

**UKRAINIAN CENTRE FOR SOCIAL REFORMS  
UNITED NATIONS POPULATION FUND**



# **SITUATION OF OLDER WOMEN IN UKRAINE**

**ANALYTICAL REPORT**

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# EXECUTIVE SUMMARY

## Rationale

Population ageing has a fundamental impact on human development bringing unprecedented challenges to societies and individuals which have to accommodate themselves economically and socially to changing age structures. As far as older people grow in number and share, their specific needs grow as well and they are not often met. This makes older people more vulnerable to poverty, deprivation, social exclusion and abuse.

There are a number of studies on the demography of population ageing in Ukraine, as well as on the links between ageing and development. However, we look into real lives of older persons, their daily needs and concerns quite rarely – we still know too little of the ways they live, their living standards and conditions, families and relationships, social roles, health and behaviour, deprivation, labour and social potential.

Like elsewhere in the world, in Ukraine women represent the majority of the older population: they comprise 65% of people aged 60 years and above. Among older people living alone in Ukraine women's share is 85%, and most often these women live in social isolation and depression. The risk of living alone and being the sole member of an individual household is much greater for older women than men, and increases with age, reaching the highest level for persons aged 70 and older. Older women are often objects of domestic violence, and they more often become victims of criminal activities. Therefore, older women are among the most vulnerable and neglected population groups in Ukraine, and, unfortunately, they are virtually out of focus of international development assistance to Ukraine.

The United Nations Population Fund (UNFPA), being one of the leading global organizations supporting the implementation of the UN Principles for Older Persons and the Madrid International Plan of Action on Ageing, as part of its country programme for Ukraine, has initiated the collection of evidence on the situation of older women in the country in order to develop policy and programme responses to improve lives of older women and enhance the protection of their human rights. The research was designed to draw a comprehensive and insightful portrait of older Ukrainian women, their social well-being, lifestyles, and quality of life.

The main purpose of the research was to study features of the population ageing process in Ukraine as relevant to women, peculiarities and characteristics of the socio-economic situation of older women, to identify and substantiate their social and economic needs and challenges, to develop conceptual grounds and strategic directions of state policy concerning older women, to suggest practical and feasible actions at the policy and service delivery levels to improve the quality of life and social well-being of older women in Ukraine.

## Fields of Study

The research addresses the following issues that directly or indirectly affect the quality of life of older women in Ukraine. Where possible, a comparative analysis of the situation in Ukraine and in European countries is made.

- **Gender differences of population ageing, sex and age composition of older persons:**
  - Gender features and trends of ageing
  - Dynamics of women's and men's ageing in urban and rural areas
  - Prospects of ageing and changes in demographic composition of the oldest populations (age 80+)
- **Marital status and family characteristics of older women:**
  - Marital status in different age groups, its features and trends
  - Household characteristics of older women
  - Gender differences in families and nuptiality of older people
  - Attitudes of older women to family and marriage
- **Dynamics of older women's life expectancy and health:**
  - Life expectancy and mortality features
  - Older person's morbidity, including chronic illnesses and disability, its features and dynamics
  - Factors influencing health and longevity of older women
  - Older people's self-assessment of their health
  - Lifestyles of older people
  - Accessibility and quality of healthcare, older people's perceptions of healthcare
- **Living standards of older women:**
  - Income
  - Consumption
  - Housing conditions and property
  - Economic and social deprivation
  - Poverty
  - Nutrition
- **Labour potential of older people:**
  - Older workers and employment
  - Motivations to remain in or leave the workforce
  - Working time and job satisfaction
- **Social roles of older women and men in families and the society:**
  - Determinants and dynamics
  - Perceptions of ageing
  - Positive and negative manifestations of ageing
  - Use of spare time by older persons
  - Learning in older age
  - Life satisfaction
  - Public attitudes towards older persons
- **Family contributions and support, institutional support**
  - Household labour
  - Financial support

- Domestic care
- Family relationship, abuse and violence
- Institutional support of older persons
- Opinions, attitudes and preferences of older persons regarding the institutional support

- **Social policy for older persons**
  - Pension system reform, its causes, process and impact
  - Gender gap in pensions
  - Older people's assessment of the national social policy for the elderly
  - Active ageing policy concept and international experience of social policies for the elderly
  - Labour, health and social integration policies
  - Policies on domestic violence

## Key Findings

- **Health and life expectancy:**
  - Ukraine is one of 30 oldest nations in the world by share of people aged 60+ years. Marked gender asymmetry in the composition of older population is a distinctive feature of ageing in Ukraine: almost two-thirds of persons of 60+ years are women as their life expectancy exceeds that of men by 10 years.
  - Average life expectancy of Ukrainian women and men at the age of 65 years old is 5 to 6.5 years lower than that in European countries.
  - As Ukraine lags behind European countries in terms of life expectancy, the share of "oldest olds" (age 80+) in Ukraine is relatively small.
  - The key to extending longevity in Ukraine is reducing mortality, especially among men, from cardiovascular and neoplastic diseases at the age from 60 to 70 years.
  - Morbidity of older persons in Ukraine has increased over the past decade. However, their mortality from respective diseases is decreasing.
  - Healthcare deprivation is one of the most widespread deprivations that affect the elderly. The most vulnerable in this regard are single women of older age.
  - Older people generally represent limited affordability of good quality healthcare services. However, two thirds of them are satisfied, fully or partially, with the quality of service at primary healthcare facilities they usually attend.
- **Living standards:**
  - Despite popular belief about widespread nutritional deficiency among older persons, their households are characterized by the highest levels of daily food consumption. However, older people's diet is unvaried and imbalanced, with excessive consumption of fats and inadequate consumption of proteins and carbohydrates.
  - Older persons are vulnerable to monetary poverty. Limited sources of income and a variety of age-related specific needs significantly increase the risk of poverty for the elderly.
  - Older persons are very dependent on pensions as a source of income as they make up 77% of the total income of households of persons aged 60+ years on average, with this share being 80% in urban settlements and 70% in rural areas.
  - Women's pensions were on average 30% lower than men's in 2010-2012 (32% for age pensions and 28% for all types of pensions).
  - The risk of deprivation-related poverty for women is 1.5 higher than for men. The most notable aspect of deprivations is limited access to social infrastructure.

- **Social role:**
  - Almost a half of older persons “do not feel their age”: 25% of them feel younger than their age and 20% feel older than their years. These perceptions should be taken into account in national policies for older persons.
  - Older persons tend to spend their free time passively: 46% just watch TV.
  - Older persons show limited interest in receiving new knowledge: 69% are not willing to study. The level of interest in adult education further decreases with age.
  - Organized social activity of the elderly in Ukraine is extremely low: less than 5% are active members of any civil society organization.
- **Labour potential:**
  - Older people’s employment rate in Ukraine is one of the lowest in Europe, being pre-conditioned by low retirement age and low general economic activity of the population.
  - Older people are not interested in continuing their professional activity upon retirement: about 80% of pensioners aged 60-64 years would not like to work.
  - The higher the educational level of older persons, the more likely they are to continue working.
  - Even though many working pensioners do unpaid labour (e.g. subsistence agriculture) and low-paid jobs in the public sector, a relatively large share of pensioners perform tasks of the highest professional qualification. The total shares of lawmakers, senior public officials, administrators, managers, experts and specialists among women and men who work after retirement age are 28.2% and 22.2% respectively.
- **Family and mutual support:**
  - The majority of older persons in Ukraine live in families, but the share of older people living alone increases with age, especially among women. Almost 80% of older persons living alone are women.
  - Older women usually perform basic household work (cooking, washing, ironing, cleaning and the like), thus helping other family members to focus on external activities.
  - Older mothers and fathers mostly provide material support to young families and care for grandchildren.
  - Living alone in older age is caused rather by family nucleation and growing people’s mobility than by small number of children in family.
  - Traditional family mechanisms of assistance and care for the elderly do work in Ukraine, and a significant share of older persons (especially the oldest) receive assistance from children and other relatives.
  - Married couples of very old age and older people whose children or other relatives are unable to support them for various reasons, as well as older persons living alone, face the risk of the insufficient assistance and care.
  - Domestic violence against older persons is not widespread in Ukraine. The most frequent forms are psychological and emotional violence.
- **State policy for the elderly:**
  - Older persons are neither satisfied with the state policy for older persons, nor with the performance of governmental institutions obligated to meet their needs.
  - Social services provided by the government to older persons are considered satisfactory but little known to the majority of the elderly.
  - Women are less critical than men regarding the health and material support aspects of the state policy for older persons.

# RESEARCH DATA AND METHODOLOGY

## Data Sources

A desk review of the following data sources was performed to collect information for the research:

- all-Ukrainian population census data (2001);
- data of the current demographic statistics (the State Statistics Service of Ukraine);
- data of microfiles from the Household Living Conditions Survey (HLCS) conducted by the State Statistics Service of Ukraine on a regular basis since 1999 (the HLCS covers 10,600 households – 1,051 variables for households and 50 variables for each household member). Results of the survey represent all households in Ukraine and have a sufficient data quality. Indicators of consumer spending of older women that are calculated according to the survey correspond to the international classification of individual consumption of goods and services by purpose (COICOP-HBS), recommended by Eurostat;
- the administrative statistics of the Ministry of Social Policy of Ukraine, the Ministry of Finance of Ukraine, other ministries and departments;
- data of Eurostat and statistics of the European Commission;
- the World Population Prospects publications;
- the WHO European Health for All Database (HFA-DB);
- data of the Centre for Medical Statistics of the Ministry of Health of Ukraine;
- the ILO Estimates and Projections of the Economically Active Population;
- the ILO database of labour statistics;
- Ukrainian national Labour Force Survey (LFS);
- data of the Pension Fund of Ukraine.

## Research Methods

The research utilized the age stratification approach to the methodology, which is better for comparative analysis of elderly population groups by different qualitative characteristics, social roles, degree of social and economic integration, work and life activities etc.

The research applied a range of methods of scientific research, including:

- **historical and logical** – to establish patterns of evolution of population age structure and changes in the roles and situation of older persons in the society;
- **system approach** – to justify directions of the research on the situation of older women, the interrelations between these directions, establishing complex studied characteristics of the elderly and their indicators, and in the justification of the principles of social and demographic policy for the elderly;
- **dialectical** – to reveal the effects of ageing, explaining contradictions between the demographic, social and economic outcomes of social development, as well as differences between objective parameters of quality of life of older persons and their subjective assessments;
- **structural and functional** – to explore the functions of economic and social institutions related to supporting older persons, setting the relation between social roles and family roles of older women;
- **historical analogy** – to predict changes in population ageing and the situation of older persons in the society and ways of solving problems;
- **statistical methods** of processing and analysis of empirical data: methods for the absolute, average and relative values, grouping and classification – to highlight separate characteristics and socio-demographic groups of older women and to assess their interrelation; methods of analysis of the dynamics and structural changes – to study changes in the elderly population and their factors; analysis of distribution series – to assess the differentiation of older women by demographic, social and economic characteristics; graphical method – for visual display of the parameters that characterize the situation of older women and changes over time; combinational grouping, methods of measurement – to study the relationship factors and effective features that characterize the quality of life of older women; demometric models – to describe the survival in old age.



## Sampling

The main information source of the research is the demographic and social thematic sample survey "Older Women and Men: Quality of Life and Social Well-being" conducted by the sociological agency "Social Monitoring Centre" in March 2013 at the request of the Ukrainian Centre for Social Reforms.

Sampling is multistage, territorial and type-of-settlement-based, stratified, and representative for elderly women in Ukraine at the age of 60 years and above. The survey has covered 26 administrative regions of Ukraine, including Crimea and Kyiv. Respondents were 1,500 women and 306 men aged 60 years and older. The sample reflects the distribution of women aged 60 and older in the total population of Ukraine.

Based on the size of the sample of 1,500 respondents, we will be able to give **representative results of the survey in terms of:**

- five-year age intervals (7 age groups);
- depending on the type of settlement (urban and rural), the type of locality (7 types: regional centre, cities with population 100+ thousand, cities with 50+ thousand, cities with 20+ thousand, cities with population less than 20 thousand, settlements of urban type and villages);
- major socio-economic regions (North, South, East, West, Central Region, Kyiv, Crimea etc.);
- as the combination of the above-mentioned characteristics (after partial integration).

Data collection was organized through individual face-to-face interviews at the residence of the respondent, with interviewer route selection and quota selection by age.

The size and nature of the proposed sample is determined by the number of groups and sub-groups whose analysis was planned. For this study, the results are presented in the context of one gender group that has high homogeneity.

The approach to sample design took into account the impact of characteristics of living conditions and eliminated systematic deviations. As far as the region is an important characteristic, the routes of interviewers were distributed (base point survey). The number of routes was based on the optimal number of respondents to one survey point ( $10 < x < 15$ ).

The expected statistical sampling error of 1,500 respondents does not exceed 2.5%. The expected validity is 10% of respondents.

## Focus Groups

Three focus groups with 18 women and 14 men aged 60 and older (from Kyiv, Chernigiv, and Derezhychi (Lviv region)) who are users of health and social care services were also questioned for the purpose of a more in-detail study of issues in delivering health and social services for the elderly and their attitude to boarding homes for the elderly.

## References to International Studies

The questionnaire design for our survey "Older Women and Men: Quality of Life and Social Well-being" took into account the experience of international research, including

- Eurobarometer's *Active Ageing* report.
- The *Survey of Health, Ageing and Retirement in Europe* (SHARE) – a cross-national panel database of microdata on health, socio-economic status, and social and family networks of more than 45,000 individuals aged 50+.
- The *European Social Survey* (ESS). Round 4 (2008): Experiences and Expressions of Ageism. Welfare attitudes in a changing Europe.
- The *German Ageing Survey* (DEAS) – main source of information about ageing and old age as a stage of life in Germany.
- *Older People in Modern Society: the Modernization of Regional Policy* – study of needs and social well-being of seniors in modern society, analysis of demographic ageing in Saratov region, analysis of international and national Russian Federation's policy on older persons.
- *Social Well-being and Status of Older People in the Region* – theoretical and empirical case study of social and health status of older persons in the regional community of Khabarovsk, Russia, implemented by the Ministry of Education and Science of the Russian Federation and Oriental Academy of Public Service in 2012.

Age	Urban	Rural	Total	In 5-year intervals			Sample distribution	
				Urban	Rural	Total	%	
60	248,062	91,259	339,321	1,091,713	415,499	1,507,212	24	366
61	255,901	98,055	353,956					
62	212,511	82,056	294,567					
63	190,444	72,979	263,423					
64	184,795	71,150	255,945	689,927	378,710	1,068,637	17	260
65	119,949	49,604	169,553					
66	124,547	72,262	196,809					
67	109,719	66,805	176,524					
68	142,507	85,657	228,164	1,008,898	564,628	1,573,526	26	383
69	193,205	104,382	297,587					
70	194,402	109,075	303,477					
71	212,678	114,891	327,569					
72	216,617	120,679	337,296	484,388	343,923	828,311	13	201
73	219,579	119,028	338,607					
74	165,622	100,955	266,577					
75	130,038	84,387	214,425					
76	91,676	64,366	156,042	443,076	324,949	768,025	12	187
77	73,995	56,790	130,785					
78	94,467	70,436	164,903					
79	94,212	67,944	162,156					
80	109,167	81,899	191,066	188,893	146,432	335,325	5	82
81	92,395	67,653	160,048					
82	91,742	67,502	159,244					
83	78,815	57,694	136,509					
84	70,957	50,201	121,158	40,560	29,924	70,484	1	17
85	58,780	43,587	102,367					
86	48,672	36,459	85,131					
87	35,471	27,455	62,926					
88	25,174	22,911	48,085	10,873	6,672	17,545	0	4
89	20,796	16,020	36,816					
90	15,300	11,385	26,685					
91	9,381	7,224	16,605					
92	8,235	6,262	14,497	1,0873	6,672	17,545	0	4
93	4,524	2,843	7,367					
94	3,120	2,210	5,330					
95	2,525	1,560	4,085					
96	2,628	2,266	4,894	1,0873	6,672	17,545	0	4
97	1,247	516	1,763					
98	3,008	1,736	4,744					
99	361	115	476					
100 +	1,104	479	1,583					
<b>Total</b>	<b>3,958,328</b>	<b>2,210,737</b>	<b>6,169,065</b>	<b>3,958,328</b>	<b>2,210,737</b>	<b>6,169,065</b>	<b>100</b>	<b>1,500</b>

# GENDER-SPECIFIC FEATURES OF AGEING IN UKRAINE

## Population Ageing in Ukraine

Population ageing represents a demographic process most likely to have by far the most serious implications for humankind's development in the XXI century. In Ukraine, like in many other European countries, ageing is the most significant feature characterizing long-term changes in population's composition. At the background of the overall population decline in our country, population ageing is expected to progress in the next decades since in the short run the specific features of the current age structure will contribute to a significant increase in the older population share.

Escalation of the ageing process is inevitable and requires the society to respond appropriately to rapid changes of socio-demographic conditions under which it is functioning. The society's "response" to accelerated ageing and adaptation to it should be underpinned by a thorough research of the course and specific features of this process, as well as the challenges (social, economic, psychological etc.) induced by it.

Currently, one of the most distinguishing specific features of ageing in our country is a marked gender asymmetry of the older population's composition: in Ukraine, almost two thirds of persons aged 60 and above are women (Table 1.1).

**Table 1.1. Older population in Ukraine by sex and age groups (2012)**

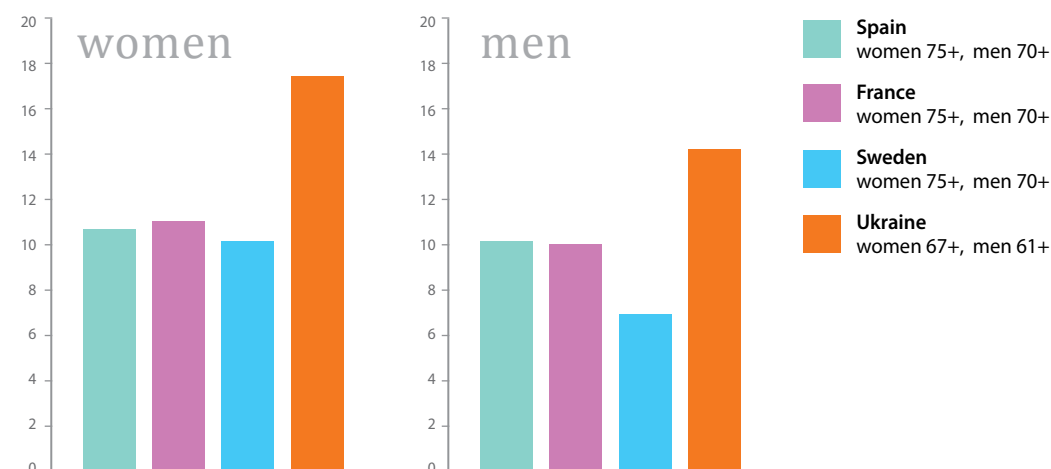
Age groups (years)	Women (thousand)	Men (thousand)	Number of women per 100 men	Share of women	Share of men
60-64	1,575.7	1,113.8	141	59%	41%
65-69	1,008.7	609.5	165	62%	38%
70-74	1,556.3	830.3	187	65%	35%
75-79	884.0	431.4	205	67%	33%
80-84	735.9	288.6	255	72%	28%
85-89	358.6	102.1	351	78%	22%
90-94	80.6	22.2	363	78%	22%
95-99	14.7	3.7	397	80%	20%
100+	1.4	0.5	280	74%	26%
<b>Total 60+</b>	<b>6,215.9</b>	<b>3,402.1</b>	<b>183</b>	<b>65%</b>	<b>35%</b>

Source: State Statistics Service of Ukraine

*Ukraine has a low "prospective age" and a high proportion of older population as compared with Western European countries*

The gender disproportion of the older population grows rapidly with increasing age and, accordingly, at the point of the longevity threshold (80 years of age) the number of older women surpasses the number of male peers by 2.5 times, and verging to the 100-years-of-age threshold the number of female long-livers in Ukraine is almost four times greater than the number of male peers.

With advances in life expectancy, measuring population ageing will become more problematic because the meaning of the number of years lived and the perceptions of the old age will change. Thus, it would be more consistent (especially in the context of international comparisons) to measure the ageing level taking into account life expectancy and, accordingly, setting different boundaries of old age for population groups with different life expectancy<sup>1</sup>. Figure 1.1 presents population ageing assessments based on the prospective age concept – the share of those in age groups with remaining life expectancy of 15 years or less in the total population. This indicator was calculated for women and men of Ukraine and a number of European countries with high life expectancy. This approach demonstrates that Ukraine, with its age boundary of being old notably lower as compared with benchmark countries, has rather high proportion of older population (especially women).



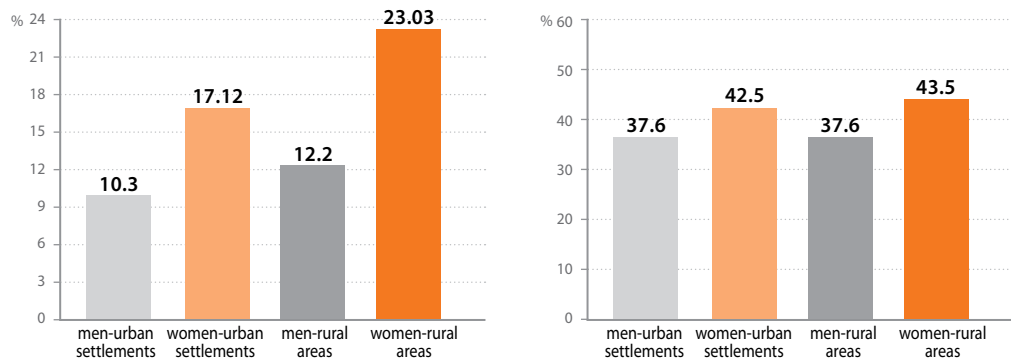
**Figure 1.1 Percentage of the elderly (with remaining life expectancy not exceeding 15 years) among women and men in Ukraine and other European countries, 2011, %**

Source: Eurostat, WHO and mortality and life expectancy tables for Ukraine

It should also be mentioned that in Ukraine over the previous years of the current century, the old age boundary taken for computation of the above-mentioned ageing indicator has increased, although insignificantly: for women – from 66 years of age (in 2000) to 67 years of age (in 2011); for men – from 59 to 61 years of age, respectively. Major inter-settlement correlations between ageing indicators calculated by using the traditional and the new approach are generally the same: the ageing rate of rural residents (both women and men) steadily exceeds that of urban residents. The age boundary beyond which the remaining life expectancy of the elderly does not exceed 15 years is currently 68 years of age for urban women (being one year higher than that of rural residents) and 62 years for urban men (being 2 years higher than that of rural residents).

## Specific Features of Female and Male Ageing

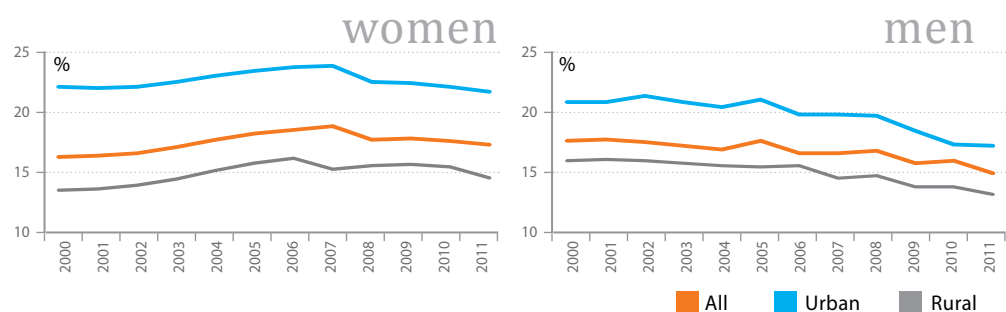
There are significant gender variations in ageing indicators of women and men (Figure 1.2). Gender variations of ageing result from a significant gap (currently reaching 10 years) in life expectancy "in favour" of women. As we can see, the highest proportion of the elderly is observed among rural women, the lowest – among urban men. It should be also mentioned that specific features of migration exchange between urban and rural areas in Ukraine, particularly, the prevailing outflow of youth to urban settlements, is another factor affecting the correlation between women's and men's ageing levels by settlement type.



**Figure 1.2 Ageing indicators by sex and settlement type in Ukraine in 2012**

Source: State Statistics Service of Ukraine

Changes in women's and men's ageing levels in Ukraine over the last decade (the period during which the "demographic window of opportunity" was open) can be assessed based on indicators presented in Figure 1.3. However, as more numerous generations born in the second half of the 1950s cross the line of 65 years of age, there will be more and more growth in respective indicators, and the ageing process in Ukraine will accelerate with expected escalating increase in the share of older persons among Ukraine's male population (whose ageing potential is far from being exhausted). As a consequence, the current excess of women's ageing level over that of men will be reduced by 2050.

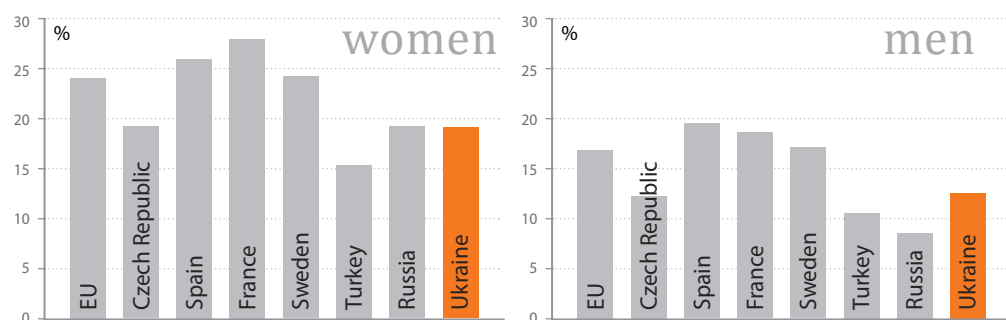


**Figure 1.3 Proportion of persons aged 65 and above among women and men by settlement type in Ukraine in 2000-2011**

Source: State Statistics Service of Ukraine

In Ukraine the share of persons aged above 65 is 15.2% of the total population. This share in Ukraine is smaller than that in the EU due to Ukraine's significantly lower life expectancy and lower shares of those women and men surviving the "longevity threshold" deemed to be 80 years of age. In Ukraine, only 19% of women and 12% of men aged 60 and older reach 80 years of age, while in the EU the respective figures are 24% and 16% (Figure 1.4).

*Ukraine has one of the oldest populations in the world, but substantively lags behind the EU countries in longevity*



**Figure 1.4 Longevity ratios<sup>2</sup> of women and men in Ukraine and other European countries, %**

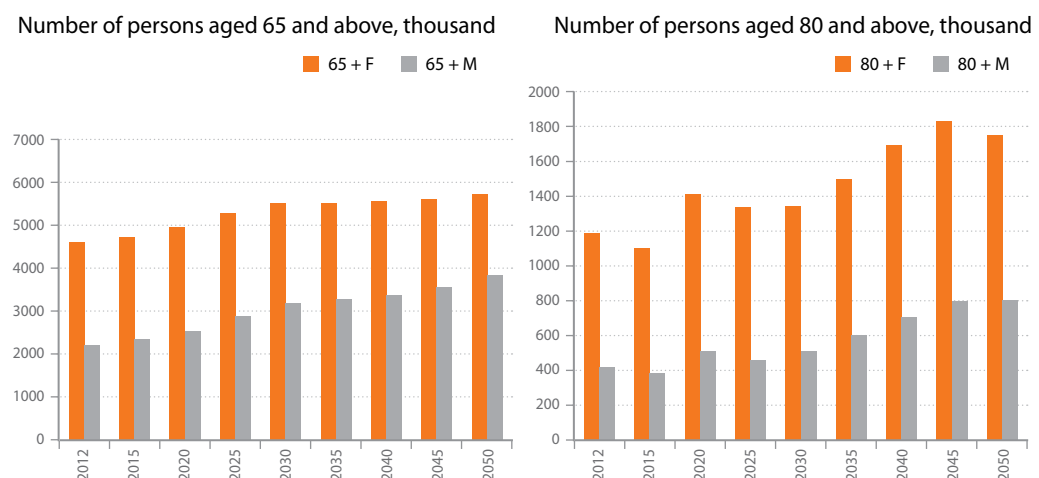
Source: State Statistics Service of Ukraine

## Forecast of Population Ageing

The numbers of older women and men in Ukraine in the mid-term and long-term perspective and, particularly, the number of long-livers in the country, can be estimated on the basis of the medium-variant (most probable) demographic projection, with respective results presented in Figure 1.5.

