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**PEOPLE OF THE OLDER AGE GROUP AS A SPECIAL SOCIODEMOGRAPHIC GROUP.
HEALTH OF OLDER AGE COHORTS**

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Abstract

The population aging processes cause a reduction in the share of the employable population, which negatively influences the social infrastructure, financial support of pension systems, etc. All of the above forces the state to look for a way out of this situation. At the same time, the issue of raising the retirement age is painful for the population of any country, because it implies a change in the previously adopted social contract between the state and its citizens regarding the time of the beginning of the "well-deserved rest". Indeed, the creation of pension systems and the establishment of the retirement age for the old age pension mean the emergence of a legal boundary for old age, marking the moment when an individual turns from a payer of pension contributions to a recipient of pension payments.

Keywords

Population aging – Retirement – Older age cohorts – Health

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Introduction

Retirement is one of the most significant moments in the life of every person, because this process is accompanied by the completion of one type of activity in the social life of the individual and the beginning of another activity, different from the previous one. On the one hand, this event is clearly recorded in time, while on the other hand, this process rebuilds human consciousness long before the actual completion of labor activity¹.

Changing a person's behavior in new life circumstances forms their relationship with people around and allows to rethink their own values and attitude to reality.

The large number of changes that have occurred recently in different areas of the population's life (development of new technologies, changes in macro- and microeconomic indicators) have led to a significant change in the lifestyle of older age cohorts. The authors highlight the positive aspects of such changes.

Firstly, people of the older age group have become more active and mobile. The ability to travel, to expand their horizons, and to maintain a healthy lifestyle is a consequence of the increased activity of citizens of older age groups².

Secondly, the number of people of the older age groups who are ready to master the modern technologies is increasing. At the same time, the number of working pensioners is increasing. Moreover, people of the older age group continue to work due to personal interest and involvement in labor activity, rather than due to a difficult financial situation.

However, there are some negative trends, despite various positive changes in the behavior of representatives of older age cohorts. This refers to the social vulnerability of the majority of Russian pensioners, determined by a number of the following factors: low pension and low availability of the quality medical care³. It must also be noted that discussions on changes in the characteristics of an individual in old age have been going on for a very long time and still have not lost their relevance. The modern scientific literature on this issue contains a number of conflicting opinions reflecting different views of researchers on the phenomenon of the specifics of aging. On the one hand, some authors⁴ believe that this process will not lead to the emergence and development of any specific personality characteristics. Others⁵ argue that the aging process is inextricably

¹ A. V. Kungurov, "Tendentsii razvitiya pensionnoy sistemy Rossii na sovremennom etape", Science through the Prism of Time Vol: 3 num 12 (2018); Information "On changes in the pension system in 2018". January 9, 2018. http://www.consultant.ru/document/cons_doc_LAW_286359/ y T. M. Pavlova, "Analiz izmeneniy gosudarstvennoy sistemy pensionnogo obespecheniya v Rossii", Young scientist num 49 (2017): 194 – 197.

² I. N. Bondarenko, "Dostup grazhdan pozhilogo vozrasta k sotsialnym uslugam: pravovoy, sotsialno-ekonomicheskii i npravstvennyy aspekty", Domestic social journal num 4 (2004): 32 – 34 y Yu. P. Lezhnina, Rossiyskiye pensionery: uroven zhizni, zdorovye, zanyatost. Reforming Russia: Yearbook (Moscow: RAS Institute of Sociology, 2008)

³ A. G. Vishnevsky; S. A. Vasin y A. V. Ramonov, "Prodolzhitelnost zhizni i vozrast vykhoda na pensiyu", Demoscope Weekly (2012): 511 – 512.

⁴ E. V. Gurvich y Yu. V. Sonina, "Mikroanaliz rossiyskoy pensionnoy sistemy", Issues of Economics num 2 (2012): 27 – 51.

⁵ R. I. Kapelyushnikov y A. Yu. Oshchepkov, "Rossiyskiy rynek truda: paradoksy postkrizisnogo razvitiya", Issues of Economics num 7 (2014): 66 – 92.

linked with numerous positive and negative consequences. For example, Yu.K. Sonina⁶ notes that the aging process carries many important positive aspects in itself: the decrease of the individual's adaptive capabilities due to age will be compensated for by an increase in the level of professionalism and a simultaneous expansion of horizons⁷.

