

POLITICAL, SOCIAL AND ECONOMIC CRISES AND LIVING ARRANGEMENTS OF OLDER PERSONS: THE CASE OF UKRAINE

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In some countries of the former Soviet Union, the transition from centrally planned to market-oriented economies is progressing more or less smoothly, in others it appears to be shock therapy, and in still others, shock without therapy. Political instability, economic recession or even crisis in the post-communist countries have led to changes in the priorities of social programmes and to the impaired functioning of existing institutions responsible for the welfare of vulnerable groups of population.

Decentralization of control over social protection and delegation by the central Governments of their responsibilities to local governments and non-governmental and private sectors have brought additional hardships to the social protection and well-being of the elderly.

In other words, the introduction of welfare programme in the countries of the former Soviet Union is taking place in very unfavourable social and economic conditions. The elderly population groups find themselves extremely unprotected in all spheres of life, including income security, health care and living arrangements.

THE SOCIO-ECONOMIC SITUATION AND THE POPULATION AGEING PROFILE

The present economic status of Ukraine, like that of other republics of the former Soviet Union, is characterized by further declines in production, a drop in the gross domestic product (GDP) and a decline in the living standards of the people. According to data of the State Statistical Committee, in 1998 GDP fell by 40.9 per cent compared to 1990 (Ukraine, State Statistical Committee, 1999b). Goods and services output fell by 31.8 and 22.6 per cent, respectively (see figure I). Although the number of people who could not afford a basket of the 22 most important food items decreased from 22.2 per cent in 1995 to 15.7 per cent in 1998, it is still very large.

(FIGURE I HERE)

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Under such conditions, population growth in Ukraine has become negative: birth rates have fallen, death rates have risen, rates of natural increase are negative, and the depopulation process has become protracted (see figures II and III). During the past decade, the life expectancy of the population of Ukraine as a whole, and particularly the elderly population, has declined at a rapid pace: by 1997, the life expectancy at birth had dropped to 68.1 years, a decrease of 2.6 years in comparison with 1989, and life expectancy at age 65 declined from 14.96 years in 1989/90 to 13.69 years in 1997/98 (Ukraine, State Statistical Committee, 1998a) (see tables 1-3). All of these changes have occurred against a background of progressive population ageing.

(FIGURES II & III HERE)

(TABLES 1 TO 3 HERE)

Within a nine-year period, from 1989 to 1998, the number of persons aged 60 and over increased from 18.3 per cent to 19.5 per cent. Women typically outnumber men. At the same time, the sex ratios of older age groups have decreased during the past decade owing to a greater increase in female mortality, especially at very old age. In the 60+ age group, there were 49 men for every 100 women in 1989 and 55 men for every 100 women in 1998. The trends in dependency ratios indicate a substantial dependency shift from children to persons aged 60+ during the period of transition. The youth-dependency burden decreased from 40 dependants for every 100 workers in 1989 to 35 in 1998, while the elderly-dependency burden increased from 31 to 33 dependants, respectively.

As to changes occurring in the demographic basis of family support, it is necessary to note the decrease in the absolute and relative numbers of kin supporters. The potential support ratio (number of persons aged 15-64 per those aged 65+) declined from 5.7 supporters per one supportee in 1989 to 4.8 supporters per one supportee in 1998. Taking into account the average length of one generation, which was roughly 26 years in Ukraine at the end of the twentieth century and tended to change very slowly, the contemporary changes in the number of generations of children (0-26 years of age), parents (27-52 years), grandparents (53-78 years) and great grandparents (79+) in the entire population indicate a decrease in the proportion of younger generations in favour of older ones (see table 4). Between 1989 and 1998, the caregivers/care-receivers ratio dropped among the young cohorts and increased markedly between grandparents and great-grandparents. This has created a big problem for those elderly who receive limited assistance from their children and who, simultaneously, have to take care of very old dependent parents. This situation is expected to become much more acute in the future.

(TABLE 4 HERE)

PATTERNS OF LIVING ARRANGEMENTS

At the beginning of the twentieth century, the extended family in Ukraine was not the true, classical pattern of the patriarchal family. It represented a conglomeration of nuclear family members, unmarried siblings of the nuclear couple, lodgers, hired hands and older kin who managed to survive infections, ailments, accidents and the like (Ponomaryov, 1989). During the course of socio-economic development, family transformation occurred, with a breakdown of families into separate generations, keeping their own households. The current household composition indicates a high level of family nuclearization and a weakening of traditional family bonds. According to 1989 census data, a married couple with or without children under age 18 constituted the major part (58.0 per cent) of total households (see table 5). Male and female households with children and without a spouse constituted 12.1 per cent of all households. At the same time, the proportion of households where one or two younger generations co-resided with their parents constituted 18.1 per cent. In accordance with the 1989 census data, the majority of people aged 60+ (more often men than women) lived with one or several persons (see table 6). Some 13.0 per cent of men and 46.0 per cent of women of this age group lived alone. Older men living alone were more than three times outnumbered by older women living alone. In the study sample, the proportion of urban elderly living in multigenerational families was higher than the proportion of those living alone or with a spouse (see table 7). Men are more likely to live independently with a spouse. Women mostly live in three-generation families. Also, the proportion of women living alone outnumbers by more than two times the corresponding group of men.

(TABLES 5 TO 7 HERE)

As is evident from the data (Chuiko, 1996), reduced rates of marriage and increased rates of divorce and widowhood represent the most acute transformation and structural shifts that occur as a result of socio-economic crisis in the marital/familial sphere. In view of the general control over birth rates and family planning, there is an increasing trend towards childlessness and unmarried motherhood, the prevalence of informal sexual partnerships, a rise in the proportion of incomplete families and an increased number of orphaned children. Nevertheless, in accordance with matrimonial/familial traditions, 38.6 per cent of the Ukrainian population live in families, the number of which is more than 14 million.

Based on the data of the State Statistical Committee, the number of marriages per 1,000 population dropped from 9.5 in 1989 and 1991 to 7.6 in 1992, 7.7 in 1994 and 6.2 in 1998. At the same time, the number of divorces grew from 3.7 per 1,000 population in 1989 to 4.3 in 1992, and then decreased to 3.6 in 1998 (see figure IV). It is noteworthy that divorces are more widespread in towns, especially in large towns. One of the

consequences of divorce, which may be encountered by the divorced couple, is difficulty in supporting ageing parents. Familial relations between grandparents and grandchildren are also affected.

