Bulgaria still was one of the highest in the EU (close to 30 %). When asked about the reasons



for not having an account, most unbanked people in Bulgaria mentioned an insufficient income or financial services being too expensive. Other important factors are the lack of trust in financial institutions and such institutions being too far away.<sup>29</sup> This is an indication that, in general, Bulgarians are still relatively conservative in their usage of cashless financial services.

Since older people are not a homogeneous group and are as diverse as their personal and family situation, finances, housing, employment, health status and other characteristics, it is useful to examine the disaggregated data (Figure 43) for a more in-depth perspective.

Figure 43: Share of people 65 years and over who do not have a bank account, by age, sex, self-declared ethnicity, household size, at-risk-of-poverty rate and residence type (%)



Notes: <sup>a</sup> Out of all respondents aged 65 years and over (n = 7,973); weighted results.

<sup>b</sup> Based on the question: "Do you have a bank card (debit, credit) and/or bank account?".

<sup>c</sup> The remainder of the 100 % includes non-responses to the underlying questions.

Source: BNSI/FRA survey 2020

Almost all examined indicators showed a picture of great inequalities as far as financial exclusion is concerned. In general, poorer people living in rural areas were far less likely to own a bank account, firstly because they did not need such a service for managing their modest finances, and secondly because they often did not have physical access to bank offices or automated teller machines.

Owning a bank account became less likely as people grew older in Bulgaria. The share of people aged 75 years and older without a bank account was about 25 percentage points higher than that among people aged 65–74 years (Figure 43).

Women aged 65 years and over in Bulgaria were less likely to own a bank account than men by almost 7 percentage points, continuing the trend of women being generally poorer and more likely to be socially excluded. Again, this is not a uniquely Bulgarian phenomenon, but a global occurrence. The factors contributing to vulnerability and financial exclusion are often greater for older women, as they tend to live longer than men and be poorer in old age. As noted in the G20 Fukuoka Policy Priorities, on average women have lower lifetime earnings, are less digitally and financially literate, use fewer formal financial services and live longer than men.<sup>30</sup>

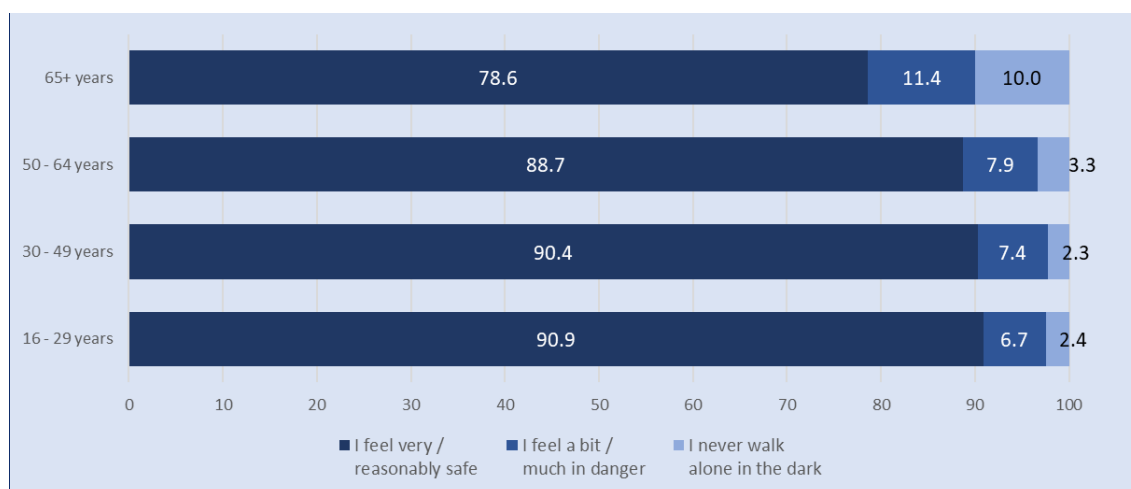
Considering the at-risk-of-poverty data (Figure 19), the levels of feeling socially excluded (Figure 32) and the satisfaction in one's financial situation (Figure 24), it is not especially surprising that older people of Bulgarian ethnic origin were significantly more likely to have bank accounts than those of Turkish origin and Roma (the differences between ethnic Bulgarians and the other two ethnic groups were over 20 percentage points). Considering the same data, it is, however, interesting that older Roma, who were significantly more exposed to poverty and social exclusion, were slightly more likely to own a bank account than ethnic Turkish people aged 65 years and older.