*In the coming decades population ageing in Ukraine will accelerate*

At the background of an overall decline of the total population, the number of persons aged 65 and above will grow, with older men's share demonstrating a more rapid and steady growth. Eventually, by 2050 the number of older women will be almost 5.8 million persons (this is exceeding their current number almost by a quarter). The number of older men will exceed 3.8 million persons (two thirds more than the current number of older men). The share of older population aged 65+ years therefore is expected to grow to 28% for women and 20% for men. By 2050, the current twofold excess of women aged 65 and above over men will drop to 1.5 times.



**Figure 1.5 Projected number of persons aged 65+ and 80+ in Ukraine by sex by 2050**

Source: State Statistics Service of Ukraine, Institute for Demography and Social Studies of the National Academy of Sciences of Ukraine

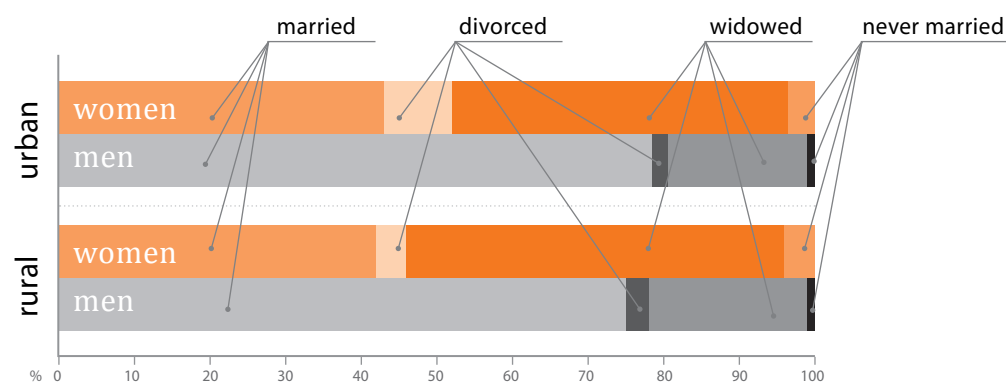
As illustrated by Figure 1.5, in the first three decades of the current century the dynamics of the number of persons aged 80 and above in Ukraine is mostly characterized by wave-like fluctuations, and after 2030 (and almost till the end of the forecast period) the oldest age contingents (both women and men) will demonstrate steadfast growth. At the end of the forecast period, one in every twelve females and one in every twenty-four men in Ukraine will be long-livers. In this respect, according to the medium-variant demographic forecast, in the first half of the XXI century the number of long-living persons will grow at the outstripping pace (with the number of men growing faster than that of women) and, therefore, the longevity ratio will also increase.

## Marital Status

The marital structure of population's older age groups can be regarded as a summary of nuptiality, divorce, mortality and migration patterns at all stages of respective population's life course. Information about the marital structure of the population, particularly, older population, is traditionally received from population census data. However, a special thematic survey "Older Women and Men: Quality of Life and Social Well-being" conducted as part of this research for the first time made it possible to analyse the marital structure of the population in older age groups in the period between the censuses.



According to findings of the survey, there are significant gender variations in marital structure of this age group: older women account for a significantly lower proportion of married persons as compared to men (women – 43.1%, men – 77.1%), owing to a higher percentage of widowed (women – 46.5%, men – 19.3%) and divorced (6.8% and 2.3%, respectively). These variations are observed in both urban and rural areas (Figure 1.6).



**Figure 1.6 Breakdown of older women and men by marital status in urban and rural areas, Ukraine, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Being single and unmarried is not typical for a Ukrainian woman: a mere 3.5% of women have never been married (although it is three times greater than the respective figure for men). At the same time, it is notable that the share of widowed older women in Ukraine is high (44.5% of urban residents and 50.2% in rural areas). That can be first of all explained by excessive mortality of men aged 25-64 with its peak at the age of 35-45<sup>3</sup> and, accordingly, by their lower life expectancy. Therefore, women are much more likely to be widowed than men; another possible explanation is a specific feature of Ukrainian women's marriage behaviour. Unlike men, women who lost their spouse are not so active with searching for a new partner, which can be explained by less favourable opportunities offered to women by the "matrimonial market". This is the direct reason why only 6.2% of older women (14.4% of all married women) are re-married, although marriages of the majority of unmarried women ended long ago – 10 and more years ago (75% of widowed and 50% of divorced).

In the majority of cases older persons, especially women, are not eager to re-marry. According to the data obtained, only 2.8% of women and 5.7% of men of the same age living without a spouse would like to change this situation (answers *yes* or *rather yes* to the question "Do you see a possibility for yourself to re-marry?").

Full information on older persons' nuptiality can be derived from population census materials. According to our estimates based on materials of the 2001 population census, special nuptiality ratios of women aged 60 and above (computed by comparing the number of marriages recorded in the years bordering the census year with the number of unmarried women as of the time of the census) are ten times lower than men's ratios. In the post-census years, the analysis of age nuptiality ratios based on current statistical data also confirms a higher intensity of nuptiality of older men than women (Table 1.2). It should be mentioned that 85-90% of marriages entered into by older persons are actually re-marriages and the tradition of marrying younger women is rather frequent: a bride is younger than 50-59 years in half of marriages of men aged 60 and above (52.8% in year 2011).

**Table 1.2 Number of marriages and nuptiality ratios of women and men aged 60 and above in Ukraine in 2001-2011.**

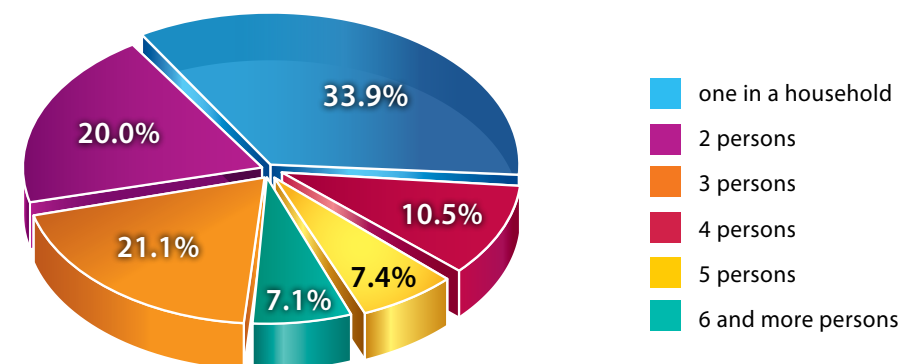
Years	Number of marriages		Nuptiality ratios, %	
	women	men	women	men
2001	7,620	11,104	1.2	3.0
2002	6,909	10,380	1.1	2.8
2003	6,980	10,637	1.1	2.9
2004	6,586	9,969	1.0	2.8
2005	5,852	9,673	0.9	2.8
2006	5,413	8,944	0.9	2.7
2007	5,102	8,810	0.8	2.7
2008	4,987	8,289	0.8	2.5
2009	4,524	7,915	0.7	2.4
2010	3,942	6,993	0.6	2.1
2011	3,945	7,044	0.6	2.1

Source: State Statistics Service of Ukraine

## Family Characteristics

Gender variations in marital behaviour have an impact on the family status of older women exposing them to higher risks of staying alone; however, older population nuptiality studies are made more difficult because present-day statistical reporting forms are not adapted for a research of this kind: while population census data on population marital status are studied by one-year age intervals till the age of 70, current statistical reporting on nuptiality is studied by five-year intervals only till the age of 70, and data in respect of population aged above 60 is given cumulatively.

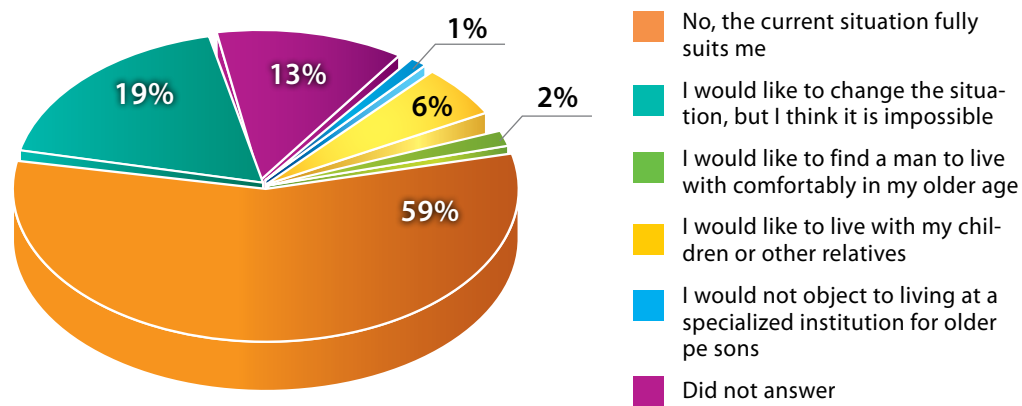
As demonstrated by surveys, in Ukraine the majority of older women in urban settlements, as well as in rural areas, live in family. These families are mostly small: 62% of families consist of 2-3 persons (Figure 1.7). At the same time, one in every three older women lives in a single-person household, while only 17% of older men are single. This is another confirmation of the well-known fact<sup>4</sup>: loneliness and lack of care in older age are first and foremost "women's" problems.



**Figure 1.7 Breakdown of older women by the size of a household where they reside, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

More than a half of women who live alone are not willing to change anything. When asked "Would you like to change the situation?" they answered "no, I am comfortable with the current situation". However, a significant portion of respondents would like to live with relatives or a spouse, although in the majority of cases they thought it was impossible – "I would like to change the situation but I think it is impossible". Less than 1% of single women would not object to accommodation in a specialized residential care facility for the elderly (Figure 1.8).



**Figure 1.8 Breakdown of older women living in a single household by their opinions about the possibility to change this situation, %**

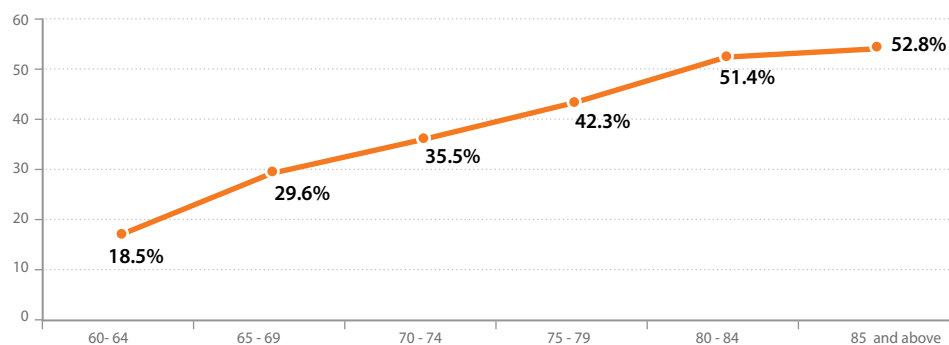
Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

However, concern is raised by the fact that the proportion of single women among older women grows with increasing age and this is typical both for urban and rural residents (Table 1.3). While less than 20% of women aged 60-64 live in a single-person household, a respective proportion among women of the oldest age – 80 and above years of age – is one half and even higher (Figure 1.9), and this is the age when a person's ability to perform daily living activities is impaired due to health and he or she needs help (on an occasional or regular basis).

**Table 1.3 Breakdown of older women by living arrangements (in a single-person household or with other family members) by age groups, % \***

Age	all		urban		rural	
	living alone	living with family members	living alone	living with family members	living alone	living with family members
60-64	18.5	79.9	20.7	77.4	12.6	86.4
65-69	29.6	69.6	29.1	69.8	30.6	69.4
70-74	35.5	64.5	40.9	59.1	25.9	74.1
75-79	42.3	57.7	41.3	58.7	44.0	56.0
80-84	51.4	47.9	49.4	50.6	54.4	43.9
85+	52.8	47.2	52.2	47.8	53.3	46.7
Total 60+	33.7	65.7	34.3	65.0	32.7	66.9

\* sum does not equal 100% because some respondents did not answer the question

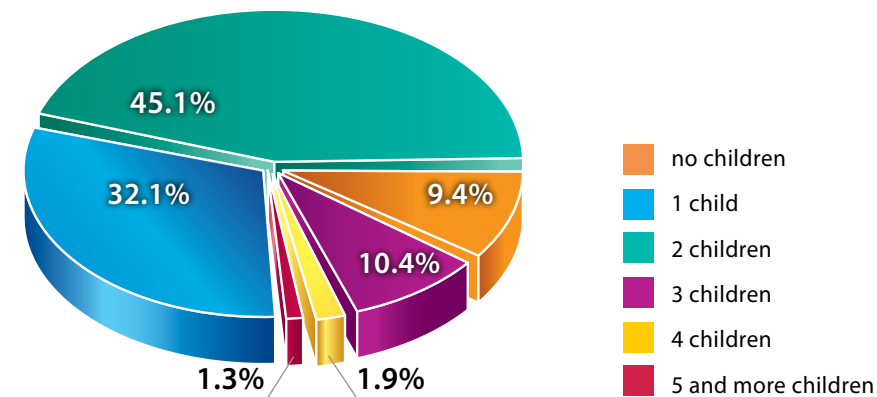


**Figure 1.9 Share of older women living in single-person households by age groups, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

During their life the majority of older female respondents succeeded not only in marriage (almost 90% of them were married or had ever been married), but also as mothers: nine out of ten women have children. These generations of women do not demonstrate high figures of childlessness (9.4% of women have no children) or having many children: a mere 3.1% have more than three children. Women with two children (45.1% of women have two children) and women with one child (32.1%) account for the highest shares – see Figure 1.10. It is interesting that in most cases these women were also raised in families with few children and currently the majority of them has one brother/sister or do not have any.

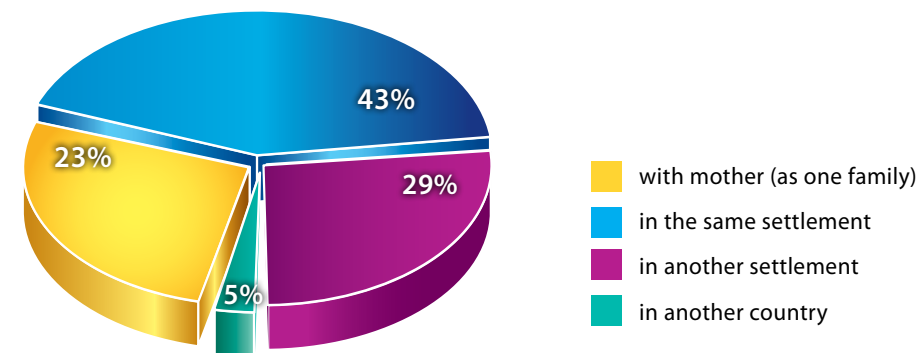
*Loneliness in old age is mainly the problem of women: more than half of women aged 80 years and over are living alone*



**Figure 1.10 Breakdown of older women by the number of their children,**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

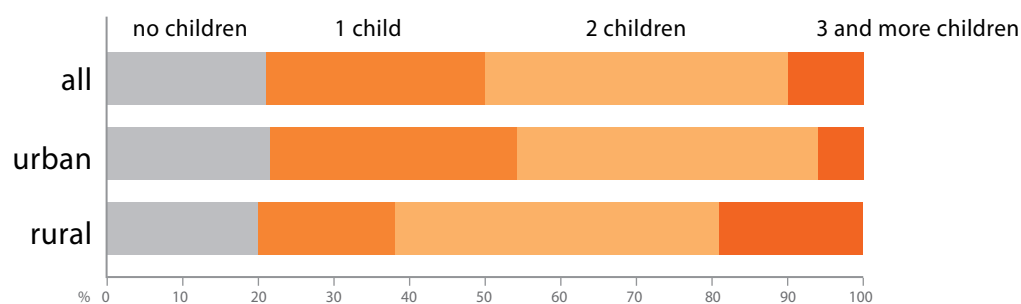
However, in today's family adult children having created their own families tend to leave their parents to live separately and, considering a rather high migration mobility of the population, they can live in another settlement or even in another country in case of growing opportunities of external labour migration. The pattern of relations between parents and adult children to a great extent depends on the particular nature of relations between generations, family traditions and economic situation and depends not only on the behaviour pattern chosen by family members but also on economic opportunities available. Therefore, although the majority of older women have children, just one fifth of them live in the same household with children; most frequent is the situation when children live separately but in the same settlement and very often – in another settlement. It is not infrequent that children live in another country (Figure 1.11). In cases where children reside separately, intergenerational relations do not disappear, but in the event of illness or a very old age the risk of neglect is increased.



**Figure 1.11 Breakdown of older women with children by children's place of residence, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

The majority of older women residing in single-person households have children (almost 79%), and in most cases the number of children is more than one – two or three, or more (Figure 1.12). Therefore, being single in old age is not a consequence of having few children but rather a result of transformation of family relations, primarily inter-family and intergenerational relations as well as gender-specific characteristics of marital status: according to the survey data, almost 80% of single women are widowed.



**Figure 1.12 Breakdown of older women residing separately from their children by the number of children, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

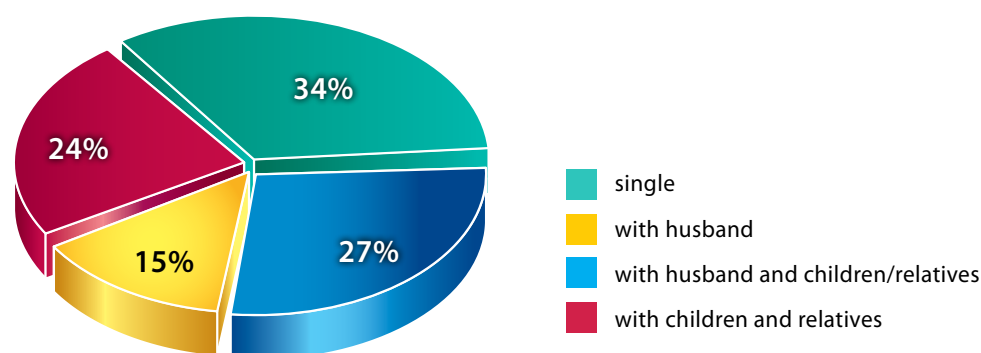
**Table 1.4 Breakdown of older women residing in single-person households by marital status and number of children, %**

	married	divorced	widowed	never married
with children	2.2	0.2	67.2	0.8
without children	0.2	1.6	12.0	7.3

**Loneliness in older age results from changes in family relations and large gender differences in life expectancy**

It should be mentioned that in some cases older women reside with their parents, although the proportion of these women is just 3% due to natural causes (one or both parents of only 9% of women surveyed were still alive). Although more than 80% of older women have grandchildren, only one in every five actually lives with their grandchildren as a result of parents and adult children living separately.

In general, the following conclusions about Ukrainian older women's family status can be made based on the data of the survey "Older Women and Men: Quality of Life and Social Well-being": one in every three women lives in a single household, almost 40% of women live with husband (15% together with husband, 27.5% with husband and children or other relatives) and 23.5% live with children or other relatives but without husband (Figure 1.13).



**Figure 1.13 Breakdown of older women by composition of the household they live in, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

It should be mentioned that an increased risk of neglect and need of care and social support arises not only for women residing alone but also for oldest-age married couples who can experience certain age-specific limitations in respect of their ability to perform daily living activities and mutual help. Oldest-age couples residing without children or relatives should be in the focus of attention of social service agencies. According to the survey data, the proportion of such married couples is insignificant but, nevertheless, each of them is at risk (Table 1.5).

**Table 1.5 Breakdown of older women of different age groups by structure of the household they live in, %**

Residing in a household:	Aged 60-64	Aged 65-69	Aged 70-74	Aged 75-79	Aged 80 and above
single	18.5	29.6	35.5	42.3	52.0
together with husband	44.4	33.0	28.7	18.3	6.8
with husband and children/relatives	20.7	18.6	15.9	11.0	4.2
with children or relatives (without husband)	16.4	18.8	19.9	28.4	37.0

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

## Summary

- Ukraine has a notable gender asymmetry in the sex composition of the older population "in favour" of women.
- The gender asymmetry calls for special attention to the needs, situation and opportunities of older women.
- Gender-related variations in the ageing process result from a significant gender gap in life expectancy.
- The highest share of older persons is observed among rural women, while urban men remain the youngest socio-demographic group.
- The share of long-livers is comparatively insignificant because Ukraine lags behind most European countries in terms of life expectancy and has a lower proportion of those surviving to the "longevity threshold" of 80 years of age.
- Compared to most European countries by prospective age, Ukraine is one of the oldest countries in Europe.

## HEALTH AND LIFE EXPECTANCY

People have always wanted to live as long as possible. However, the extension of life expectancy looks attractive only if one maintains strength, health, a certain degree of vitality and in the case of absence of serious life constraints in old age. Good health in old age allows older people to lead an active life style, be useful to their families and society, to look upon their life as being complete and meaningful, and to be an active and creative member of the society. Older people's good health is a sign and an integral component of the high quality of their life, because it reflects a dynamic connection between the socio-economic conditions and people's health. As noted in the Madrid International Plan of Action on Ageing, "Improvements in the economic and social situation of older persons will result in improvements in their health as well"<sup>5</sup>. On the other hand, the attitude of the society to the health and lives of older people is the touchstone of the society's attitude to people's health and life in general.

Given a relatively high rate of population ageing observed today, there is a growing understanding of the need to fight for healthy longevity, to maintain the ability to work, and to lead an active life in older age. It is clear that the implementation of such an approach is particularly relevant for countries with high life expectancy and that this approach is closely related to the recognition of the fundamental right of every person to achieve the highest possible level of physical and mental health regardless of their age.

### Health Statistics

In assessing health of older people in Ukraine, particularly with regard to certain health quality-related aspects (preservation of vitality, lack of severe functional limitations etc.) one faces a number of organizational, methodological and information gaps and limitations. To date, it is difficult to obtain a full and clear picture of health of the older population due to difficulties in determining health indicators, the impact of organizational factors not directly related to health or health indicators, current shortcomings of the data collection and statistical processing system, a number of information shortcomings and limitations on information obtained through surveys. It should also be noted that for assessing health and life expectancy of older persons from the standpoint of the concept of healthy ageing and active longevity it is very important to take into account the influence of living conditions and behavioural factors on health that is also associated with certain difficulties and information constraints.

In order to overcome such difficulties and constraints, our survey was extended to include a set of questions relating to self-assessment of health, lifestyle and self-preserving behaviour, as well as the quality and accessibility of healthcare. In addition, as part of the research on the situation of older women in Ukraine, an additional sociological study of women and men of older age was conducted as focus group interviews addressing healthcare and social services. The materials thus obtained have been analysed as well.

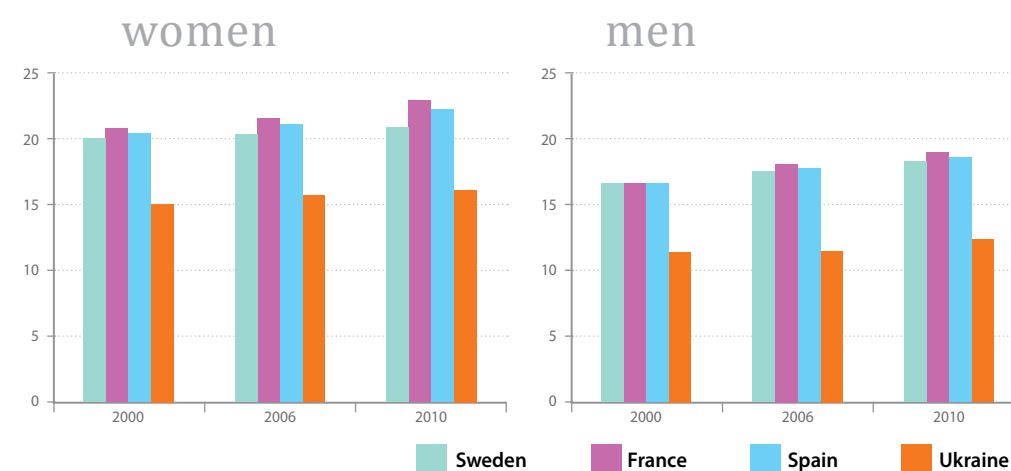
Finally, for lack of required official medical and statistical information it is difficult to make a comprehensive quantitative assessment of older women's health, including an assessment disaggregated by women's socio-economic groups and place of residence, in comparison with men, and so on. However, we believe that it is necessary to employ in the analysis of health of older people as many suitable statistical indicators as possible, even if some of them (due to lack of appropriate statistical tool) are only available in a most generalized form, such as: the morbidity of people beyond working age (irrespective of gender or area type), disability among older people etc. Therefore, we will try to assess health of older women by using the entire range of existing indicators, each of which will be considered separately and individually, taking into account both the exist-

ing constraints and opportunities for their comparative analysis. In addition, we realize the need to combine objective and subjective assessments in a study addressing older people's health.

### Life Expectancy

The prevalent methodological approach used in public health surveys considers life expectancy as an integral indicator of the population's health. This approach is also true for life expectancy of old people. The life expectancy of Ukrainian women and men at the age of 65 years is 5.0-6.5 years less than that in Western European countries, as shown in Figure 2.1. Given the generally favourable dynamics of older people's life expectancy in Ukraine in the first decade of this century, in Ukraine the rate of its increase for women was not lower than that in the surveyed European countries (except for France). However, the corresponding Ukraine's figure for older men was lower than in these countries.

**Ukraine lags behind the EU countries in life expectancy at older age**



**Figure 2.1** Average life expectancy for women and men at the age of 65 years in Ukraine and other European countries in 2000, 2006 and 2010

Source: <http://www.mortality.org/hmd/>

In Ukraine the difference in life expectancy at the age of 65 for the two sexes in the last decade was 3.6-3.9 years "in favour of women". This more or less corresponds to the respective figure in other European countries (more particularly, in Sweden as of the last shown date it was 2.8 years, but in France 4.2 years and in Spain 3.9 years). Given a too high gender gap in life expectancy at birth compared with that in the reference European countries, the aforementioned differences in older age suggest that men's excessive mortality at this stage of life is considerably less important than it is at younger ages. Indeed, in the case of older people "the gender imbalance of mortality rates gradually decreases with age and eventually disappears: ranging from the maximum among 60-64-year-old persons where the men's deaths are 2.7 times more frequent than women's deaths, to 1.3 times for those aged 80-84 and to almost identical mortality rates in the last age range"<sup>6</sup>.

The conclusion that the main problems with high mortality of men in Ukraine are "localized" in working-age groups is also confirmed by the recent mortality tables, as shown in Table 2.1. These represent the specific features of survival of women and men in Ukraine and selected European countries in different life periods – mostly, in older age. The mentioned survival indicator within the age range of 20 to 65 years deserves attention not only because of its striking sex-related variability in Ukraine, but also because in Ukraine it is much lower than that in other countries (this is especially true for men, in which case the average difference from the reference countries is almost 28 percentage points compared to 10 percentage points for women).

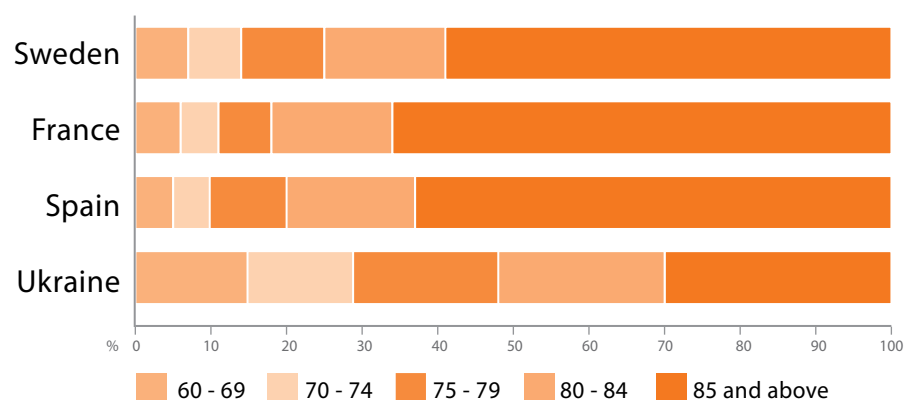


**Table 2.1 Some indicators of survival in older age by sex in 2010 (as per mortality tables for Ukraine and other European countries)**

	Sweden		France		Spain		Ukraine	
	women	men	women	men	women	men	women	men
Newborns who survive up to 60 years of age, %	95.3	92.6	94.2	87.9	95.3	90.0	87.1	68.0
Newborns who survive up to 75 years of age, %	82.3	73.6	83.7	67.9	85.3	69.0	62.0	32.4
60-year old people who survive up to 80 years of age, %	75.8	64.3	80.3	63.2	79.9	61.1	52.4	29.3
People who live from 20 through 65 years of age, %	93.1	89.3	92.4	83.6	93.9	85.9	83.0	58.6

Source: <http://www.mortality.org/hmd/>

Ukraine is lagging behind the EU countries in life expectancy primarily because of the excessive early mortality (particularly, working age mortality). At the same time, the problem of prolonging older people's life expectancy (and more specifically, the problem of reducing mortality at "early retirement" age) stays urgent. As can be seen in Table 2.1, in our country longevity is achieved by a significantly smaller proportion of older people than in Western European countries. Particularly striking is the corresponding difference for men: the share of those who reach 80 years among those who cross the "first threshold of old age" (60 years) in Ukraine is on average almost 34% lower than in the reference countries. However, for women, too, under the current old-age survival regime the share of those who cross the longevity threshold (80 years) among people who have reached 60 years of age is 23% lower than the respective Swedish figure and nearly 28% lower than that for France or Spain. Approximately the same gap is observed between Ukraine and the selected countries in terms of the female newborns who survive to 75 years of age. To get an understanding of how modern survival conditions in Ukraine and, in particular, conditions leading to a woman's longevity differ from those in developed European countries one has to look at the distribution of age-specific numbers of those who die in old age in the corresponding mortality tables and life expectancy for women (Figure 2.2).