(FIGURE IV HERE)

Compared to 1989, when, according to census data, the average size of a household was 3.2 persons, the results of the sociological study “Health 1996”, carried out by the Kiev International Institute of Sociology, show that, in 1996, the average size of a household increased to 3.8 persons, with 3.7 persons in towns and 4.3 persons in villages (Ukraine, Cabinet of Ministers, 1997). By contrast, the number of two-person households decreased from 35.1 per cent in 1989 to 12.1 per cent in 1996, indicating that a large number of young families cannot live separately from their parents, owing to economic constraints or lack of housing.

FAMILIAL SUPPORT

Social, economic, ethnic and interpersonal relationships have been transformed during the course of the transition in Ukraine. The family continues to play a major role in providing informal care for the elderly, but the role of the family is weakening. This particularly holds true in the rural areas, where there are more intensive concentrations of elderly people living alone. Problems related to worsening health become even more acute against a background of low income, price increases and inadequate medical services. There are more hardships for the elderly living alone, which they cannot resolve by themselves, namely, the absence of daily living services, maintenance and repair of their houses, and a lack of conveniences, including transport.

Based on the data of a longitudinal study (carried out jointly with the World Health Organisation) of the residents of Kiev aged 60 and over (1,364 subjects), it was found that, with age, there is an increase in the correlation between the degree of worsening health and family composition: the number of persons with pronounced physical limitations rises almost three-fold in the 75 and over age group compared to those aged 60-74 years. The relative number of elderly persons who have lost the ability to take care of themselves and who live with family was 1.1 to 1.8 times the number living alone.

Concerning family composition, among the oldest old versus the younger old living alone, there was a smaller increase in the number of persons with marked physical limitations compared to those living with family. The difference varied from 2.5 to 4.0 times, respectively.

Despite the fact that persons living alone versus those living with family have fewer health problems, the former appear to have greater needs for medical and social services.

The Kiev Institute of Gerontology has developed a new method for assessing the health needs of the elderly for various types of medical service, a so-called automated expert system for quantifying dependency on medical, social and psychological assistance (AESKOZ). Using this method, researchers have conducted a selective socio-medical study of the population in different regions of Ukraine (8,574 persons of retirement age). The results obtained have permitted researchers to assess, promptly and with very high accuracy, not only the needs of people beyond retirement age for various kinds of medical service, but also its tentative costs. It is noteworthy that these costs are equal to the size of all budget expenses allocated by the State for public health care.

According to the data from the above study, in the sample aged 70 years and over, who were living alone, there were subgroups of persons with different degrees of dependency. Thus, the percentage of those needing constant social and medical care (for whom in-home service could not be provided) was 13.8 per cent in towns and 2.7 per cent in villages (Chaikovskaya, 1998). Among village residents, it was predominantly found that one elderly spouse was still able to look after the other. Among urban residents, 69.6 per cent of the elderly were referred to special departments of community social centres, the remainder were taken care of by their spouses, relatives or others. Of the latter group, 10 per cent were looked after in accordance with an agreement concerning housing inheritance.

Some 13.2 per cent of town residents and 6.6 per cent of village residents needed partial assistance in daily living from other people or needed placement in boarding houses or shelters.

Among town residents, 43.13 per cent expressed the need to bring commercial and daily living services closer to the residential areas of the elderly; the figure for village residents was 36.6 per cent. These services include home-delivery of food products and help in the performance of heavy household work (e.g., gardening, cleaning, washing windows, and laundry).

A representative study of changes in the system of non-formal support for the elderly during a period of political and socio-economic crisis was carried out in Kiev in 1995 (Foigt, forthcoming). In this study, the data from interviews of 663 citizens of Kiev aged 60 and over were examined. The main findings indicate that the new socio-economic conditions tend to encourage a transformation of the elderly person's family: intergenerational cooperation has undergone changes in terms of level, structure and trends, and the breakdown of multigenerational families has slowed down.

In comparison with 1980, when 5 per cent of the working elderly and 10 per cent of the non-working elderly received material support from their adult children (Shapiro, 1980), in 1995 such support was received by almost 30 per cent of the elderly living separately from their children (Foigt, forthcoming). At the same

time, in 1980, 64 per cent of the working elderly and 26 per cent of the non-working elderly provided economic support to their adult children, while in 1995, the number of elderly parents giving assistance in money or in kind to their children's families declined to 15 per cent. It should also be noted that the character of interrelationships within the elderly person's family also changed: according to the 1995 data, during the process of socio-economic transformation, about 80 per cent of elderly people reported a reduction in family contacts and, on average, 12 per cent of them reported an increase in intrafamilial tension and frequency of family conflicts.

SOCIO-ECONOMIC STATUS OF OLDER PERSONS' FAMILIES

The worsening economic situation affects the level and living conditions of the entire population and, in particular, the elderly as its most vulnerable segment. The growing cost of living owing to soaring retail prices, inflation and low pensions (the size of pensions has long been unchanged) has led to a bigger gap between the economic provision of pensioners and the changing living standards of the working population.

The normal process of population ageing has acquired some negative aspects under conditions of economic crisis. Production restructuring, accompanied by a growing unemployment, has pushed out from the labour market those citizens who, in accordance with existing legislation, are entitled to receive a pension after retirement. As a result, they have been deprived of any opportunity to improve their material well-being. In other words, there has been an increase in the number of ageing people who are fully dependent on the level and quality of social security in the country. Simultaneously, the number of working individuals among the population able to work has decreased. Thus, a vicious circle has occurred; a fall of production, an imperfect taxation system, and so on have reduced revenues, whereas an intensive growth of population groups who are in need of social support is consuming the social funds of the State.

Within a short period of time there has been a marked increase in the gap in incomes between the working population and non-working pensioners. Thus, while in 1985/86, the average monthly old-age pension was more than 40 per cent of the average wage of workers, in 1998, that number fell to 27.7 per cent (Ukraine, State Statistical Committee, 1999b) (see figure V). Although the ratio between old-age pensions and wages tending to level off, pensioners are being pushed into the so-called low-income population group.

(FIGURE V HERE)

The growing differentiation in incomes has become a source of population stratification, increasing social discomfort and tension in society. According to the data contained in the report of the President of Ukraine to Parliament on the economic and social development of Ukraine in 1995, the average earnings of 10 per cent of

the well-to-do citizens surpassed the earnings of 10 per cent of the low-income population by 6.7 times in 1993, by 9 times in 1994, and by 12 times in 1995.

Analysis of the income structure of families with a varying level of per capita income shows differences in the degree of ability to adapt under market economy conditions in some population groups. With a gradually reducing share of wages and social transfers (pensions, stipends, etc.) in the budgets of all groups of families, the proportion of these income sources in low-income families appears to be highest (see tables 8 and 9).