## Security

The next indicator refers to the proportion of the population aged 65 years and over who feel safe walking alone in their neighbourhood. It represents the concept of ‘fear of crime’. The most obvious reason for high levels of fear of crime is actual high crime rates. At an individual level, it might be expected that people who were victims of a crime would experience more fear and, at a social level, that regions with a higher number of crimes would be considered less secure. Unfortunately, in Bulgaria there are no publicly available official quantitative data on the actual number of older people who were victims of crimes, despite the broad media coverage of the topic and fighting domestic crime being one of the top priorities of the Prosecutor’s Office.<sup>31</sup> In 2019, the share of people reporting crime, violence or vandalism in their neighbourhood in Bulgaria (20.2 %) was the highest in the EU, according to Eurostat.<sup>32</sup>

However, because crime is a relatively rare event, fear of crime is the result of more complex social dynamics that involve the victims of crime but also other social aspects.<sup>33</sup> Hence fear of crime is a phenomenon that is usually largely independent of the actual prevalence of crime, as the perception of crime and the resulting fear of it is usually mediated by a number of factors, such as awareness of crime, public discussion and the media, and personal circumstances. In extreme cases, fear of crime can negatively influence well-being and lead to lower quality of life,<sup>34</sup> by causing psychological issues on a personal level<sup>35</sup> and prejudice and segregation on a social level.<sup>36</sup>

Figure 44: Share of people aged 16 years and over who feel safe walking alone around the area they live, by age (%)



