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COMBINING WORK WITH CARING FOR ELDERLY FAMILY MEMBER IN POLAND (CHOSEN ISSUES)

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Abstract

The problem of combining work with caring for elderly family members is becoming an increasingly important matter due to demographic (population ageing) and social (increasing economic activity of women) changes that are currently in progress. The aim of the article is to present selected issues related to the professional situation of people taking care for their elderly family members. The primary focus of the study is reasons for not working of non-working caregivers, and professional problems of working caregivers.

Keywords: Work-Life Balance, Family Caregivers, Long-term Care

1. Introduction

Managing professional work and family responsibilities is a research problem that scientists have been dealing with for a long time (Lavassani and Movahedi, 2014). Up to this time, the problem has been discussed mainly in terms of motherhood and looking after children. Nowadays the focus has shifted to the problems of people who look after the elderly members of their families. There are two reasons for this increased interest.

Firstly, it stems from demographic changes. The advancing process of population ageing, or specifically speaking the so-called double ageing of the population, increases the number of venerable elders (people aged 80 and over), who are often dependent and in need of long-term care. In Poland reaching venerable age is becoming more and more common. In the mid - 20th century in Poland there were merely 183 thousand people over the age of 80, and they constituted only 0.7% of the population. Now demographic estimates indicate that by mid - 21st century venerable elders will become a sizeable group of 3 million people, thus constituting 8.6% of the population (United Nations, 2015).

The second reason are economic and social changes, particularly the decline of the so-called family wage, and increased economic activity of women, who have always been the traditional and natural caregivers for the elderly. Nowadays maintaining a household and ensuring a decent standard of living for a family often requires both partners to work and earn money. Besides, structural changes in economy, which involve growth of the tertiary sector, make it easier for women to enter the job market and carry out whatever tasks their job requires (Okolski, 2004). A modern woman not only can, but should work (as well as her partner) in orders to be able to ensure financial security of her family.

Therefore on the one hand we deal with increased demand for long-term care, and on the other hand with declining capacity of a family to care for its elders. As a result, serious problems have

arisen, especially in Poland, where family still is and has always been the main care institution for the elderly. Family members feel morally obliged to help their elderly relatives, and the elderly usually most prefer receiving care from their own family rather than from formal caregivers. Of all EU countries, Poland has the lowest level of acceptance for formal care, regardless of whether it is provided at home or in institution (Eurobarometer, 2007, p.97).

The issue of combining work with caring for elderly family members is important and up-to-date. Furthermore, it may be presumed that, given the rapid population ageing, its significance will only grow in the near future. This "perspective" issue has been addressed in this article, where selected issues related to the professional situation of family caregivers have been discussed and have been presented: (1) the reasons for not having a job among non-working caregivers and (2) the professional problems experienced by working caregivers.

The article was written as a part of a research program titled "Combining work with caring for elderly family member in Poland".¹

2. Family Caregivers of the Elderly on the Labor Market in Poland

In 2011 OECD published report titled *Help Wanted? Providing and Paying for Long-Term Care* (Colombo *et al.* 2011). It shows that being a caregiver of an elderly person is closely related to the situation on the labor market (we mean the caregivers who are of working age).

The job situation of the caregivers can be analyzed in several ways. One of them is determining how many of all caregivers have a job. In Poland the percentage of working caregivers (in the 50-65 age group) is relatively low – 33.6%. This means that only one caregiver in three has a job. The remaining two thirds are economically inactive (mainly retired and housekeepers) or unemployed². The low employment rate is caused by many factors, three of which appear to be the most important. First of all, for many caregivers efficiently combining work and family responsibilities turns out to be impossible because substitute care is unaffordable or inaccessible to them. Very often when an elderly person requires increased care, one of their relatives has to give up working, and it is not a wilful and rational choice, but rather a result of no alternative. Secondly, caregivers do not work because of their cultural background. Poland is strongly conservative in terms of care for the elderly: family always has been, and still is, viewed as the main care institution. In many circles it is still believed that in a situation of necessity children should sacrifice their careers and ambitions to look after their ailing parents. Hiring formal caregivers, or even worse, putting parents in a care institution, is perceived as reprehensible and considered a shame for the whole family. Thirdly, Poland's relatively non-restrictive policy of granting retirement pensions enables some to retire early and fully devote their time to fulfilling their responsibilities towards their parents. In a situation when a person of pre-retirement age faces the choice between working and thus paying for formal care versus retiring early and becoming a caregiver for another family member, very often the latter is perceived as more beneficial, especially in financial terms (Krynska *et al.* 2013).