Therefore, the personality changes with aging due to the following:

1. Biological factors (accounting for health status, personality type, etc.); and
2. Sociopsychological factors (lifestyle of an individual with due consideration of marital status, specific interests, etc.).

It is important to understand in the assessment of changes in personality during aging that there is a group of people who do not accept the fact that they will grow old. Therefore, a conflict between the needs of the personality of an individual who is aging and their physical capabilities can be observed in this case. This can lead to such consequences as sociopsychological maladjustment of the personality. The influence of various factors on certain changes during aging consists in the fact that there is a rejection of such concepts as habitual social and psychological connections and relationships⁸.

It is noted in the work of G.A. Minnigaleeva⁹ that the aging process can be represented as a certain introvertive turn. At the same time, there is a person's departure from the events of the external world to their inner world – as a result, there is a concentration of interests around their own "self". At the same time, the appearance of a feeling of anxiety and fears, which are explained by biological and social reasons, is typical for them. An increase in sensitivity to various stress factors with the most insignificant physical and mental stimuli is also observed in this case, which often leads to the emergence and development of various diseases.

According to the ranking reflecting the quality of life index of older citizens, the best countries for these people in 2016 include Switzerland, Sweden, Norway, and Germany. The Russian Federation is in 65th place out of 96 in this position. This ranking is annually compiled by the international noncommercial organization HelpAge International, taking the following four main factors into account¹⁰:

- health;
- financial security;

⁶ Yu. K. Sonina, "Ekonomicheskaya aktivnost lyudey pozhilogo vozrasta v Rossii vsled za mirovym trendom", Issues of statistics num 5 (2015): 1 – 6.

⁷ Yu. K. Sonina y M. G. Kolosnitsyna, "Pensionery na rossiyskom rynke truda: tendentsii ekonomicheskoy aktivnosti lyudey pensionnogo vozrasta", Demographic Review num 2 (2015): 37 – 53.

⁸ V. Yu. Lyashok y S. Yu. Roshchin, Vliyaniye zdorovya na predlozheniye truda pozhilykh: preprint WP15/2012/05 (Moscow: Publishing House of the Higher School of Economics, 2012) y E. A. Klepikova, "Elastichnost predlozheniya na rossiyskom rynke truda", Issues of Economics num 9 (2016): 111 – 128.

⁹ G. A. Minnigaleeva, "Lyudi starshey vozrastnoy kategorii na rynke truda: prepyatstviya k polnotsennoy zanyatosti", Journal of the Higher School of Economics (2011).

¹⁰ J. Hagen, "The effects of increasing the normal retirement age on health care utilization and mortality", Journal of Population Economics Vol: 31 num 1 (2018): 193 – 234.

- competence; and
- favorable environment.

When the retirement age comes, this period is often considered as one of the most crisis periods in the life of every person. The changes that occur in such people are associated with an emergence of free time, a change in social status (external factors), a decrease in physical activity, and psychological problems (internal factors). Every person perceives it differently, for a long time, painfully, accompanied by worries, passivity, and inability to use free time appropriately. On the contrary, adaptation occurs much faster in other people of this age, who use the time available from labor activity most usefully for themselves, with the search for a new social environment¹¹.

One of the main consequences associated with retirement is that a person loses their everyday habitual patterns of behavior, which causes the development and manifestation of aggression towards themselves and others. The retirement process is a truly significant event, both for the individual and people around. In other words, the process of adaptation to a new social status often has two sides: on the one hand, a person adapts to the onset of their new social environment, while on the other hand, the environment adapts to a new social role. Numerous researchers who study this field believe that after a person retires, they need to restructure their lifestyle for some time. The literature data analysis allows to distinguish the following phases of the pension process¹²:

- preretirement (accompanied by retirement with a vision in a rather distant future with a possible feeling of anxiety);
- honeymoon with a feeling of euphoria from the fact that freedom has finally been found;
- disappointment (dispelling of illusions) and reorientation (a period when a real picture of life alternatives must be developed);
- stability with an awareness of strengths and weaknesses of an individual, as well as an assessment of their real capabilities to accept the role of a pensioner; and
- individual characteristics and physical health of a pensioner, which contribute to the difficulty of some processes in their usual life.