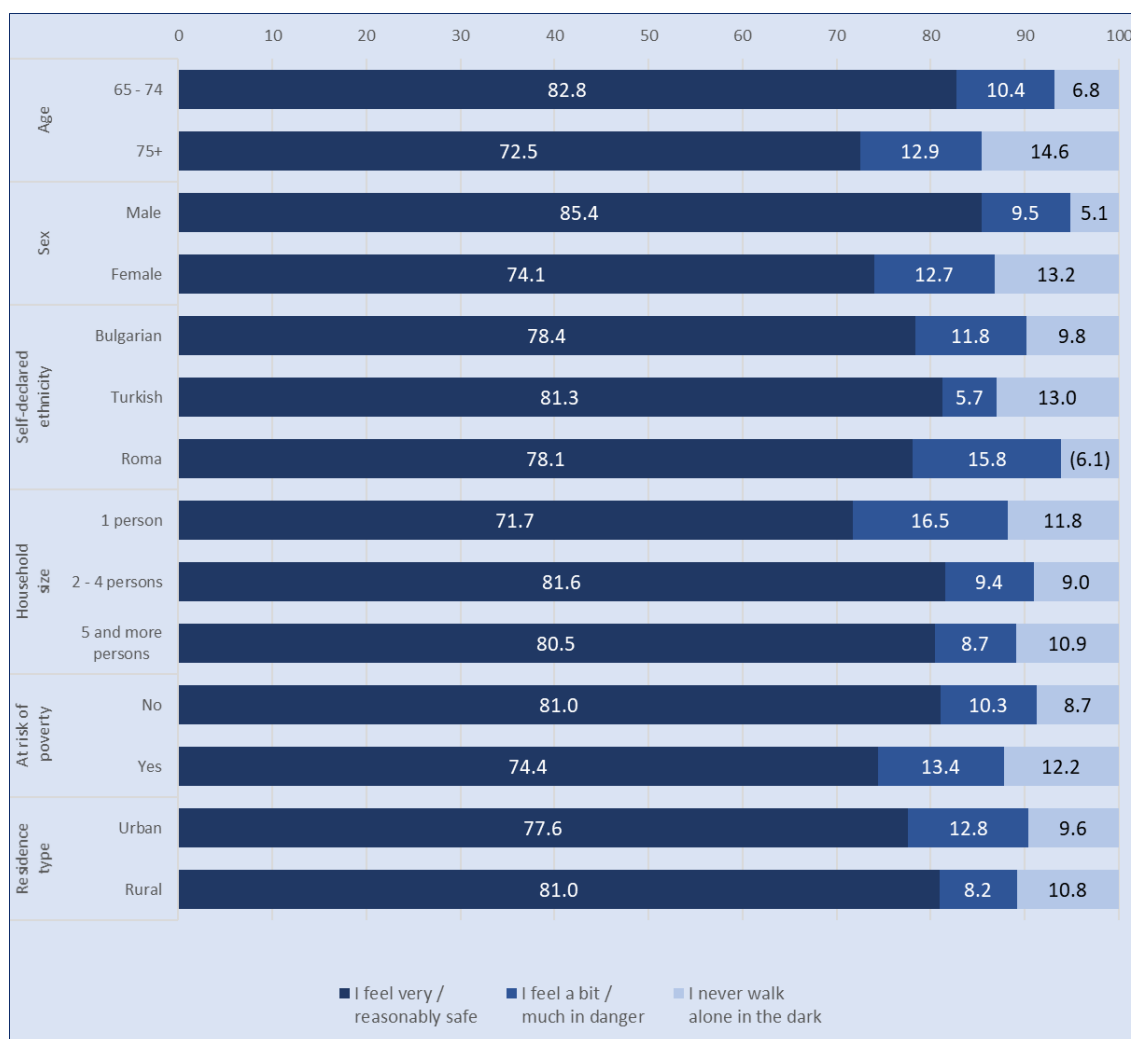
Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,742$ ), 30–49 years ( $n = 7,826$ ), 50–69 years ( $n = 6,837$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

<sup>b</sup> Based on the question: “Do you feel safe when you walk alone in the neighbourhood (settlement) where you live?” where possible answers were ‘I feel very safe’, ‘I feel reasonably safe’, ‘I feel a bit in danger’, ‘I feel much in danger’ and ‘I never walk alone in the dark’.

Source: BNSI/FRA survey 2020

Survey data show that 21.4 % of older people (65 years and older) felt insecure walking alone in their neighbourhood (settlement), which was nearly twice the share of people in all other age groups. These results are in line with global tendencies (Figure 44).<sup>37</sup>

Figure 45: Share of people aged 65 years and over who feel safe walking alone around the area they live, by age, sex, self-declared ethnicity, household size, at risk of poverty rate and residence type (%)



Notes: <sup>a</sup> Out of all respondents aged 65 years and over (n = 7,973); weighted results.

<sup>b</sup> Based on the question: "Do you feel safe when you walk alone in the neighbourhood (settlement) where you live?" where possible answers were 'I feel very safe', 'I feel reasonably safe', 'I feel a bit in danger', 'I feel much in danger' and 'I never walk alone in the dark'.

<sup>c</sup> Results based on a small number of responses are statistically less reliable. Thus, results based on 20 to 49 unweighted observations in a group total or based on cells with fewer than 20 unweighted observations are noted in parentheses. Results based on fewer than 20 unweighted observations in a group total are not published.