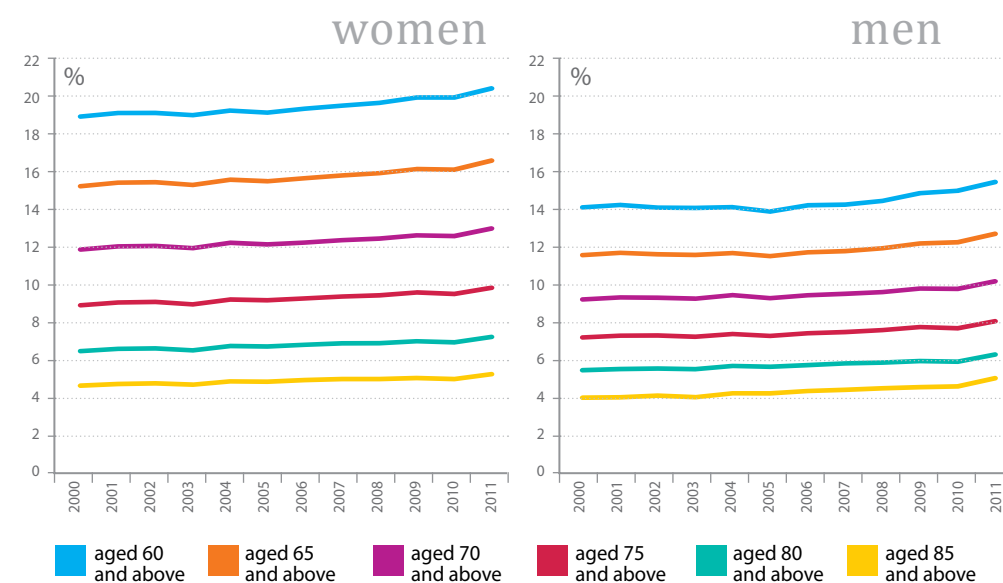
**Figure 2.2 Breakdown of deaths by age group in Ukraine, Sweden, France and Spain (2010-2011)**

Source: <http://www.mortality.org/hmd/>

Thus, even though over the past decade older women's life expectancy in Ukraine has increased, our country's achievements in ensuring their longevity compared to other European countries seem to be more than modest (even in purely quantitative terms). However, it should be noted that in our country the trend towards the concentration of deaths in the oldest possible age groups is more clearly pronounced in case of women rather than men. For the latter the situation in this respect is much worse.

A more complete understanding of the current dynamics of women's life expectancy as compared with men's in Ukraine for different stages of older age can be obtained from numbers shown in Figure 2.3. They show that the increase in life expectancy in older age in Ukraine has stabilized and reached a point of no return mostly in the second half of the 2000s, the last of the surveyed years was characterized by higher growth rates and the peak values of such growth rates being reported for the oldest women age groups. As shown in the Figure, the dynamics of anticipated life expectancy for older people was generally characterized by the overall "synchronicity" of trends for different age groups of older women and men.

Despite the fact that women have achieved higher values of life expectancy in all older age ranges compared to men, in recent years the growth rates of these values for Ukraine's older women have been considerably lower than those for men. So the life expectancy's gender gap at older age, which kept rising in the first half of the 2000s, is now getting narrower, meaning that now it is smaller than it was five years ago. However, in the age groups from 60 to 80 years it remains somewhat wider than it was in 2000, while for the oldest age groups it has reached an all-time low for the entire surveyed time period.



**Figure 2.3 Average life expectancy of older women and men in Ukraine in 2000-2011**

Source: Institute for Demography and Social Studies, National Academy of Sciences of Ukraine

Currently, in Ukraine there is some differentiation in older women's life expectancy by place of residence (urban vs. rural), as shown in Table 2.2. These indicators suggest that there is some ambiguity in the correlations between the survival rates of older women during the surveyed period. Thus, a slightly longer life expectancy of rural women aged 60, 75 and 85 years reported in Ukraine at the beginning of the first decade of the new century was offset by a "prevalence" of urban women in the subsequent years, which is still holding to this day. In the XXI century an increase in life expectancy of older women in Ukrainian cities has been more consistent than in rural areas, with the highest growth rate of the respective indicator shown by urban women of the oldest age groups during this period.



**Table 2.2 Average life expectancy for women aged 60, 75 and 85 years by area type in Ukraine in 2000-2011**

Year	Urban			Rural		
	60 years	75 years	85 years	60 years	75 years	85 years
2000	18.68	8.62	4.35	19.12	8.85	4.46
2001	18.92	8.79	4.46	19.25	8.97	4.52
2002	19.00	8.89	4.55	19.14	8.91	4.50
2003	18.95	8.81	4.51	18.93	8.74	4.37
2004	19.23	9.04	4.69	19.14	9.03	4.55
2005	19.20	9.00	4.71	18.88	8.99	4.51
2006	19.35	9.08	4.77	19.16	9.11	4.61
2007	19.55	9.17	4.82	19.26	9.23	4.67
2008	19.70	9.20	4.77	19.38	9.32	4.72
2009	20.04	9.42	4.86	19.60	9.38	4.75
2010	20.01	9.32	4.76	19.65	9.34	4.75
2011	20.53	9.71	5.08	20.10	9.59	4.95

Source: Institute for Demography and Social Studies, National Academy of Sciences of Ukraine

It should also be noted that, unlike women, for men of older age groups (75 years and older) longer life expectancy in the cities than in rural areas was recorded throughout the entire surveyed period. Difference in life expectancy related to place of residence for all age ranges of older men is more pronounced than in the case of women, and over time it showed an upward trend. The analysis showed that excessive male mortality which results in a gender gap in life expectancy in old age being tilted "in favour" of women is somewhat more significant in rural areas than in urban settlements. For example, in 2011 life expectancy of women aged 60 exceeded that for men by 4.84 years – in urban areas, and by 5.34 year – in villages (for age boundary of 75 the corresponding figures were 1.53 and 1.86 years).

## Mortality by Causes of Death

In assessing mortality trends, older people's state of health and healthcare services, it is important to consider data on mortality rates and structure segregated by cause of death. Analysis of these data allows us to identify a potential for positive changes in the older population's mortality and life expectancy modes.

Table 2.3 presents mortality rates of older women and men of different ages by leading causes of death and their changes over the last five years in Ukraine.

Thus, older people's mortality rates (for both women and men) from the leading causes of death increase with age. A particularly rapid and steady growth with age is observed in case of mortality from cardiovascular diseases, respiratory diseases, and "symptoms, signs and abnormalities" (the latter are considered to be a typical example of senile causes of death that includes "deaths from senility"). Tumour-caused mortality progressively (albeit not very fast) increases from the first threshold of old age to the lower longevity limit (80 years), after which its intensity decreases. Although the frequency of older people's deaths of external causes does not exhibit a distinct upward trend with age in the first three age groups (in fact, in men it falls in the range from 60 to 80 years), in the case of the oldest men and women it does increase.

The typical age-related correlation is higher men's mortality rates as opposed to those of women in respect of all significant causes of death in most age groups, except for the oldest group consisting of individuals older than 85, and only in respect of symptoms, signs and abnormalities and now also in respect of heart diseases. Men's excessive mortality is especially common

**Table 2.3 Mortality rates of older women and men by age group and main cause of death in Ukraine in 2006 and 2011 (per 100 thousand persons)**

	Women						Men					
	60-64	65-69	70-74	75-79	80-84	85 +	60-64	65-69	70-74	75-79	80-84	85 +
All death causes												
2006	1,481	2,277	3,777	6,478	10,804	21,845	3,943	5,223	7,112	10,158	14,258	23,126
2011	1,205	1,895	3,270	5,666	9,993	18,687	3,215	4,423	6,459	8,985	13,315	18,875
Diseases of the circulatory system												
2006	886	1,613	3,011	5,500	9,140	17,471	2,249	3,352	5,059	7,872	11,227	18,376
2011	665	1,279	2,529	4,816	8,733	16,071	1,794	2,784	4,533	6,921	10,802	15,715
Tumours												
2006	338	410	465	509	437	328	762	993	1,123	1,144	1,076	769
2011	345	410	496	514	481	385	747	970	1,170	1,163	1,059	792
External death causes												
2006	72	67	65	83	101	129	346	289	227	217	211	233
2011	48	46	53	63	85	120	227	201	197	185	227	223
Respiratory diseases												
2006	27	39	70	115	171	292	193	248	387	513	635	808
2011	19	27	44	77	142	219	120	165	251	392	532	612
Symptoms, signs and abnormalities												
2006	11	13	22	119	806	3,458	49	47	49	156	842	2,663
2011	6	7	12	32	367	1,661	33	29	35	57	407	1,211

Source: State Statistics Service of Ukraine

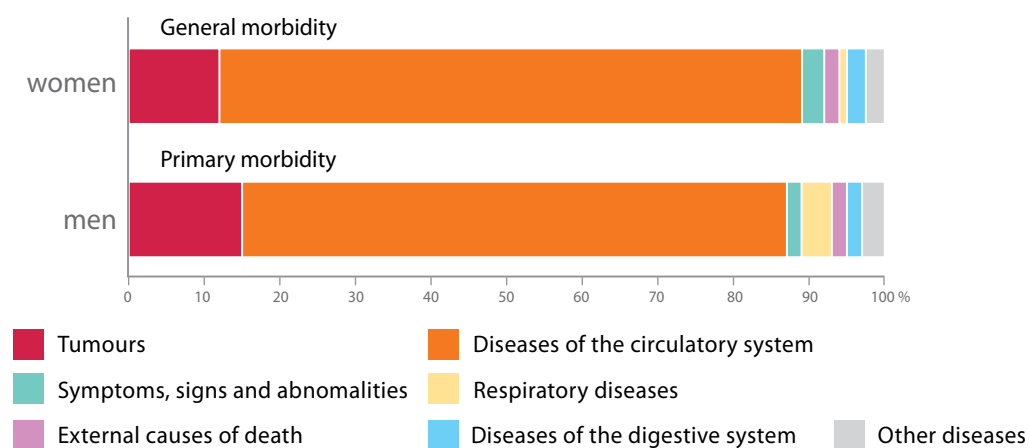
for "young older people": within the 60-64-year-old group it is 2.2 times (tumours), 2.7 times (cardiovascular diseases), 5.5 times (symptoms and unidentified conditions) and 6.3 times (respiratory diseases) higher. In each subsequent age group, sex-related mortality rate differences for above-mentioned causes of death diminish.

It is also important to single out some of features of the dynamics of mortality resulting from the surveyed classes of causes of death in older age groups. Over the last five years, a reduction of overall older women's mortality has been reported in respect of all studied causes of death, except for tumours. Tumour-induced mortality rates for younger age groups have changed only slightly, whereas in the two oldest groups they have risen by 10% and 17%, respectively. The reduction of mortality intensity was the greatest in the "symptoms, signs, abnormalities" class, somewhat smaller (albeit also rather important) for external causes of death (particularly, for "young older people") and for respiratory diseases (it was more significant for long-living persons). The reduction of mortality from cardiovascular diseases varied from 8% for women aged 80-84 years to 25% for 60-64-year-olds.

The current structure of mortality of older population by sex in Ukraine is shown in Figure 2.4. According to these official figures, in Ukraine, the most common and absolutely predominant cause of death of older people is circulatory diseases, which currently kill more than three fourths of women and slightly less than three fourths of men aged 60 years and above. Such a significant contribution of circulatory diseases to the old age mortality structure is explained, firstly, by a truly significant role of this pathology and, secondly and to a large extent, by certain diagnostics conditions and methods of accounting for causes of death in older age.

The quality of medical examination and diagnostics of older persons is extremely unsatisfactory. A cardiovascular disease is the most common old age pathology, so this disease is most often diagnosed as a cause of death of elderly people. This situation makes one call into ques-

tion whether national statistics on causes of death of elderly people takes a full account of other chronic illnesses (such as respiratory diseases, digestive system pathologies etc.), which undoubtedly may lead to death in older age. They, however, constitute a very small proportion of all deaths of older women and men in Ukraine.

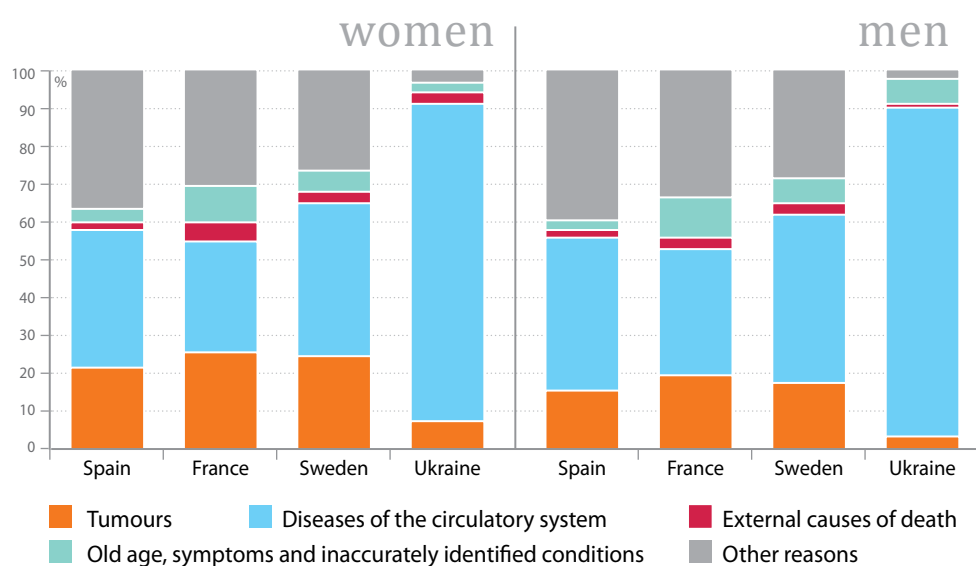


**Figure 2.4 Breakdown of deceased women and men aged 60 years and above by cause of death in Ukraine in 2011**

Source: State Statistics Service of Ukraine

It should be noted that the contribution of circulatory diseases to the overall mortality of older women in Ukraine is particularly noticeable against the backdrop of structural characteristics of mortality of women of ripe old age in EU countries. Thus, in modern France the proportion of circulatory diseases in the mortality structure for women aged 65 years and above is about 30%, in Spain 36% and in Sweden about 40%. In addition, their contribution to mortality of women of the oldest age group (75 years and older) is not much higher totalling 33%, 39% and 45%, respectively (as opposed to 86% in Ukraine – see Figure 2.5).

So “it seems that older Ukrainians suffer practically from nothing but circulatory diseases”<sup>8</sup>. However, it is clear that this impression is erroneous; at least, as we will see, it is not confirmed by statistics on morbidity and primary disability of older people.

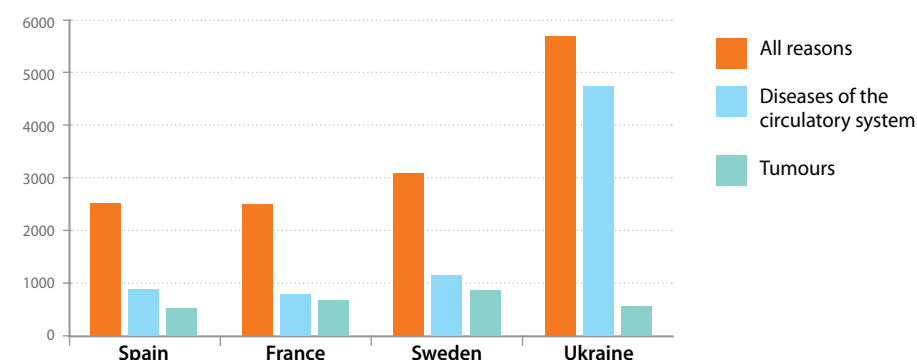


**Figure 2.5 Breakdown of deceased women and men aged 65 years and above by cause of death in Spain (2010), France (2009), Sweden and Ukraine (2010)**

Source: European mortality database (MDB) World Health Organization Regional Office for Europe, update of January 2013: <http://data.euro.who.int/hfamdb/>

Thus, high mortality from circulatory diseases is the most significant component of excessive mortality of older Ukrainian women as compared with their peers from EU countries (see Figure 2.6). However, even if we take into account that mortality from this type of causes is, among other things, explained by “overdiagnostics” of cardiovascular pathology in older age, we must say that reducing the frequency of deaths from circulatory diseases in younger age groups remains the main reserve for life prolongation in older age.

*Ukraine has reserves for life prolongation in older age – reducing morbidity and mortality from cardiovascular diseases is the main reserve*



**Figure 2.6 The mortality rate among women aged 65 and above from circulatory diseases and tumours in Ukraine and other European countries in 2010 (per 100 thousand population)**

Source: European mortality database (MDB) World Health Organization Regional Office for Europe, update of January 2013: <http://data.euro.who.int/hfamdb/>

Throughout the studied period and especially in recent years statistical data suggest significant positive changes in older people’s mortality from circulatory diseases in Ukraine. For instance, in 2011 versus 2010 the average age of death from cardiovascular diseases (calculated based on relevant demometric models) increased for women by 0.62 years (reaching 79.9 years), and for men, by 0.63 years (to 72.5 years). An increase in life expectancy at the age of 60 due to the dynamics of mortality from cardiovascular diseases for women equals 0.34 years and for men 0.22 years. At the same time, we recognize that Ukraine has a significant potential for further reduction of early retirement age mortality from such circulatory diseases as hypertension, pulmonary heart, pulmonary blood circulation disorders, chronic rheumatic heart diseases, stroke (subarachnoid, intracerebral and other intracranial) and diseases of veins, lymphatic vessels and nodes.

The second most significant class of causes of older people’s deaths in Ukraine are tumours, which are also a very common old age disorder closely associated with the human body’s ageing process. Currently, the average life table age of tumour-caused deaths of women in our country is 65.6 years (for men – 65.9 years) and in recent years it has increased.

Age-specific older women’s mortality from tumours increases from the first old age threshold (60 years) to the lower limit of longevity (80 years). However, the contribution of this class of death causes to the older people’s mortality decreases with age (mostly “in favour of circulatory diseases”). The most common localizations of malignant tumours which prove fatal for older women in Ukraine are tumours of breast, stomach, colon and rectum, cervix and ovary. Among these, malignant tumours of breast and female reproductive organs make up the highest percentage of early deaths among older women.

The third leading class of causes of older people’s deaths is “symptoms, signs and abnormalities detected during clinical and laboratory studies and not classified under other headings”. The single largest cause of deaths among those causes assigned to this class is “senility” (over 92% of deaths), followed by “other unspecified and unknown causes of death”. Among older women who died of “senility” in Ukraine in 2011, over 98% were represented by persons aged 80 years and older.

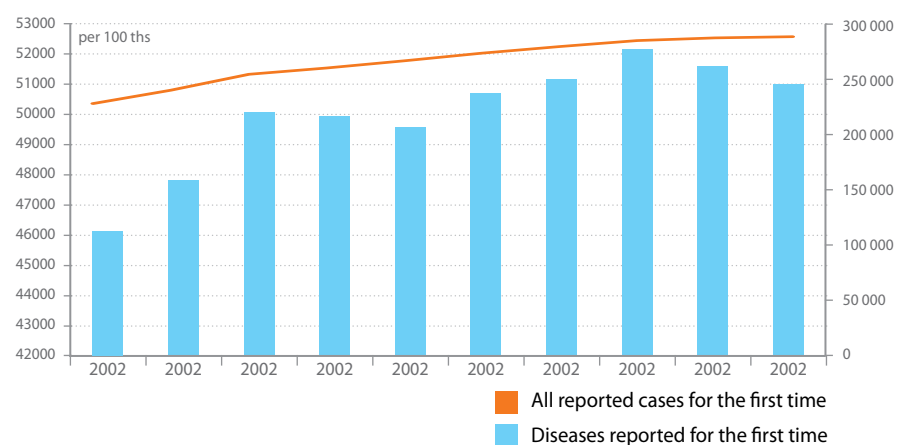
In Ukraine, external causes remain one of the factors of premature older people's mortality (female and especially male). The age-specific curve of mortality from external causes in the post-working age demonstrates that the increased intensity of unnatural deaths at the early retirement age initially falls but as time goes by it rises again due to the increased risk of fatal injury and other injuries in older age. The most common external impacts which lead to fatal consequences for comparatively young older women in Ukraine currently include suicide cases, deadly injuries, accidental poisonings, alcohol effects, and traffic accidents. Apart from suicides and murders, women of the oldest age groups often suffer from accidents caused by fire, smoke and flames, falls and accidental poisoning (excluding alcohol).

While, according to official statistics, the other classes of death causes do not play a very important role in the structure of older people's mortality in Ukraine, they must also be closely examined when we try to identify ways to extend older people's life expectancy. In our view, this is especially true for respiratory, digestive and endocrine diseases. The national statistics on causes of death do not allow us to obtain a clear picture of the full scale and proportion of older people's mortality from such diseases (because, as it was mentioned above, such causes are often unwittingly classified under typical age pathologies). It is possible, to some extent, to supplement and correct our understanding of the structure of losses of older people's life and health by using information about their morbidity and disability.

## Morbidity

Medical and demographic studies heavily rely on primary and general morbidity data derived from people's visits to health facilities as parameters which characterize the loss of public health or public morbidity. It should be kept in mind that primary and general morbidity levels (or disease prevalence) are influenced by many factors. These include factors which may be considered as indicative of health (demographic, socio-economic, environmental, certain behavioural, immunological factors etc.) and circumstances of predominantly organizational nature, i.e. frequencies of visits for medical aid, its accessibility, specificity of detecting diseases, diagnostics quality, effectiveness of registration etc.

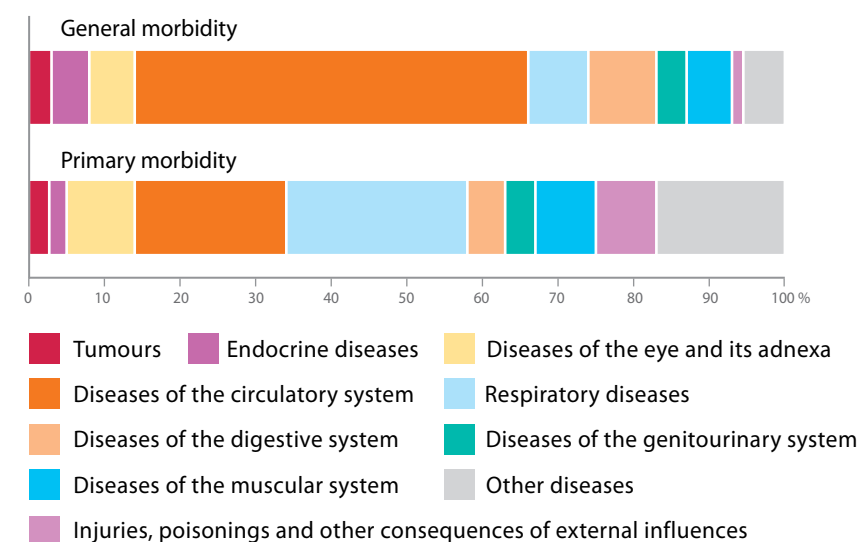
The current morbidity accounting system in Ukraine does not allow for obtaining information which could be unconditionally used for a differentiated analysis of gender- and age-related morbidity distribution patterns and for a comparison of relevant characteristics with a breakdown by socio-demographic groups and place of residence. Nevertheless, it provides a general picture of primary morbidity levels and disease prevalence rates in the population above working age in the surveyed period, as well as morbidity intensity and structure with a breakdown by disease classes in Ukraine. The corresponding time-related indicators are shown in Figures 2.7 and 2.8, and Table 2.4.



**Figure 2.7 Primary and general morbidity of the population above working age in Ukraine in 2002-2011** *Source: Health Statistics Centre of the Ministry of Health of Ukraine*

The general morbidity indicators presented in Figure 2.7 show that over the last decade morbidity of older people in Ukraine has been rising. Primary morbidity has also increased, even though its growth rates have been significantly lagging behind disease prevalence growth rates. A faster growth of general morbidity of older people against a slower growth of primary morbidity may indirectly indicate a wider spread of chronic diseases among the elderly population.

Currently, circulatory diseases are the most common diseases among older people (they account for a little more than a half of all reported illnesses). They are followed (with a great lead) by digestive and respiratory system diseases (each eleventh and twelfth disease, respectively). Within the overall morbidity of persons above working age (Figure 2.8), diseases of the musculoskeletal system (6%), eye and eye adnexa diseases (above 5%) and endocrine diseases (5%) also have a certain part to play. In case of first diagnosed diseases, respiratory diseases account for the highest proportion (about a fourth of all reported first visits). Cardiovascular diseases also play a significant albeit not prevailing role (they account for a fifth of all first diagnosed diseases). Diseases of the eye and its adnexa account for about 9%, that is higher than their percentage share in the general morbidity. Injuries and poisonings make up 7%, musculoskeletal system diseases account for more than 7% and genitourinary system diseases constitute 6%.



**Figure 2.8 Breakdown of all and newly registered diseases of persons above working age by disease classes in Ukraine in 2011**

*Source: Health Statistics Centre of the Ministry of Health of Ukraine*

Indicators in Table 2.4 show that over the last decade the total (cumulative) morbidity among older people has in general increased in most disease classes (except for infectious diseases, injuries, poisonings and other external influences, as well as symptoms, signs and inaccurately defined conditions). Both during the surveyed period and over the last five or six year, diseases of blood and hematopoietic organs, endocrine, digestive and genitourinary system, and partly, tumours and diseases of the circulatory system, have had the highest growth rates in terms of morbidity.

An increased primary morbidity among older people has been detected in all pathology classes except for symptoms, signs, inaccurately identified conditions, birth defects and injuries. At the same time, over the last decade, the level of primary cardiovascular morbidity has basically remained unchanged. However, the last five years have seen the stabilization of primary morbidity rates for diseases of the digestive system and their slight decrease for circulatory diseases.

*The increase in morbidity rates among older people is not always a negative trend*

Most disease classes have shown higher growth rates of total (cumulative) morbidity compared with primary morbidity rates. It should be noted that an increase in morbidity rates among older people (that is reported based on the number of visits to healthcare providers) should not be viewed as a clear negative trend, if mortality in older age in the corresponding disease classes is falling.