(TABLES 8 & 9 HERE)

As living standards decline, the share of necessary expenditures (for foodstuffs, services, etc.) within the income-spending structure of disadvantaged families increases sharply, while the income share devoted to buying non-food products, particularly those of long-term usage, decreases. It is noteworthy that the share of income for savings was negative for the low-income population in 1995 and 1998 (more money was withdrawn than deposited).

With the declining income of pensioners, the volume and structure of consumption in this group is shifted towards limiting expenditures on non-essential goods and services. Thus, their purchasing capacity for non-food products becomes limited and access to most vital services difficult.

Because of the economic crisis, the consumption of food products is reduced and the structure of their consumption is changed. In the low-income families of pensioners, the consumption of essential products, such as meat, eggs, fish and fruits, is rapidly decreasing. Judging by changes in the consumption structure, they are being replaced by cheaper foodstuffs—milk, sugar, bread and potatoes—although their amounts in the diet of low-income families have decreased more rapidly in comparison with other population groups. To support the disadvantaged and marginalized groups, particularly pensioners, the Government provides monetary assistance. Also, local authorities are making efforts to provide non-cash (partial payment of food products and commodities, spa and resort vouchers, community services, fuel, etc.) and cash assistance (see figure VI). But with the growing number of low-income citizens against a background of chronic budget deficits, the number of persons receiving such assistance has declined.

(FIGURE VI HERE)

The total amount of assistance has been reduced as well. Thus, while in 1993 the average size of non-cash assistance was 17.1 per cent and of cash assistance was 31.4 per cent of the average monthly pension, in 1998 those numbers fell to 6.5 per cent and 5.9 per cent, respectively. Some shifts have occurred in providing non-

cash assistance. In 1992, government expenditures were channelled to pay partially for food products and industrial commodities, while in 1994, the main portion was spent on providing food for the low-income elderly population. In 1995, the number of specialized dining rooms and daily living services for low-income citizens declined. Thus, impoverished pensioners, encountering difficulties in taking care of themselves, have been marginalized.

ECONOMIC ACTIVITY OF SENIOR CITIZENS

The living standards of the population are in large measure determined by the level of employment. According to data from the State Statistical Committee, between 1990 and 1997 the percentage of people who were engaged in all areas of production reduced by 8.6 per cent (Ukraine, State Statistical Committee, 1999b). In accordance with the data on the economic activity of the population (carried out by the same Committee), in October 1996 the level of employment among the population aged 15-70 was 64.0 per cent (68.7 per cent for males and 59.9 per cent for females), a figure much lower than in the pre-crisis period. The level of registered unemployment during 1992-1994 was 0.3 per cent, at the beginning of 1995 and 1996 it was 0.5 per cent, and at the beginning of 1997 it was 1.3 per cent of the population of working age, who are able to work. The main component of unemployment in Ukraine is a so-called “hidden unemployment”, that is, forced unpaid leave and part-time workdays.

A large-scale survey of households with respect to economic activity, employment and unemployment, which was conducted in 1995 by the State Statistical Committee jointly with the International Labour Organization, showed that the absolute number of post-working age population (60 plus) who were engaged in various branches of the economy declined from 1,027,300 people in 1989 to 643,300 in 1995 (Ukraine, State Statistical Committee, 1996b). In 1995, the total number of the economically active population aged 60 plus was 1,496,100 people, that is, the number of persons working in private agricultural households or the industrial sector, as well as 852,000 people who had applied for a job, that is, 57 per cent of the total economically active population of retirement age. During the period from 1989 to 1995, a shift in the structure of older workers employed in industry occurred. Against the background of a total reduction in the number of older workers employed in industry, the proportion of old employees reduced sharply in the non-production sector (culture, education, medicine, etc.), where white-collar personnel are most prevalent (see figure VII).

(FIGURE VII HERE)

Workers of retirement age are mainly concentrated in industry and in the public sector. At the same time, their numbers are few in joint and private ventures, which, in accordance with their personnel policies, avoid employing elderly workers.

In 1995, unemployed persons aged 60 and over accounted for 4 per cent of the total unemployed population. The percentage of persons registering themselves as unemployed among the economically active population aged 60 plus is much lower than among young people but is slightly higher than among the middle-aged group. In other words, the working potential of the older population, who are able and willing to work, is insufficiently utilized in comparison with the middle-aged group of the economically active population.

HOUSING CONDITIONS

During the past decade, there has been a slow increase in housing provisions for Ukrainians: on average from 17.8 square metres of living space per one inhabitant in 1990 to 21.0 sq m in 1997, that is 18.0 per cent (Ukraine, State Statistical Committee, 1999b). In towns, the increase has been from 16.5 to 20.8 sq m (26.1 per cent) and in rural areas, from 20.6 to 22.7 sq m (10.2 per cent).

With the declining possibility of receiving a new flat, the prospect for people of retirement age to obtain one from the state housing fund is a little better than from the community housing department fund: in 1997, the index of housing provision from the state fund was 2.7 per cent against 0.5 per cent from the community housing department fund. However, when analysing the dynamics of the average size of flats, which have been built from the state fund during the period from 1990 to 1997, it is possible to conclude that housing construction preferences are given to flats with large metric areas, that is, flats that are designed for large families. One- and two-room apartments, which are generally needed by the pensioners' families, are being constructed mainly at the expense of the community housing departments; under the conditions of growing construction costs, such flats have become unaffordable for the elderly.

According to the 1989 population census, less than half of the families in Ukraine live in flats that have central heating (42.3 per cent), cold water (46.8 per cent), hot water (31.9 per cent) and a sewage system (41.6 per cent) (Ukrainian Soviet Socialist Republic, Ministry for Statistics, 1991) (see table 10). Only 38.4 per cent of families had a bath or a shower in their houses. The population best provided with conveniences were families living in multi-storey apartment houses: almost two thirds of those inhabitants had cold and hot running water, a bath or a shower, an electric or gas stove and central heating. At the same time, the availability of modern conveniences in individually constructed houses remained low: only 40 per cent of families living in this type of dwelling used a central water supply, of those 24 per cent had hot water and 20 per cent had central heating. There is a huge gap in the housing amenities of urban and rural elderly persons (see figure VIII).

(TABLE 10 HERE)

(FIGURE VIII HERE)

The results of studies on the relationship between the life expectancy of people aged 60 and over and their housing conditions, which had been conducted by the Institute of Gerontology in 1998-1999, show that favourable housing has a positive influence on the life expectancy of the elderly (Foigt, unpublished). At the same time, unfavourable housing, with a lack of amenities, thus making it impossible to meet the specific needs of the elderly, reduces their life expectancy. Because of the lack of amenities of individual constructions in the rural areas, the proportion of 85-plus individuals among residents of specialized boarding houses for the aged is higher than among residents of other types of residential dwellings.