Source: BNSI/FRA survey 2020

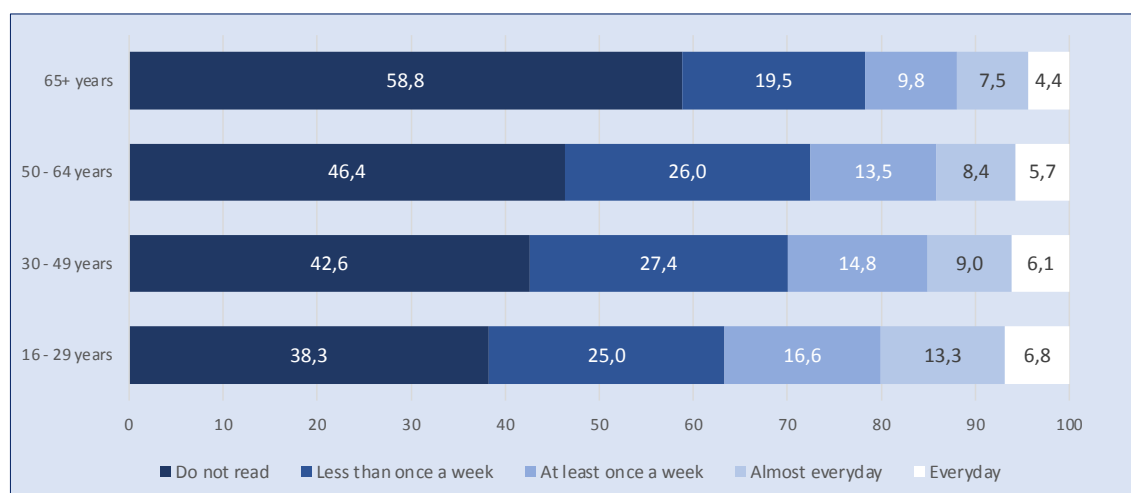
Further analysis of data shows that, consistent with the outcomes of criminological research from all over the world, in Bulgaria, older women<sup>38</sup> and people at risk of poverty<sup>39</sup> tended to feel more unsafe in their neighbourhoods (Figure 45).

People aged 65 years and older belonging to ethnic minorities did not seem to be more fearful than the overall population, contrary to criminological data from the UK.<sup>40</sup> The results on this indicator of ethnic Bulgarian people, ethnic Turkish people and Roma were rather similar, with ethnic Turkish people registering the highest share of people feeling safe when walking alone in the neighbourhood (settlement) where they live: 81.3 %.

## Reading books

The longer individuals maintain good cognitive functions, the more active, independent and fulfilling their lives can be. The next indicator – reading books – is believed to be closely related to preserving good cognitive functions in older people. Reading books is linked to the level of education attained: education may enhance the motivation to read books and frequent reading may raise educational aspirations.

Figure 46: Share of people aged 16 years and over who read books, by age (%)



Notes: <sup>a</sup> Out of all respondents aged 16–29 years ( $n = 3,743$ ), 30–49 years ( $n = 7,826$ ), 50–64 years ( $n = 6,838$ ) and 65 years and over ( $n = 7,973$ ); weighted results.

<sup>b</sup> Based on the question: “How often do you read books (including e-books)?”

Source: BNSI/FRA survey 2020

The share of people who do not read books is indicative of the level of social inclusion of older people. Reading books is thought to be one of the mentally stimulating activities that could reduce cognitive decline in old age.<sup>41</sup> The better a person’s cognitive functions, the greater their ability to be an active member of society.

In 2016, Bulgaria was tied with Greece in last place in the EU for newspaper, books and stationery expenditure, according to Eurostat data.<sup>42</sup> In 2016, 46.9 % of Bulgarians aged 16–64 years had not read any books in the previous year, according to BNSI data.<sup>43</sup>

Contrary to popular belief, the share of people who claim that they do not read at all increases with age: 38.3 % of people aged 16–29 years compared with 42.6 % of people aged 30–49 years, 46.4 % of people aged 50–64 years and 58.8 % of people aged 65 years and older (Figure 46). Not reading books is related to negative effects such as increased cognitive decline, decreased empathy, decreased language skills and communication, and increased levels of stress, which are all factors influencing both health status and social exclusion.

