

working mechanism in the rating assessment process and is of a commercial nature, no alternative to assessing the impact factor through the analysis of "references" has yet been formed.

A number of international organizations involved in information marketing use special pricing mechanisms. These methods, widely used in practice, can be grouped as follows.

1. Assessment per unit of information
2. Assess the use of information over time.
3. Evaluation of information "by number" of users.

For example, (conditionally) the use of the Russian National Electronic Library occurs online, and a document (depending on its size) is sold to users for 0.1–12 US dollars. The watch requires \$ 8 for usability. Another company, Lexis Nexis, determines the annual subscription based on the number of people served by the libraries. \$ 5,000 for 50 thousand people, \$ 8 thousand for 100 thousand people, 10 thousand for 250 thousand people, 20 thousand for 500 thousand, 35 thousand for 1 million, 60 thousand for 2 million, for a library network with more than 2 million potential customers At a price of \$ 70,000.

When analyzing prices in information resource centers, which are especially active in the information market, there is a serious impact on the prices of marketing technologies, special PR-companies. Information is capitalized gradually and continuously.

At the present stage of the rapidly growing informatization of economic relations, the development of market relations requires the emergence of a new global market for information services, and this market is being formed. The specificity of modern market relations, involving the interaction of subjects of different composition, interests and goals, requires the formation of a new stage that allows everyone to use information resources.

Probably, the conditional "chaos" will continue on the information market for some time. In the near future, it is necessary to take many legal and organizational measures to regulate the information market throughout the world.

#### LIST OF REFERENCES

1. Xələfov A.A. Kitabxanaşünaslığın müasir problemləri. Bakı. BDU-nun nəşri. 2012. 56 s.
2. Kazimi P.F. İnformasiya mühəndisliyi kitabxana fəaliyyətində . B. BDU., 2011.-230 s.
3. Məmmədov M. Ə. Kitabxanaların idarə olunmasında marketinqin rolu//Kitabxanaşünaslıq və bibliografiya, elmi-nəzəri, metodiki və təcrübi jurnal.- B., 2009.-N1,- s.47-54
4. Qurbanov A., Kazimi P., Məmmədov M., Kitabxana informasiya fəaliyyətinin menecmenti və marketinqi. Bakı. Mütərcim. 2012. 280 s.
5. Сусллова И.М. Ключев В. К. Менеджмент библиотечно-информационной деятельности. М. Профессия. 2011.-610 стр.
6. Колесникова М.Н. Менеджмент библиотечно-информационной деятельности. 2009.-390 стр.
7. Казими П. Информационная инженерия. Германия. Ламберто Академия Публикейшн. 2013. 84 с.
8. Голубенко Н.Б. информационные технологии в библиотечном деле. Ростов н/д, Феникс, 2012, 282 стр.
9. Форсайт Патрик. Маркетинг в книгоиздании. - М.; Школа издательского и медиа бизнеса, 2012.-221 стр.
10. Брофи Питер. Оценка деятельности библиотек: Принципы и методы.-М.; «Омега-Л», 2009.-357 стр.

#### SOCIO-HEALTH CONSEQUENCES OF THE RISKS OF SENIORS

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**Abstract.** Seniors need to have contact with other people because they are often not only dependent on them, but very eager to have and feel the closeness of humanity. At the same time they feel lonely, their emotional satisfaction is valuable at their age, bringing their own social price to the forefront and last but not least the priority to belong to others. The aging phase is linked to the very narrow position of seniors in society, and their social status is deplorably low. The manifestations of this dimension are correlated with attributing the negative qualities of their personality and the associated low competencies.

**Keywords:** Seniors. Society. Social status. Aging. Health.

People who retire change their established life regime. The change and coping with it is not easy for everyone. By retirement, society loses its wealth, valuable experience, and knowledge of the creative

paradigm. If we evaluate the current attitude in society towards seniors, we can state that in the ranking of values it is in the negative bar. Old age is understood as the next stage of a person's life path, which is classified

in terms of negative perception, such as deterioration, reduced competences, burden and often even a heavy burden. Humanity and positive acceptance cannot be considered in this dimension. The situation in the current social climate calls for society to accept the old age and the process of human aging as a reality and natural development, because it is an inseparable part of life. The vision and consequently the goal of our living and existence in society cannot be the segregation of seniors, but rather their integration into it. Man begins to age at his/her birth, that is, at this very moment of life, s/he begins the process of aging. The key issue for the aging process is the genetic base itself and the equipment of the family environment. Aging is an irreversible biological process that affects whole nature. Life expectancy is genetically determined and specific to each species. The same is true of humans where a multifactor type of inheritance is assumed. Old age is the final stage of the aging process, it is the end of the natural evolutionary process of each individual" [11].

Social aging is manifested by a decrease in interest in its environment, loss of various activities, impairment of adaptation, etc. Draganová (2006) is of the opinion that "the stage of old age as a social phenomenon is dealt with by applied sociology, which is called gerontology. The increasing share of older people in the demographic structure of the population and the changes in social relations brought by old age raise a specific social issue that is becoming the subject of the sociology of old age". The social aspect of aging is closely related to retirement, which can evoke in the elderly the loss of friends, direct contacts, colleagues, loss of status or financial loss [2].