The issue of work activity can also be analyzed from another perspective – by determining how many of all employed people look after their dependent senior family members. The percentage varies significantly in EU member states (the average is 6%) and fluctuates between 1% in Luxembourg and 11% in Cyprus (Hessel and Keck, 2009). In Poland it is fairly high – about 8%, which means that approximately one in every twelve workers is engaged in providing care for an elderly family member.

After assembling both rates it may be concluded that the employment rate of caregivers in Poland is very low, and among all workers a relatively high percentage combine work and caring for elders. This is mainly caused by the fact that in Poland – as was indicated before – caring for elderly people is the family's responsibility. The participation of formal caregivers is merely marginal. It can be presumed that when an older person begins to have difficulties with activities of daily living and needs assistance, family members take up caring for them and working at the same time. At the beginning,

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² These proportions were confirmed by the scientists carrying out the EUROFAMCARE research program in Poland (Bledowski *et al.* 2006, p.16).

when the senior requires only minor help, such arrangement is fairly easy to maintain and both roles can be combined by increasing efficiency. However, the dependence of the elderly is progressive, which means that it increases with time. In the long run, working and caring for a senior is impossible to maintain. Constantly increasing one's efficiency leads to feeling overburdened, which may cause a decline of health and/or burnout. In such cases the caregiver faces a serious dilemma: they can either give up working and care for senior by themselves, or keep working and give up being a caregiver. In fact, none of these solutions is good. The former option means abandoning personal ambitions for the sake of family, the latter means acting against one's moral convictions.

3. Research Description and Characterization of the Sample

From January to May 2014, a field research was carried out regarding the issue of combining work with caring for elderly family members in Poland. The method of Paper & Pen Personal Interview (PAPI) was employed in the fieldwork.

The respondents were people of working age who look after elderly (aged 65 and over) members of their families. The survey was carried out in two groups: (1) among working caregivers and (2) among non-working caregivers. The main criterion for selecting the interviewees was whether they assist an older member of their family for at least 4 hours a week, where the assistance could be provided directly (in person) or indirectly (organizing care provided by others). Besides, since the main subject of the research was combining work with looking after an elderly person, those whom this issue does not concern were excluded. An age criterion was also employed: the interviewees had to be from 25 to 60 (women) / 65 (men) years old. This range is a result of the fact that people under the age of 25 are often students who have not entered the job market yet, whereas most of the people over the age of 60/65 have already retired and are also out of the job market. Furthermore, those who retired early, pensioners, and people on long-term leaves (e.g. parental or health leaves) were excluded as well.

Selecting a sample for a research like this is a difficult matter since there is no sampling frame (Synak, 2005). There is no registry of people who look after the elderly members of their families. We do not know the structure of this group or even how many people like this there are. In the research presented here the sample was selected by means of systematic sampling, where the sampling frame were all households in Poland. The interviewers in various areas visited roughly every twentieth house or flat and asked whether any of the inhabitants met the criteria set for the survey. If the answer was positive, the adequate person was asked to participate in an interview. We assume that the sample is large enough and, in accordance with the central limit theorem (CLT), it reflects the statistical population. In the analyses we also assume that we deal with a random sample.

The research sample consisted of 700 interviewees, among whom there were 350 working caregivers and 350 non-working caregivers. The research was countrywide, and the selection of the sample reflected the proportions of administrative (voivodeships) and territorial (city/country) units. Before the proper survey, a pilot study has been carried out. The characterization of the sample on the basis of selected socio-demographic features has been presented in Table 1.