<sup>1</sup> Levitas, R., Pantazis, C., Fahmy, E., Gordon, D., Lloyd-Reichling, E. and Patsios, D. (2007), [The multi-dimensional analysis of social exclusion](#), Bristol, University of Bristol.

<sup>2</sup> United Nations Department of Economic and Social Affairs (2016), [World social situation 2016: Leaving no one behind – The imperative of inclusive development](#) (ST/ESA/362), 6 September 2016.

<sup>3</sup> WHO Regional Office for Europe (2017), [Age-friendly environments in Europe: A handbook of domains for policy action](#), Copenhagen, WHO Regional Office for Europe.

<sup>4</sup> WHO (2017), [WHO strategy and action plan for healthy ageing in Europe 2012–2020](#), Geneva, WHO.

<sup>5</sup> The UN Decade of Healthy Ageing (2021–2030) is a global collaboration, aligned with the last 10 years of the Sustainable Development Goals, that brings together governments, civil society, international agencies, professionals, academia, the

media and the private sector to improve the lives of older people, their families and the communities in which they live. For more information, see the [website](#) of the WHO.

<sup>6</sup> Bulgaria, Council of Ministers (Министерски съвет) (2019), *National strategy for active life of the elderly in Bulgaria 2019–2030 (Национална стратегия за активен живот на възрастните хора в България 2019–2030 г.)*, 15 March 2019.

<sup>7</sup> BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

<sup>8</sup> Helliwell, J., Layard, R. and Sachs, J. (eds), *World Happiness Report 2013*, New York, United Nations Sustainable Development Solutions Network.

<sup>9</sup> Eurostat (2021), *'Quality of life indicators – Social interactions'*, 28 April 2021.

<sup>10</sup> Dai, Y., Zhang, C., Zhang, B., Li, B., Jiang, C. and Huang, H. (2016), *'Social support and the self-rated health of older people'*, *Medicine* (Baltimore), Vol. 95, No. 24.

<sup>11</sup> WHO (2021), *Social isolation and loneliness among older people: Advocacy brief*, Geneva, WHO.

<sup>12</sup> Eurostat (2018), *'People who do not have someone to ask for non-material help, by age, 2018'*, 27 April 2021.

<sup>13</sup> Eurostat (2021), *'Quality of life indicators – Social interactions'*, 28 April 2021.

<sup>14</sup> Kwon, O. Y. (2019), *'Social trust: Its concepts, determinants, roles, and raising ways'* in: Kwon, O. Y., *Social trust and economic development: The case of South Korea*, Cheltenham, Edward Elgar Publishing.

<sup>15</sup> Woelfert, F. S. and Kunst, J. R. (2020), *'How political and social trust can impact social distancing practices during COVID-19 in unexpected ways'*, *Frontiers in Psychology*, Vol. 11, No. 572966.

<sup>16</sup> WHO Regional Office for Europe (2017), *Age-friendly environments in Europe: A handbook of domains for policy action*, Copenhagen, WHO Regional Office for Europe.

<sup>17</sup> WHO (2021), *'Ageing: Ageism'*, press release, 18 March 2021.

<sup>18</sup> European Commission (2019), *'Special Eurobarometer 493: Discrimination in the European Union'*, Bulgaria Factsheet.

<sup>19</sup> Commission for Protection Against Discrimination (Комисия за защита от дискриминация) (2019), 'The Deputy Chairman of CPD, Assoc. Prof. Baki Husseinov, took part in the International Forum in Berlin, organised by the European Network of Equality Bodies (Equinet) in partnership with the European Age Platform' (*'Зам.- председателят на КЗД доц. Баки Хюсеинов участва в Международен форум в Берлин, организиран от Европейската мрежа на органите по равнопоставеност /Еквинет/ в партньорство с Европейската възрастова платформа'*), press release, 28 June 2019.

<sup>20</sup> WHO Regional Office for Europe (2008), *Demystifying the myths of ageing*, Copenhagen, WHO Regional Office for Europe.