According to Dvořáčková (2012), another manifestation of social hardship is that "elderly people show loneliness, often feel lost, without love, unnecessary, lacking support from family and loved ones. All these aspects can lead to subsequent anxiety or depression, causing aggression, accompanied by anger, which may further increase loneliness." [3] In a deeper analysis, the phenomenon of loneliness can be distinguished from the perception of different aspects. Kupka (2014) divides loneliness as follows:

- interpersonal loneliness,
- intrapersonal loneliness,
- existential loneliness,
- social isolation,
- emotional isolation [9].

According to Žiaková (2008), the causes of loneliness are:

- causes of personality variables
- situational variables [15]

The first perception of causes is the long-term survival of loneliness. Depression is closely expressed and associated to this assignment. The content of the loneliness is the fact that each person perceives and experiences his/her life situation differently and consequently the loneliness itself can manifest. The most common causes belonging to this state of causes are e.g. long-term illness, divorce, care for sick parents, etc. Hrozenková and Dvořáčková (2013) appeal to the needs of seniors and recall that "the concept of social functioning is considered important" [4].

"Since time immemorial, people have been forced to contemplate their lives and reflect on its meaning. Although they understood the meaning of life in practical terms, such considerations became a source of inspiration and potential changes for which this reasoning motivated them. They lacked the concept of quality of life as we know it at present" ([12].

"The first approach was to the quality of life in today's understanding of healthcare in connection with psychiatric patients and even chronically ill people, whose impact of the disease manifested itself not only in the physical and mental sphere, but also socially. Later, the problem of quality of life came from healthcare facilities to the general public, especially in connection with new health and social problems" [12].

"Family life is of great importance to the elderly and he usually expects some help from the family. It makes it possible to create an emotional and social background for the last phase of life, which is extremely important for aging and old age. In fact, the emotional background function is actually the only function that the present family has retained and has not given to society" [6]

The aim of social policy is to eliminate or at least alleviate the unfavorable social situation of the individual, the family. The social policy tool is social security, which consists of: social insurance, social support, social assistance, and social services have a special position [1].

Another important aspect for humans at any age is health care. As stated in the statistics people in the EU are most likely to die from circulatory diseases (ischemic heart disease, cerebrovascular disease) and cancer. Risk factors such as smoking, excessive alcohol consumption, unhealthy diets contribute significantly to the development of these diseases. "Adult people, leading a healthy lifestyle that includes physical exercise, eating fruits and vegetables, avoiding smoking and drinking alcohol can expect 12 years longer life than they would otherwise" [5]

The table shows that the chances of an individual in his/her 70's to live 90's are decreasing with an increasing number of risk factors in his/her lifestyle.

Table 1

**The presence of risk factors in the 70's**

None of the five risk factors	54
Sedentary lifestyle	44
High blood pressure	42
Obesity	32
Diabetes	28
Smoking	25
Three out of five risk factors	14
All five risk factors	4

Source: Yates et al., 2008, Sarafino & Smith (2011) [13]

The mission of protecting and promoting health, including the senior population, is to consolidate, protect and promote health through community-wide measures, with the emphasis on multi-sectoral cooperation. International and national community programs, including seniors as the target group, are also an important part of the support and protection of seniors' health.

Seniors, as a risk group, very often become the object of violence for various reasons and reasons. The rights of seniors are dealt within our country by the Program of Protection of the Elderly, adopted by the Government of the Slovak Republic in 1999. The seniors must feel sure that they will receive adequate assistance in case of ill-treatment.

Piscová (2007) states that "the economic and social level of aging is the most widely presented issue in media. However, very little is said about how society should reflect on old age as such, what quality of life in old age should have, what conditions for old people should be ensured by society itself" [10] It is necessary to state that the rights of the elderly unfold and

participate in the context of fundamental human rights, without age restriction. "The general rights of older people are contained in the International Aging Action Plan adopted by the United Nations General Assembly in 1992. Equally, the rights of older patients are declared in the Charter of the Rights of the Elder, proclaimed by the International Geriatric Association in Adelaide, Australia in 1997" [11].

We can say that the poor or even morbid treatment of older people by their own family and others has only recently come to the attention. Kalvach (1995) states that "risk groups in terms of abuse and abuse include:

- *ordinary women, widows, aged 70-80 with lower education than the secondary,*
- *pensioners on the poverty line, but also elderly people with sufficient wealth,*
- *elderly people living with their relatives,*
- *defenseless and vulnerable persons with physical and mental loss" [7]*

Table 2

**Profile of the victim of violence**

Health group	Socio - economic group
mentally ill people	disabled
people with dementia	lonely older people
somatically ill people	wealthy older people
sensory impaired people	poor elderly people
physically impaired	roommates of older parents in multi-generation families
disabled people	institutionalized older people
dying people	

Source: Koval' (2001) [8]

Table 3

**Overview of forms of elder abuse**

Harassment	Neglect	Exploitation	Misuse	Abuse
emotional	active	financial	property	mental
physical	passive	property	emotional	physical
sexually	self-neglect	physical	political	systematic

Source: Koval' (2001) [8]

The issue of elder abuse is often taboo in our society. However, this does not lead to the conclusion that it does not exist. Mostly they are hidden or more precisely classified cases that rarely or at all come to the surface.