Table 1. Selected socio-demographic features of the respondents

Feature		Caregivers in total		Working caregivers		Non-working caregivers	
		N	%	N	%	N	%
Gender	Woman	471	67.29	216	61.71	255	72.86
	Man	229	32.71	134	38.29	95	27.14
Age	25-44	306	43.71	161	46.00	145	41.43
	45-65	394	56.29	189	54.00	205	58.57
Education	Incomplete primary	8	1.14	5	1.43	3	0.86
	Primary	62	8.86	13	3.71	49	14.00
	Basic vocational	165	2.57	76	21.71	89	25.43
	Secondary	229	32.71	112	32.00	117	33.43
	Post-secondary	65	9.29	34	9.71	31	8.86
Residence	Higher	171	24.43	110	31.43	61	17.43
	Village	274	39.14	137	39.14	137	39.14
	Small town	229	32.71	108	30.86	121	34.57
	Big city	197	28.14	105	30.00	92	26.29
	Marital status	Single	107	15.29	56	16.00	51
Married		451	64.43	227	64.86	224	64.00
Separated		8	1.14	4	1.14	4	1.14
Divorced		52	7.43	23	6.57	29	8.29
Widowed		42	6.00	16	4.57	26	7.43
	In a domestic partnership	40	5.71	24	6.86	16	4.57
Household size	1 person	42	6.00	29	8.29	13	3.71
	2 persons	184	26.29	89	25.43	95	27.14
	3 persons	195	27.86	99	28.29	96	27.43
	4 persons	148	21.14	78	22.29	70	20.00
	5 persons	84	12.00	37	10.57	47	13.43
	6 persons	33	4.71	14	4.00	19	5.43
	7 persons or more	14	2.00	4	1.14	10	2.86
Dependent children under the age of 15	None	473	67.57	248	70.86	225	64.29
	One	140	20.00	64	18.29	76	21.71
	Two	70	10.00	34	9.71	36	10.29
	Three	15	2.14	3	0.86	12	3.43
	Four or more	2	0.29	1	0.29	1	0.29
Subjective assessment of one's material situation	Very good	24	3.43	17	4.86	7	2.00
	Good	230	32.86	143	40.86	87	24.86
	Average	270	38.57	139	39.71	131	37.43
	Bad	164	23.43	49	14.00	115	32.86
	Very bad	12	1.71	2	0.57	10	2.86
Subjective assessment of one's health	Very good	127	18.14	68	19.43	59	16.86
	Good	312	44.57	176	50.29	136	38.86
	Average	200	28.57	85	24.29	115	32.86
	Bad	60	8.57	21	6.00	39	11.14
	Very bad	1	0.14	0	0.00	1	0.29

4. Reasons for the Lack of Job of Non-Working Caregivers

In the past the careers of the non-working caregivers were shaped in various ways. All have led to them currently not having a job. What has caused this situation? Is it a result of looking after an elderly member of the family? This question was posed to the respondents (non-working caregivers). 20.3% of them gave a positive answer. This means that only one in five non-working caregivers does not work because of caring for a senior. The remaining four fifths (79.7%) stated that there is a different reason for their not having a job.

There are several reasons (other than looking after an elderly person) for the caregivers' lack of work, and they have been presented in Figure 1. Very frequently (36%) the caregivers are not employed simply because they cannot find a job. The respondents who form this group look after elderly family members because they have no job and thus have nothing else to do. The second main reason is being a homemaker who takes care of the house and/or children. These respondents look after the seniors somewhat "incidentally," while carrying out other household chores. One in ten caregivers (10.4%) is a student (hence they do not work), and one in twelve (8.2%) do not work due to poor health. 1.4% of respondents stated that they do not like working. 11.8% of them have a different reason for not working than those listed in the survey.