When solving the endogeneity problem between health indicators and labor supply, the authors compare health indicators and financial incentives. For example, D. Dwyer and O. Mitchell¹³ and K. McGarry¹⁴ note that the impact of health on labor activity is higher than

¹¹ I. N. Bondarenko, "Adaptatsiya oprosnika "diagnostika rabochey motivatsii" R. Khakmana i G. Oldkhema na russkoyazychnoy vyborke", *Psychological journal* Vol: 31 num 3 (2010): 109 – 124.

¹² D. M. Rogozin y A. A. Ipatova, (eds). *Starikam tut mesto: sotsialnoye osmysleniye stareniya: Collection of scientific articles* (Moscow: Institute of Sociology RAS, 2016) y I. B. Davydkina; I. V. Okhremenko y N. A. Chentemirova, "Integrirovannaya starost i pensionnoye obespecheniye: sotsiologicheskii aspekt", *Modern problems of science and education* num 1 (2015): 25 – 27.

¹³ D. Dwyer y O. Mitchell, "Health problems as determinants of retirement: Are self-rated measures endogenous?", *Journal of Health Economics* Vol: 18 num 2 (1999): 173-193.

financial incentives. They use the dependent variable as the expected year of retirement. Along with subjective indicators of health, the scientists use objective indicators of instrumental variables: health of parents and their mortality rate. The authors emphasize that financial incentives (pensions) have less effect than health conditions.

On the other hand, M. McClellan¹⁵ believes that despite the shock health conditions having a significant effect on employees with low education and income, health shocks have different effects on the labor activity. Indeed, the most severe forms of shock (heart attacks, strokes, cancer) can seriously influence a person's employment. Chronic illnesses have less impact on the labor activity.

Important research on health shocks was carried out by J. Bound et al.¹⁶, the idea behind which was as follows: poor health and its decline influenced the labor activity, forcing an early retirement. Moreover, early health shocks reduced the likelihood of early withdrawal from the labor market, while late shocks increased the likelihood of such withdrawal.

The studies of the impact of health on the labor activity conducted by Russian scientists¹⁷ were based on the econometric method. The problem of endogeneity was solved through the use of lagged health variables, which allowed to obtain the following results: the effect of health on the length of the working day was insignificant, and there was a positive contribution of health to earnings and employment.

I. Merkurieva¹⁸ explores this problem using various factors: self-assessment of health, specifics of the household, employment, macroeconomic indicators.

According to research by Yu.P. Lezhnina¹⁹, in order to highlight the effect of life expectancy on the growth caused by investing in human capital, the model suggests that an individual's health reserve influences only the probability of survival to old age and does not influence their productivity in youth. It was also suggested that an individual's health reserve did not depend on whether there were direct private health costs, but only on the level of public health costs. This referred to the health reserve of a young person at the end of their youth, which positively depended on their own health reserve at a young age and the level of public investment in health as a share of the total reserve of physical capital²⁰.

¹⁴ K. McGarry, "Health and Retirement: Do Changes in Health Affect Retirement Expectations?", *Journal of Human Resources* Vol: 39 num 3 (2004).

¹⁵ J. P. Newhouse y M. McClellan, "Econometrics in outcomes research: the use of instrumental variables", *Annu Rev Public Health* num 19 (1998): 17–34.

¹⁶ J. Bound; T. Stinebrickner y T. Waidmann, "Health, Economic Resources and the Work Decisions of Older Men", *Journal of Econometrics* Vol: 156 num 1 (2010): 106–129.

¹⁷ S. Yu. Roshchin y V.Yu. Lyashok, *Vliyaniye zdorovya na predlozheniye truda pozhilykh* (Moscow: Higher School of Economics, 2012).

¹⁸ I. S. Merkurieva, "Povedeniye rossiyskikh lyudey starshey vozrastnoy kategorii na rynke truda: rezultaty ekonometricheskogo analiza", *Bulletin of the St. Petersburg State University, Series 8* Vol: 1 num 8 (2004): 23 – 27.