Under the conditions of a growing housing market, when comfortable living accommodations are practically unavailable to the low-income population, the State is trying to take appropriate measures to lessen the acute shortage of well-equipped adequate housing for the elderly. Policies for the provision of senior citizens with new housing and the improvement of existing ones are being implemented. One strategy is to relieve the financial pressure on the elderly in view of the necessity to cover their housing expenses.

Thus, for certain categories of pensioners, among them war and labour veterans, a number of legislative acts envisage partial or complete exemption from paying rent and some community services. For some groups of senior citizens, living in houses without central heating, it is envisaged to provide fuel on a free or partially paid basis.

Another type of state assistance in the area of housing provision for the elderly is to accord them priority on waiting lists for new housing. Under the existing conditions of a shortage in new housing, on the one hand, and a greater part of the population being in the low-income category, on the other hand, free municipal housing is still distributed on a first-come, first-served basis. Several categories, apart from the elderly, have priority in receiving housing (e. g., families with many children, families of victims of the Chernobyl disaster, invalids, etc.).

Current economic hardships in Ukraine do not allow a wide provision of the guaranteed right to housing: the development of state-owned and public housing is at a standstill, cooperative and individual construction is inaccessible to the public at large, and contracts to finish apartments are delayed for an indefinite period. Housing and community service fees are incongruous with average wages and pensions.

The privileges and subsidies given to the elderly are important in paying these costs. The possibility of privatizing, inheriting, selling and buying houses or apartments allow the elderly to manipulate, in some way, their housing in order to provide a certain amount of security for themselves and their relatives.

There are some people, among whom are elderly individuals, who have no dwelling at all. In a special investigation on the spread of beggarliness in Ukraine, carried out by members of the School of Social Work of the National University, Kiev Mohyla Academy, it was found that the average age of those who beg in Kiev is 64-65 years (Nevtjuk, 1997). Two thirds of the people who have no roof over their head and live by begging are persons over 60 years of age.

HEALTH AND HEALTH SERVICES

The health status of the elderly in the countries of Eastern Europe and the former Soviet Union is much worse than in the Western countries. It is reflected in a shortening of the lifespan and lower survival to retirement age, and increased morbidity and mortality rates, etc.

According to recent data, negative morbidity trends were noted in many Eastern European countries, including Ukraine. For example, in Ukraine between 1990 and 1998, total morbidity increased owing to, in particular, diseases of the nervous system, and infectious and parasitic diseases (see table 11). Among the latter group of diseases, tuberculosis is the main one. As pulmonary diseases occur most commonly at very old age, and as the absolute number of this population segment has been markedly reduced during the past decade, the morbidity indices for this class of disease tend to decrease.

(TABLE 11 HERE)

Many factors contribute to these negative trends. They include a polluted environment, bad working conditions and exhausting work, widespread unhealthy habits (smoking, alcohol consumption, etc.), malnutrition, and inadequate health-care systems.

The public health-care system of Ukraine was formed during the time of the former Soviet Union, when the prevention of diseases was the priority of the medical institutions and socio-epidemiological services. Despite steadily increasing spending on various health-care aspects, cost-effectiveness has never been a priority.

The high priority given to public health care and the efforts towards its socialization, during 1970s, brought about a 75 per cent coverage of health care from public funds in the 1980s. In subsequent years, when

the demand for resources began to exceed the state's capacity, the share of public spending on overall health-care expenditures began to decline. At the same time, an approach was taken to use patients' and other private resources in order to resolve the public health-care problems in the country. At first, this approach seemed to create a system of equal medical services for all. But, in reality, the well-to-do patients were able to pay informally to get better-quality medical service.

During the transition to a market-based economy, the amount of state expenditure on public health care has declined considerably. State-owned medical institutions face many difficulties, which are associated with the acute lack of medicine and equipment and the non-payment of wages of medical personnel. As a consequence, the quality of treatment has worsened considerably.

Considering the low level of income of elderly patients, who represent the main consumers of public health-care services, the Government has tried to assist them by proposing several social programmes:

- Free or partially paid medicines, prostheses, spa and resort treatments;
- Advantages in using specialized health-care institutions;
- Material and personnel for medical examinations of certain elderly population groups.

SOCIAL WELFARE SERVICE

The functioning of the state social welfare system, which is supposed to provide formal socio-medical services for the elderly, depends on the condition of the state budget. In the case of the newly independent countries of Europe, in which budget spending is greater than real revenues, it is difficult to expect efficient provision of the state social services. At the same time, the generally observable trend in Europe to shift the emphasis from a policy of full state responsibility for these services to a policy of encouraging the use of an ageing person's individual resources leads to the necessity of developing a formal social support network to keep the elderly in their natural environment.

The social protection of elderly citizens in Ukraine is undertaken by organizing social and daily living services and a medical service through a network of boarding houses, community centres and social welfare departments. At the present time, there are 57 boarding houses for aged citizens and the disabled, 14 nursing

homes and 147 psycho-neurological boarding houses, accommodating 47,800 persons. These institutions are provided free of charge. The residents receive 10 per cent of their pensions as pocket money.

During the period of economic crisis, the financing of institutions for the aged from state resources has been reduced. Thus, in 1998, expenditures for the maintenance of boarding houses in Ukraine amounted to, on average, only 79 per cent of the needed amount. As of 1 February 1999, the credit debt of these institutions amounted to 19 hryvnias.

The state-supported system of formal social welfare services for the elderly living beyond the reach of a domiciliary service is funded from the federal and municipal budgets. Currently, services for the elderly who live alone and are disabled are carried out by 631 community centres and 130 social welfare units. Some 38,000 social workers provide domiciliary assistance for 500,000 needy persons. Scarce resources do not permit an increase in the volume or the development of a structure of provided services. Municipal and local social welfare bodies ensure services to only some categories of the elderly (those who live alone, low-income persons and disabled individuals), providing a limited number of services to them (mainly “meals-on-wheels” and home help). There are certain daily living services (laundry, hairdressing and dry cleaning) that are provided by local authorities based on a contract with a given institution. However, these services are not commonly used, and are particularly lacking in rural areas.

Non-governmental organizations are becoming more involved in providing social services for the elderly. These include religious and veterans’ organizations, voluntary youth organizations and others. Efforts will be made to develop a voluntary movement, to arrange for its entry into the system of formal support for the elderly, and to create a cooperative environment that encourages an exchange of experience between volunteers and professionals. These are the main activities in this area.

CONCLUSION

The socio-economic crisis in Ukraine has seriously affected the elderly in relation to income provision, health status, living arrangements, accessibility to medical and social services, and their quality of life.