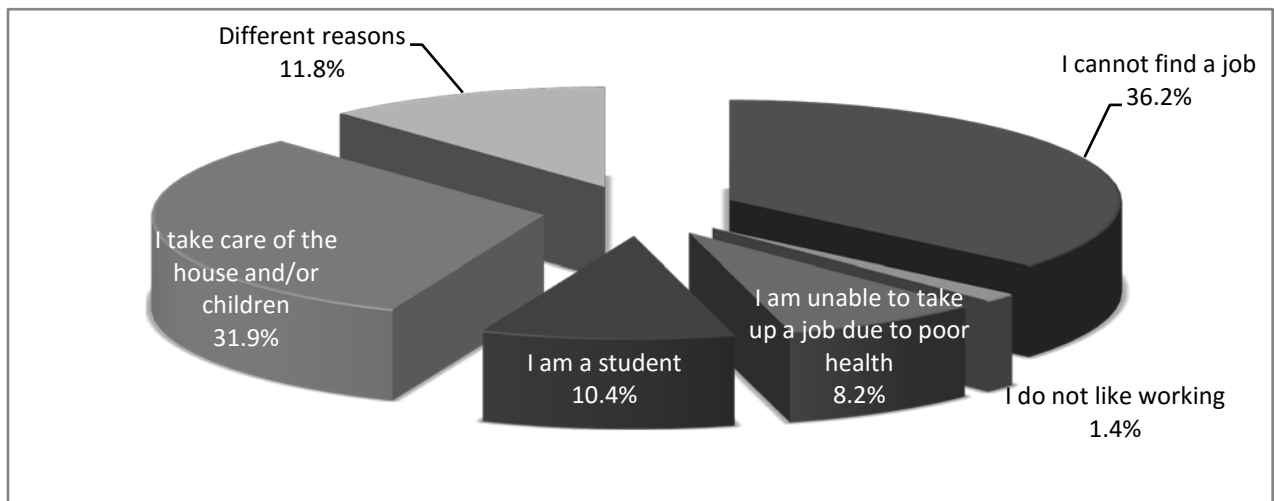


Figure 1. Main Reasons (Other than Looking After an Elderly Family Member) for Unemployment among Caregivers

The caregivers who do not work due to looking after the elder were asked about specific reasons for not working. They were presented with several statements and asked whether they agree with them. The results have been presented in Figure 2.

The respondents who do not work due to taking care of an elderly person mainly look after seniors who are highly dependent (54.9% of all non-working caregivers) and moderately dependent (31% of all non-working caregivers), so those who need the most assistance. Such persons usually require day and night care. Therefore the attitude of 78.9% of respondents who claim that a job would interfere with their family responsibilities is fully understandable. Moreover, looking after a highly dependent senior is hard work that can be exhausting both physically and mentally. As a result, 71.8% of respondents state that they would definitely not be able to manage any additional responsibilities, including a job.

The psychological background, both of the caregiver and the dependent is also important. 47.9% of respondents stated that their dependents do not tolerate any other caregivers, which makes them the only ones who can look after the elder. Thus it is not possible for them to find a replacement. As for the caregivers themselves, 56.3% of them indicate that moral principles do not let them focus

on earning money when a loved one needs their assistance. If they had a job, they would experience feelings of guilt for not being there for the senior and failing to take care of them.

The economic factor is also of great importance. If the respondents found a job, someone would have to replace them – presumably another family member or a formal caregiver. Such a solution would be insensible. 66.2% of respondents believe that hiring a professional caregiver to replace them during working hours would not pay off, simply because their potential earnings would be lower than the salary of the substitute caregiver. Furthermore, 59.2% of respondents believe that other members of their families have attractive working conditions and they themselves would not be able to earn that much. Therefore it is uneconomic (from the family’s perspective) for a well-paid person to quit their job so that another family member can find a lower paying job.