¹⁹ Yu. P. Lezhnina, *Rossiyskiye lyudi starshey vozrastnoy kategorii: uroven zhizni, zdorovye i zanyatost: Yearbook* (Moscow: RAS Institute of Sociology, 2008)

²⁰ Yu. P. Lezhnina, *Rossiyskiye pensionery: uroven zhizni, zdorovye, zanyatost... y Information "On changes in the pension system in 2018"...*

The analysis carried out by Russian and foreign researchers indicated that health was the most important factor influencing the employment of the older age cohort. Poor health clearly increased the likelihood of early retirement or decreased the number of working hours for employed individuals²¹. However, it must be noted that no perfect health assessment exists. Moreover, different health assessments set a wide range of coefficients that do not allow to confidently compare this factor of influence on the labor activity with others, primarily with financial ones.

The influence of health on the labor activity must be considered with due consideration of not only the health condition itself, but also sharp changes and shocks, i.e., the static and dynamic patterns of this process must be taken into account.

Methods

This study is based on the theoretical model of health demand, which was developed by the US economist M. Grossman and published in 1972 in the *Journal of Political Economy*²². According to M. Grossman, health is both a consumer good, since it is included in the function of a person's utility, and an investment good. Regarding the investment component, an individual strives to preserve their health (and therefore consumes medical services) not so much because they value health, but because they seek to increase its reserve, which is used as a production resource with subsequent depreciation.

The authors refer to the RLMS-HSE database, which contains data on the characteristics of the labor activity, economic activity, and health of the respondents in order to assess the impact of health on the labor activity of the older age cohorts.

According to the classic definition of the World Health Organization (WHO), "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

The scientists define a person's health condition as a measure of their ability to perform work at a certain level of their own labor productivity²³.

The RLMS-HSE provides the following types of health assessment:

- 1) self-esteem – the entire period of life;
- 2) weight-height – the entire period of life;
- 3) diseases such as diabetes, stroke, and anemia – the entire period of life;
- 4) use of medical care (surgeries during the last year) – the entire period of life;

²¹ J. Currie y B. Madrian, Health, health insurance and the labor market. in: *Handbook of Labor Economics* Vol: 3 (1999): 3309-3416. Elsevier y M. Deschryvere, "Health and Retirement Decisions an Update of The Literature", ENEPRI Research Report num 6 (2005).

²² M. Grossman, "On the Concept of Health Capital and the Demand for Health", *The Journal of Political Economy* Vol: 80 num 2 (1972): 223 – 255.

²³ G. J. Bazzoli, "The early retirement decision: New empirical evidence on the influence of health", *Journal of Human Resources* Vol: 20 (1985): 214-234.

- 5) difficulties in performing routine operations (walking, eating, etc.) – 1994 – 2000, 2002;
- 6) chronic diseases and tuberculosis – since 2000; and
- 7) disability category – since 2003.

The influence of health on the labor activity is studied in individuals aged 45 to 72, since the labor activity of the older age cohorts begins to decline after 45²⁴.

Results

Monitoring of the charts in Figures 1 and 2 reveals that health deteriorates with age, while self-esteem of health is generally higher in men than in women, which contradicts the life expectancy of men. This can be explained by the fact that diseases do not necessarily lead to earlier death with good healthcare and ongoing prevention. Due to their physiological characteristics, women are more concerned about their health and live longer on average, although they rate their health lower, while men tend to overestimate their health level, due to the specifics of the Russian mentality.