The change in income of older persons has noticeably weakened their financial autonomy and reduced their choice of preferences in terms of household structure. Low income encourages co-residence between the elderly and their relatives, mainly adult married children.

The transition to new property and ancestral relationships has led to structural changes in behavioural patterns, reducing the number of elderly living alone, increasing the number of divorces in advanced age, and encouraging unmarried cohabitation among elderly couples.

The old stereotype of the formation of family relations is broken; the balance between the level of assistance that elderly people expect to receive from their children and other relatives and the amount of assistance that a younger generation is ready to give them has been disturbed. Thus, the level of material support and emotional and psychological solidarity has been reduced, while the traditional basis for the social integration of an elderly person has eroded.

Under such conditions, appropriate social policy measures should be taken to encourage intergenerational integration and the more active participation of older persons in intrafamilial construction. The major goal of this policy is to ensure the continuous and consecutive development of family traditions, adding to the general ethnic culture, as well as strengthening solidarity among generations.

Mutual self-realization of young and old generations within a family brings about economic benefits. It promotes the replacement of older workers with their young counterparts, on the one hand, and leads to reducing the need for a number of social services (caring for children, sick family members, etc.), on the other. Economic evaluation of the share and structure of social services, the consumption of which is substituted by an intrafamilial division of labour, a rational redistribution of the released resources for purposes of developing multigenerational families in the form of legal payments to the family and additional pension payments will raise the status of the elderly in the family and consolidate relationships among generations.

Unemployment and low and irregular earnings in the formal economy seriously affect the quality of life of older generations. More acute problems relating to income security at old age arise for those workers who work in agriculture, the informal sector or are self-employed. This group is doomed to be marginalized and exclusively dependent on the minimum pension guaranteed by the State.

One of the ways of solving the problems of a sharp drop in income and unemployment among the population of retirement age is the development of a unified state strategy of support for elderly workers in a tight labour market.

Special attention should be paid to searching for ways to ensure effective economic and social self-realization of elderly people. This primarily implies the development of self-employment and entrepreneurship. The creation of an expanded network of profession-oriented institutions, adequate state

financial support for self-employment and the provision of markets represent an effective means of stimulating the physical, occupational, economic and social resources of the pensioners.

The reduction of state support for the elderly and the lack of private and voluntary sectors has created a huge deficit in meeting their future needs for health care and social welfare. Under such conditions, it is especially important to develop a policy, that is aimed at maintaining elderly people's health, preventing declining health and avoiding an increase in disability.

To solve the above problems, there is a need to develop a unified state strategy for older citizens that would be based on a mobilization of all societal efforts to support socially unprotected elderly persons, on the one hand, and creating conditions for the maximum realization of individual potential of this population group, on the other. The possibility of realizing such a strategy is determined by the prospects for resolving the economic crisis and improving the life of the people.

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TABLE 1. DEATH RATE BY AGE, 1985-1998
(Per 1,000)

	1985/86	1990/91	1994/95	1996/97	1998
Total population	11.6	12.6	15.1	15.0	14.4
60-64	18.9	20.7	26.1	25.3	23.5
65-69	29.4	29.0	35.5	36.0	34.6
70+	80.9	87.6	95.4	88.2	84.4

Source: Ukraine, State Statistical Committee (1999b).

TABLE 2. LIFE EXPECTANCY AT BIRTH, 1985-1998
(Years)

	Total population	Male	Female
1985/86	70.5	65.9	74.5
1989/90	70.7	65.9	75.0
1992/93	69.3	64.2	74.2
1993/94	68.7	63.5	73.7
1994/95	67.2	61.8	72.7
1995/96	66.9	61.4	72.7
1996/97	67.4	61.9	73.0
1997/98	68.1	62.7	73.5

Source: Ukraine, State Statistical Committee (1999b).

TABLE 3. LIFE EXPECTANCY AT BIRTH AND AT AGE 65, 1989-1998
(Years)

	Life expectancy at birth	Life expectancy at age 65
1989/90	70.7	14.96
1991/92	69.3	14.42
1992/93	68.7	14.27
1994/95	67.2	13.62
1995/96	66.9	13.54
1996/97	67.4	13.67
1997/98	68.1	13.69

Source: Ukraine, State Statistical Committee (1998a, 1999b).

TABLE 4. POPULATION AGE STRUCTURE AND POTENTIAL SUPPORT RATIO PER GENERATION, 1989 AND 1998

Generation ^a	Age structure (percentage) ^t		Potential support ratio per generation (number of supporters per 100 supportees)	
	1989	1998	1989	1998
Children (age 0-26)	38.0	36.6	Children/parents	105
Parents (age 27-52)	36.1	35.8	Parents/grandparents	155
Grandparents (age 53-78)	23.3	25.0		143
Great-grandparents (age 79+)	2.7	2.6	Grandparents/great-grandparents	868
				961

^aAverage length of generation = 26 years.

Sources: Ukrainian Soviet Socialist Republic, Ministry for Statistics (1991);
Ukraine, State Statistical Committee (1999a).

TABLE 5. FAMILY LIVING ARRANGEMENTS, 1989

<i>Household type</i>	<i>Per cent of all households</i>
Family households	
One married couple with/without children	58.0
One married couple with/without children, with parents	11.5
Two or more married couples with/without children, with parents	4.8
Female householder (no spouse present) with children	9.4
Female householder (no spouse present) with children and parents	1.6
Male householder (no spouse present) with children	0.9
Male householder (no spouse present) with children and parents	0.2
Non-family households	
Female householder, living alone	9.7
Male householder, living alone	1.4
Others	2.5

Source: Ukraine, Ministry for Statistics (1992a).

TABLE 6. ABSOLUTE AND RELATIVE NUMBERS OF PERSONS LIVING ALONE, 1989, BY AGE AND SEX

<i>Age</i>	<i>Absolute number (thousands)</i>		<i>Percent of population</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Below 15	11.3	8.9	0.3	0.2
15-19	28.8	52.0	2.3	4.0
20-29	167.2	127.2	6.5	4.8
30-39	129.0	81.6	4.7	2.8
40-49	126.7	138.8	6.5	6.5
50-54	81.3	151.4	7.3	11.9
55-59	60.1	202.5	7.7	21.4
60 and over	226.7	1 540.1	13.0	46.0

Source: Ukraine, Ministry for Statistics (1992a).

TABLE 7. LIVING ARRANGEMENTS OF URBAN POPULATION AT AGE 60 AND OVER IN UKRAINE IN 1995, BY SEX OF SAMPLED PERSONS
(Percentage)

<i>Household composition</i>	<i>Male</i>	<i>Female</i>
	<i>(N=305)^a</i>	<i>(N=363)^a</i>
Living alone	7.6	17.3
Living with a spouse	36.8	22.0
Living with or without a spouse with children	20.5	18.8
Living with or without a spouse with children and grandchildren	35.1	41.9

^aNumber of observations.