**Table 2.4 Total (cumulative) and primary morbidity rates for population above working age by major classes of diseases in Ukraine**

Disease class	Number of reported illnesses per 100 thous. people			First diagnosed illnesses per 100 thous. people		
	2002	2005	2011	2002	2005	2011
Infectious and parasitic diseases	2,488.1	2,363.2	2,163.3	1,124.4	1,176.2	1,230.2
Tumours	6,788.3	7,495.6	8,951.0	1,267.4	1,322.4	1,431.4
Diseases of blood and blood-forming organs	736.1	1,011.1	1,372.8	135.2	175.2	205.5
Endocrine system diseases	8,345.6	9,790.7	13,401.5	730.0	971.4	1 185.1
Mental and behavioural disorders	3,302.0	3,376.8	3,521.9	269.1	313.7	322.6
Nervous system diseases	2,727.0	3,028.9	3,576.6	1,000.5	1,063.7	1,216.1
Diseases of the eye and adnexa	12,358.1	14,296.9	15,063.5	3,954.6	4,313.3	4,543.3
Diseases of the ear and mastoid process	3,395.5	3,815.9	3,889.2	2,138.1	2,372.6	2,493.7
Circulatory system diseases	114,315.4	133,171.2	147,800.2	9,968.5	10,263.0	10,045.9
Respiratory diseases	19,911.2	21,974.8	22,891.6	10,895.8	12,138.6	12,458.5
Digestive system diseases	19,106.8	22,822.8	27,174.6	2,142.8	2,439.1	2,453.1
Diseases of the skin and subcutaneous tissue	3,018.6	3,158.2	3,461.7	2,465.2	2,579.2	2,842.0
Musculoskeletal system diseases	13,907.8	15,826.1	17,153.6	3,542.5	3,831.5	3,801.2
Genitourinary system diseases	7,067.3	8,694.1	10,190.9	2,649.8	3,046.3	3,074.1
Congenital anomalies	62.4	71.9	95.1	8.9	7.7	7.6
Symptoms, signs and abnormalities	260.5	215.1	181.8	188.7	169.2	118.0
Injuries, poisonings and certain other consequences of external causes	3,897.8	4,042.9	3,835.1	3,671.1	3,798.7	3,588.3
<b>Total</b>	<b>221,688.5</b>	<b>255,156.2</b>	<b>284,724.4</b>	<b>46,152.6</b>	<b>49,981.8</b>	<b>51,086.6</b>

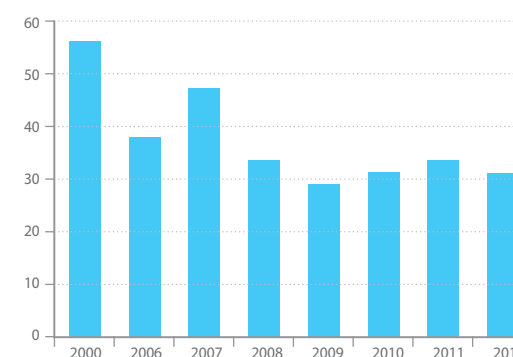
Source: Health Statistics Centre of the Ministry of Health of Ukraine

## Chronic Illnesses and Disability

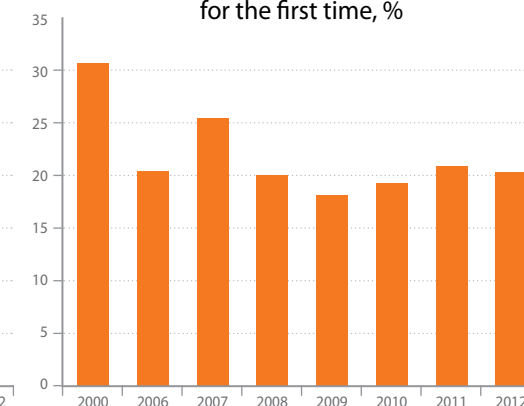
Elderly population's health assessments may be further supplemented and refined if we take into account disability indicators<sup>9</sup>, since they represent that line beyond which a person's painful condition turns into a steady disability and reflect the health impact of the quality of environment, level of medical care and other components of life quality.

Currently, one in every five persons recognized as disabled for the first time in Ukraine is a person above working age. In 2012 the level of primary disability among older people was 30.9 per thousand people above working age. The indicators shown in Figure 2.9 suggest that during the explored period primary disability in the elderly underwent some fluctuations, which were sometimes quite tangible. However, in recent years its level has almost stabilized. The proportion of older people among adults whose disability was recognized for the first time during the surveyed period mainly declined, but in recent years it has also stabilized and even slightly increased.

Number of persons above working age declared disabled for the first time (per 10 000 persons)



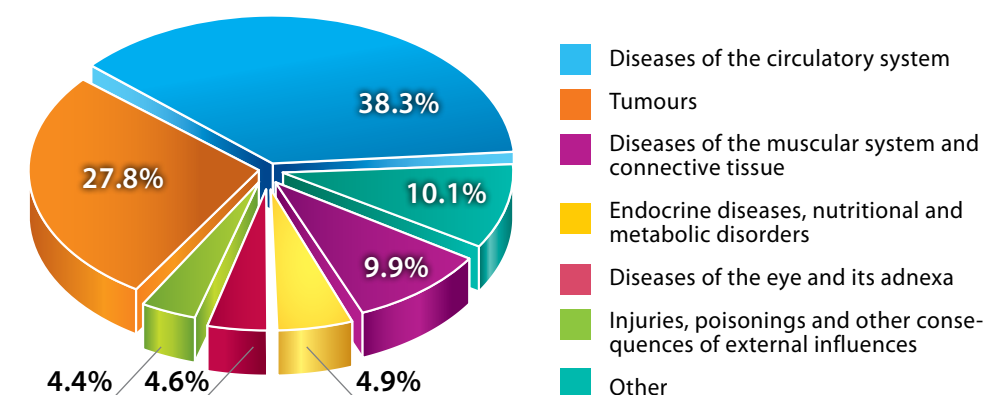
Percentage of persons above working age among persons declared disabled for the first time, %



**Figure 2.9 Primary disability of people above working age and their share among adults declared disabled for the first time in 2000 and 2006-2012 in Ukraine**

Source: Key indicators of disability and performance of medical and social expert commissions of Ukraine: Analytical and Information Guide. – Dnipropetrovsk: Porohy (2000, 2006-2012)

Analysis of structural characteristics of primary disability of post-working age people by disease classes (Figure 2.10) shows that the most common cause of disability among older people are diseases of the circulatory system (currently – over 38% of primary disability), the second major cause is tumours (almost 28%) that is followed by diseases of the musculoskeletal system and connective tissue (one in ten persons declared disabled for the first time in 2012). Currently, one in twenty cases of primary disability among post-working age people is due to endocrine, nutritional and metabolic diseases (mostly diabetes), and almost the same number of cases are due to diseases of the eye and its adnexa.



**Figure 2.10 Breakdown of persons above working age who were recognized as disabled people for the first time by class of diseases in Ukraine in 2012, %**

Source: Key indicators of disability and performance of medical and social expert commissions of Ukraine: Analytical and Information Guide. – Dnipropetrovsk: Porohy (2000, 2006-2012)

It should be noted that in the recent years the contribution of cardiovascular diseases to primary disability of people above working age has decreased (for example, in 2010 it amounted to almost 43% and in 2011 – over 40%), however the proportion of tumours, endocrine diseases, diseases of musculoskeletal and connective tissue has increased.

Unfortunately, the available data of the official health and demographic statistics does not allow for getting an idea of the dynamics and structure of the total (cumulative) disability of persons above working age. However, it is possible to estimate the proportion of persons with



disabilities, as well as chronically ill persons, among older people in Ukraine based on the results of sample surveys that provide data on such issues. Thus, a special sample social and demographic survey of older people in Ukraine “Older women and men in Ukraine: quality of life and social well-being” (March 2013) allows to obtain information on the prevalence of disability and chronic illnesses among the respondents, as well as the data on respondents’ self-assessment of their health. Information on the presence of chronic diseases or health problems faced during the last year of illness among the members of Ukrainian households and their impact on daily performance and vitality, and self-assessment of health data are also collected in the course of the regular nationally representative Household Living Conditions Survey<sup>10</sup> (HLCS).

Among the older female respondents of the survey, 6.6% reported disability (among male respondents – 10.8%). Among the female disabled persons prevail those assigned to disability group II (almost 46%), over 27% are categorized into disability group III and slightly more than 22% – those with the hardest disabilities – into disability group I. Among the disabled older men, the share of the disability group I persons appeared to be significantly higher – more than 30%, group II counted for almost 2/5, and group III – for more than 27%.

During the survey, almost 45% of older women reported a chronic disease (or diseases), but have no disability (among the male respondents such chronic patients were more than 29%).

## Self-Assessment of Health

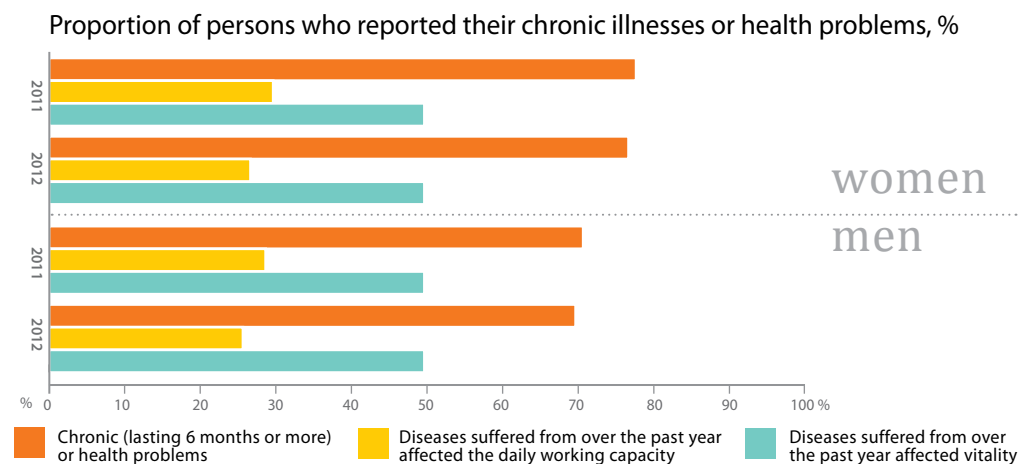
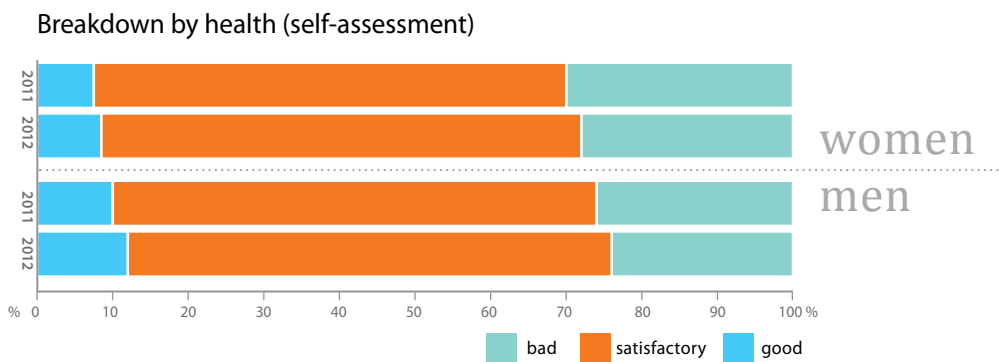
The results of self-assessment of health received as part of the HLCS, as well as those obtained during the special survey of older people in 2013, make it possible to identify some problems related to the health of older people (including women) since they provide information which is differentiated by sex and age groups.

Comparison of the HLCS in Ukraine data for self-assessment of health by aggregated age groups confirms the objective deterioration of health with age due to the accumulation of various failures and damages leading to the development of chronic diseases and conditions which more or less restrict normal activity. For example, among women aged 30-54 years surveyed in 2012, the proportion of those who rated their health as “good” was over 46%, while among women older than working age there were only a little bit more than 8%; at the same time every fourth older woman assessed her health as “bad”, while in the group of 30-54 year old women only every twentieth respondent gave such assessment of her health. Much more frequently (more than twice as often) older women, in comparison with those of middle age, reported their chronic diseases. The chronic diseases most frequently reported by the persons above working age (both women and men) are heart disease, hypertension, and arthrosis, arthritis (including rheumatoid arthritis). By the way, the major complaints of the respondents of the survey “Older women and men in Ukraine: quality of life and social well-being” are cardiovascular diseases and the diseases of joints and spine, as well as vision problems and hearing loss.

In addition, the proportion of respondents of this survey who complained that they lack health clearly progressed with age: for example, among 60-64 year-old women slightly more than 60% stated that they lack health, among 65-69-year-olds the figure was 70%, and among the 70-75-year-olds – more than 78%, and among those over 75 – as much as 83%.

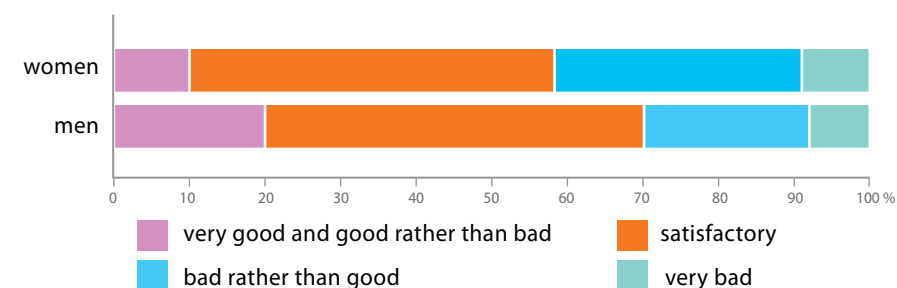
Indicators shown in Figure 2.11 give the idea of differences in self-assessment of health by older people by gender obtained from the HLCS.

So, the self-assessments of health by older women and men are quite close, although older men in Ukraine in general are somewhat more prone to optimistic estimates of their health than women. This feature is also confirmed by older people’s (60 years and older) health self-assessments obtained in the survey “Older Women and Men: Quality of Life and Social Well-being” (Figure 2.12).



**Figure 2.11 Men and women above working age based on self-assessment of their health and presence of chronic illnesses and restrictions due to health problems**

Source: Household Living Conditions Survey in Ukraine



**Figure 2.12 Breakdown of women and men aged 60 and older according to self-assessment of their health status, %**

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

The data of the latest survey also enable us to compare self-assessments by age groups within the contingent of older persons and show deterioration of health with age. For example, among 60-64-year-old women, in general 26% assess their health as *rather bad* or *very bad*; among 65-69 year-olds – about 34%, 70-74 years old respondents choose these options in more than 43% of cases, and among those aged 75 and older – nearly 58% complain of *bad* and *very bad* health.

Figure 2.11b shows that in HLCS, older women report the existence of chronic diseases more often than men, and the frequency of reporting restrictions due to health problems in daily life by gender is virtually identical.



A more detailed comparison of recent self-assessments of health by persons above working age (taking into account the composition of the household where they live) show that older people who live alone, in general, are more critical about their health than those who live in households of two or more older persons. Thus, persons living alone often complain of bad health, while the proportion of those who assess their health as *good*, and especially those who consider it *satisfactory* among these older persons is much less.

**Older persons living alone report poorer health than those sharing a household with other older people**

The comparison of the current distribution of older people (both women and men) by self-assessment of health with the relevant five year old data points to its improvement. However, these changes in distribution of older people by self-assessment of health (which in itself is too subjective and dependent on psychological factors and conditions that are quick-changing), in our view, cannot serve as the basis for a definite conclusion about a certain improvement of health, especially as it is combined with an increase in the proportion of older persons who report the existence of chronic diseases. It is also significant that among women and men above working age living in urban areas, the share of those who report the existence of chronic diseases or health problems is somewhat higher than among those who live in rural areas. It may reflect certain differences in the state of health between these two groups and also different accessibility of healthcare and, in particular, different quality of disease diagnostics in cities and villages, as well as the specific features of self-preserving behaviour of older people in rural and urban areas.

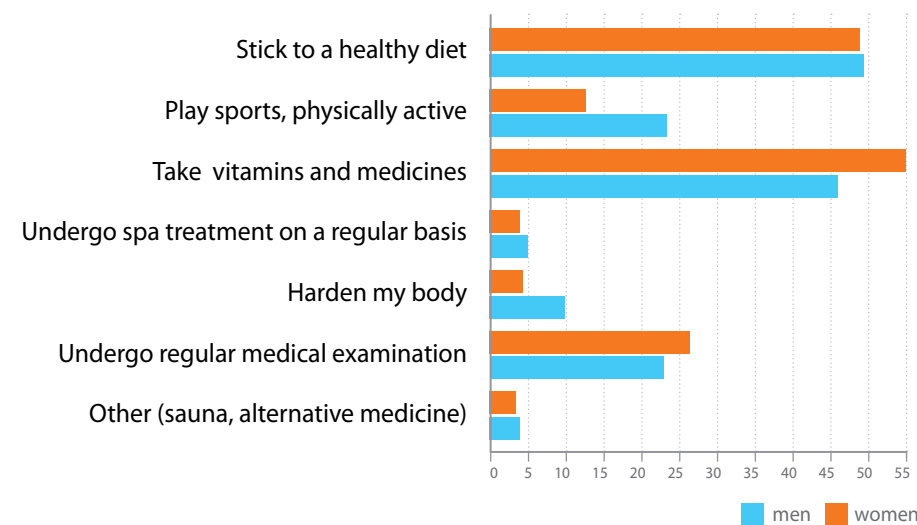
**Health-seeking behavior is key to maintaining good health in older age**

One of the most important conditions for maintaining good health at older age is providing equal access for older persons to health services, including disease prevention throughout life and fostering health-seeking behaviour. The earlier a person starts to take good care of his/her own health, the more valuable years are added to life. Many diseases which entail certain limitations in daily life and lead to disability and early death can be prevented or postponed to a later age. In general, further progress in increasing life expectancy and its healthy period both at the individual and population level is largely dependent on the lifestyle and self-preserving behaviour of people.

## Lifestyle Features

Of course, a healthy lifestyle throughout the whole life cycle promotes a longer life, maintaining good health in old age and reducing disability. That is why in the course of the survey of health and identifying reserves for prolongation of life it is very important to assess such factors as availability and quality of healthcare for older people and lifestyle features of older people in terms of their impact on health and life expectancy. For this purpose, our survey of older people in Ukraine included the identification of certain features of self-preserving behaviour: their own assessment of their lifestyle and behaviour, following the basic requirements of a healthy lifestyle and disease prevention, identification of risk factors for health and bad habits, and some other features.

Among the respondents of the survey, more than two thirds (66.9%) of women and nearly a half (49.4%) of men said they lead a healthy lifestyle and take care of their health. Another 14.1% of women and 35.9% of men believe that they are generally concerned about their health, but still have some bad habits, while the remainder (over 17% of women and 13% of men) recognize that their way of life cannot be considered healthy. However, as the analysis of older people's lifestyle shows, in order to take care of their health and prevent diseases, women more often take vitamins or medicines, regularly undergo medical examination, while men more often indicate such components of healthy life as physical activity and cold water/air treatment. As it can be seen in Figure 2.13, quite a large share of respondents (both women and men) pay special attention to healthy nutrition.

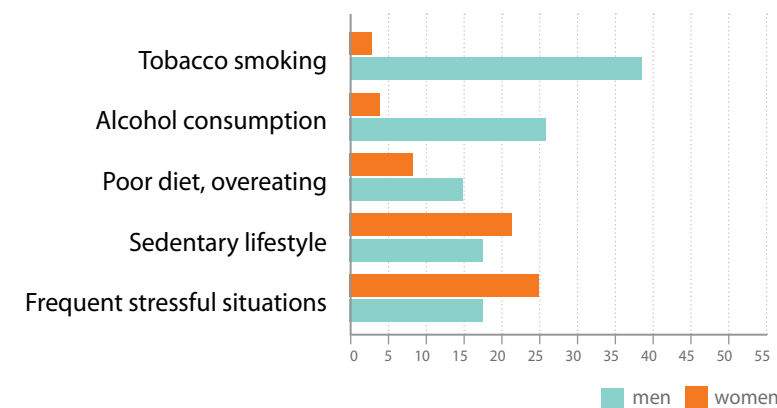


**Figure 2.13 Proportion of respondents (older women and men) who take care of their health and disease prevention, % (respondents could choose several answers, so the sum does not equal 100%)**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

## Health Risk Factors

While evaluating bad habits and other risks to their health, older women more often refer to stress and recognize that they lead a sedentary lifestyle (they also often mention overeating or poor nutrition). At the same time, men are relatively more likely to have unhealthy habits such as smoking and alcohol consumption (Figure 2.14).



**Figure 2.14 Proportion of respondents (older women and men) who have bad habits and are exposed to other risk factors, % (respondents could choose several answers, so the sum does not equal 100%)**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

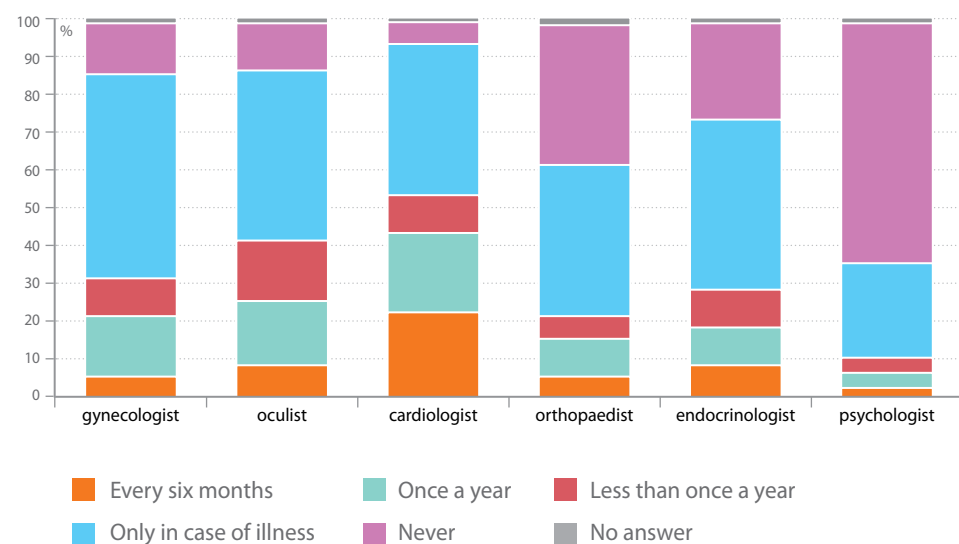
It is known that diseases which progress in the old age and significantly impair the quality of life of older people emerge at a much earlier age. It is therefore very important to visit a doctor regularly for preventive treatment as early as in middle age, and even more important in older age. Since early detection of a disease, prevention and healthcare are able to provide for a healthy lifestyle for older people.

At the same time, as the calculations based on HLCS (2012) data show, routine medical examinations are very rarely a reason for older people to see a doctor: only 6% of women (and about

8% of men) aged 60 years and older visited doctors for this purpose, and with age, the proportion of patients who applied for a routine examination decreases, while the proportion of those who have a disease or health problem which force them to consult a doctor is growing.

A kind of “litmus test” of responsible women’s attitude to her health, including cancer screening, is regularly visiting their “female doctor” – gynecologist. Unfortunately, as the latest survey “Older Women and Men: Quality of Life and Social Well-being” (2013) shows, only 4.6% of them visit a gynecologist every six months, 15.8% – once a year, 10.4% – less frequently than once a year and more than a half of respondents (54.1%) do so only in case of illness.

Interestingly, the most frequent answer to the question about visiting other doctors who specialize in treating the diseases that are most common for this age (“specialty doctors” – cardiologist, ophthalmologist, orthopedist, endocrinologist), provided by older women was “I visit a doctor only in case of sickness” (Figure 2.15.) The exception was visiting a psychologist, because almost 2/3 of women never visited a psychologist.



**Figure 2.15 Breakdown of older women by frequency of visits to physicians**

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

The above information on older women’s visits to specialty doctors mostly in the case of illness is also true for older men. Moreover, the proportion of male respondents who never visited specialty doctors was usually greater and the proportion of male respondents who visited them at least once a year was smaller than respective figures for older women. Incidentally, this is especially true for “young” older men (60-64-year-olds) and shows a rather careless attitude of Ukrainian men to their health – which is one of the factors leading to excessive male mortality (including mortality at the early retirement age).

Generally, the respondents’ answers to questions about the frequency and regularity of visits to doctors to a certain extent contradict the results obtained during the same survey regarding individuals (especially women) who reported that they “regularly undergo medical examination”. This makes one doubt whether regular medical check-ups are really a common practice even for those respondents who chose this very answer to the question of what exactly they do to avoid falling ill.

However, and this is confirmed by results of focus group interviews, irregular check-ups and fairly rare visits to doctors/hospitals are to a large extent explained by older persons’ belief (which is unfortunately all too often confirmed by practical experience) that medical care is financially unaffordable for them, rather than by a lack of awareness of how to prevent an illness and to stay fit or by their careless attitude to own health.

Mykola Yosypovych, 79 years (from Kiev): *It all comes down to money, today you have to pay a bribe to get treatment. All healthcare is like this.*

Tamara, 73 years old, has a disability (from Kiev): *They will be kind to anyone who can pay. First of all, you have to give money to the doctor and then to the nurse of course. They will receive and serve you very well and will make prescriptions and perhaps you won’t even have to stand in a queue. But those who don’t pay and come just like that... Therefore I prefer my own treatment.*

Yevhen Mykhailovych, 78 years old (from a village in the Lviv region): *The main problem is money... That’s why, people do not go to the hospital – you have to pay money, but you don’t see any result. Everybody is just surviving: they use burdock, or cabbage to treat themselves – whatever they can afford.*

Valentyna Tymofiyivna, 66 years (from the city of Chernigiv): *We try to go there less often. Because if you have spent your pension there is no point in going there. It starts with ultrasound investigation, x-ray and so on and so forth... You have to pay for everything, even for a blood test – you have to pay for everything... And the hospital... we call it a “green hospital”. Because if there are no green bucks in your pocket there is no point in going there.*

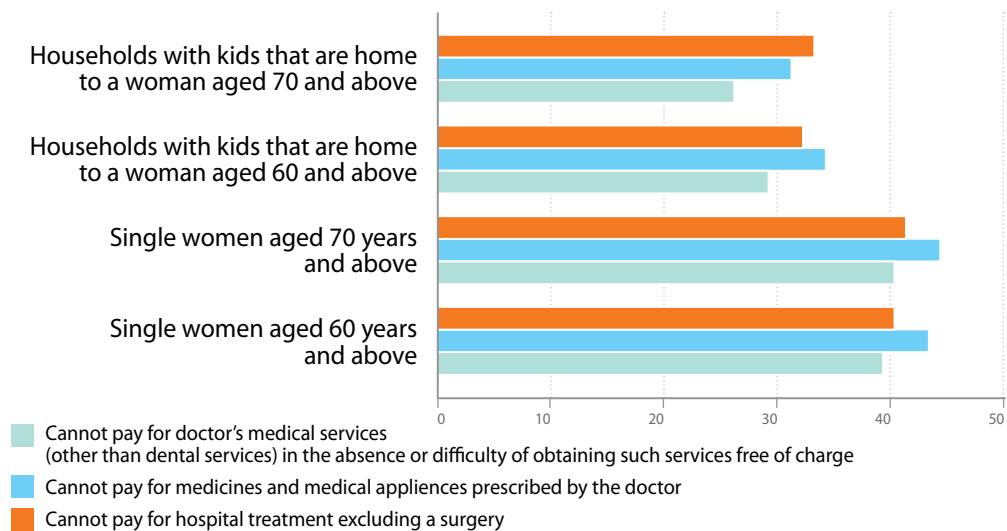
Olexandra Ivanivna, 71 years old (from the city of Chernigiv): *It is better not to go there. There’s nothing you can do there without money.*

## Accessibility and Quality of Healthcare

In general, access to quality healthcare for older people is a particularly important precondition for keeping fit. The situation with affordability of qualified healthcare for the population in Ukraine raises serious concerns. In 2011, at least one member of nearly all Ukrainian households needed healthcare services, and 22.6% of them were unable to get them. People say that the main reason for this is a very high cost of medicines, medical supplies, laboratory tests, and in-patient treatment (in more than 90% of cases). 10% of those who failed to satisfy their demand for medical services referred to the absence of the required specialty doctor. In general, the current state of healthcare in Ukraine is not conducive to the provision of quality healthcare in required volumes, especially to socially disadvantaged groups where older people belong.

**Financial Accessibility.** Older women in Ukraine find themselves at a serious disadvantage because of their inability to pay for medications and medical supplies (the situation mentioned by 42.8% of single women over the age of 60, 43.6% of single women aged 70 and older, and a third of those who live with their children). During the HLCS conducted in 2011, 40% of single older women and 32% of households consisting of several generations said that they cannot afford in-patient treatment at a hospital that does not require a surgery or a critically vital surgery (in cases where such services are not provided free of charge).

Almost 40% of single women, about one third of women living in households with their children complained that they cannot afford medical services (in cases where such services are not provided free of charge). It should be noted that healthcare deprivation is perhaps the most common deprivation of all (related to living conditions), which is imposed on older people with single older women being particularly seriously affected (Figure 2.16).



**Figure 2.16 Proportion of Ukrainian older women who suffer from healthcare deprivations in 2011, %**

Source: Household Living Conditions Survey in Ukraine

The financial inaccessibility of good quality health services (modern diagnostics, treatment, complex surgeries, and rehabilitation) is also confirmed by the respondents of the socio-demographic survey "Older Women and Men: Quality of Life and Social Well-being" conducted as a part of this research. Thus, three in five older women surveyed admitted that during 2012 they sometimes found themselves unable to buy necessary medicines and pay for healthcare services (such cases were reported by slightly more than a half of men). The survey showed that the proportion of older women for whom medical care and medicines are inaccessible for financial reasons increases with age of the respondents.