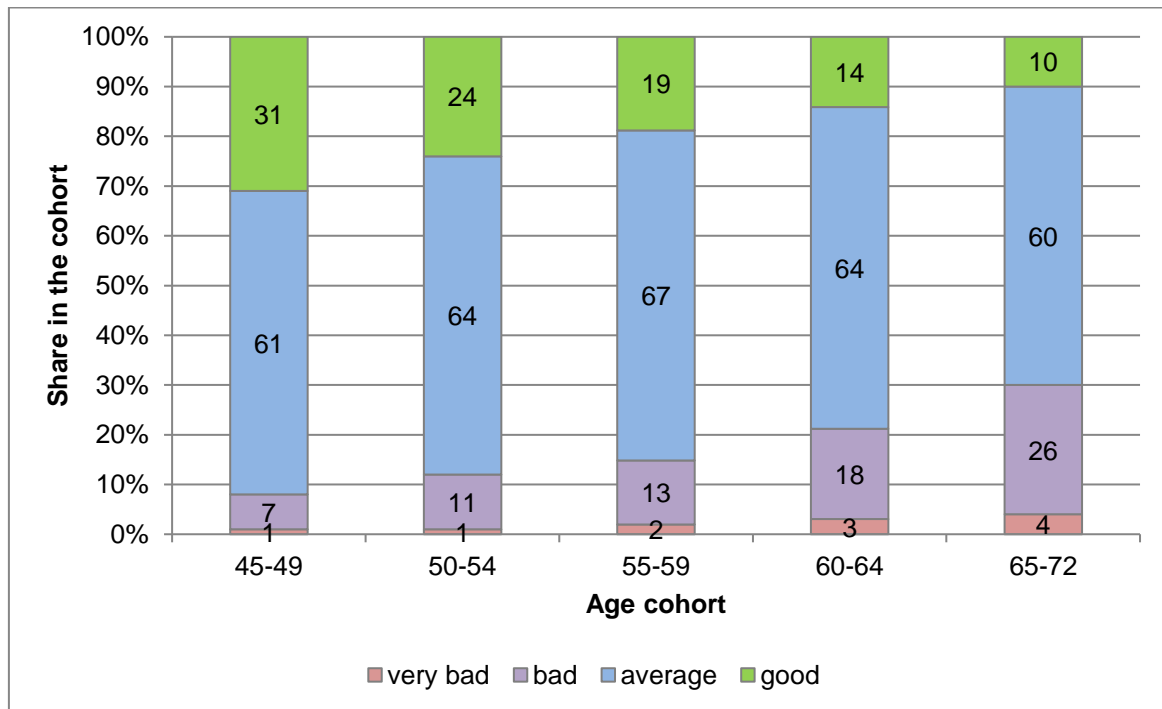


Figure 1
 Chart of the men distribution by health groups, depending on their age category²⁵

²⁴ Russia entered the top ten states with the lowest ratio of the number of able-bodied and pensioners. Retrieved from: <http://analitikaru.ru/2017/02/27/rossiya-v-desyatke-stran-s-samym-nizkim-sootnosheniem-chisla-trudosposobnyx-i-pensionerov/>

²⁵ Russia entered the top ten states...