Source: Natalia Foigt (forthcoming).

TABLE 8. AVERAGE PER CAPITA TOTAL INCOME DISTRIBUTION, 1995 AND 1998, BY FAMILY COMPOSITION

	1995			1998		
	<i>Below subsistence level</i>	<i>Middle income</i>	<i>High income</i>	<i>Below subsistence level</i>	<i>Middle income</i>	<i>High income</i>
Small families (1-2 persons)	42.8	26.4	34.8	20.9	50.7	28.4
Middle-sized families (3-4 persons)	50.6	37.8	11.6	46.7	46.6	6.7
Large families (5 persons and more)	71.5	25.6	2.9	70.6	28.0	1.4

Sources: Ukraine, Ministry for Statistics (1996a);
Ukraine, State Statistical Committee (1999b).

TABLE 9. STRUCTURE AND UTILIZATION OF TOTAL INCOME IN FAMILIES WITH DIFFERENT PER CAPITA TOTAL INCOME, 1995 AND 1998

	1995			1998		
	<i>Low income</i>	<i>Middle income</i>	<i>High income</i>	<i>Low income</i>	<i>Middle income</i>	<i>High income</i>
Income sources						
Labour payment	46.6	45.3	41.5	38.6	46.0	53.3
Pensions and social transfers	11.6	9.1	8.1	32.2	10.5	9.6
Self-employment earnings	21.6	28.4	35.1	22.8	26.3	23.0
Others	20.2	17.2	15.3	6.4	17.2	14.1
Utilization						
Foodstuff	68.7	59.8	53.2	79.4	56.5	46.5
Goods	16.2	17.5	17.0	14.4	16.2	16.8
Services	9.4	8.9	7.9	10.0	13.6	14.6
Taxes	2.7	3.6	4.2	2.5	4.6	7.0
Others	6.1	7.3	11.3	5.8	8.9	11.0
Savings	-3.1	2.9	6.4	-12.1	0.2	4.1

Sources: Ukraine, Ministry for Statistics (1996a);
Ukraine, State Statistical Committee (1999b).

TABLE 10. PERCENTAGE OF FAMILY AND NON-FAMILY HOUSEHOLDS LACKING COMMON HOUSEHOLD AMENITIES, 1989

	<i>Family households</i>	<i>Non-family households</i>
Toilet	51.1	59.1
Bath	54.5	63.2
Water supply	45.1	54.4
Hot water	61.9	67.3

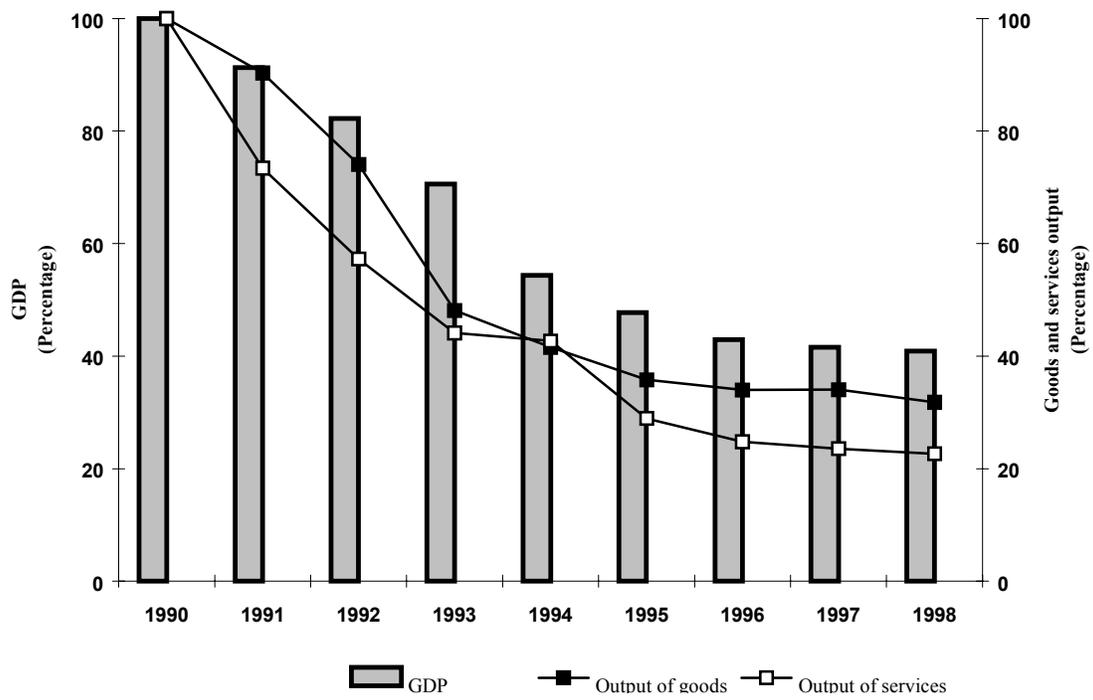
Source: Ukraine, Ministry for Statistics (1992a).

TABLE 11. MORBIDITY RATE, 1990-1998, BY CATEGORY OF ILLNESS

<i>Category of illness</i>	<i>Cases of illness registered for the first time, per 10,000 population</i>		
	<i>1990</i>	<i>1995</i>	<i>1998</i>
Infectious and parasitic diseases	257	292	304
Malignant tumours	60	64	74
Diseases of nervous system	509	590	663
Cardiovascular diseases	222	270	336
Pulmonary diseases	3 283	3 051	2 762
Diseases of musculo-skeletal system	265	275	318
Other diseases	1 613	1 781	1 906
Total	6 209	6 323	6 364

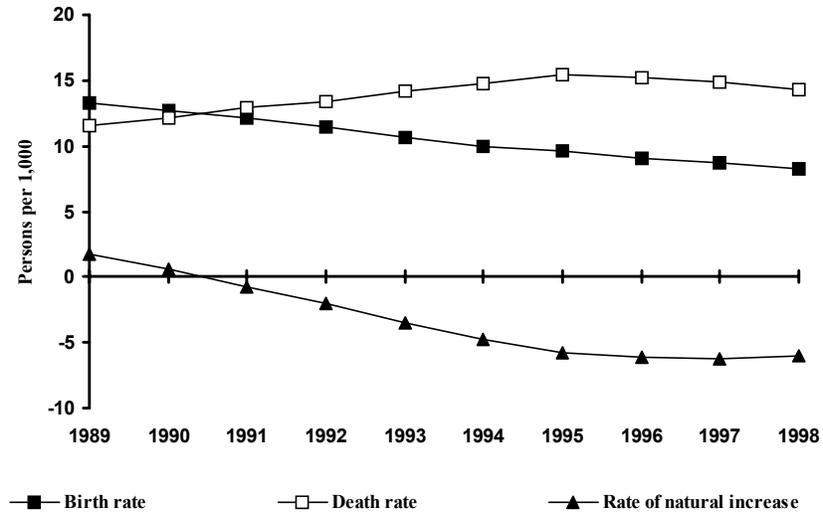
Source: Ukraine, State Statistical Committee (1999b).