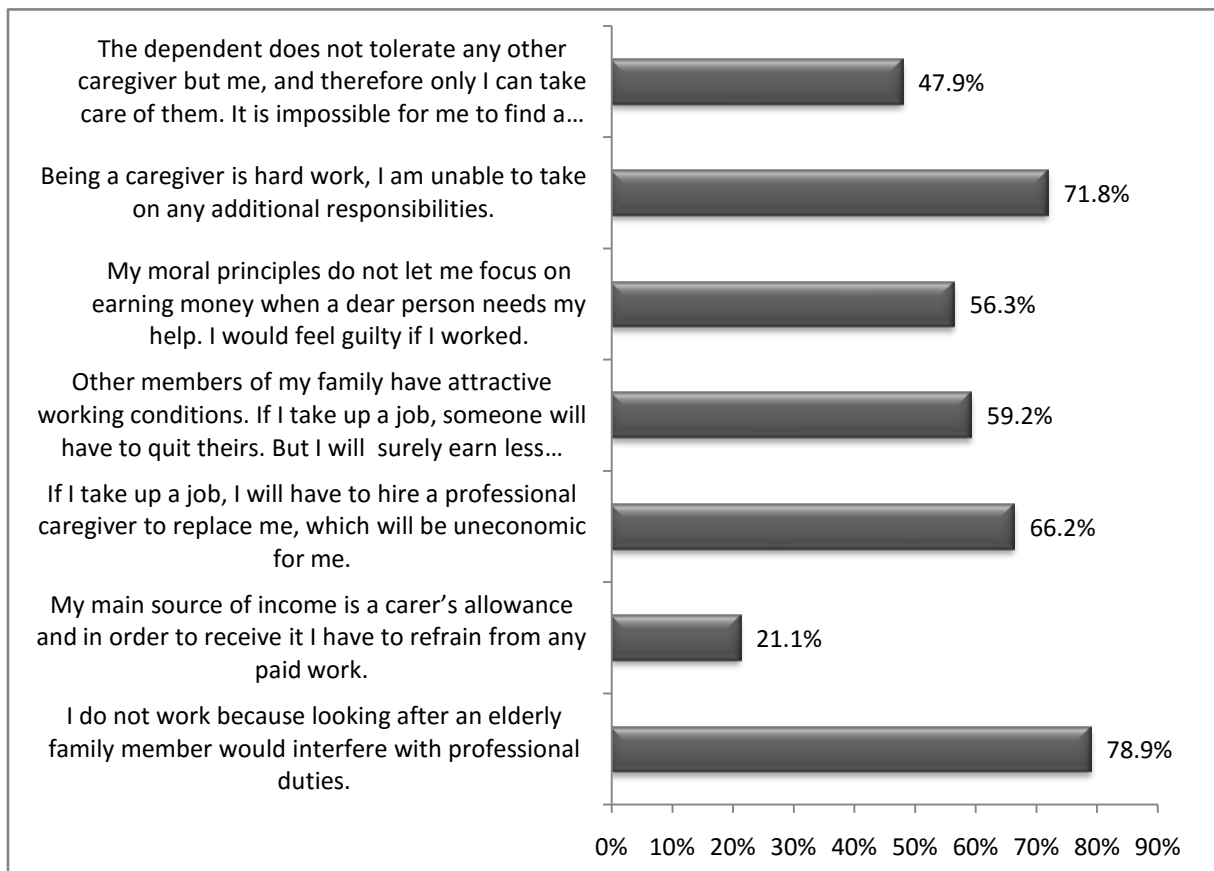


Figure 2. Specific Reasons That Impede Taking up a Job by Caregivers Who Remain Unemployed Due To Looking After the Elderly Family Member

Roughly one in five respondents (21.1%) cannot take up a job due to the fact that they receive a carer’s allowance. For this group the peculiar system solutions in the government’s policy towards informal caregivers are an obstacle to getting a job. These solutions are aimed at making those who help dependent members of their families economically inactive by refraining from paid work. In order to receive financial support from the state, one must withdraw from the job market entirely.

5. Professional Problems of Working Caregivers

Working caregivers face various problems when struggling to combine both their professional and family duties and responsibilities. One of the purposes of this study was to investigate into whether –

and in what way – looking after an elderly family member has any negative repercussions on professional life. The interviewees (working caregivers) were asked how looking after senior influences the quality of their work and their professional situation. 10 potential problems were listed:

- (1) Absence (failing to come to work)
- (2) Partial absence – dealing with private matters in the workplace (e.g. phone calls to the senior, worrying about them)
- (3) Arriving at work late, leaving early, taking additional breaks from work
- (4) Having to reduce work time, or switch from full-time to part-time job
- (5) Not raising one's professional qualifications (due to insufficient amount of time and energy to learn and participate in trainings)
- (6) Having to refuse a promotion due to the inability to take on any more duties and responsibilities
- (7) Devoting any leave from work to looking after the senior
- (8) Lowered job performance (fatigue, sleepiness, dissociation, forgetfulness, failing to meet deadlines)
- (9) Limited spatial mobility (being unable to take up a post in another city/country)
- (10) Limited professional mobility (being unable to change jobs or field)

To each of the potential problems listed above, the interviewees could respond “yes” or “no,” in accordance with the degree to which these problems affect them. The results have been presented in Figure 3.