<sup>21</sup> BNSI, EU Agency for Fundamental Rights and Centre for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

<sup>22</sup> Bulgaria, Commission for Protection against Discrimination (Комисия защита от дискриминация) (2020), *Annual activity report of the Commission for Protection against Discrimination for 2019 (Годишен отчет за дейността на Комисията за защита от дискриминация през 2019 г.)*.

<sup>23</sup> Bulgaria, National Statistical Institute of Bulgaria (Национален статистически институт) (2020), *'Individuals regularly using the internet'*, 11 December 2020.

<sup>24</sup> Goll, J. C., Charlesworth, G., Scior, K. and Stott, J. (2015), *'Barriers to social participation among lonely older adults: The influence of social fears and identity'*, *PLOS ONE*, Vol. 10, No. 2.

<sup>25</sup> BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

<sup>26</sup> Organisation for Economic Co-operation and Development (2020), *Financial consumer protection and ageing populations*, Paris, OECD Publishing.

<sup>27</sup> Physical decline, associated with old age, can have a significant impact on a person's ability to use financial products and services.

<sup>28</sup> United Nations Department of Economic and Social Affairs, Population Division (2017), *World population ageing 2017 (ST/ESA/SER.A/408)*, New York, UN.

<sup>29</sup> European Commission (2021), *Study on EU payment accounts market*, Luxembourg, Publications Office.

<sup>30</sup> Global Partnership for Financial Inclusion, Organisation for Economic Co-operation and Development (2019), *G20 Fukuoka Policy Priorities on Aging and Financial Inclusion*.

<sup>31</sup> Bulgaria, Prosecutor's Office of Republic of Bulgaria (Прокуратура на Република България) (2020), 'Prosecutor General Ivan Geshev: Priorities of the Prosecutor's Office are the fight against conventional crime and high level corruption' (*'Главният прокурор Иван Гешев: Приоритетите на прокуратурата са борбата с битовата престъпност и с корупцията по високите етажи на властта'*), press release, 26 July 2020.

<sup>32</sup> For more information, see the [website](#) of Eurostat.

<sup>33</sup> Curiel, R. P. and Bishop, S. R. (2018), *'Fear of crime: The impact of different distributions of victimisation'*, *Palgrave Communications*, Vol. 4, No. 46.

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- <sup>34</sup> Jackson J. and Gray, E. (2010), '[Functional fear and public insecurities about crime](#)', *British Journal of Criminology*, Vol. 50, No. 1.
- <sup>35</sup> Ruijsbroek, A., Droomers, M., Groenewegen, P. P., Hardyns, W. and Stronks, K. (2015), '[Social safety, self-rated general health and physical activity: Changes in area crime, area safety feelings and the role of social cohesion](#)', *Health & Place*, Vol. 31, pp. 39–45.
- <sup>36</sup> Valera, S. and Vidal, T. (2010), '[Perceived insecurity in the public space: Personal, social and environmental variables](#)', *Quality & Quantity*, Vol. 44, No. 2.
- <sup>37</sup> Borooah, V. K. and Carcach, C. A. (1997), '[Crime and fear: Evidence from Australia](#)', *British Journal of Criminology*, Vol. 37, No. 4; Carro, D., Valera, S. and Vidal, T. (2010), '[Perceived insecurity in the public space: Personal, social and environmental variables](#)', *Quality & Quantity*, Vol. 44, No. 2.
- <sup>38</sup> Borooah, V. K. and Carcach, C. A. (1997), '[Crime and fear: Evidence from Australia](#)', *British Journal of Criminology*, Vol. 37, No. 4; Carro, D., Valera, S. and Vidal, T. (2010), '[Perceived insecurity in the public space: Personal, social and environmental variables](#)', *Quality & Quantity*, Vol. 44, No. 2.
- <sup>39</sup> Pantazis, C. (2000), '[Fear of crime, vulnerability and poverty. Evidence from the British Crime Survey](#)', *British Journal of Criminology*, Vol. 40, No. 1.
- <sup>40</sup> Brunton-Smith, I. and Sturgis, P. (2011), '[Do neighbourhoods generate fear of crime? An empirical test using the British Crime Survey](#)', *Criminology*, Vol. 49, No. 2.
- <sup>41</sup> Sörman, D. E., Ljungberg, J. K. and Rönnlund, M. (2018), '[Reading habits among older adults in relation to level and 15-year changes in verbal fluency and episodic recall](#)', *Frontiers in Psychology*, Vol. 9, No. 1872.
- <sup>42</sup> Eurostat (2018), '[World Book Day](#)', press release, 23 April 2018.
- <sup>43</sup> Bulgaria, National Statistical Institute of Bulgaria (*Национален статистически институт*) (2017), '[Population by reading of books and by gender, age, education, labour status and residence](#)', 15 September 2017.