Where having turned for medical help over the past 12 months the respondents of the socio-demographic survey "Older Women and Men: Quality of Life and Social Well-being" could not receive it, they also most often referred to "lack of money" as a major cause (more than 47% of the relevant respondent group cited this reason). Another most commonly cited reason for a failure to obtain necessary medical care was "long lines" (cited by almost 27% of those older women who could not get medical assistance when they required it over the past year).

Similarly, lack of money to pay for drugs and healthcare and lack of needed medical supplies as well as long lines were among reasons most commonly cited by non-working pensioners when they assessed healthcare quality and accessibility during focus group discussions.

Eugene Mykhailovych, 78 years old (villager of Lviv region): *The problem is that people themselves buy drugs. If hospitals could hospitalize people – you come to the hospital, get hospitalized and then leave it. We do not have this any longer. You come to the hospital, they make out a prescription and hand it over to you. Then you are off to the nearest pharmacy.*

Mrs. Yaroslava, 77 years old (resident of Lviv region): *I have no money, I do not have enough money to pay for medical examination of what hurts me.*

Myron Petrovych, 67 years old (resident of Lviv region): *Drugs are very expensive ... the drugs they prescribe may cost 1,500 or 1,000 hryvnas. How on earth can people buy that?*

Yevdokiya Oleksiyivna, 71 years old (resident of the city of Chernigiv): *The State does not ensure that we can afford treatment.*

Lyubov Yakivna, 68 years old (Lviv region resident): *I know that there are many things which one simply cannot buy... and knee joints, yes knee joints – it is much too expensive for pensioners, the operation costs from 30,000 to 50,000 hryvnas.*

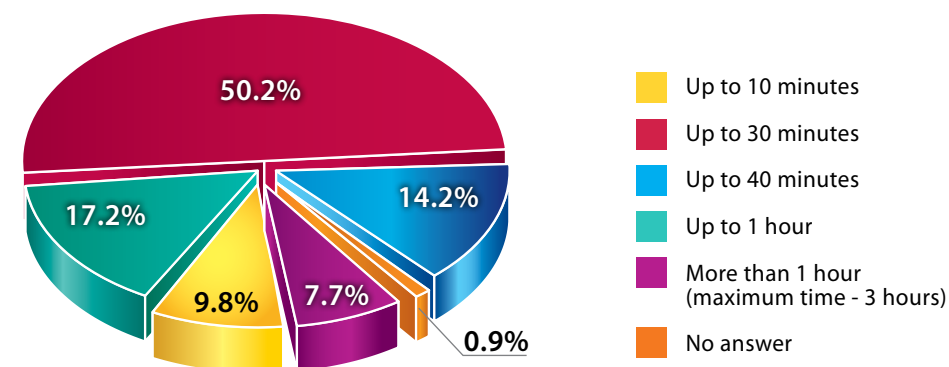
Iryna, 63 years old (Kyiv resident): *You have to stay in bed, and yet pay money for a dropper and all the injections. And then they send you to get alcohol and cotton swabs.*

Tamara, 73 years old, disabled person (Kyiv resident): *You have to pay for everything. A pensioner who does not have well-off children or relatives cannot afford it. Who can have eye surgery? Nobody. One eye is 3500 hryvnas.*

Anna, 69 years old (Kyiv resident): *... even if you have a relative, it is hardly likely that they will go there every month and stand in that line and you should know how terrible these lines are just to get that prescription.*

Kateryna, 73 years old (Kyiv resident): *If someone needs a surgery, they must pay a large sum. And if they can not afford it – should they die?*

**Territorial Accessibility.** As shown in Figure 2.17, the problem of territorial inaccessibility of medical care for older people in Ukraine, probably, is still less relevant than the problem of financial inaccessibility. In fact, almost 3/4 of women interviewed in the survey "Older Women and Men: Quality of Life and Social Well-being" reported that they could reach the nearest primary healthcare facility (PHC) in less than 40 minutes (for two thirds of these respondents the travel time does not exceed half an hour). However, only a relatively small proportion of the women interviewed (mostly city residents) reported having a primary care provider close to their apartment building (within the walking distance affordable for an elderly person).



**Figure 2.17 Breakdown of female respondents according to the time it takes them to arrive at the nearest primary healthcare provider, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013



It should also be noted that a more detailed analysis of the answers to the question of territorial accessibility of healthcare providers (including differentiation of indices by place of residence) showed that it is mainly rural women who get to the nearest medical facility in more than 40 minutes and sometimes even in more than one hour. Geographical inaccessibility of healthcare for rural residents (including a widespread poor provision of timely emergency care services to villages, in some cases, absence of a medical institution and pharmacies near the place of residence of older people etc.) is confirmed by the results of HLCS which show that most affected are older age groups (those over 75 years of age).

It is significant that in the opinion of older persons who participated in the focus group interview, the ongoing healthcare reform in Ukraine is associated with the reduction or even destruction of the healthcare infrastructure (especially in rural areas), and, as a consequence, with the possible aggravation of the problem of territorial accessibility of healthcare. Older people were also sceptical about the introduction of family doctors in this country.

Lyubov Yakivna, 68 years old (resident of a village in Lviv region): *Hospitals are being closed down, doctors are being sacked. They should expand it but instead they are making it worse.*

Mrs. Yaroslava, 77 years old (resident of a village in Lviv region): *I stayed in the local hospital. They wanted to close it down, but we all were there, we signed a petition asking them not to close down the hospital. And what next? I do not know how things will turn round.*

Mr. Myron, 63 years old (resident of a village in Lviv region): *Heard that the reduction is under way.*

Eugene Mykhailovych, 78 years old (resident of a village in Lviv region): *I am against family doctors, we do not need them.*

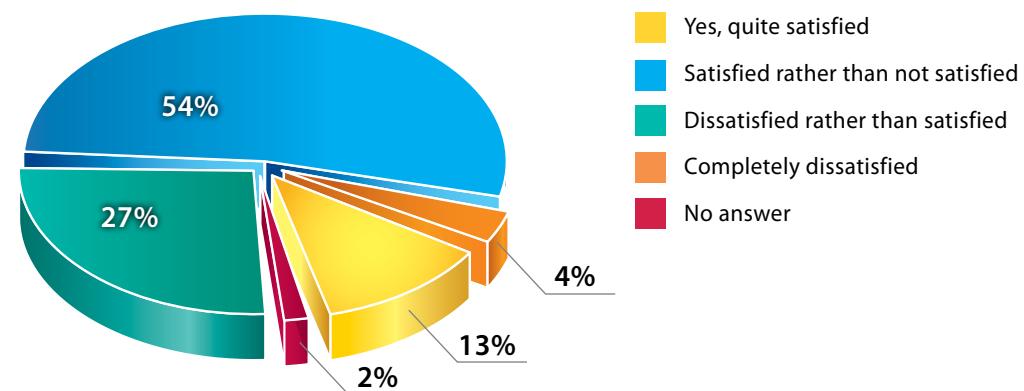
Mrs. Yaroslava, 77 years (resident of a village in Lviv region): *Wait, and the family doctor, will he help you with a skin disease or if it's a surgery? Will this all-round person be able to treat people? I cannot work as a gynecologist, I cannot be a midwife and help with childbirth. And she will do everything – she will be a family physician. If she is allowed to have all this medical practice, what will come of this?*

Tamara, 73 years old, has a disability (resident of Kyiv): *I talked with my friends who have the same disease as me. Dniprovskiy and Darnitskiy districts have already adopted this method of family medicine. And it's in full swing now. I talked to them – they are horrified.... Because he is all by himself, one family doctor. He treats the whole family, treats people living in the same building. He treats the entire street and he must know surgery, therapy, urology.*

Anatoliy Ivanovych, 74 years old (resident of Kyiv): *What is the great idea of family clinics?*

Katerina, 73 years old (resident of Kyiv): *I think it is useless.*

Arkadiy Yevhenovych, 71 years old (resident of the city of Chernigiv): *Especially in villages.*



**Figure 2.18 Breakdown of female respondents according to the degree of their satisfaction with the quality of healthcare provided by primary healthcare provider, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

**Assessment of Healthcare Quality.** Despite the objective existence of many problems in the national healthcare system and those healthcare drawbacks which were mentioned by older people in the discussion of issues of access and quality of healthcare, in general the respondents of the socio-demographic survey "Older Women and Men: Quality of Life and Social Well-being" were less critical when assessing the quality of care – when it came to that particular primary healthcare facility where they receive healthcare services. While only two out of every fifteen respondents *were completely satisfied* with the quality of healthcare received at their healthcare facility, more than a half of the respondents answered *satisfied rather than dissatisfied* to the question: "Are you satisfied with the quality of care in the primary care facility where you are served?" (Figure 2.18).

At the same time, a little more than a quarter of the respondents were *dissatisfied rather than satisfied* with the quality of healthcare at their primary healthcare facilities, and only one out of every twenty-seven polled older women were *completely dissatisfied* with medical care they receive.

Interestingly, the old men's assessment of their satisfaction with medical care in their primary care facilities differs from that of older women very little. The breakdown of assessments of healthcare quality in their primary care facilities by different age groups or by older people of different educational backgrounds or well-being has been largely the same, which, among other things, shows the "anything goes" attitude of older people to the quality of service and lack of real freedom of choice in this area.

## Summary

- Men's mortality rates are higher than those of women in respect of all significant causes of death in most age groups, except for the individuals older than 85.
- Gender differences in mortality are reduced as age progresses.
- The intensity of older people's mortality from the leading causes of death increases with age, and a particularly rapid growth is observed in case of mortality from cardiovascular diseases, respiratory diseases and "deaths from senility".
- In Ukraine, the most common and absolutely predominant cause of death of older people is circulatory diseases, which, according to official estimates, currently kill more than three fourths of women and slightly less than three fourths of men aged 60 years and above.
- There are bases to suggest that excessively high contribution of cardiovascular pathology to old age mortality is the result of unsatisfactory quality of medical examination and diagnostics of older persons and insufficient practice of establishing a post-mortem diagnosis by autopsy.

## LIVING STANDARDS OF OLDER WOMEN

### Income

Naturally, pension is the most significant income source for the elderly: it accounts for almost 74% of total income in households consisting only of persons aged above 60. The proportion of pensions in the total income is higher in urban areas as compared to rural areas: 76.9% against 67.2%. At the same time, rural households have a significantly higher income from private subsidiary farming. Thus, in 2011 products received from private subsidiary farming and self-procurement activities accounted for 12.6% in the income structure in rural areas and only 2.3% in cities, and income from sales of private subsidiary farming products accounted for 8.6% and 0.4%, respectively.

For urban households consisting of persons aged above 60, the second most significant source of income is the remuneration of labour: it accounts for 11.5%. For rural residents, the proportion of remuneration does not exceed 2%. It is mostly explained by the fact that there are almost no employment opportunities for pensioners, even for those who are eager to continue working after crossing the retirement age.

Other income sources do not show such significant variations between urban and rural households. Thus, income from business and self-employment is less than 1% both for cities and villages; benefits and subsidies in the income structure make up 2.6% for urban households and 1.3% for rural households, money transfers from relatives and other persons vary within the range of 3%<sup>11</sup>.

*In the absolute terms the difference between income amounts of different households which include older persons is quite significant*

The highest income of single men aged 60 and above is UAH 1,953.5 and it exceeds income of women of the same age by UAH 384.8. Income of single women aged 70 and above amounts to UAH 1,491.7 and is lower than men's income by UAH 371 (Table 3.1).

In households with double demo-economic burden (i.e. households with children and older persons), total equalized income is lower than income of single women and income of households consisting of persons aged 60 and above. This variation is rather significant: while single women aged 60 and above have an income of UAH 1,568.7, households with children have an income of UAH 1,438.8, i.e. lower by 8%. The variation of income earned by women aged 70 and above is slightly lower – UAH 71, or 5%. Thus we may argue that in terms of financial well-being, older women in composite households are more disadvantaged than women residing separately, and this is especially true for women in rural areas. Thus, the difference between income of rural women aged 60 and above residing separately and income of women from households with children is UAH 182, and for women aged 70 and above this figure is UAH 142.

In rural areas, population is mostly working in agriculture with salaries remaining at one of the lowest levels. Consequently, the pension allowance of rural residents is also considerably lower than the average pension. Data of the Pension Fund of Ukraine show that in 2011 the average pension paid to rural residents was almost by a quarter lower than urban pensions.

- The reduction of the frequency of deaths from cardiovascular diseases in younger age groups of older women and men remains the main reserve for life prolongation in older age in Ukraine.
- Reduction of mortality from malignant tumours of breast and female reproductive organs, as well as reduction of suicide cases, accidental poisonings, alcohol abuse effects and car accidents are reserves for life prolongation in older age also.
- Over the past decade an increase in morbidity was observed among older persons for the majority of disease classes.
- The most common diseases among older people referred by them to healthcare providers include circulatory diseases, digestive and respiratory diseases, as well as diseases of musculoskeletal system, eye and eye adnexa diseases.
- An increase in morbidity rates among older people reported based on the number of visits to healthcare providers should not be viewed as a clear negative trend, if mortality in older age in the corresponding disease classes is falling.
- The most common cause of disability among older people are diseases of the circulatory system, another weighty cause is tumours, followed by diseases of the musculoskeletal system and connective tissue.
- In recent years the contribution of cardiovascular pathology to primary disability of people above the working age has decreased, however the proportion of tumours, endocrine diseases, diseases of musculoskeletal and connective tissue has increased.
- During the survey, almost 45% of older women reported a chronic disease, but no disability; among the male respondents such chronic patients are more than 29%.
- One of the most important conditions for maintaining health in older age is the personal will and effort to strengthen own health.
- More than two thirds of women and nearly a half of men said they led a healthy lifestyle and took care of their health.
- In order to take care of their health and prevent diseases, women often take vitamins or medicines, regularly undergo medical examination, while men more often indicate such elements of a healthy life as physical activity, cold water/air treatment.
- While evaluating risks to their health, older women more often refer to stress and recognize that they lead a sedentary lifestyle, while men are relatively more likely to have unhealthy habits such as smoking and alcohol consumption.
- As the survey showed, in Ukraine, the practice of visiting healthcare providers with the aim of disease prevention and early identification is insufficiently widespread among older persons. Older persons visit specialist doctors occasionally, only in case of illness.
- Older persons who participated in the survey and in the focus groups interviews often find themselves at a serious disadvantage because of their inability to pay for medications and medical supplies and often complain that they cannot afford in-patient treatment at a hospital or a critically vital surgery etc.
- The healthcare deprivation is perhaps the most common of all deprivations imposed on older people, with single older women being particularly seriously affected.
- The lack of money to pay for medicines and healthcare services and lack of needed medical supplies at healthcare facilities (the need to buy them), as well as long lines in medical care institutions, were among reasons most commonly cited by non-working pensioners when they assessed healthcare quality and accessibility in Ukraine.



**Table 3.1 Total equalized income by household types and by location type, 2011, UAH**

Household type	Location type		mean value	
	urban	rural		
household of persons aged 60 and above	1,919.85	1,723.57	1,853.25	1,124.4
household of persons aged 70 and above	1,780.65	1,656.98	1,735.21	1,267.4
household of single women aged 60 and above	1,592.92	1,531.98	1,568.70	135.2
household of single men aged 60 and above	2,211.94	1,635.57	1,953.51	730.0
household of single women aged 70 and above	1,498.40	1,483.37	1,491.66	269.1
household of single men aged 70 and above	2,148.45	1,557.87	1,862.74	1,000.5
household with children which includes at least one woman aged 60 and above	1,505.25	1,349.94	1,438.80	3,954.6
household with children which includes at least one woman aged 70 and above	1,493.10	1,341.66	1,420.55	2,138.1
<b>Ukraine</b>	<b>1,848.86</b>	<b>1,553.50</b>	<b>1,753.70</b>	<b>9,968.5</b>

Source: author's calculations based on data of the Household Living Conditions Survey held by the State Statistics Service of Ukraine since 1999

## Consumption

**Structure of Consumption.** Living standards of the population depend on income levels which, in their turn, determine the consumption capabilities and have a decisive influence on choice of food products, in particular, their quantity and quality. The UN classifies persons or households as poor if they allocate half or more of their consumption expenditure for food products. Despite a gradual decrease in the percentage of expenditure for food products over the last decade (65.2% in 1999), data for year 2011 evidence that Ukrainian households spent for food products 53.2% of their budget on average<sup>12</sup>. Accordingly, only 20.1% and 13.3% is left for non-food products and services (including expenditures for clothing and footwear, housing-related expenditures which are also of vital importance) (Table 3.3).

**Table 3.3 Dynamics of the structure of total household expenditures, Ukraine, 1999-2011; %**

	Food expenditures	Non-food expenditures	Service expenditures	Other expenditures	Total
1999	65.2	12.4	16.2	6.2	100
2001	62.6	11.6	14.7	11.1	100
2003	59.8	19.3	10.8	10.0	100
2005	58.1	19.5	10.3	12.0	100
2007	53.2	21.5	12.5	12.8	100
2009	51.8	19.5	13.1	15.6	100
2011	53.2	20.1	13.3	13.4	100

Source: author's calculations based on data of the Household Living Conditions Survey held by the State Statistics Service of Ukraine since 1999

**Socio-demographic and economic characteristics of household members have a crucial impact on the shaping of consumption powers**

During the period from 1999 to 2011 inclusive, the percentage of food expenditures surpassed other expenditure items for all household types without exception. However, its highest values were always recorded for pensioners' households. So, as evidenced by data for year 2011, food products expenditures of pensioners' households amounted to 57.6% of their total expenditures, while in households without children the percentage of such expenditures exceeded the general national level only by 0.4% on average.

**Quantitative and Qualitative Characteristics of Food Consumption.** Among all Ukrainian households with elderly members, households of older women are most disadvantaged: according to data for year 2011, they allocated 62.6% of total expenditures to assure appropriate nutrition. The other elements of their expenditures – for purchase of non-food products and payment of services – were distributed as 17.7% and 10.4%, accordingly. At the same time, contrary to a popular perception about malnutrition of older persons, pensioners' households demonstrate the highest average daily food consumption indices: in ten basic product groups, malnutrition is recorded only in respect of fruits: about 30-40% of the consumption norm<sup>13</sup> depending on the household type. Even rather expensive products such as meat and fish are consumed in quantities exceeding the norm (Table 3.4).

**Table 3.4 Consumption of basic food products by households with elderly members, Ukraine, 2011; kg, per capita per month**

Product	single women aged 60 and above	single men aged 60 and above	only persons aged 60 and above	with children and with at least one woman aged 60	country-wide on average	normative consumption, kg/per capita, per month
bread and bread products	16.7	16.2	11.6	7.8	9.3	8.42
potato and potato products	11.9	12.7	9.4	7.5	7.8	10.33
vegetables and gourds	16.8	15.2	12.8	7.8	9.9	13.42
fruits, berries, nuts, grapes	5.1	3.7	4.2	2.9	3.7	7.50
sugar, honey	4.9	4.7	3.9	2.7	3.1	3.17
meat, meat products (including by-products and fat)	7.2	7.9	6.5	4.0	5.2	6.92
milk and milk products	32.5	31.4	24.7	15.6	19.2	31.67
eggs and egg products	23.8	24.6	23.1	17.5	20.6	24.17
fish and fish products	2.7	2.9	2.4	1.3	1.7	1.67
vegetable oil, margarine and other fats	3.4	3.2	2.3	1.5	1.8	1.08

Source: author's calculations based on data of the Household Living Conditions Survey held by the State Statistics Service of Ukraine since 1999

It should be mentioned that high caloric value of daily diet is typical for Ukraine in general because of traditional gastronomic preferences: as evidenced by data for year 2011, 93g of proteins, 153g of fats and 414g of carbohydrates provided Ukrainians with 3290 kcal daily (with an established daily norm of 2800 kcal). Even higher nutritional figures are recorded for the diet of older persons: 4020 kcal daily and this may have an adverse impact on the health of persons of this category if their lifestyles are characterized by average physical activity, as far as despite high caloric value, they are characterized by the nationwide trend of sticking to an imbalanced diet (Table 3.5).

**Table 3.5 Caloric value and nutrient content of food products consumed, by household type, Ukraine, 2011**

Household type	Actual consumption				Normative consumption		
	Proteins, g	Fats, g	Carbohydrates, g	Caloric value (kcal)	Proteins, g	Fats, g	Carbohydrates, g
household of single women aged 60 and above	134	232	634	4,959	201.4	134.8	775.4
household of single men aged 60 and above	132	240	612	4,927	200.1	133.8	770.3
<b>Ukraine</b>	<b>93</b>	<b>153</b>	<b>414</b>	<b>3,290</b>	<b>134.6</b>	<b>84.7</b>	<b>508.4</b>

Source: author's calculations based on data of the Household Living Conditions Survey held by the State Statistics Service of Ukraine since 1999

Along with a rather high caloric value of the diet of the Ukrainian population, since 1999 there are households unable to provide themselves with sufficiently nutritional food; their daily diet is even below 2100 kcal<sup>14</sup> (according to data for year 2011, the percentage of such households was 16%). The lowest percentage of households unable to provide themselves with sufficient nutrition was recorded among families consisting of older persons: in 2011, one in every twenty five pensioners' households had a daily diet not exceeding 2100 kcal per one person.

**Food products consumption by older Ukrainians stands out positively in comparison with other households**

Today, quantitative characteristics of their diet are typically even higher than the normative consumption limits established for products of basic groups. However, the general picture is rather "spoilt" by lack of diversity in the daily diet and by the preference given to products, the quality of which is not always appropriate (for example, meat is substituted by meat products). Furthermore, along with very high caloric value, such a diet is imbalanced having a significant excess of fats above the norm and lack of proteins and carbohydrates.

**Consumption of Non-Food Products and Services.** Further reduction in food product expenditures recorded in 2011 as compared to 1999 resulted in allocation of spare money for satisfaction of other needs, in particular, those relating to non-food and other goods and services. Thus, in 2011 expenditures of older persons' households for non-food products accounted for 17.1% of total expenditures (or UAH 264.8 per capita per month) (Table 3.6).

**Table 3.6 Percentage of expenditures for non-food products and services and other expenditures by household type, 2011, %**

Household type	Non-food products	Services	Other expenditures
Households with children	20.96	13.67	12.70
Households without children	19.41	12.95	14.09
<b>including:</b>			
household of persons aged 60 and above	17.1	10.5	14.8
household of single women aged 60 and above	17.7	10.4	9.4
household of single men aged 60 and above	16.4	10.3	17.7
household with children and with at least one woman aged 60 and above	20.6	12.3	10.8
<b>Ukraine</b>	<b>20.1</b>	<b>13.3</b>	<b>13.4</b>

Source: author's calculations based on data of the Household Living Conditions Survey held by the State Statistics Service of Ukraine since 1999

During the mentioned period, there was also a growth in the percentage of "Other expenditures" which includes personal care, expenditures related to receiving social benefits, insurance, financial services etc. Thus, while in 1999 this expenditure item accounted for 5.7% of older persons' total aggregate expenditures, in 2011 it grew to 13.3%. This may evidence both a growth in household consuming power and a significant rise in prices on certain categories of goods and a fee taken for some services for which no money was taken before that time.

**Over the last twelve years reduction in service expenditures was observed in all households**

This trend may result from fixed utility rates and a lowered threshold for participation in social programs of subsidized housing, with simultaneous abandonment of a range of services less indispensable for every-day life (for example, services of hairdressing salons and other similar personal care services). Thus, in 2011 expenditures of childless households under this expenditure item amounted to 16.4%, of which pensioners' households accounted for 10.5% and households of women aged 60 and above – for 10.4%.

Considering that major items of household expenditure are allocated for nutrition and payment of utility bills, in 2011 households were able to spend a rather insignificant percentage – 38.2% (or UAH 508.91 per capita per month on the average) for healthcare, education, leisure and entertainment, savings, insurance etc. For pensioners' households (irrespective of sex or age characteristics of members), this percentage is even lower by 10% (Table 3.7).

**Table 3.7 Structure of expenditures for non-food products and services, by household type, Ukraine, 2011, %**

Household type	expenditures for non-food goods and services, including:	clothing and footwear	housing and utility products and services	everyday-life arrangements and maintenance of dwelling in appropriate condition, including domestic appliances	medical products and services	public and personal transport	leisure and entertainment	other expenditures for services and non-food goods
household of persons aged 60 and above	27.7	2.8	9.3	3.8	6.0	1.8	0.7	3.3
household of single women aged 60 and above	28.1	2.2	12.5	3.6	5.1	0.6	0.5	3.5
household of single men aged 60 and above	26.7	2.5	9.8	3.9	4.4	2.1	0.5	3.5
household with children which includes at least one woman aged 70 and above	32.9	6.3	7.5	3.9	3.4	3.6	1.0	5.7
<b>Ukraine</b>	<b>33.4</b>	<b>5.8</b>	<b>8.5</b>	<b>4.4</b>	<b>3.0</b>	<b>3.8</b>	<b>1.1</b>	<b>5.5</b>

Source: author's calculations based on data of the Household Living Conditions Survey held by the State Statistics Service of Ukraine since 1999

Age as a demographic factor has a very significant impact on the role of components of the expenditure structure. Accordingly, a certain age category is characterized by prevalence of one or another expenditure item. For example, households with children spend more money to pay for education-related goods and services and to buy clothing and footwear for children; households of working-age members – for leisure and entertainment, tourism, everyday life arrangements and maintenance of their dwellings in the appropriate condition, while for older persons' households (irrespective of sex), expenditures for healthcare products and services have the highest priority first and foremost because of age-related changes.

Undoubtedly, with age a person's health deteriorates and he or she needs a certain social and medical care; the highest percentage of expenditures for maintaining appropriate health is recorded for pension-age persons – 5.3% or UAH 82.3, respectively, this being the highest expensed monetary amount among other Ukrainian households (even the average monthly expenditures figure for the country is half as large). As shown in Table 3.7, older women living alone spend some more money on medical products and services than older men living alone, which could be explained by more attention paid to own health by women. However, irrespective of sex, with age there is a trend towards increasing the proportion of healthcare expenditures in the structure of total aggregate expenditures.

**We should note slow positive changes in consumption of the Ukrainians**

A certain structural imbalance in food consumption observed in an average Ukrainian household is hardly seen in the households of pensioners. However, due to low consumption power, their quantitative indices are mostly achieved by consumption of low-quality and cheap products.

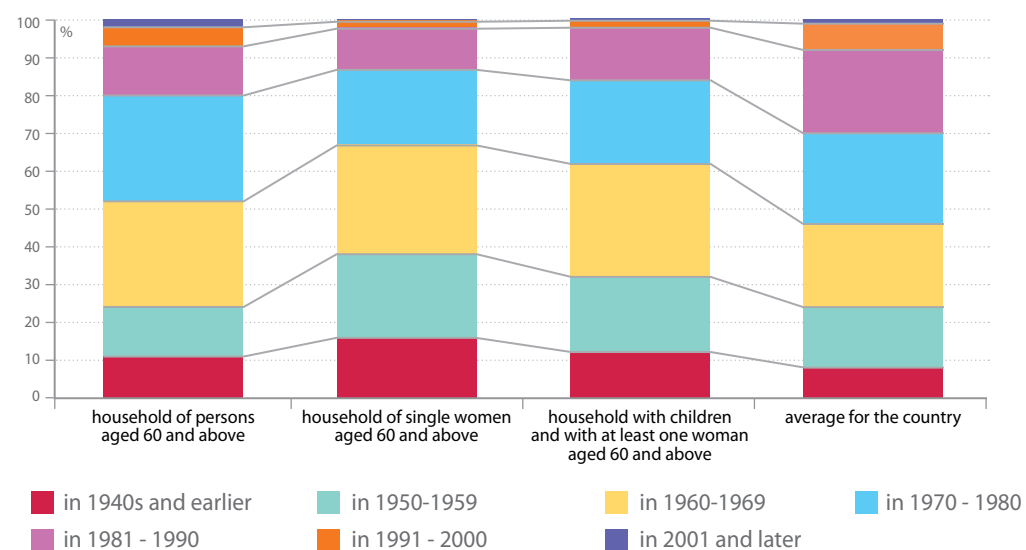
Besides, a low level of consumption is evidenced by the percentage in the total expenditure structure which a household can allocate for own needs after payment of the so-called "mandatory expenditure items" (i.e. nutrition and payment of housing and utility bills). At the same time,

the majority of the population has little and insufficient opportunity of spending under such expenditure items having no less importance as purchase of non-food products (in particular, clothing, footwear, personal care products, domestic equipment) and services (healthcare, education, leisure and entertainment etc.). Thus, households consisting exclusively of older persons or having at least one elderly member face an aggravating problem of insufficient material resources needed to obtain necessary medical care and to purchase medicines.