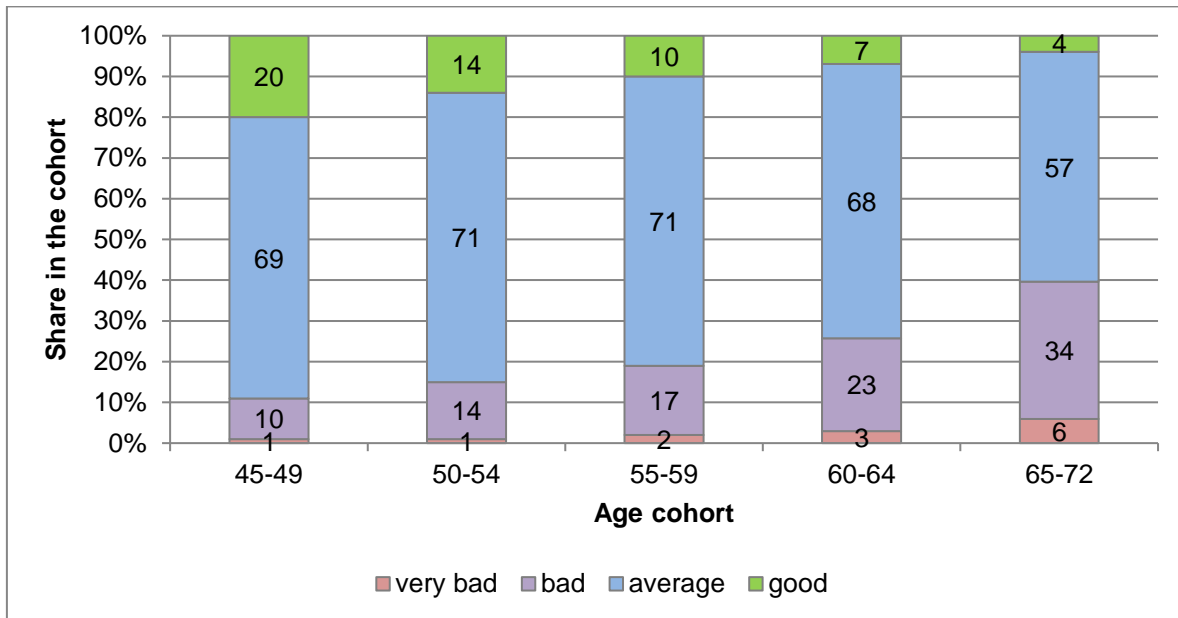


Figure 2

Chart of the women distribution by health groups, depending on their age category²⁶

The employment rates of men and women with different levels of self-reported health are presented in Figures 3 and 4.

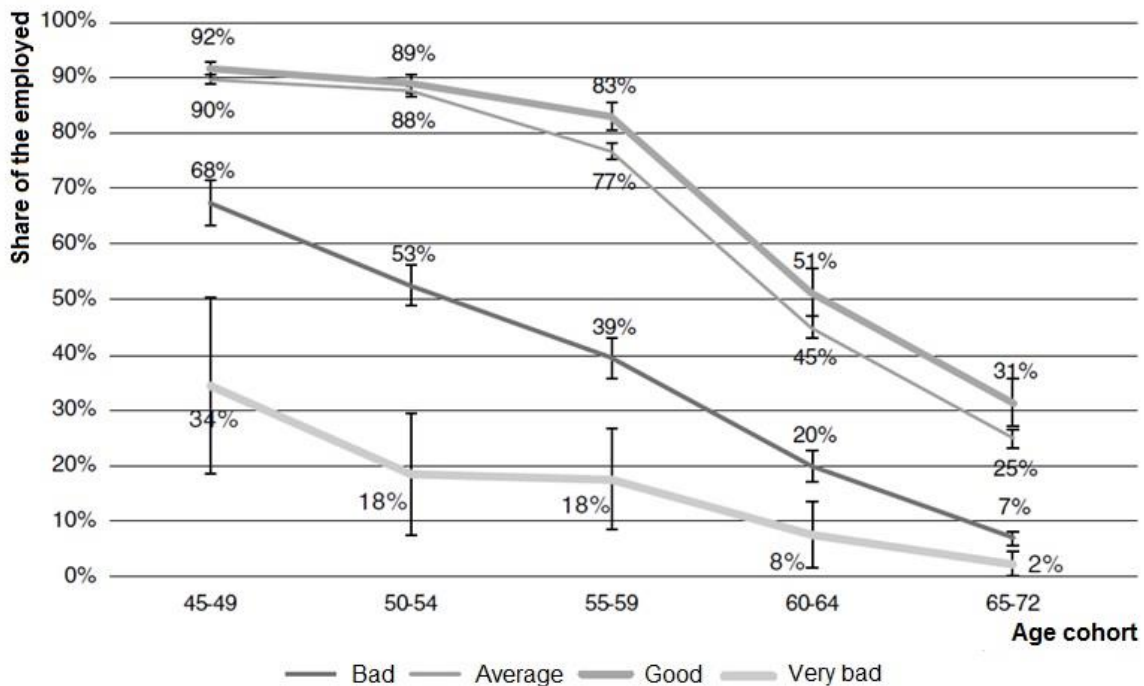


Figure 3

Chart of the employment rate of men with different self-reported health, with 95 % confidence intervals²⁷

²⁶ Russia entered the top ten states...

²⁷ Russia entered the top ten states...