## Conclusions and recommendations

Older people are considered an important and valuable resource of Bulgaria, and the government is committed to placing a special emphasis on the promotion of healthy lifestyles, the improvement of health services and the improvement and diversification of social services for older people. It is crucial to take advantage of unused resources and harness the potential of all social groups in the population to achieve sustainable development and economic growth for Bulgaria. As far as older people are concerned, this is especially important in areas such as healthcare, with a focus on preventing socially significant diseases and preventive care, and creating a positive image of older people among the public.<sup>1</sup>

Evidence-based social policies require multivariate analyses of reliable data. This report is a step in that direction. It zooms in on the picture outlined in *Key social inclusion and fundamental rights indicators in Bulgaria – Summary of main results* to offer more detailed insights into several crucial aspects of the lives of older people (aged 65 years and over), namely health, poverty and social exclusion, housing, and an enabling environment. When disaggregated by key characteristics, the results enable the identification of particularly vulnerable groups of older people, who are much more likely to be exposed to risks such as poverty, social exclusion and inadequate living conditions. Such data can help policymakers to better understand the actual challenges that people aged 65 years and older are facing and serve as a basis for the development of effective and informed targeted interventions at national and regional levels. However, when designing policies for older people, it is important for decision-makers to remember that different generations and even different social groups within the population aged 65 years and over are facing different (and sometimes contradictory) challenges. Finding the right balance in addressing such challenges will be crucial, because any disproportion may lead to increased age bias and divisions between different generations.

Accessibility and availability of healthcare services are essential to sustaining a good quality of life. The survey results show that, overall, health services remain inaccessible and/or unaffordable for a small share of the population (3.1 %). At the same time, 3.6 % of Bulgarians experience severe limitations on their usual activities due to health problems and another 10.9 % are limited but not severely.<sup>2</sup> However, health problems associated with ageing, combined with income reduction for those who retire, constitute an important vulnerability risk overlapping with limited availability and accessibility of health services. Thus, as one might expect, the shares of older people with unmet medical needs (4.2 %), severe limitations on their usual activities due to health problems (8.6 %) and non-severe limitations on their usual activities due to health problems (29.4 %) are considerably higher than the same figures for the general population. In addition, access to healthcare services is especially challenging for older people who are at risk of poverty, belong to the Roma community or live in rural areas.

There is now extensive evidence of a social gradient in health. Those who are better educated, have higher-status jobs and higher incomes and live in less-deprived neighbourhoods will generally have better health, longer life expectancy and more healthy life-years than their less educated, poorer counterparts who work less prestigious jobs and live in more deprived neighbourhoods.<sup>3</sup> Every aspect of government and the economy has the potential to affect people's health, including not just healthcare but also finance, education, housing, employment and public infrastructure. Therefore, improving the health status of any social group requires horizontal, coherent action across all levels of government.