## Property

**Title to Housing.** Housing may be considered one of the most crucial components in the structure of existing material assets of families. Nearly all households consisting of older persons reside in the dwellings owned by them (98.7% of total number of pensioners' households); 43.7% own a separate apartment and 53.3% – an individual house. 2.8% of households reside in a part of an individual house and a very insignificant part (0.3%) – in shared apartments and hostels. The same living arrangements are typical for households of older women aged 60 and above: 41.4% of women live in a separate apartment, 54.8% – in an individual house and 3.3% – in a part of an individual house. Only 0.6% of single women live in shared apartments and hostels. The greater majority of households with children which also have older women as members own an individual house (almost 60% of households), 37.6% own a separate apartment and 2.6% – a part of an individual house.

Despite high rates of ownership of separate housing, the elderly need improvement of their housing conditions, since in the majority of cases the technical condition of dwellings they live in is unsatisfactory. Thus, one in every ten pensioners' households lives in accommodations built as long ago as in the 1940s or even earlier, and one in every six single women's households have the same housing conditions (15.9% of total number). Housing built before the 1970s accounts for 56.8% of households consisting of persons aged 60 and above and for 68% of older women's households. Only 2.2% of housing of older persons aged above 60 was built since 1991, and all of it – before year 2000, and 2.5% of accommodations of single older women aged above 60, including 0.1% – in 2001 and later (Figure 3.2).



**Figure 3.2 Breakdown of separate household types in Ukraine by the time of construction of their accommodations, 2011**

Source: author's calculations based on data of the Household Living Conditions Survey held by the State Statistics Service of Ukraine since 1999.

Naturally, if high-quality materials are used and provided that overhauls and current repairs are made in due time, housing may be used for several decades or even a hundred years, but in Ukraine this is apparently not the case with older persons' housing. Thus, almost a half of pensioners' households (48.7%) had no overhaul at all, another 7.6% of dwellings had no overhaul for about a quarter of a century, and after 2000 only 23.6% of apartments and houses were repaired. Dwellings of older women aged 60 and above are even in a worse condition: 49.8% of dwellings had no overhaul, 14.1% of apartments and houses were last repaired before the 1990s and 17.6% in 2001 and after that year. A much better situation exists for households with children and with older women: although the proportion of dwellings without repairs is also high (46.4%), one in every three accommodations had an overhaul in 2001 and later. Another 14.4% of dwellings were repaired in the 1990s.

**Land Ownership.** One of the most essential elements characterizing the Ukrainian population's well-being is land ownership by households. During the crisis period, earnings from subsistence farming allowed to keep living standards at a certain unchanged level and avoid the expansion of utter poverty. In Ukraine, the majority of the population owns land. In rural areas, almost all households have their own land irrespective of their socio-demographic characteristics (land ownership rate is 98-99%), in urban areas this rate is almost a half of the total population (55%). Among urban households, the highest rate of land ownership is recorded for single men aged above 70 (55%), this figure by 15 percentage points exceeding a respective rate recorded for single women of the same age. The gender gap between the figures recorded for households of single persons aged above 60 is 10 percentage points. This can most probably be explained by the fact that the title to subsistence-farming land plots allocated to urban families was on most occasions registered in the name of men and so, today more men than women hold such titles.

It is clear that there is a significant variation in the number and size of land plots owned by urban and rural residents. Thus, while in the majority of cases urban households, irrespective of their type, own one land plot (54% of total households owning land), two land plots are owned by less than a quarter of total households (23.6%), three – by 13.8%, four and more land plots – by 8.2%. In rural areas, one land plot is owned by 28.6% of households, one in every three households has two land plots and almost a quarter of all households own three land plots and 14% – four and more land plots.

High rates of land ownership by the population result from allocation of land shares from the lands of former agricultural enterprises. However, in this respect it should be mentioned that availability of large land plots does not mean that respective households, especially those consisting of the elderly, earn much from these lands. Today it is not infrequent that only a small-sized garden or subsistence land plot is actually cultivated and brings some income and other land plots are either rented to someone else for a very modest fee (or without any fee at all) or are not used.

**Availability of Durable Goods.** Durable goods include large and small domestic equipment and appliances, audio and video equipment, vehicles, office equipment etc. Along with creating comfortable conditions and assisting in keeping the house, such goods serve as an indication of the level of a family's material well-being. As evidenced by sample survey data, overall, households are well-provided with durable goods and this rate is rather high throughout the country. Thus, the percentage of households with a refrigerator and a TV-set reaches almost 100%. Washing machines are used by more than 80% of households and vacuum cleaners – by three fourths of households. At the same time, there is an insufficient rate of provision with goods which have recently come into general use. Thus, only one in every four households has a computer, one in every nine households has a satellite antenna, one third of total households have a microwave oven, 12.7% of households have an audio system and 5.1% of households have a video camera.

Older persons' households show lower rates of provision with domestic goods. Accordingly, while 97% of households on average have a refrigerator, this rate drops to 93% for single men. Less than a half of single women and single men have vacuum cleaners, cell phones and a computer can be seen only in 2% of pensioners' households. Availability of private cars deserves a separate mention: according to data of year 2010, only 14% of older persons' households, 7.6% of single men and 0.4% of single women have a car (Table 3.8).



**Table 3.8 Availability of certain durable goods at households, 2010, %**

Description of goods	Household type				Average for Ukraine
	all aged above 60	single women aged above 60	single men aged above 60	households with children and with at least one woman aged above 60	
Refrigerator	98.7	96.1	93.0	98.7	97.0
Washing machine	85.3	69.2	57.8	93.3	84.2
Vacuum cleaner	68.7	47.6	43.1	84.3	74.5
Colour TV	96.4	91.8	92.2	97.6	95.0
Computer	2.4	1.5	1.9	34.1	25.2
Cell phone	65.5	43.1	42.9	95.3	84.2
Car	14.1	0.4	7.6	30.5	20.6

Source: Household Living Conditions Survey, October 2010

A low rate of provision with durable goods recorded for households of older persons, especially single, can be explained, first of all, by an insufficient level of income which is enough only to pay housing and utility bills and to purchase the most essential items – food products, medicines, clothing, footwear, personal care products etc.

In the majority of cases, the term of durable consumer goods use by households exceeds 10 years. This is true both for expensive goods such as motor vehicles (almost a half of households) and for goods used frequently or every day, such as refrigerator, washing machine, vacuum cleaner etc. This situation may be interpreted both in positive and in negative terms. Long-term use of durable goods by a household may in certain cases be an evidence of high quality of such goods (i.e. household members are satisfied with their technical condition and continue using such goods) and, on the other part, due to lacking financial resources, household members have to use outdated durable goods or the purchase of these goods is not of high priority.

**Housing Conditions.** As already mentioned, the overwhelming majority of older persons live in own dwellings, with qualitative characteristics of their accommodations being higher than the average country level both in rural and in urban areas. In general, households of older persons aged above 60 have 1.27 room per one person in urban areas and 1.43 in rural areas. Accordingly, rural residents have higher dwelling area rates per one person as compared with urban residents: respective rates differ by 3.84 m<sup>2</sup> (18.86 m<sup>2</sup> in urban areas against 22.7 m<sup>2</sup> in rural areas) (Table 3.9).

**Table 3.9 Separate characteristics of household housing conditions, by settlement type, 2011**

Household type	urban areas		rural areas	
	rooms per person	residential area per person, m <sup>2</sup>	rooms per person	residential area per person, m <sup>2</sup>
Household of persons aged 60 and above	1.27	18.86	1.43	22.70
Household of single women aged 60 and above	2.17	32.55	2.49	39.93
Household of single men aged 60 and above	2.20	33.33	2.54	39.50
Household with children and with at least one woman aged 60 and above	0.71	10.73	0.65	10.36

Source: author's calculations based on data of the Household Living Conditions Survey held by the State Statistics Service of Ukraine since 1999

No significant gender variation is observed by qualitative characteristics of housing: the rate of rooms per person in urban areas is 2.17 for households of single women aged above 60 and 2.20 for single men of the same age. Residential area rates of women are only by 0.78 m<sup>2</sup> lower than rates for men. At the same time, housing conditions of women residing in households with children are significantly worse both in urban and in rural areas: very often they do not have a separate room and the residential area is three times lower than the area available to single women's households.

Low qualitative characteristics of housing stand out as a separate concern not only for the elderly but on a country-wide scale as well. Currently, 69.7% of urban residents' accommodations lack basic conveniences – hot water supply, bath or shower, home phone. In rural areas, 77.2% of the population lives in houses without elementary conveniences (centralized gas supply, water supply, sewerage). If the most essential and elementary housing comforts are lacking, this may be classified as deprivation of normal housing conditions and, accordingly, housing conditions which are unsatisfactory in general.

### Qualitative rates of dwellings of single persons' households are significantly lower in comparison with other households

Only 35.1% of dwellings of rural households with children which include at least one older woman have centralized gas supply, water supply and sewerage, with the average country-wide rate being 22.8% (Table 3.10).

**Table 3.10 Basic housing conveniences of separate household types, by locality type, 2011, %**

Household type	Availability of basic conveniences	
	urban areas	rural areas
Household of persons aged 60 and above	35.1	20.0
Household of single women aged 60 and above	29.0	11.9
Household of single men aged 60 and above	25.4	12.3
Household with children and with at least one woman aged 60 and above	40.5	35.1
Average for Ukraine	30.3	22.8

Source: author's calculations based on data of the Household Living Conditions Survey held by the State Statistics Service of Ukraine since 1999

In urban areas, the lowest quality characteristics are recorded for single men's dwellings: only a quarter of them have hot water supply, bath or shower and home phone; the highest quality characteristics are recorded for households with children which include older women. The basic conveniences availability rate for single women is 29.1%.

## Monetary and Deprivation Poverty

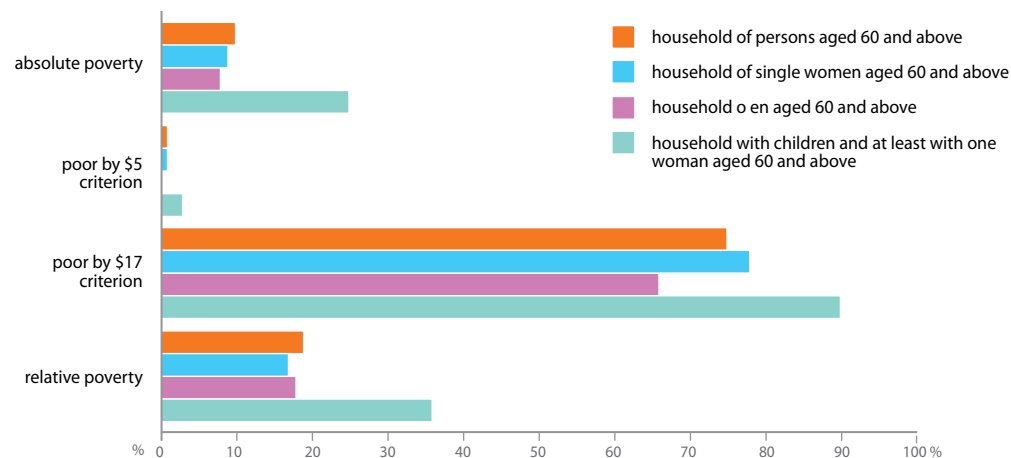
Older persons are considered to be in a vulnerable category facing the risk of poverty. Although on the overall Ukrainian scale the picture is rather favourable (the relative poverty rate of pensioners' households is consistently lower by 5-7 p.p. than the average and, besides, absolute poverty is prevented by measures keeping the minimal pension amount at the minimum subsistence level), the fact that in the majority of cases income sources are restricted to pension allowance from the non-contributory pension system, as well as age-specific needs (for medical care and other skilled care) result in a significant increase of the poverty risk for the elderly.

It is generally acknowledged that poverty should be viewed at as a family phenomenon: if a household, along with an older person, also includes members of other age groups, especially children, the risk of being classified as poor raises for all household members. Composite



multigenerational households traditionally retain high poverty risks: higher poverty rates are recorded only for families with many children. Such households usually comprise two and more families involuntarily residing together due to a lack of material resources allowing breaking off their economic ties. They are actually and potentially poor.

**Poverty by Different Criteria.** While 18.5% of households with persons aged above 60, 16.8% of single women aged above 60 and 18.3% of men of the same age are classified as poor by the relative criterion (75% of median level of total equalized income), the relative poverty rate of households with children including at least one woman aged above 60 reaches 36% (Figure 3.3).

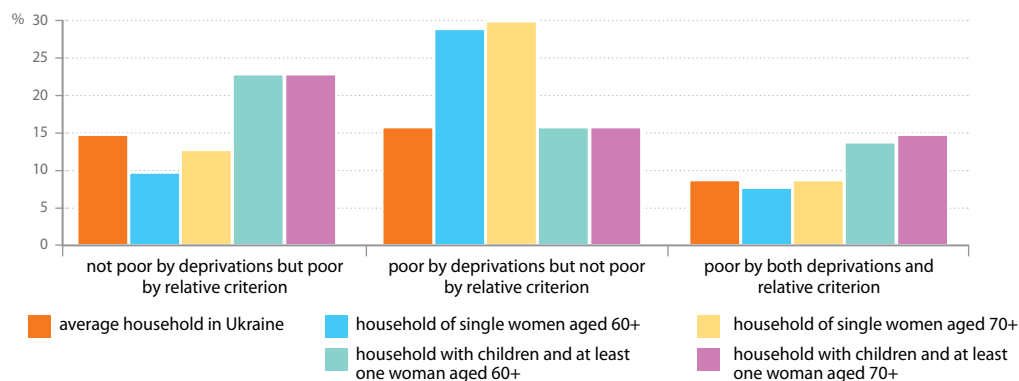


**Figure 3.3** Poverty rates by different criteria of measurement, by household type, 2011, %

Source: author's calculations based on data of the Household Living Conditions Survey held by the State Statistics Service of Ukraine since 1999

By the absolute criterion (total equalized expenditures below the minimum subsistence level), one in every ten pensioners' households, 8% of households of single persons aged above 60 and a quarter of households with double demo-economic burden are classified as poor. By the international criterion of \$5 (purchasing power parity calculated by the World Bank) under which the Ukrainian situation is rather favourable (with the poverty rate being 1.7% on average), 3.3% of households with children and older women are poor. And if the criterion of \$17 is used, more than 90% of composite households are poor, while the average figure for the country is 73.2%.

Very interesting results can be obtained from juxtaposition of populations classified as poor by the relative criterion and by deprivations. While in 2011 on average 12.5% of households consisting of persons aged 60 and above were classified as poor by the relative criterion but were not considered as poor by deprivations, 10.4% of single women aged above 60 and 22.9% of women living in composite households with children were classified as poor. One in every three multigenerational households which include at least one woman aged above 60 is poor by the two criteria (relative and deprivation) at the same time (Figure 3.4).



**Figure 3.4** Poverty rates by the relative criterion and by deprivations, 2011, %

Source: author's calculations based on data of the Household Living Conditions Survey held by the State Statistics Service of Ukraine since 1999

### Methodological approaches to measuring poverty by deprivations

*The threshold of poverty by deprivations is measured based on certain indications of poor living conditions concentrated at a household, unavailability of certain essential things at this household, inability to use certain necessary services, lack of opportunity to carry out certain activity.*

*The deprivation-based approach used to measure poverty proceeds from the assumption that there is a certain level of societal lifestyles typical for the middle class which almost all members of society wish to achieve and which may be characterized by a certain combination of goods, services and amenities. Here the initial task is to make a list of generally accepted indications of lifestyles, the lack of which is interpreted by population as a deprivation. According to Dix's axioms, these indications should be exposed to consensus and frequency control. The consensus control means that a certain indication will be deemed a deprivation only if the greater majority of surveyed respondents agree to that. For example, if the majority of respondents believe that they need a washing machine for a normal life and a household does not have it, this may be deemed an indication of poverty. The frequency control identifies items of well-being which are widespread among the majority of population and which, accordingly, may be taken as an indication of the dominating lifestyles. So, if only a quarter of a country's population has a car and a certain household does not have it, this will not be deemed a deprivation, even if the majority of surveyed respondents mention a car as an essential element of normal life.*

The rate of poverty by deprivations demonstrates opposite trends: the rates of single women's households are almost twice as high as the relevant rates of multigenerational households. This is primarily explained by the fact that households with children are better provided with durable goods, first of all, with such goods as a TV-set and a refrigerator (as mentioned above), by higher qualitative characteristics of their dwellings etc.

**Deprivations of Normal Life Conditions.** Among all household types, single women's households demonstrate the lowest proportion of those without any indication of normal life deprivations: 27.2% of women aged 60 and above, 24.8% in the age category 70 and above. For comparison: by this indicator, 37.7% of households of single men aged 60 and above and 31.3% – aged 70 and above are classified as "not poor entirely". As a rule, the situation where two and more older persons live together is a factor protecting them from the risks of deprivation poverty.

If older women live in households with children, this is another factor reducing poverty risks for women: one third of multigenerational households with children and women aged above 60 (33.5%) are not poor entirely. 30% of households with children and with women aged above 70 are not poor entirely (Table 3.11). Therefore, the fact of living in a household with double demo-economic burden significantly increases monetary poverty risks but, nevertheless, protects partially from deprivation poverty.

The share of households which are not classified as poor but have certain deprivations (1-2 accumulated deprivations) is not so significantly differentiated by socio-demographic characteristics and gender and ranges within 5%: from 20.8% for households of older men aged 60 and above to 25.1% for multigenerational households with children and women aged above 70.

One in every five households of persons aged above 60 and of single men of the same age is on the verge of deprivation poverty (with 3-4 indications of deprivations). The relevant percentage of single women's households reaches 22.6%. In general, 82.9% of households of single men aged 60 and above do not cross the poverty line, while the same proportion of single women is less than three fourths (73.4%).

**Table 3.11 Households with indications of deprivations of normal life conditions, 2011, %**

Household type	Percentage of households with a certain number of indications evidencing that they are deprived of normal life conditions				
	no indications	1 - 2 indications	3 - 4 indications	5 - 6 indications	7 and more
Ukraine	41.8	22.2	17.5	9.7	8.7
households of persons aged 60 and above	40.0	23.7	20.4	10.2	5.8
households of persons aged 70 and above	36.9	23.9	21.6	11.5	6.2
households of single women aged 60 and above	27.2	23.6	22.6	15.9	10.8
households of single men aged 60 and above	37.7	20.8	24.4	10.0	7.0
households of single women aged 70 and above	24.8	24.6	22.6	16.5	11.4
households of single men aged 70 and above	31.3	22.5	26.2	10	9.9
households with children and at least with one woman aged 60 and above	33.5	23.1	20.1	10.4	13
households with children and at least with one woman aged 70 and above	29.9	25.1	23	10.7	11.3

Source: author's calculations based on data of the Household Living Conditions Survey held by the State Statistics Service of Ukraine since 1999

**Deprivation poverty risks faced by older women are one and a half times higher than for men**

The proportion of households having 7 and more indications of deprivations, i.e. with extreme manifestations of deprivation poverty, evidences that women are in a worse situation. This share among single women aged above 60 is 10.8% and 11.4% in the elder age group (70 and above). The same proportions for single men are 7% and 9.9%, respectively. Overall, more than a quarter of single women – 26.7% of those aged above 60 and 27.9% of those aged above 70 are beyond the deprivation poverty line, while for men this percentage is 17% and 19.9%, respectively, with the average for Ukraine being 18.4%.

More than a quarter of single women indicated that they have no opportunity to renew outdoor clothing and footwear for the cold season if necessary. 21% of women in multigenerational households suffer from this deprivation. Naturally, older women have less need for renewal of clothing as compared with, for example, youth or children, however, considering the present-day quality of clothing and footwear (saying nothing about changing fashions or changes of the human figure), it is very unlikely that they can be worn longer than 5 years. Households with children which also include older women suffer from being unable to buy new clothing and footwear even for children (this was mentioned by one in every five households). Naturally, if a household receives any additional income, it will be spent primarily to satisfy the needs of children and not of older persons.

Some 3.6% of single women aged above 60 suffer from having no TV-set and 5.2% from having no refrigerator, although it is hard to imagine present-day life without these goods which became the most essential items of everyday life long ago, especially for older persons.

A rather significant proportion of older women are deprived of the opportunity to consume the most essential inexpensive food products: 16.8% of single women aged above 60 and 17.6% aged above 70. 10% of households with children which also include older women mentioned this category of deprivations. As mentioned above, older women's diet may not be deemed well-balanced and rational even based on the average indices, to say nothing of the households

**Table 3.12 Poverty among older women as an aggregate of deprivations, 2011, %**

Poverty indications being the most important at the country-wide level		Households suffering from deprivations			
		single women aged 60 and above	single women aged 70 and above	with children and with at least one woman aged 60 and above	with children and with at least one woman aged 70 and above
<b>1. Nutrition</b>					
1	No opportunity to consume the most essential inexpensive food products	16.8	17.6	9.4	9.7
<b>2. Non-food goods</b>					
2	No opportunity to renew outdoor clothing and footwear for the cold season if necessary, once in 5 years	26.7	26.6	21.5	21.4
3	No opportunity to buy new clothing and footwear for children, if necessary	*	*	19.5	18.2
4	No TV-set	3.6	4.1	0.3	0.1
5	No refrigerator	5.2	6.0	0.5	0.4
<b>3. Household housing conditions</b>					
6	No dwelling in an appropriate condition	16.7	17.6	14.2	15.9
7	No opportunity to pay housing and utility bills fully and in due time	15.4	15.7	12.7	10.5
8	Residential area per one person not exceeding 5 sq.m	0.7	0.8	3.6	3.9
<b>4. Healthcare</b>					
9	No opportunity to pay for services of medical doctors (except dentist) because such services are not provided free-of-charge or it is difficult to receive them	38.7	39.6	28.9	26.3
10	No opportunity to pay for medicines and medical devices prescribed by doctor	42.8	43.6	34	30.7
11	No opportunity to pay for in-patient treatment without a surgery or a vital surgery (because such services are not provided free-of-charge)	40.1	40.7	31.9	32.2
<b>5. Education and pre-school education</b>					
12	No opportunity to receive any professional education	*	*	9.0	7.3
<b>6. Social infrastructure</b>					
13	No retail trade facilities in the vicinity of the dwelling	10.5	12.1	4.7	4.5
14	No domestic service facilities in the settlement	18.4	19.1	24.3	27.8
15	No medical institution in the vicinity of the dwelling	19.2	20.9	14.1	16.4
16	No timely ambulance services in the settlement	23.1	24.7	20.6	22.9
17	No pre-school institutions in the vicinity of the dwelling	*	*	8.3	9.1
18	No regular daily transport connection with another settlement with a more developed infrastructure	10.7	11.2	8.9	9.0

Source: author's calculations based on data of the Household Living Conditions Survey held by the State Statistics Service of Ukraine since 1999

with the quantitative and qualitative nutrition indices below the average level. Older women in their majority have chronic diseases requiring a special diet and dietary food; however, not many of them are able to ensure that they have it.

Almost 16% of single older women suffer from having no normal living conditions in their dwellings and 15% of single women face the inability to pay housing and utility bills fully and in due time. Although Ukraine is implementing the Program of Housing Subsidies<sup>15</sup>, it is unlikely that all households have the opportunity to benefit from it, even if they need it. It is not infre-

quent that an older person is not eligible for participation in this program by some formal signs (because of non-compliance with additional conditions), while by the main criterion (the share of housing and utility payments in total income) this person is entitled to the subsidy. Subsidies granted on the basis of a decision of a competent governmental committee do not solve the problem since very often these decisions are disadvantageous for older persons.

Insufficient residential area is of least concern for older women: less than 1% mentioned it. In contrast, almost 4% of households with children and with older women mentioned this type of deprivations. As mentioned above, older persons' housing is disadvantageous rather in terms of quality than quantity.

Another weighty aspect of deprivations is the restricted access to social infrastructure services. Thus, 10.5% of single women aged above 60 and 12.1% aged above 70 mentioned that there are no retail trade facilities in the vicinity of their dwellings; one in every five single women suffers from the lack of domestic service facilities in the settlement where she lives and from the lack of a medical care institution in the vicinity of her dwelling, almost one in every four single women – from no opportunity to use ambulance services if needed and one in every ten women – from the lack of regular daily transport connection with another settlement having a more developed infrastructure.

*Deprivations related to social infrastructure are an acute problem mostly for rural residents, the situation in urban areas is much better*

The ruination of the social sphere in rural areas is often linked to the collapse of the Soviet state; however, this assumption is highly doubtful. At the times of the Soviet Union the social sphere was financed according to the “leftover principle”, rural residents and urban dwellers never had equal access to high-skilled medical care, first of all, ambulance services, high-quality educational services, leisure activities etc. Certainly, the rates of access to hospitals, first medical aid stations, schools, kindergartens and domestic service facilities in rural settlements was much better than today, however, there was no equal access to social sphere services in rural and urban areas either at that time or today.

Some problems originate from the economic inequality: rural residents have a significantly lower income than those residing in urban areas and, accordingly, they have less opportunity to pay, if necessary, for expensive medical treatment, buy medical devices, pay for education at a prestigious learning institution etc. However, non-material causes are decisive here, since even very well-off rural residents have to content themselves with services provided by facilities located in the settlement where they live or in the one nearby, and to buy essential food products in the only shop for a whole village or even in a kiosk.

Naturally, if they have a car (since regular transportation still remains a dream for residents of the majority of villages), more well-off rural residents may use the services of facilities located in settlements with a more developed infrastructure, but this can be expected rather from the population of younger age groups than from the older population, especially men. Unlike Western countries where women own and are able to drive a car freely, in Ukraine the percentage of these women in older age groups is almost at a zero level.

## Summary

- Pension is a major source of income of older persons.
- The gender gap in pension income is formed under the impact of a shorter pensionable service record (primarily owing to a lower pension age limit for women) and significantly lower women's wage rates due to employment gender segregation in low-paid economy sectors.
- It is also significantly influenced by the mechanism of indexation of pensions awarded: if indexation is made mostly by increasing a minimum pension, pension benefits are levelled and the gender gap is narrowed. But if basic pension is adjusted by updating the wage rate base or other pension formula variables, men benefit significantly, while basic pension (formula-based, i.e. without any supplementary benefits and grants) of women often remains below the minimum level and the gender gap is increased dramatically. In the past three years the gender gap for all pension types was about 28%, while for retirement age pensions it reached 32%.
- The second place by significance among income sources of urban households consisting of persons above 60 years of age is wage, and in rural households it is income from individual subsistence farming. In terms of financial well-being, older women in composite households are more disadvantaged than women residing separately, and this is particularly true for women living in rural areas.
- During the period from 1999 to 2011 inclusive, the percentage of food expenditures surpassed other expenditures for all household types without exceptions; however, its highest values were always achieved by households of older persons (aged 60 and over).
- Contrary to a popular perception about malnutrition of older persons, pensioners' households demonstrate the highest average daily food consumption indicators. Even rather expensive products such as meat and fish are consumed by older people in quantities exceeding the norm.
- The daily diet is characterized by a lack of diversity and by the preference given to products of poor quality; furthermore, along with a very high caloric value, such a diet is imbalanced having significant excess of fats above the norm and lack of proteins and carbohydrates.
- As for non-food goods and services, expenses for healthcare products and services have the highest priority for households of older persons (irrespective of age) and grow with increasing age.
- Housing is the major component in the structure of material assets of older people.
- Despite high rates of ownership of separate housing, the elderly do need improvement of their housing conditions since in the majority of cases the technical condition of dwellings they live in is unsatisfactory.
- Housing conditions of women residing in households with children are significantly worse both in urban and rural areas: very often they do not have a separate room and the residential area is three times smaller than the area available to single women's households.
- While in terms of quantitative parameters single persons' households stand out positively at the general background, their qualitative indicators are significantly lower if compared to housing of families consisting of two and more older persons and multigenerational households.
- Older persons are considered to be one of the vulnerable categories exposed to the risk of poverty.
- The relative poverty rate of pensioners' households is steadily lower by 5-7 percentage points than the average, and absolute poverty is prevented by keeping the minimum pension at the minimum subsistence level.