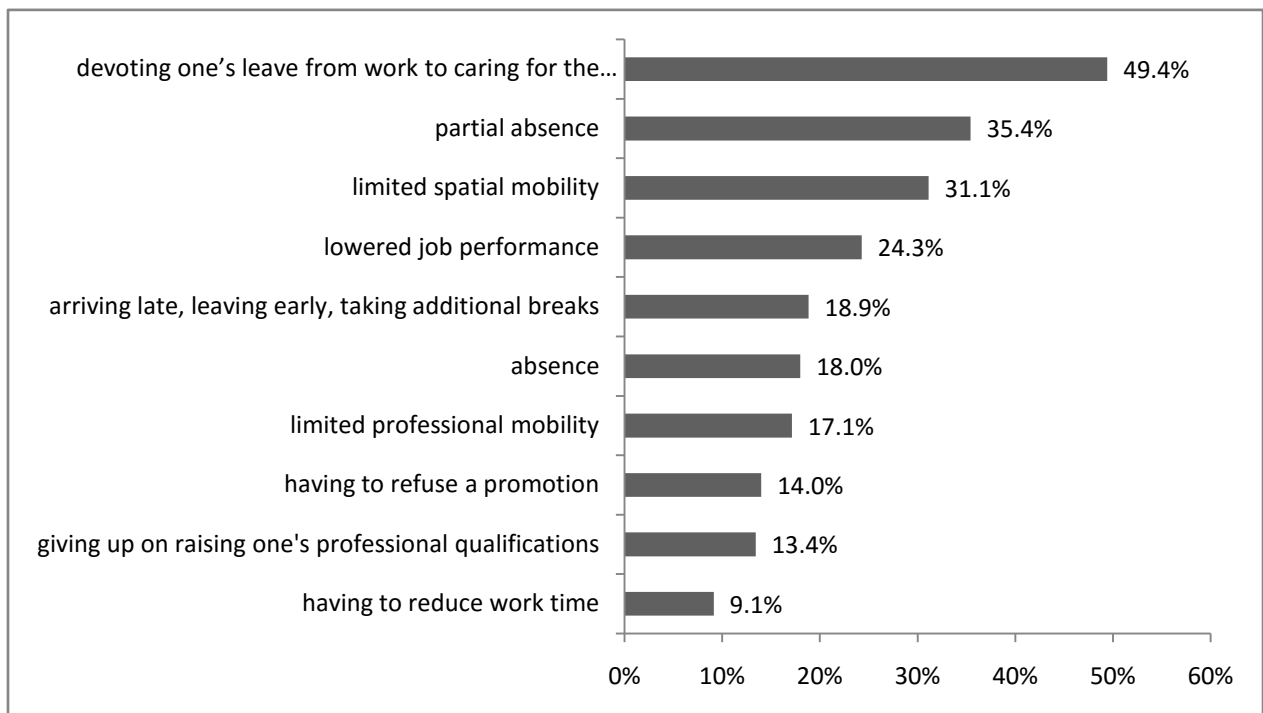


Figure 3. Professional Problems Caused by Looking After an Elderly Family Member

The most frequent problem of those listed above is devoting any leave from work to looking after the senior – one in two working caregivers (49.4%) deals with it. For these people the time off work, which should be used to rest, is devoted to the tiring task of taking care of an elderly person. This happens when, for example, an employee takes leave from work to accompany the dependent to a doctor's appointment or when they stay home to care for the senior when he or she is ill. In the long run, insufficient rest may have serious mental and physical consequences, and it may even cause the caregivers themselves to need medical assistance.

The second most common problem that respondents indicated is partial absence. It affects more than one third (35.4%) of all working caregivers. In this case the problem lies in the inability to separate the roles of the employee and the caregiver. It manifests in the caregiver physically being at work, but mentally by the dependent's side. They constantly think about the elderly person they left at home, they worry if everything is fine, they are distracted and have difficulty focusing on work. Such a situation obviously makes it impossible to fully commit oneself to fulfilling one's work responsibilities.

The third most frequent problem is limited spatial mobility, which almost one in three (31.1%) working caregivers experience. Those who deal with this issue are unwilling or unable to take up a post away from home because of the elderly person they are looking after. Moving would involve having to take the dependent with oneself to the new place or giving up caring for them. Usually neither solution is acceptable or feasible. As a consequence, the caregivers are forced to stay in the local job market.