The survey results show that, despite the efforts of the national authorities, further action is needed to break the cycle of poverty, which leads to marginalisation and social exclusion. This is particularly relevant for older people, as their main income source is pensions. More than a third of people aged 65 years and over (36.2 %) are at risk of poverty, which is by more than 12 percentage points higher figure than the whole population's average (23.6%).<sup>4</sup> About 2.3 % of older people live in such extreme poverty that at least one member of their household has gone to bed hungry due to lack of money to buy food. In addition, risk of poverty disproportionately affects people aged 75 years and over, women, Roma, people living alone and people living in rural areas.

Both Eurostat data<sup>5</sup> and the survey results confirm that overcrowding is one of the most persistent issues that the Bulgarian population faces. Despite this, however, older people both in the EU and in Bulgaria are more likely to be living in underoccupied dwellings.<sup>6</sup> In general, people aged 65 years and over seem to experience different kinds of housing problems from the rest of the population. Rising house prices and high levels of unemployment are the main challenges that people aged under 65 years face, whereas older people are more likely to experience poor housing conditions (which present an increased health risk) due to lower income, older age of the housing stock and lower mobility, according to the survey results. Besides living conditions, housing issues often relate to ill-equipped dwellings and problems with the environment in the neighbourhood. National and local authorities could consider focusing on the situation of single older people, especially those living in houses, often in rural areas, since this group is particularly affected by problems with the quality of the dwelling and housing cost overburden.

The survey registered a very low prevalence of discrimination. The reasons for this may include low levels of awareness, perception of discrimination as part of 'normal daily life', fear of reporting and lack of awareness or mistrust of victim support structures.<sup>7</sup> This is why it is important to work on empowering older people by creating spaces to inform them of their rights and teach them to recognise and report discrimination.

Poverty undeniably leads to social exclusion. However, social exclusion is not only material and can include feelings of helplessness and alienation. As far as older people are concerned, policymakers should consider that not only poverty but also deteriorating health and fractured bonds with family can be major factors in feeling excluded from society. The data show that older people living alone are especially vulnerable to social exclusion. A considerable share of older people have no one to count on for material or non-material help, which speaks of a lack of community and increased risk of social exclusion. Combating poverty and overall improvement of quality of life would indirectly positively influence this situation, but measures promoting intergenerational contact and mutual understanding should also be considered at policy level.

The concept of active ageing and its benefits for physical and mental health need support at policy level. Adequate healthcare, incomes, housing and social inclusion are prerequisites for providing the necessary environment for dignified living, with older age no longer considered a phase of life characterised by care needs and social marginalisation, and older people truly appreciated as a strategic resource for the whole of society.

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<sup>1</sup> Bulgaria, Council of Ministers (*Министерски съвет*) (2019), *National strategy for active life of the elderly in Bulgaria 2019–2030* ([\*Национална стратегия за активен живот на възрастните хора в България 2019 – 2030 г.\*](#)), 15 March 2019.

<sup>2</sup> BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, 'Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights').

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<sup>3</sup> Howden-Chapman, P., Signal, L. and Crane, J. (1999), [‘Housing and health in older people: Ageing in place’](#), *Social Policy Journal of New Zealand*, Vol. 13.

<sup>4</sup> BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, ‘Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights’).

<sup>5</sup> Eurostat (2020), [‘Overcrowding rate by age, sex and poverty status’](#), 17 December 2020. According to the data for 2019, Bulgaria ranks third after Romania and Latvia in terms of overcrowding, with an overcrowding rate almost three times higher than the EU-28 average. Over the period between 2010 and 2019, the overcrowding rate in the country dropped from 47.4 % to 41.1 %.

<sup>6</sup> Eurostat (2020), [Ageing Europe – Looking at the lives of older people in the EU](#), Luxembourg, Publications Office.

<sup>7</sup> BNSI, EU Agency for Fundamental Rights and Center for the Study of Democracy (2020), *Key social inclusion and fundamental rights indicators in Bulgaria*, Sofia, BNSI (draft report developed as part of the project BGLD-3.001-0001, ‘Novel approaches to generating data on hard-to-reach populations at risk of violation of their rights’).