- In the majority of cases older persons' income sources are restricted to pension allowance paid under the non-contributory pension system and age-specific needs for medical and other skilled care are growing with age.
- By the absolute criterion (total equalized expenditures below the minimum subsistence level), one in every ten pensioners' households, 8% of households of single persons aged above 60 and a quarter of multigenerational households are classified as poor.
- Poverty rates of single women's households are almost twice as high as respective rates of multigenerational households.
- We may argue that the situation when two and more older persons live together is a factor protecting them from the risks of deprivation poverty.
- Deprivation poverty risks faced by older women are 1.5 times higher than the same risks for men. Men and women are "levelled" in terms of deprivation poverty rates only if they live together with children and persons of younger age groups.
- Restricted access to social infrastructure services is the major deprivation suffered by older people. Deprivations related to social infrastructure are an acute problem mostly for rural residents, while the situation in urban areas is much better.

## LABOUR POTENTIAL OF OLDER PEOPLE

### Role of Older People's Labour Potential

Research on the older people's labour potential becomes more important with the progress of population ageing. This issue covers a wide range of aspects characterizing the quality life of older persons, in particular:

- Access to the labour market, economic activity motivation, employment features;
- Pension coverage and poverty risks;
- Inequality reduction, harmonization of interests of different age groups;
- Lifestyles, range of interests, social networks;
- A possibility of revising the old age timeframe and increasing the pensionable age.

The modern approach to assessment of challenges ensuing from demographic ageing provides for moving away from the outdated policy of mandatory retirement or other disincentives to work beyond certain ages. Owing to the increasing healthy life span, older persons are capable to work for a longer time and their labour potential represents a valuable and productive resource for economic growth<sup>16</sup>.

*The Madrid International Plan of Action on Ageing (§22) sets the objective of providing older persons with the opportunity to remain economically active as long as they want and are able to do so<sup>17</sup>*

The use of older people's labour potential becomes increasingly important under conditions of a decline in the working-age population and given the small size of populations entering the labour market and starting their labour careers as compared with the size of populations retiring and leaving the labour market. The labour force deficit resulting from demographic ageing cannot be fully compensated by migrant workers or outsourcing; the effect of fertility increase measures is very limited and remote in time and, furthermore, they are not favourable for an increase in women's employment rates. Under such conditions, increasing of old people's economic activity becomes the most promising policy direction<sup>18</sup>.

Older workers have a number of significant advantages forming the foundation of their competitiveness at the labour market: qualification, practical skills, experience and maturity. As confirmed by ILO studies, older workers demonstrate more commitment to their jobs, take less sick leaves and spend more time at work<sup>19</sup>. Despite widespread perceptions that older persons have less ability to study and learn new skills, practical experience shows that they can and should be active users of up-to-date technologies and innovative products, with investments in lifelong learning being the key precondition for that. Given the current pace of scientific and technological progress, learning and occupational mobility is no longer a feature pertaining exclusively to young age, it should "accompany" a person throughout all of his or her life cycle.

However, it is not infrequent that older workers have to resort to price-related competition at the labour market: with pension benefits being their second income source, they agree to work at a lower wage more eagerly thus actually dumping the labour cost. Besides, older workers (especially those in pre-retirement age) are often less demanding about the nature and conditions of employment and occupy job niches which are not attractive for young or middle-age persons. This results in such a phenomenon as age polarization of the labour market, with old-age employment concentrated in low-productive economy sectors with low salary or hazardous or unfavourable working conditions. Particularly, older workers usually account for the greater



majority of persons employed in agriculture<sup>20</sup> (especially if subsistence or semi-subsistence agriculture is concerned).

The global financial and economic crisis of 2008-2009 and the current “great recession” have re-escalated political and scientific discussions on the role played by older workers in economy and at the labour market. In particular, to reduce the number of job positions and curb unemployment, many EU countries applied the mechanism of earlier retirement<sup>21</sup>. However, these measures intended to alleviate the stress at the labour market have a very short-term effect, whereas their implications in terms of pension expenditure increase continue for a long time. One of the most unsubstantiated (but very widespread) perceptions is that older employees “take away” jobs which young people could otherwise get. According to ILO and OECD studies, there is a positive correlation between employment rates of the younger and older population and thus, older workers do not restrict the employment opportunities for young people<sup>22</sup>.

According to the global pattern of higher survival rates, women, as a rule, live longer than men and account for the greater majority of older population. Throughout the entire labour life period, women are in a more vulnerable position at the labour market as compared to men – they work without payment or on low-paid jobs much more often, they are employed on a part-time basis or in informal economy more often, they have more career breaks<sup>23</sup>. As a consequence, women account for a larger percentage of persons without entitlement to a retirement pension, or receive this pension in smaller amount than men who, in general, earn more and have longer employment service. Besides, older women are more likely than older men to be alone because of widowhood or divorce, and less likely to remarry<sup>24</sup>.

*The cumulative effect of lifelong gender inequality makes older women more vulnerable to age discrimination, although both older men and women may face it*

Despite legislative bans on age- or sex-related discrimination and persecution, social perceptions and stereotypes change too slowly. Considering the above-mentioned, the gender aspect of older population’s involvement in the labour market is an important factor to be taken into account while assessing the efficiency of employment and social inclusion policies.

## Employment Rates

The EU Sustainable Development Strategy<sup>25</sup> places great emphasis on the older people’s employment. Since changes in population size and structure have a significant effect on consumption, environment, infrastructure and financial policy, thus giving rise to implications for the social and economic well-being of further generations, preventing workforce decline and ensuring pension system capability become of priority importance. Employment rate of older workers, which is calculated as the percentage of employed persons aged 55-64 in the total population of respective age, is taken as the headline indicator of demographic change monitoring. The general objective of the “demographic” theme of the Strategy is to create a socially integrated society based on the principles of solidarity within and between generations and life quality maintenance and improvement as the prerequisite of sustainable individual well-being. One of the four operating objectives of the demographic block sets a direct task of significantly increasing the older population’s participation in the labour market, with older population’s employment considered to be an essential condition of social inclusion and poverty reduction, especially given the current economic crisis which puts all pension schemes at great risk.

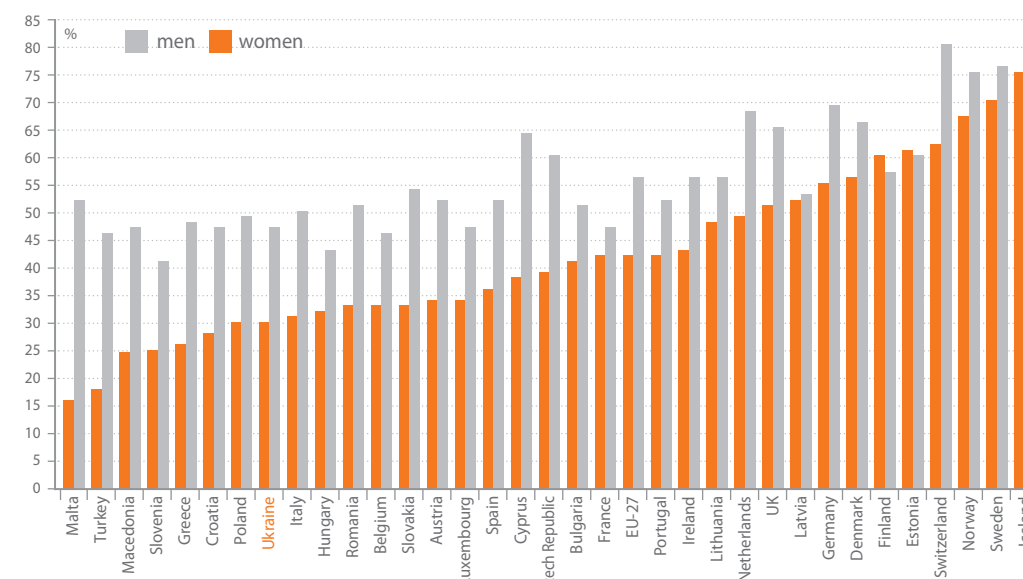
In Ukraine, employment of pensioners was welcomed as far back as at the Soviet Union times, although there were certain restrictions on pension benefit amounts or total income received by working pensioners (i.e. wage + pension) depending on the occupation and social status<sup>26</sup>. As an employment incentive, pensioners were entitled to recalculation of their pension amount with a view to take a larger wage as the basis (provided that they were employed at least two years after pension granting).

*The current national labour and pension legislation does not impose any prohibitions against employment of older persons*

The maximum age limit for holding certain positions is set only for government, local authorities and diplomatic service, however, pensioners referred to these categories may take other jobs. During the period from 1991 till 1 October 2011 there was a possibility to obtain pension benefits and salary/wages in full amount at the same time. Pensioners retiring or getting employment after 1 October 2011 are subject to some limitations on the pension benefit (detailed information is given in the pension reform section).

According to the data of the State Statistics Service of Ukraine, in 2012 the employment rate of women aged 55-64 was only 30% of the total female population of respective age; the same rate for the male population was 47% (Figure 4.1). These values are among the lowest in Europe. The general old-age employment rate in the EU (27 countries) is 41.9% for women and 56.4% for men.

The major cause of Ukraine’s considerable gap in old-age employment rate is a significantly lower retirement age limit, which is currently 60 years for men and 55 years for women (in 2012 – 55.5 years). Among the EU countries, only Slovakia and Romania have retirement age limit for women lower than 60 years (58 and 59 years, respectively), and the lowest retirement age for men – 61 years – is in Malta. In contrast to that, 65 years as the retirement age limit has already become a norm (both for men and women) in Belgium, Denmark, Germany, Spain, Cyprus, Luxembourg, the Netherlands and Portugal; in Ireland compulsory retirement age (for both sexes) reaches 66 years, in Norway and Iceland – 67 years<sup>27</sup>. Therefore, while in Ukraine the age of 55-64 years is classified as the pension period for the majority of the population (especially taking into account early pensions), in many European countries it is the pre-pension period of labour life.



**Figure 4.1 Employment rate of men and women aged 55-64 in European countries in 2012, % (countries are ranked by the rate for women)**

Source: Eurostat, the State Statistics Service of Ukraine (LFS)

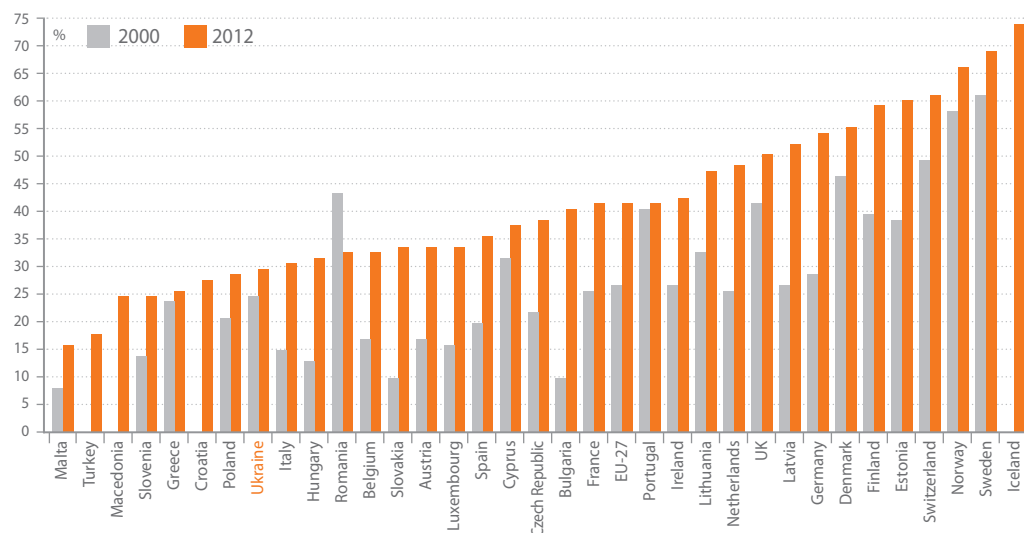
The employment rate of older workers is affected not only by the compulsory retirement age limit but also by the country’s employment rate, in particular, by the national specifics of women’s participation in the labour market. The highest older women’s employment rates are recorded in the Northern European countries (Norway, Sweden, Iceland), which demonstrate the highest population employment rates in Europe and are most successful in gender equality promotion.

*The employment rate of women aged 55-64 grew in Ukraine slower than in the EU*

Over 2000-2012, the employment rate of women aged 55-64 in Ukraine grew from 25% to 30%. At the same time, the majority of the European countries increased this rate by 1.5-2 times, Slovakia – by 3.4 times, Bulgaria – by 4 times (Figure 4.2).

A lower increase in the older women's employment rate than in Ukraine was recorded only in Greece and Portugal. A drop in the Romania's rate results from changes in the national Labour Force Survey program: before 2002, persons working more than 15 hours on a self-employed basis or unpaid family workers in small-scale agricultural farms were classified as employed persons.

In this respect it should be mentioned that in Ukraine persons working in subsistence agriculture with partial market orientations are also classified as employed. If these persons are excluded from the employment, in 2012 the employment rate will be a mere 17.6% for Ukrainian older women aged 55-64 and 35.3% for men of the same age.



**Figure 4.2 Employment rate of women aged 55-64 in European countries in 2000 and 2012, % (countries are ranked by the rate of 2012)**

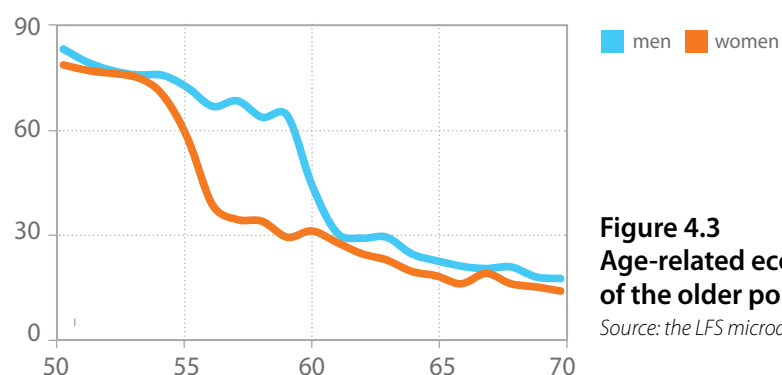
Source: Eurostat, the State Statistics Service of Ukraine (LFS)

## Employment Motivations

It is important to note that the low employment rate of older workers in Ukraine results from the low level of their economic activity, since almost no unemployment is recorded among the pension age population.

*The majority of the population leaves the labour market immediately upon reaching the pensionable age*

According to the microdata of the Labour Force Survey (LFS) (Figure 4.3), the economic activity level during the first five years with the pensioner status hardly reaches 30% and drops to 20% during the second five-year period.



**Figure 4.3 Age-related economic activity rate of the older population in 2012, %**

Source: the LFS microdata

Therefore, in contrast to widespread perceptions that pensions in Ukraine are very mean, a very small percentage of older persons continue their economic activity after pension is granted. This fact is also confirmed by data of the sociological survey "Older Women and Men: Quality of Life and Social Well-being" (Table 4.1).

Almost 60% of respondents polled (57.8% of men and 60.7% of women) did not work after granting pension and almost 30% (27.5% of men and 30.7% of women) worked for a certain time (6 years in average) but did not work at the moment of the survey. Moreover, significant percentage of non-working respondents stopped working before reaching the usual pensionable age (25.3% of men and 10.1% of women).

Only 9.8% of respondents who did not work (14.0% of men and 7.7% of women) answered positively to the question if they would like to work now. Even among persons aged 60-64, 80% refused to work categorically.

**Table 4.1 Respondents by answers to the question "Did/do you work after retirement (after reaching the retirement age)?", %**

Answer options	Men	Women	Total
Yes, I worked after retirement but I do not work now	27.5	30.7	29.7
Yes, I still work	14.7	8.6	10.6
No	57.8	60.7	59.6
Total	100.0	100.0	100.0

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

As an explanation of their economic inactivity, respondents who did not work mentioned poor health (28.3% of men and 30.9% of women) most often. Along with that, almost one in every four respondents (22.2% of men and 24.5% of women) selected the demonstrative option "I don't want to work (I have worked enough)". The percentage of respondents selecting this answer was slightly lower in the group of persons aged 60-64 (16.9% vs.27% of persons aged 70 and above), they mentioned more often other important reasons: for women – the need to take care of grandchildren and/or keep the house, for men – problems with job seeking. As for the latter reason, it is quite probable that those men made no attempts of seeking employment because they were sure that no employer would take them. The LFS data based on the ILO standards for unemployment (three criteria: without job, currently available for job and seeking job) evidence that the unemployment rate of the pensionable age population (both men and women) is zero.

There is an explicit correlation between older persons' educational attainment and the degree of their participation in economic activity: the higher a respondent's educational level, the longer he/she continues to work (Table 4.2). More than a half (51.6%) of respondents with a tertiary education degree worked after granting pension or continue to work now, while a respective percentage of respondents with upper secondary education or a lower education degree is only 43%.

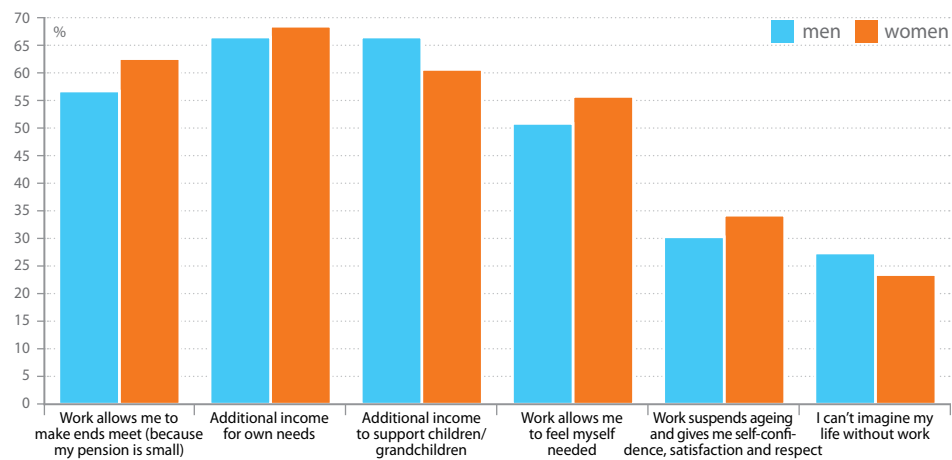
**Table 4.2 Respondents by answers to the question "Did/do you work after retirement (after reaching the retirement age)?" depending on educational level, %**

Answer options	Tertiary education ISCED 5A, ISCED 6	Tertiary education ISCED 5B	Post-secondary non-tertiary education ISCED 4	Upper secondary education or lower ISCED 2-3
Yes, I worked after retirement but I do not work now	34.3	31.1	28.4	28.8
Yes, I still work	17.3	14.6	8.8	4.2
No	48.4	54.3	62.8	67.0
Total	100.0	100.0	100.0	100.0

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

*A higher employment rate of highly educated persons is a consistent trend for total population, but it is of special importance for older persons*

As demonstrated by the sociological survey results, respondents who are currently working or would like to work have quite a wide range of motivations (Figure 4.4). As it turned out, earning considerations play a significant but not the dominating role. The largest total score was gained by the answer option “Additional income for own needs”, it was most often selected as the 2nd motive and male respondents also mentioned it as the 1st motive. Female respondents mentioned “Work allows me to make ends meet (because my pension is small)” as the first motive, which is quite explainable considering the gender gap in all types of income. However, judging by the total number of answers by all motives, the factor of making a living yields to additional income for own needs even among female respondents. The option “Additional income to support children/grandchildren” was most often mentioned as the 3rd motive.



**Figure 4.4. Respondents by answers about their motives to work after retirement, % (total for the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and additional motives)**

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

Among non-financial motives, the most widespread motivation was to feel oneself needed. It was selected as the first motive by 18.8% of men and 19.6% of women and mentioned as the 2nd and 3rd motive almost with the same frequency. Despite a significant gender pension gap, for women the non-financial component was even more important and more diverse.

*The survey shows that in Ukraine pensioners' employment is not so much dependant on financial difficulties as it is commonly believed*

We may assume that the decision to work is made by the most active and purposeful persons whose rule is not to rely only on one income source and who are ready for active efforts to maintain their high social status.

Unfortunately, the greater majority of older persons, even those who retained a significant percentage of their employability, prefer a “quiet” and passive life with pension as their only income source, thus exposing themselves to a high poverty risk. An extremely low employment rate of older workers in the situation of progressive ageing and declining working-age population segments pose a significant threat for Ukraine's development prospects.

## Features of Older Workers' Employment

The extent of realization of the older population's labour potential is assessed not only by the rate of their participation in the labour force. Quality-related characteristics of employment are of crucial importance: to which extent older workers' knowledge and experience are used, what are the opportunities for supporting their health and for social and professional development, what is their work efficiency in terms of earnings and so on.

**Feasibility of Continuing Career.** According to data of the sociological survey “Older women and men: quality of life and social well-being”, the chance of retaining the same job which a person had before granting pension is small: only 38% of the total employed respondents (36.7% of men and 39.4% of women) realized this opportunity (Table 4.3). This proportion reaches 46% for employed respondents aged 60-64 and is about 33% for elder respondents. The percentage of other or side jobs taken by pensioners grows with age (and, respectively, with a longer time after granting pension).

**Table 4.3 Employed respondents by answers to the question “Where do you work now?”, %**

Answer options	Men	Women	Total
I have the same job as before retirement (employee)	36.7	39.4	38.0
I have the other job as before retirement (employee)	32.7	37.2	34.9
I am self-employed in my own or family business, farm	8.2	6.2	6.9
I have side jobs from time to time but no regular job	14.3	11.0	12.7
No answer	8.1	6.2	7.5

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

The proportion of women who retain the same job as they had before granting pension is slightly higher than the respective proportion of men. This may be explained by gender specifics of labour differentiation, particularly, by women's employment segregation in economy sectors which are less attractive in terms of wages. In other words, it is easier for women to retain the same job after granting pension because no one wants to take it.

*The survey results evidence that after granting pension the career development trend is mostly downwards*

Almost a half of employed respondents (49.0% of male and 50.3% of female) acknowledge that their current job is less prestigious and they receive a lower salary as compared with the job they had before granting pension (Table 4.4). Very few persons are able to get a promotion after retirement and they are mostly men.

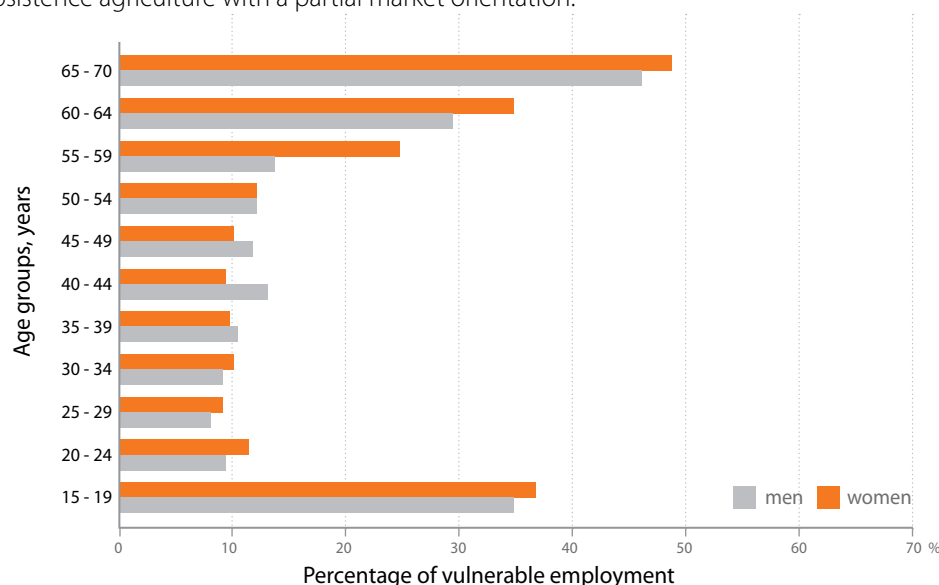
The analysis of age-related breakdown of respondents' answers to the question about change of the employment place and job position after retirement gives grounds to argue that, if a person keeps his/her job, there is a higher chance for him/her to retain the job position held, but this is true only up to a certain age. After the age of 65, irrespective of the job, the probability of being downgraded grows dramatically; among respondents aged 75 and above, no one had the chance of retaining the rank or status which this person had before retirement. In general, there is a certain “natural” explanation for that: with ageing of the workers the work load, including the degree of responsibility, should also be reduced. However, we may also assume that older workers are “forced out” into less prestigious positions with smaller earnings.

**Table 4.4 Employed respondents by answers to the question “ Which job position do you have after obtaining the pensioner’s status as compared to the last position you held before retirement (in terms of salary level and prestige)”, %**

Answer options	Men	Women	Total
My job position is the same in terms of earnings and prestige as I had before retirement	44.9	42.1	43.3
My job position is higher in terms of earnings and prestige as compared to the one I had before retirement	6.1	2.8	4.4
My job position is lower in terms of earnings and prestige as compared to the one I had before retirement	49.0	50.3	49.8
No answer	0.0	4.8	2.6

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

Results of calculations based on the LFS microdata evidence a growth in old workers’ vulnerability with ageing. Among the employed working-age population (except for young people aged 15-19), the proportion of non-employees does not exceed 20%, however, immediately after reaching the retirement age this proportion is doubled and is further doubled every next five years of the retirement period, growing to 73% for women aged 65-70 and to 69% for men of the same age (Figure 4.5). According to the ILO standards, self-employment with the status of own-account workers and contributing family workers is classified as vulnerable employment since it is not covered by labour legislation and does not provide any labour-related guarantees and rights. According to the ILO studies, vulnerable employment is mostly localized in the agricultural sector<sup>28</sup>; in Ukraine, the most widespread form of the self-employment is work at subsistence agriculture with a partial market orientation.



**Figure 4.5 Vulnerable employment rate by age groups in 2012, %**

Source: the LFS microdata

In Ukraine, a half of employed pension-age women may fall under the category of vulnerable employment. The share of “vulnerable” employees among women aged 35-54 is slightly lower than the respective share among men of the same age. However, at the age of 55-59, i.e. during the first five years after crossing the retirement age, the percentage of vulnerable employment grows to 36.8% remaining unchanged for men of the same age which is still classified as their working age. The gender gap for this indicator is reduced in age groups 60-64 and 65-70 because at this time men also cross the retirement age and their vulnerable employment percentage grows. We can argue that earlier retirement age for women results in significant limitation of their opportunities of paid work.

**Older Workers’ Economic Activities and Occupations.** The analysis of the employment by age groups, economic activities and occupations (Table 4.5-4.6, Figure 4.6-4.7) allows to make a more detailed assessment of the extent of age employment polarization and to identify segments of older workers’ employment localization.

**Table 4.5 Employment by sex, age groups and economic activities in 2012 (% of the total employed of respective sex and age)**

Economic activities	Women			Men		
	15-34	35-54	55-70	15-34	35-59	60-70
Total	100.0	100.0	100.0	100.0	100.0	100.0
Agriculture, hunting, forestry	15.8	15.1	48.6	16.3	20.2	52.5
of which subsistence agriculture	13.2	11.0	47.3	9.2	10.5	49.3
Mining	1.2	1.5	1.3	5.7	5.0	2.7
Manufacturing	9.7	11.8	5.9	16.4	15.8	9.9
Electric power, gas and water production and distribution	1.3	2.4	1.2	2.9	4.5	3.9
Construction	1.2	1.6	0.9	12.4	10.5	4.1
Wholesale and retail trade	23.5	20.1	7.1	16.8	13.0	4.9
Hotel and restaurant business	3.8	2.6	1.1	1.5	0.7	0.4
Transport and communication business	4.1	4.6	2.0	7.6	11.0	4.4
Financial activity	3.4	1.8	0.6	1.6	0.9	0.5
Real estate transactions, business services	3.6	2.8	3.5	5.0	3.8	3.6
State administration	6.0	5.2	2.3	6.3	4.7	2.2
Education	11.2	14.5	12.0	2.5	3.8	5.9
Healthcare	9.8	11.9	10.6	1.9	3.1	3.7
Other community, social and personal service activities	4.6	3.4	2.7	1.7	1.7	1.4

Source: the LFS microdata

Employment of persons aged 15-34 (the national legislation defines the population within these age boundaries as youth) is concentrated in such areas as trade (23.5% of employed women and 16.8% of employed men of respective age) and agriculture (15.8% of women – with an explicit domination of subsistence agriculture, and 16.3% of men), manufacturing (9.7% of women and 16.4% of men), state administration (6.0% of women and 6.3% of men). A large proportion of young women are also employed in education and healthcare sectors (11.2% and 9.8%, respectively) and a large proportion of young men – in construction sector (12.4%).