The fourth most common problem is lowered job performance. It affects one in four (24.3%) working caregivers. These people are physically and mentally overburdened. They experience tiredness, sleepiness and dissociation, which obviously influence the quality of their work. Their performance becomes slower and less accurate. As was to be expected, this problem affects mostly those who devote the greatest amount of time to looking after the elder (see Figure 4). The more time the caregiver spends assisting the senior, the more likely they are to be overburdened and thus less effective in performing at work

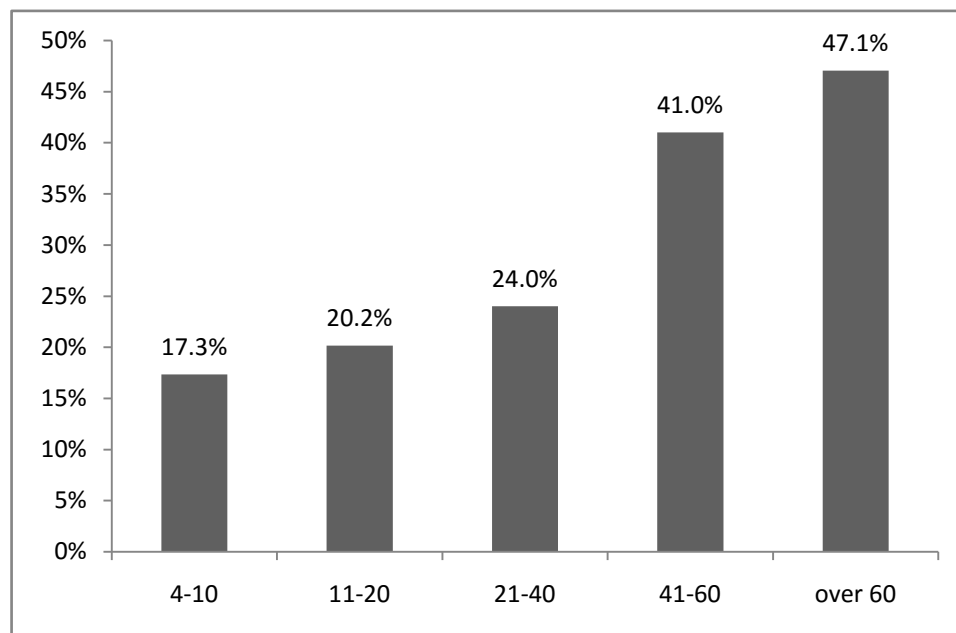


Figure 4. The Frequency of Indicating Lowered Job Performance as a Problem That Affects the Caregiver in Relation to the Number of Hours per Week Devoted to Assisting the Senior

The fifth most frequently indicated problem is arriving at work late, leaving early and taking additional breaks from work. It affects 18.9% of working caregivers. The problem is two times more common among people who look after the elder day and night (34.7%) than it is among those who only assist the senior during the day (14.5%). This stems from the fact that after spending the night looking after the elderly person, one must "sleep it off" in the morning -and this means coming to work later than others.

The sixth more common problem is absence, or failing to come to work at all, which affects 18% of working caregivers. In situations of necessity, such as the dependent being ill, the caregiver is forced to take leave from work. Then the caregiver's attention is focused on the dependent, and professional duties tend to be marginalized.

The next problem is limited professional mobility that affects 17.1% of working caregivers. Those people have a limited willingness and/or ability to change the workplace or even the field. Such a move would involve changing the working conditions, or the necessity of retraining (and therefore participating in trainings), and this would probably turn out to be impossible for the caregiver due to their family responsibilities.

Another negative consequence of tending to the elderly has to refuse a promotion at work, which has affected 14% of respondents. They have had opportunities to climb up the career ladder, but they decided not to take them because a promotion would involve taking on additional professional responsibilities, which would interfere with looking after the senior. Thus the respondents in this group have decided to sacrifice their career for the sake of assisting the elderly family member.

The next problem is closely related to having to refuse a job promotion. 13.4% of working caregivers pointed out that they have had to give up raising their professional qualifications. In this case, the respondents sacrifice their personal growth, as well as the ability to acquire knowledge and new skills, for the sake of caring for the elder. In fact, they give up on improving their competitiveness on the job market.

The problem that was indicated the least frequently has to reduce work time. This issue affects 9.1% of working caregivers. The members of this group are unable to maintain a full-time job because of the time they spend tending to the senior, and therefore they have to switch to working part-time.