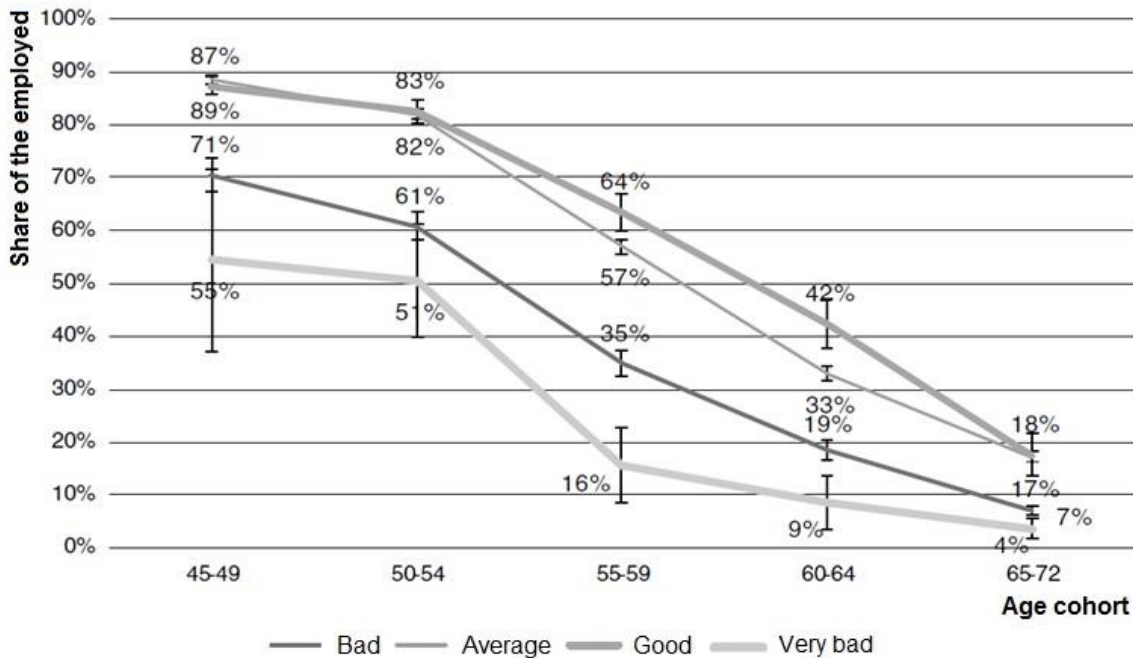


Figure 4
 Chart of the employment rate of women with different self-reported health, with 95 % confidence intervals²⁸

The employment rates of the older age cohorts who are disabled, diabetics, stroke survivors, etc. are presented in Figures 5 and 6. Stroke, heart attack, and disability turned out to be statistically significant for people aged 50 – 72. All these signs of poor health lead to a decline in the economic activity. The labor activity of people who have recently undergone a surgery or discovered diabetes does not statistically differ from the general sample for most age groups. Almost similar position of the curves on the charts for men and women indicates the similarity of their behavior at low health levels, but the listed health problems influence the employment of women less than the employment of men. If the significant health problems are ranked according to the degree of influence on the labor activity, the least impact is exerted by heart attack and stroke, why disability has the greatest impact. Men with any of the listed indicators of poor health have a lower employment rate than the average for the sample in their age group. The difference in employment rates for women with severe illnesses is significantly lower on average for the sample.

²⁸ Russia entered the top ten states...