Tošnerová (2000) explains that "the cultural maturity of a nation is measured by various partial sometimes comical measures of e.g. mouthwash, soap, paper, water and so on. However, it is best documented

by how it cares for geronts and what the old age of geronts of that nation is like." [14].

**BIBLIOGRAPHICAL REFERENCES**

- [1] BOČÁKOVÁ, O. 2015. Sociálna politika a sociálne zabezpečenie (vysokoškolská učebnica). Brno: TRIBUN EU, s r. o., 2015. s.170. ISBN 978-80-263-0938-3.

- [2] DRAGANOVÁ, H. 2006. Sociálna starostlivosť. Osveta. ISBN 978-80-8063-240-3.
- [3] DVOŘÁČKOVÁ, D. 2012. Kvalita života seniorů – v domovech pro seniory. Praha: Grada. ISBN 978-80-247-4138-3.
- [4] HROZENSKÁ, M., DVOŘÁČKOVÁ, D. 2013. Sociální péče o seniory. Praha: Grada. ISBN 978-80-247-4139-0.
- [5] KVAAVIK, E., BATTY, G. D., URSIN, G., HUXLEY, R., & GALE, C. R. 2010. Influence of individual and combined health behaviors on total and cause-specific mortality in men and women: The United Kingdom Health and Lifestyle Survey. Archives of Internal Medicine.
- [6] JANKOVÝCHOVÁ, L., BELOVIČOVÁ, M. Zdravé starnutie a kvalita života seniorov. Ošetrovateľský obzor 6, 2009, č. 3, s. 90. Dostupné na internete: <<http://www.osevratelsky.herba.sk/3-2009/zdrave-starnutie-a-kvalita-zivota-seniorov>>.
- [7] KALVACH, Z. 1997. Týraní, zneužívání a zanedbávání seniorů jako medicínský problém Praha: Česká lékařská společnost J. E. Purkyně. 1997, roč. 136, č. 6. ISSN 0008–7335.
- [8] KOVAL, Š. 2001. Týranie starších ľudí. Košice Pont. ISBN 80-967611-2-9.
- [9] KUPKA, M. 2014. Psychosociální aspekty paliativní péče. Praha Grada. ISBN 978-80-247-4650-0.
- [10] PISCOVÁ, M. 2007. Aktivna staroba: želanie alebo realita? Forum. Scientiae et Sapientiae. XIV/1: 40–41. ISBN 80-7149-865-3.
- [11] POLEDNÍKOVÁ, E. 2006. Geriatrické a gerontologické ošetrovateľstvo. Martin: Vydavateľstvo Osveta, spol. s. r. o. ISBN 80-8063-208-1.
- [12] RADKOVÁ, L., BIELOVÁ, M. 2004. Spokojnosť občanov v domovoch dôchodcov ako súčasť kvality života. Geriatria, 2004, č. 2, s. 59 -60. ISSN 1335-1850.
- [13] SERAFINO, E. P., & SMITH, T.W. 2011 Health Psychology: Biopsychosocial Interactions. New York: John Wiley & Sons, Inc. ISBN 9781118425206.
- [14] TOŠNEROVÁ T. 2000. Špatné zacházení se seniory a násilí v rodině - průvodce pro zdravotníky a profesionální pečovatele. Praha: UK Ambulance pro poruchy paměti. 2000. ISBN 80-238-5875-0.
- [15] ŽIAKOVÁ, E. 2008. Osamelosť ako sociálny a psychologický jav. Prežívanie osamelosti vo vybraných sociálne rizikových skupinách. Prešov: Grafotlač. ISBN 978-80-8068-731-1.

#### THE SELF-GOVERNING REGION OF TRENCIN IN THE DIMENSIONS OF SOCIAL CARE AND SOCIAL HELP

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**Abstract.** In this paper, we focus on the self-governing region of Trenčín. On the basis of statistical data, we offer an overview of social policy and social security. We focus also on social care, social support in dimensions of Trenčín region. As for social services, we deal with compensations for persons with disabilities.

**Keywords:** Self-governing region. Social care. Social policy. Social security. Social help. Social services. Statistics.

Higher territorial unit, self-governing region, is a basic unit of regional self-administration. As stated by Peková et. al. (2002), the main objective of regional self-administration, is a care for the needs of citizens of given region or territory. In this paper, we focus on the self-governing region of Trenčín in the dimensions of social care for citizens and social help [4].

The self-governing region of Trenčín is located in the northwestern part of Slovakia and its area is 4,501 km<sup>2</sup>. The self-governing region of Trenčín has the population of more than 587,364 citizens.

Districts of the self-governing region of Trenčín are shown on the Map 1.