Figure I. Changes in basic economic indices, 1990-1998



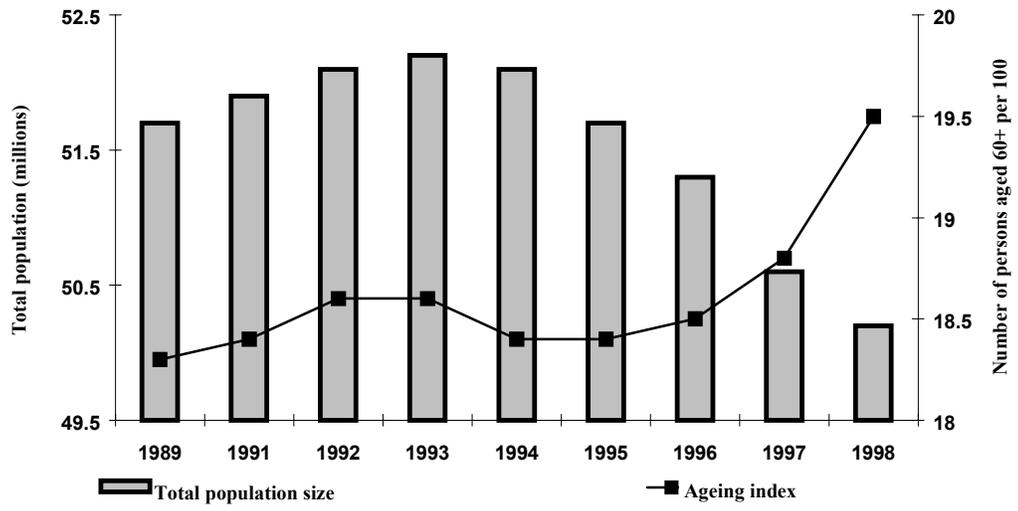
Sources: Ukraine, Ministry for Statistics (1996a); Ukraine, State Statistical Committee (1998b, 1999b).

Figure II. Birth rate, death rate and rate of natural increase, 1989-1998



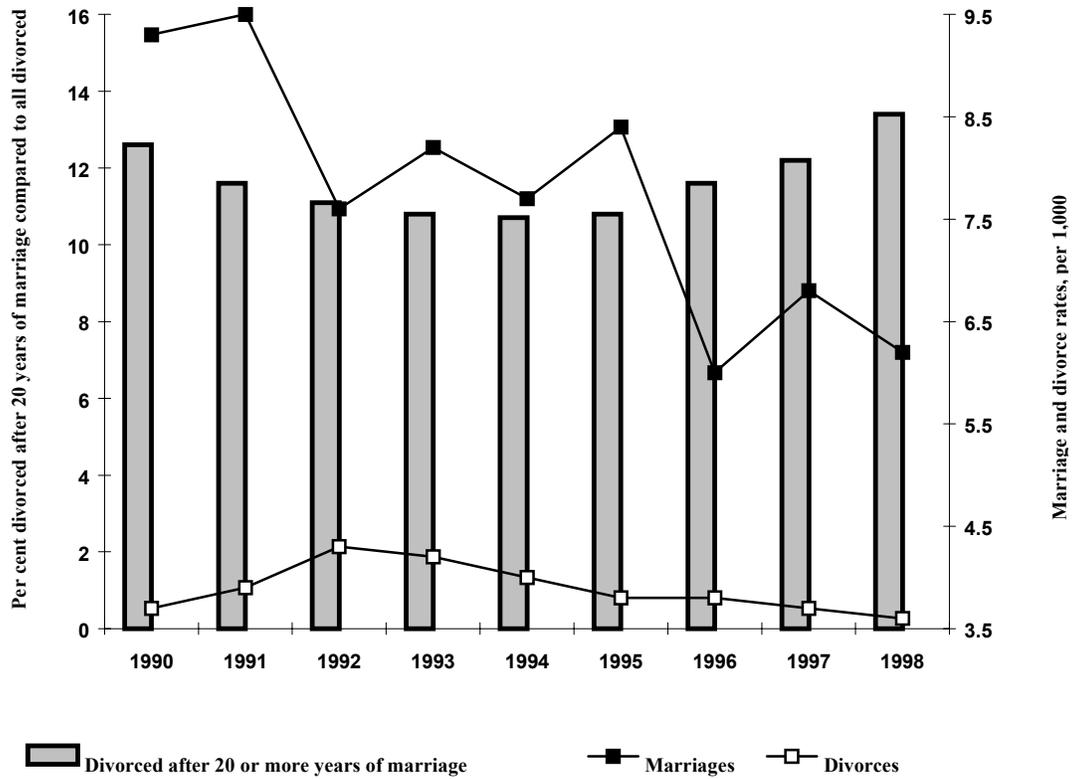
Source: Ukraine, State Statistical Committee (1999b).