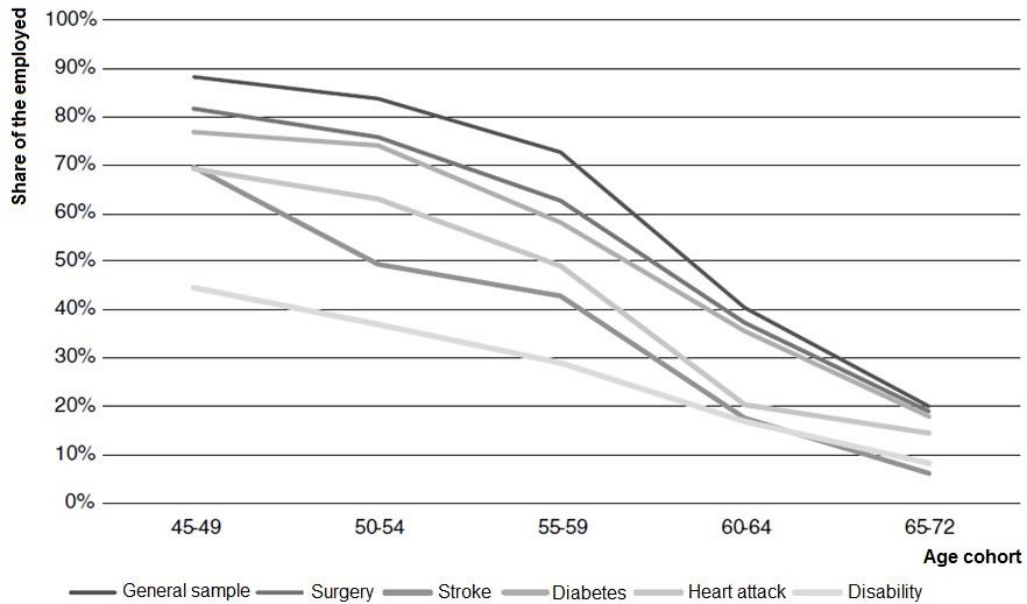


Figure 5
Employment rate of men with different health levels²⁹

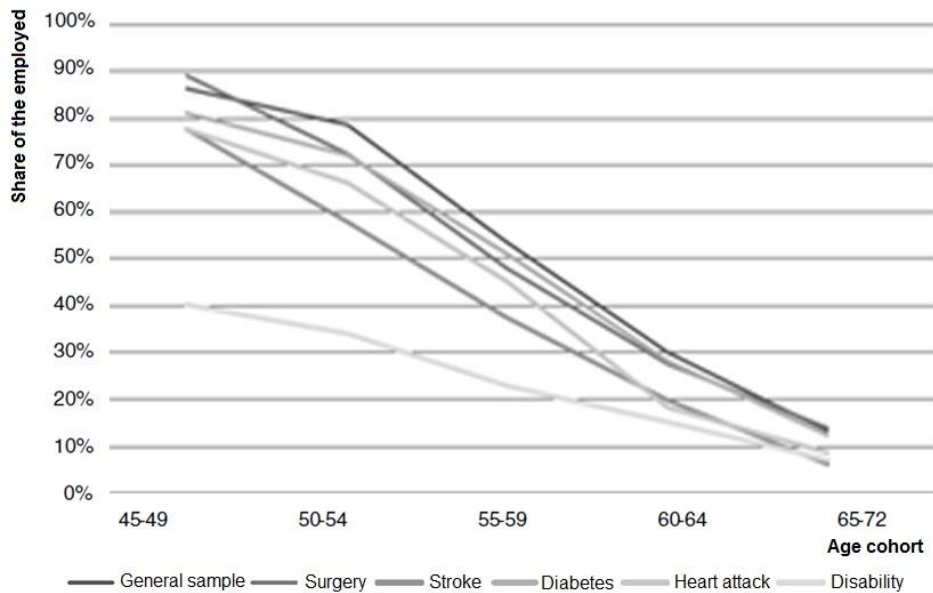


Figure 6
Employment rate of women with different health levels³⁰

Based on the analysis of various types of health assessments, it can be assumed that health status and shocks in the Russian Federation have significant impact on the age of an individual's withdrawal from the labor market; poor health reduces the age of such withdrawal; health shocks force people to leave the labor market earlier than they planned, and the impact of shocks on the labor activity is weaker than the impact of chronic diseases that weaken overall health.

²⁹ Russia entered the top ten states...

³⁰ Russia entered the top ten states...

Conclusion

There are different opinions about the impact of the health condition on the labor activity in the older age group in the modern science.

In view of the fact that financial incentives have a smaller effect on the continuation of the labor activity than the health condition, the authors propose to use the Grossman model, because he relied not only on the theory of human capital, but also on the capital of health in his research. The impact of health on the labor activity must be considered with due consideration of the health condition and its sharp changes and health shocks.

Nowadays, people of the older age cohort continue to work after retirement. Most of the working pensioners are employed in education, science, and culture. Basically, employment in the older age cohort belongs to the public sector. This is determined by the social guarantees of the state and the relative stability of the employee's position.

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