The frequency with which particular problems have been indicated depends greatly on the level of dependence of the senior who the respondents look after (see Table 2). In general, the caregivers of highly dependent elders are much more likely to experience professional problems than other caregivers. This phenomenon is visible in arriving late and leaving work early, as well as lowered job performance, absence and partial absence. Therefore caregivers who look after highly dependent seniors are more often late for work or they do not come to work at all, and when they do, they are tired and distracted.

There are no significant differences between particular groups of caregivers in terms of limited mobility, both spatial and professional. This means that regardless of how dependent the seniors who receive care are, the caretakers are equally "grounded," i.e. they are all similarly unable to move about freely in the geopolitical and professional space.

Table 2. Professional problems of working caregivers in relation to the level of dependence of the senior and the manner of providing the elderly with care

Professional problems of the caregiver:	In total	Level of the senior's dependence				Manner of providing the senior with care	
		Highly dependent	Moderately dependent	Slightly dependent	Relatively independent	Alone	Together with another person
absence	18.0%	35.7%	18.3%	10.4%	14.8%	15.3%	19.9%
partial absence	35.4%	50.0%	39.4%	28.0%	18.5%	34.7%	35.9%
arriving late, leaving early, additional breaks	18.9%	41.1%	20.4%	10.4%	3.7%	17.4%	19.9%
having to reduce work time	9.1%	12.5%	13.4%	2.4%	11.1%	11.8%	7.3%
giving up on raising one's professional qualifications	13.4%	25.0%	15.5%	8.0%	3.7%	16.7%	11.2%
having to refuse a promotion	14.0%	19.6%	17.6%	8.8%	7.4%	17.4%	11.7%
devoting one's leave from work to caring for the senior	49.4%	60.7%	51.4%	47.2%	25.9%	51.4%	48.1%
lowered job performance	24.3%	46.4%	23.9%	18.4%	7.4%	28.5%	21.4%
limited spatial mobility	31.1%	33.9%	27.5%	32.8%	37.0%	31.9%	30.6%
limited professional mobility	17.1%	14.3%	15.5%	20.0%	18.5%	20.1%	15%

The frequency of indicating particular problems also depends on the manner of providing the senior with care. If one looks after the elder together with another person, absence, arriving late and leaving work early becomes a relatively common problem. This stems from the fact that caregivers who cooperate with others to provide the elderly person with care, struggle to adapt their schedule to that of the substitute caregiver. When the respondent is the only one looking after the elder, reducing work time and giving up professional growth is definitely more frequent. The caregivers who form this group often sacrifice their career to assist the senior.

6. Conclusions

Nowadays in a modern family there are more elderly relatives than children, and the woman – assuming the traditional role of a caregiver – may expect to spend more years caring for her ailing parents than for her children. In this situation the issue of providing care for elderly becomes a priority challenge for the society and public authorities.

This issue becomes more severe because of the process of population ageing and shrinking labor force. The working age population consists of more and more middle-aged and older workers, and there are more people who leave the job market than those who enter it. Therefore it is necessary to activate those groups who, up to this time, remained economically inactive, e.g. women who maintain the households. The needs of the labor market, however, stand in opposition to the increased demand for long-term care.

One of the priorities of social and economic policy is now to organize work and family life in such a way that they cease to be mutually exclusive. A modern adult should be able to work, fulfill their plans and professional ambitions, but also care for the elder members of their family. It may seem, that nowadays too much attention is given to the matter of the rights of those who require long-term care when compared to the attention the caregivers' rights receive. Most of the developed countries have moved from stationary care and switched to home-based care, which is also a result of taking the preferences of the dependent elders into account, and thus changing the "philosophy" of long-term care. The idea of ageing in place started to be promoted and implemented. According to this view, an elderly person should remain in their own environment for as long as it is possible. As a matter of fact, the unconditional acceptance of this idea is undeniably a sign of appreciation of the needs of the elderly, but also of disregarding the rights of the seniors' families, who are their primary caregivers (Hoskins, 1996).

The modern family ceased to be an autonomous, independent and fully self-sufficient caring entity. The members of a family are no longer able to effectively manage their professional and family responsibilities. In this situation one of the priorities of social policy should be to establish a support system which would keep both activities from being mutually exclusive; one which would prevent work from having a negative impact on caring for the family, and which would make being a caregiver easy enough to keep working. In order to be able to effectively combine their work and family responsibilities, the family members must resort to means such as flexible working arrangements, career's leaves and substitute care.

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