Figure III. Changes in population size and ageing indices, 1989-1998



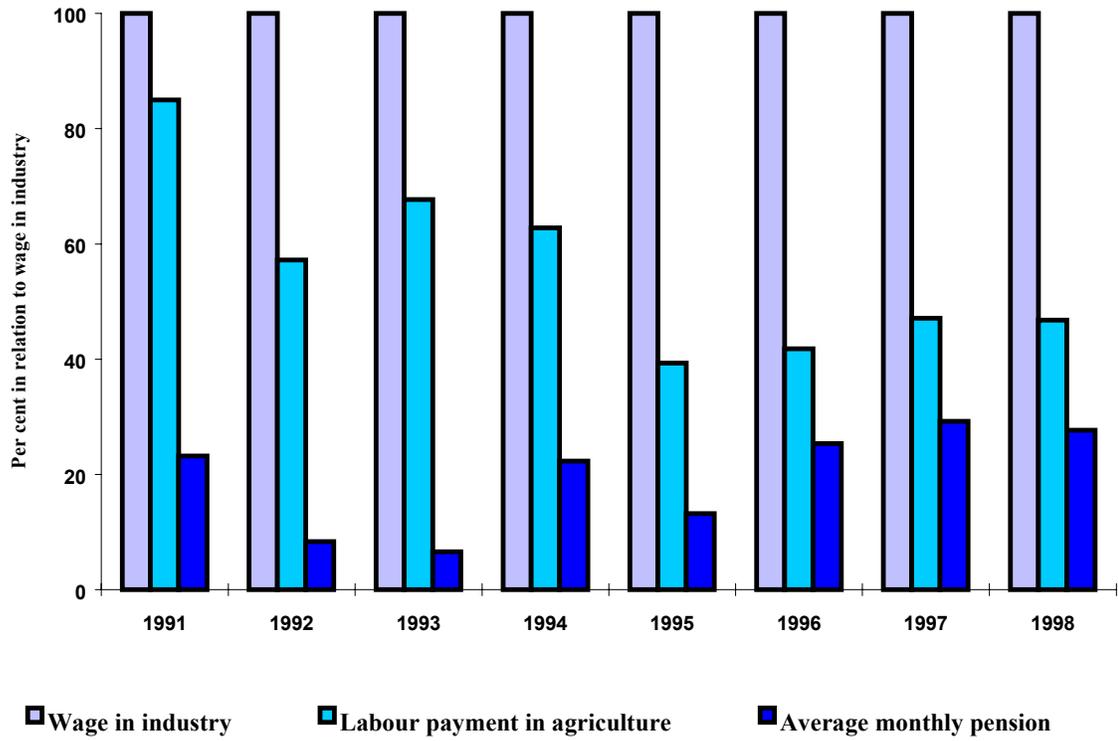
Sources: Ukraine Ministry for Statistics (1996a); Ukraine, State Statistical Committee (1999b).

Figure IV. Marriages and divorces, 1990-1998



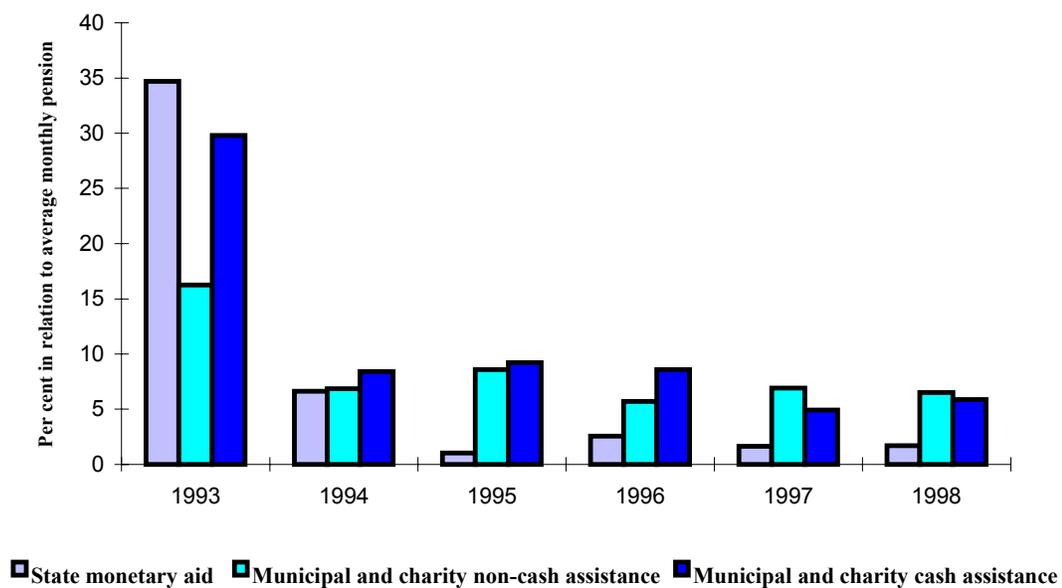
Sources: Ukraine, Ministry for Statistics (1996a); Ukraine, State Statistical Committee (1999b).

Figure V. Ratio of average monthly wages to pension, 1991-1998



Sources: Ukraine, Ministry for Statistics (1996a); Ukraine, State Statistical Committee (1999b).

Figure VI. Provision of monthly monetary aid, cash and non-cash assistance for low-income pensioners, 1993-1998



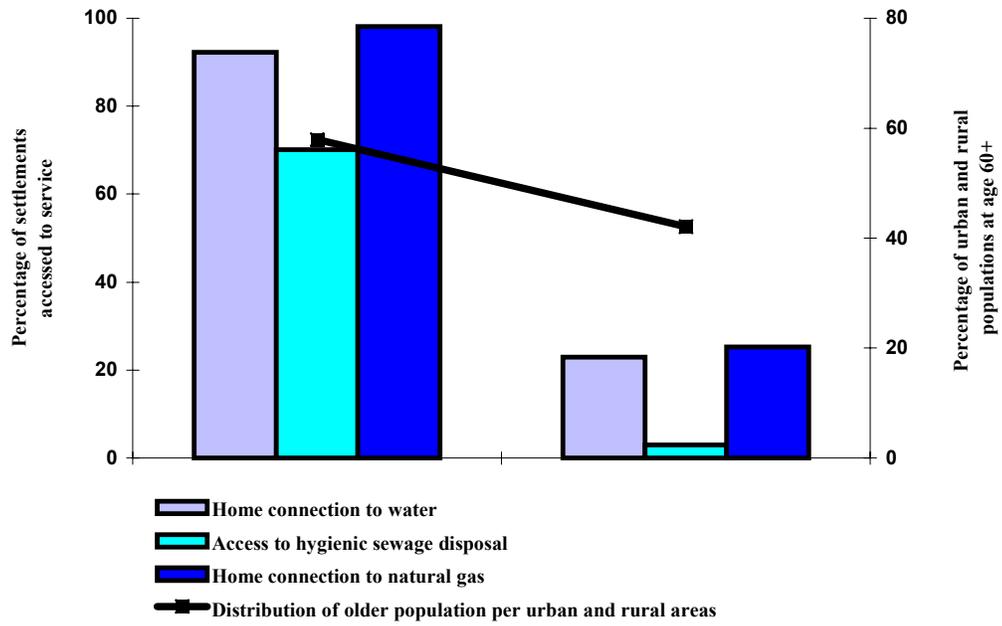
Sources: Ukraine, Ministry for Statistics (1994, 1995, 1996a); Ukraine, State Statistical Committee (1998b, 1999b).

Figure VII. Changes in number and structure of employees aged 60+, 1989 and 1995



Sources: Ukraine, Ministry for Statistics (1992b, 1996b).

Figure VIII. Provision of communal services and distribution of older population by type of settlement, 1998



Source: Ukraine, State Statistical Committee (1999b).