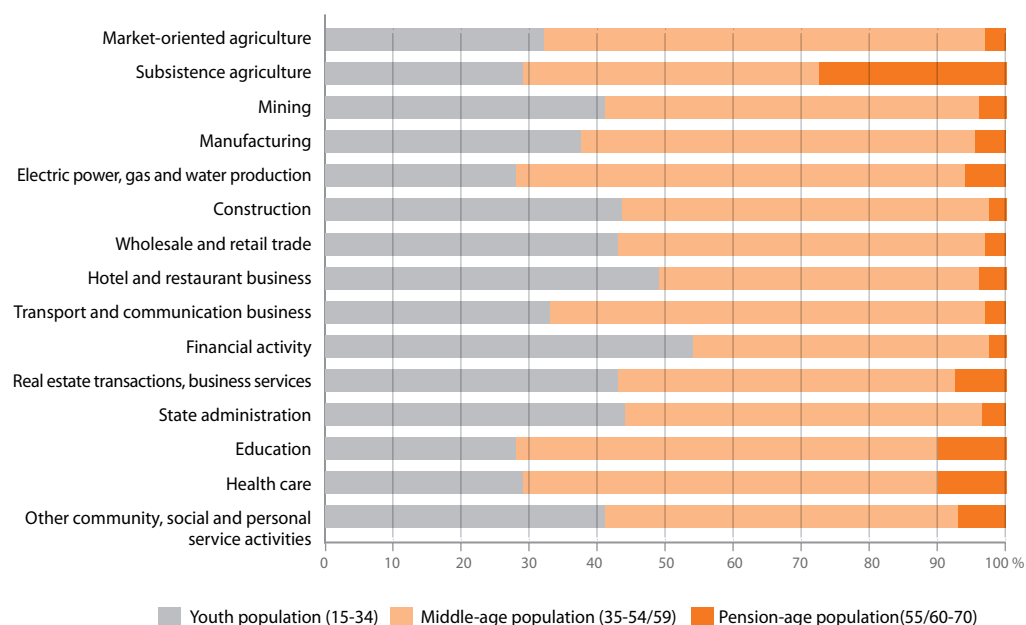
The middle-age group employment (population aged 35-54/59) is more diversified. Even among persons employed in the agricultural sector, one third of women and a half of men work in agricultural market sector, i.e. agricultural enterprises or farms (beyond subsistence agriculture).

The agricultural sector accounts for almost a half of the pension-age population’s employment, almost exclusively in subsistence agriculture (irrespective of sex). Other economic activities characterized by weighty proportions of pension-age employment are manufacturing (5.9% of employed women and 9.9% of employed men of respective age), trade (7.1% of women and 4.9% of men), as well as education (12.0% of women and 5.9% of men) and healthcare (10.6% of women and 3.7% of men). The percentage of these two economic activities in women’s employment remains stable regardless of age, and for men grows from minimal rates at the young age to maximum rates at the pension age. These activities seem to provide the largest opportunities to work in the same position after granting pension.



Age profiles of the employed by economic activities (i.e. the percentage of a certain age group in the total employed by each separate activity) can serve as another confirmation of how insignificant the pension-age persons' contribution in the total employment is (Figure 4.6). Their largest proportion is recorded in activities of subsistence agriculture (27.6% of the total employed in subsistence agriculture), as well as in education and healthcare sectors (by 9.9% of the total employed in each of these branches).

**Pensioners' employment is concentrated either in the sector of unpaid (vulnerable) employment or in low-paid budget-financed sectors**



**Figure 4.6 Age structure of the employed by economic activities in 2012, %**

Source: the LFS microdata

The pattern of employment by economic activities to a significant extent preconditions the features of age segregation by occupations (Table 4.6). Young women are most likely to be employed in workers' positions in trade and service sector (23.4% of employed women aged 15-34) or, if they have a higher educational attainment – in the positions of professionals and technicians and associate professionals (22.6% and 16.2%, respectively). Elementary occupations also account for a large segment of young women's employment (18.3%), but mostly owing to activities of subsistence agriculture and the youngest age groups (aged 15-24).

The young men's employment is concentrated in workers' positions (21.6% of employed men aged 15-34, mainly beyond subsistence agriculture), craft and related trade workers (21.2%) and plant and machine operators and assemblers (14.9%).

Women's middle-age group (aged 35-54/59) is noted for a significantly higher percentage of persons employed in elementary occupations beyond subsistence agriculture (10.3% of employed women of respective age), and men's – for the highest percentage of plant and machine operators and assemblers (21.4% of employed men of respective age).

The pension-age population employment is characterized by the highest concentration – 56.5% of employed women and 55.3% of employed men of this age work in elementary occupations, mostly in subsistence agriculture. Among other workers occupations, service workers and shop and market sales workers account for a weighty percentage of employed women (8.8% of employed pension-age women), and for men it is the jobs of craft and related trade workers and plant and machine operators and assemblers (9.7% and 7.8% of employed pension-age men, respectively).

**Table 4.6 Employed by sex, age groups and occupations, 2012 (% to the total employed of respective sex and age)**

Occupation	Women			Men		
	15-34	35-54	55-70	15-34	35-59	60-70
Total	100.0	100.0	100.0	100.0	100.0	100.0
Legislators, senior officials and managers	5.9	7.2	4.7	7.9	10.1	8.3
Professionals	22.6	17.6	13.5	13.2	9.6	10.4
Technicians and associate professionals	16.2	15.9	10.1	8.3	7.0	3.5
Clerks	6.8	5.4	2.8	1.1	0.7	0.5
Service workers and shop and market sales workers	23.4	22.0	8.8	10.9	8.9	4.1
Skilled agricultural and fishery workers	0.7	1.1	0.2	0.9	1.1	0.4
Craft and related trade workers	2.7	4.0	1.3	21.2	20.4	9.7
Plant and machine operators and assemblers	3.3	5.5	2.2	14.9	21.4	7.8
Elementary professions	18.3	21.3	56.5	21.6	20.8	55.3
of which subsistence agriculture	13.2	11.0	47.3	9.2	10.5	49.3

Source: the LFS microdata

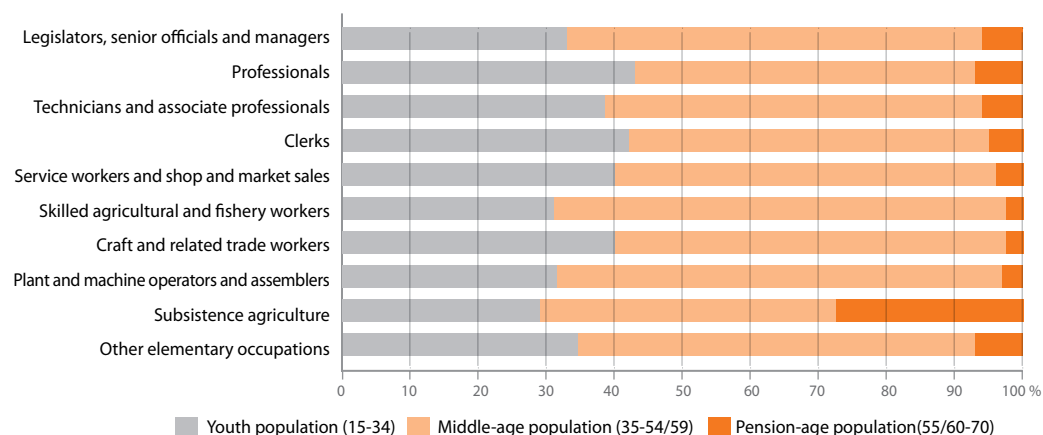
At the same time, a considerable segment of pension-age employment is made up by occupations requiring the highest qualification. The total share of the three top positions according to ISCO-88 standard classification (Legislators, senior officials and managers; Professionals; Technicians and associate professionals) constitutes 28.2% for employed pension-age women and 22.2% for employed pension-age men. It should be mentioned that in the structure of employed pension-age men the percentage of legislators, senior officials and managers is even larger than the same percentage of young men (8.3% against 7.9%), and the percentage of professionals exceeds the same percentage of middle-age men (10.4% against 9.6%).

Owing to the higher educational attainment, the proportion of professionals and technicians and associate professionals in the structure of employed women in all age groups significantly exceeds the same proportion of men. However, women's representation in leadership positions is significantly lower and the gender gap within this proportion grows from 2 percentage points for young population to 2.9 percentage points in the middle-age group and 3.6 percentage points for pension-age persons. These findings evidence a more consistent upward trend of men's career during their work life, while women have decreasing chances of career advancement with age and face a significantly higher risk of losing a leadership position in the pension period.

**Women face a significantly higher risk of losing a career position in the pension period**

Such a situation is to a certain extent directly conditioned by women's work behaviour. Such qualities as ambitiousness and commitment are manifested at a rather young age; therefore, the most active women get appointments to leadership positions by the age of 35. However, due to unspoken but very strong gender stereotypes, the level of leadership positions open to women does not rise higher than middle management (structural subdivision executives of enterprises or small-scale enterprises, particularly, budget-financed institutions), thus closing the door to top management positions. For this reason, women have a much earlier discontinuation of the upward trend in their career advancement but a longer period of retaining the

position held and a much higher probability of losing this position, especially after reaching the retirement age. Accordingly, a lower retirement age for women may be deemed one of the factors resulting in under-representation of women at top leadership positions, in particular, in the public administration.

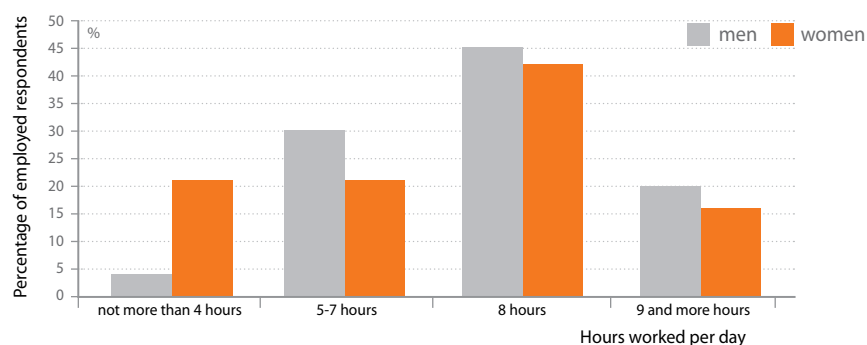


**Figure 4.7** Age structure of the employed by occupations, 2012, %

Source: the LFS microdata

As already mentioned, pensioners account for more than a quarter of the total employment in subsistence agriculture. The proportion of pension-age persons in other elementary occupations is considerably lower (6.7%) and almost negligible in other workers occupations (Figure 4.7). At the same time, pension-age workers are almost equally represented in white-collar occupations requiring a tertiary education degree (legislators, senior officials and managers; professionals; technicians and associate professionals – 6-7% of employment in each of the mentioned occupation groups).

Summarizing the analysis of age-related employment profiles by economic activities and occupations, it should be mentioned that there is employment polarization both between generations and within each generation. As far as jobs distribution between generations is concerned, pensioners mostly get “disadvantaged” jobs – palliative employment in subsistence agriculture and low-paid employment in the budget-financed sector. Jobs distribution within generation of pension-age employed manifests itself as the concentration of elementary occupations (mostly in subsistence agriculture), on the one part, and mental creative occupations (professionals, technicians and associate professionals) – on the other part.



**Figure 4.8** Employed respondents by working time, %

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

**Working Time and Job Satisfaction.** According to results of sociological survey “Older women and men: quality of life and social well-being”, older workers work part-time rather often (Figure 4.8). Thus, 20.7% of working female respondents worked not more than 4 hours per day and the same share – from 5 to 7 hours per day. These shares recorded for working male respondents were 4.1% and 30.6%. At the same time, 16.3% of men and 8.3% of women worked overtime exceeding the standard working hours per day. Average working day duration was 6.7 hours for women and 7.5 hours for men. Similar correlations are recorded within the total employed population: women often work part-time and more rarely work overtime; therefore, their average working time is considerably lower<sup>29</sup>.

The quality of older persons’ employment can be in generalized terms characterized by their self-assessment of major aspects related to their work. According to data of the sociological survey, most dissatisfaction is focused on wages (42.9% of employed male respondents and 44.8% employed female respondents expressed their dissatisfaction). The nature and conditions of work were given almost similar assessment but mostly positive. Respondents expressed the highest satisfaction with climate in the work team and social package (73.5% of men and 67.6% of women are satisfied). The proportion of respondents who were unable to characterize their satisfaction is almost unvaried by sex and work aspects (approximately 20%).

**Table 4.7** Employed respondents by answers to the question “How much are you satisfied with certain aspects of your current job?”, %

	Fully or rather satisfied	Fully or rather dissatisfied	Uncertain
<b>Work aspect: Salary rate</b>			
Men	38.8	42.9	18.4
Women	35.2	44.8	20.0
<b>Work aspect: Nature of activity, employment duties</b>			
Men	61.2	18.4	20.4
Women	57.9	20.7	21.4
<b>Work aspect: Labour conditions</b>			
Men	63.3	16.3	20.4
Women	60.7	19.3	20.0
<b>Work aspect: Relations between employees, social benefits</b>			
Men	73.5	6.1	20.4
Women	67.6	9.7	22.8

Source: the LFS microdata

Considering the results of an earlier analysis of objective actual data (including the LFS microdata), the subjective assessment given by older workers to different aspects of their work makes an impression of too optimistic and overstated. We can assume that for older persons the availability of a job as such is more important and, therefore, they are less demanding about working conditions and pay less attention to the nature of their activity. In other words, older workers’ high satisfaction with their jobs (with the only exception of salary rates) may result from a lower assessment of own work opportunities. At the same time, we can assume that job satisfaction as such may be a driver to continue working after retirement.

Considering the above-mentioned, policies aimed at creating conditions favourable for older persons’ employment and continuation of their work life are gaining crucial importance.

## Summary

- Older workers have a number of significant advantages forming the foundation of their competitiveness at the labour market: these are their qualification, practical skills, experience and maturity.
- Older women are particularly vulnerable to age-based discrimination at the labour market and in pension entitlements as a result of the cumulative effect of gender inequality throughout life.
- In Ukraine, employment rates of older persons are among the lowest in Europe as a consequence of the low retirement age and generally low rates of economic activity.
- Despite of widespread perceptions about miserable pensions, many older persons retire immediately after crossing the retirement age boundary. As demonstrated by the sociological survey, even among respondents aged 60-64, 80% have no intention to work now.
- The survey established that although financial incentives play a leading role in older persons' motivation to employment, they are far from being dominant.
- After retirement a person loses a significant portion of his or her income: wage-pension replacement ratio is about 50%.
- The decision to continue employment beyond the retirement age is made by the most active and motivated persons whose rule is not to rely only on one income source and who are ready for active efforts to maintain a higher social status.
- Pensioners' employment is concentrated either in the sector of unpaid (vulnerable) employment or in low-paid budget-financed areas offering more opportunities to retain the job after retirement.
- As for types of occupation, pension-age employment is mostly concentrated in individual subsistence agriculture (over 55% of working persons of pension age); as for other blue-collar jobs, persons working in trade and service sectors account for a large proportion of working women, and skilled craft workers and plant and machine maintenance, operation and assembly workers – for a large proportion of men (slightly below 10% of employed pension-age persons of respective sex).
- At the same time, a considerable segment of pension-age employment is made up by occupations requiring the highest qualification. The total share of three top positions according to ISCO-88 standard classification (legislators, senior officials and managers; professionals; technicians and associate professionals) constitutes 28.2% for pension-age working women and 22.2% for men.

## SOCIAL ROLES IN OLDER AGE

Throughout the life, people play different roles: the role of “child”, “student”, “teenager”, “woman” or “man”, “mother” or “father”, “worker”, “manager” etc. A set of roles can change with the transition from one stage to the next in the individual lifecycle. Elderly person also plays many roles: “grandparent”, “employee”, “retiree”, etc. But in this chapter we would like to focus on the role of “elderly person” itself. Recently, the period of ageing is increasingly perceived as a special life stage which has its personal sense, task and value<sup>30</sup> and differs from other life stages first and foremost by the wealth of experience acquired. Old age entails the transition into a new system of interpersonal relations, perception and interpretation of own role in the family, society and the world in the manner different from earlier life; the modelling of another value hierarchy different from the one existing before this age.

A social role is a pattern (standard) of behaviour which is established as a norm and is expected from a person occupying a given position in the system of social relations. Adoption of social roles means the acceptance of social behaviour norms and developing skills of objective self-assessment and self-control<sup>31</sup>. This is a crucial component of an individual's socialization process. A social role is primarily determined by expectations in respect of the position taken by an individual rather than by characteristics of the given individual. It is the fulfilment of a certain role which most likely shapes person's characteristics. When an older person's social role is concerned, this is about his or her generalized behaviour expected by society considering old age of this person and peculiarities ascribed to this age. Expectations and requirements pertaining to a social role are formed in the society under the influence of cultural values, traditions and historical development of a certain social system. A social role is linked to the exercise of certain rights and responsibilities.

An older person's social position and, accordingly, his or her social role is determined by many constituents, with the most essential being age, lifestyle, professional activity (its intensity and commensurability with capabilities), the scope of interests beyond professional activity, health status and physical activity level, living conditions and lifestyles<sup>32</sup>, family status and family relations. Besides, an older person's behaviour significantly depends on maturity (primarily, spiritual and moral maturity) of his or her views, life values, cultural and family traditions. The special thing about the older women's group under consideration is that as a consequence of a number of reforms implemented in the country at the time when they reached maturity, many of them lost their savings and had to change the nature of their professional activity and the qualification which they acquired in young years, and the majority of their ideals and goals formed in youth turned out to be erroneous and false.

According to psychologists, women and men face ageing processes and the change of social roles in different ways. Older women experience less crises owing to a stronger continuity of their social role; for a woman, retirement means discontinuation of only one role which may not even be her major role, but for men, retirement is rather painful because their emotional ties with relatives are considerably weaker and when men retire they lose their most important role – that of the family's breadwinner<sup>33</sup>. In this respect it will be expedient to compare the patterns of change of social roles fulfilled by women and men.

### Perceptions of Ageing

Morgen L. and Kunkel S. persist in the opinion that ageing as such is not a phenomenon that inevitably leads to impaired thinking flexibility, forgetfulness or inability to be physically or intellectually active<sup>34</sup>. The researchers argue that the society uses the category of age to assign people to certain social roles, to channel people into and out of positions within the social

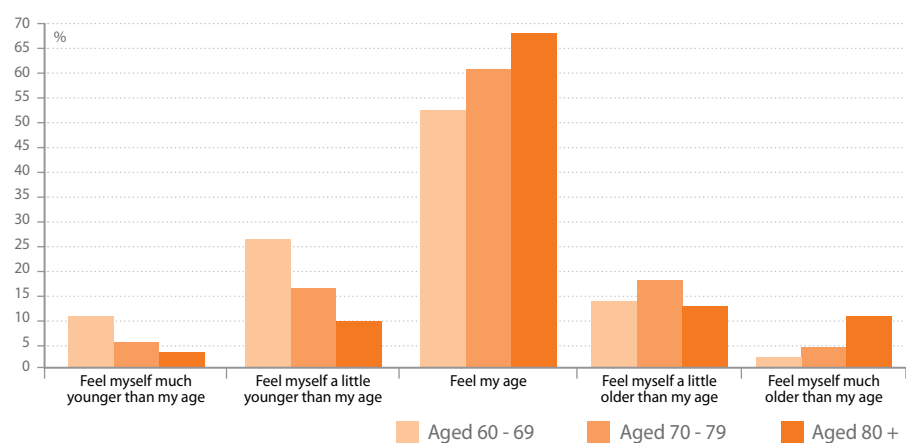
structure, and, at the same time, the society expects this (ascribed) behaviour from the elderly. Therefore, age serves as the basis for allocation of resources and a way to categorize individuals. Substantiating their position, the researchers state that grey hair and wrinkles (perhaps, the most visible signs of ageing) and the chronological age of 65 as such have no effect on physical functioning and cognitive capabilities of a person but they do have profound effects on social interactions and opportunities available to older persons in the social world.

Halbwachs M. believes that age is not the phenomenon of nature even if it is taken as an instrument to measure biological development; age is rather a social concept<sup>35</sup>. Given this, it is quite logical that perceptions of the start, duration and completion of certain stages of the life course vary between different societies and even within different groups of one society.

**Subjective Age.** Today, age is increasingly perceived as a historically, socially and culturally constructed phenomenon. At least four measurements of age can be identified: chronological, physical, subjective and symbolic<sup>36</sup>. The chronological age is measured by years passed from the moment of a person's birth. As a rule, when a survey is conducted, age is identified at its beginning as one of the most important characteristics. Other structures and processes are examined depending on respondents' age. However, in the context of social construction of age, it is even more interesting to look at subjective age reflecting a person's self-assessment of his or her age and this person's self-image which is most often formed in a certain social context and may vary in different situations<sup>37</sup>.

### Every fourth older woman feels younger than her age

As a rule, a person defines his or her subjective age by comparison with other people. Within the framework of the survey respondents were offered to answer the question *"Do you feel yourself younger or older than your age?"* Among respondents 55.7% of women and 53.3% of men said that they feel their age. The percentage of male respondents saying they feel themselves younger (22.0%) and much younger than their age (8.2%) was slightly higher than the same rates of women (these rates for women are 18.5% and 6.8%, respectively). However, variations of own age self-assessment depending on chronological measurement of age are of greater interest than gender differences. Figure 5.1 demonstrates that with advancement in chronological age the percentage of women perceiving their age in accordance with actual years of life passed (i.e. chronological age coincides with subjective age) grows, while the feeling of being younger decreases. Accordingly, 65% of the oldest female respondents (aged 80 and above) felt themselves according to their age and 12.4% felt younger, while for women aged 60-69 these percentages were 50.0% and 35.1%, respectively.



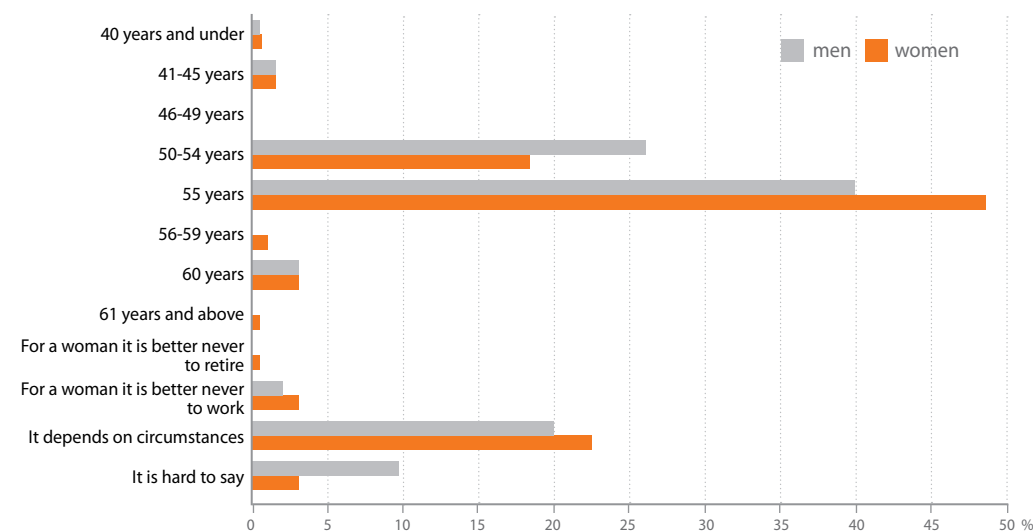
**Figure 5.1 Self-assessment of their age by older women depending on their chronological age, % of answers in a respective population of women**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Therefore, almost a half of respondents demonstrated a discrepancy between their chronological age and self-assessment of age (subjective age), they perceived themselves in a slightly different manner, unlike the image of an older person prescribed by social expectations and stemming only from belonging to a certain age group. In this respect, it is interesting to examine individual perceptions of specific age boundaries as points of transition from one stage of the life cycle to another one, in particular, the age boundary to complete professional activity.

**Ideal Age to Retire.** Almost 70% of respondents had clear ideas about the age which they believed to be ideal for a woman to retire; one in five respondents was sure that this decision depends on circumstances; 9.5% of men and 3.0% of women did not have a definite answer. The most popular answer about the ideal age for a woman to retire was 55 years – the age which was the statutory retirement age for women during a long time. This age was mentioned by 47.5% of women and 39% of men. One in every five older women and one in every four older men mentioned some other age below 55 years as the ideal age for a women to retire. Very insignificant shares of women as well as men believed that an ideal age for a woman to retire is above 55 years (Figure 5.2). Respondents' answers like *"it is better for a woman never to retire"* or *"it is better for a woman never to work"* were not widespread.

Men were also asked of their opinions about the ideal age for a man to retire. Among the answers indicating a certain age, the most frequent answer was *"60 years old"* – it was mentioned by 43.8% of surveyed males. 17.3% of men believed that the ideal age at which men may retire should coincide with the retirement age of women (55-56 years old). Only an insignificant percentage of 2.6% mentioned an age above 60 as the ideal age for a man to retire.



**Figure 5.2 Breakdown of respondents' answers expressing their opinion about an ideal age for a woman to retire, % of respective respondents**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Thus, on the one part, there is a clear impact of stereotyped perceptions concerning the best age to retire manifested in a rather frequent choice of answer options coinciding with the retirement age, while, on the other part, a considerable percentage of respondents acknowledge that the choice of this ideal age is individualized and requires consideration of many circumstances and may not be determined on the basis of chronological age. It is indicative that the frequency with which the answer "depending on circumstances" was chosen by women with high educational attainment was notably higher than that of other surveyed respondents (30%).

**Advantages of the Pension Age.** Perception of the pension age by persons of this age is of value for the survey, since it is not an outward and impersonalized view on this issue touched by a prejudiced attitude of young or even mature persons for whom old age is an aspect of the future, but the "living" experience of old age, its recognition as an aspect of the present, the experience of discovering and assimilating oneself with the phenomenon with which no con-

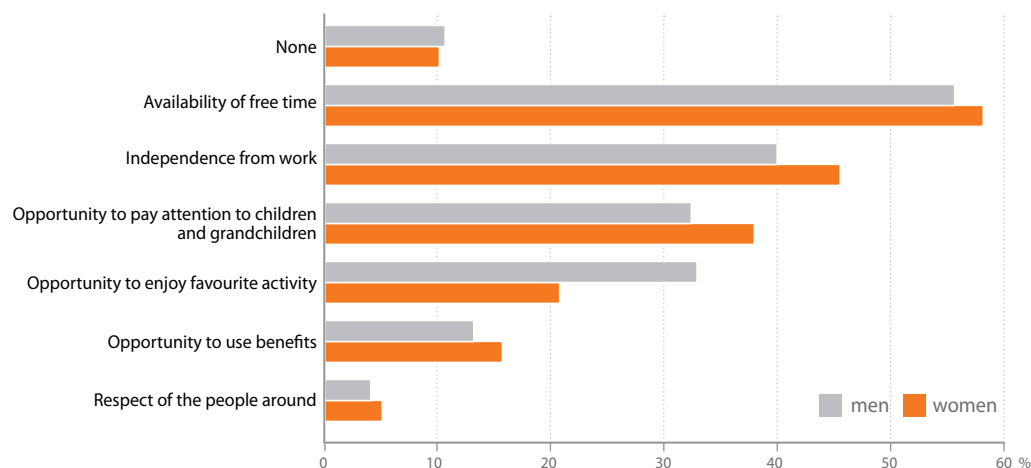


nection existed earlier. There are both positive and negative aspects in any phenomenon and process, therefore, two separate questions were asked in respect of the pension age: “*What positive manifestations of the pension age do you see?*” and “*What negative manifestations of old age do you see?*” The questions were formulated in such a manner as to assist the respondents in moving towards an objective assessment of this stage of their life course seen in the context of own experience acquired over a lifetime.

**The main positive manifestation of the pension age is availability of free time**

As stated by the respondents, the best advantage of the pension age is availability of free time: this aspect was mentioned by 57.5% of women and 55.0% of men. Availability of free time may result from removal of social restrictions, orders, obligations and stereotypes inherent in the employment period, accordingly, the second most popular answer was independence from work, and older women mentioned this aspect more frequently than men. For a certain percentage of respondents, more free time and independence from work is closely associated with the opportunity to pursue a certain activity, particularly, to take care of children and grandchildren; this activity is of personal value for them and 37.5% of women and 31.7% of men associated this experience with positive aspects of old age.

Transition into a weakly-structured sphere of an individual’s life course may entail the emergence or further development of latent abilities which will take the form of new hobbies<sup>38</sup>. An opportunity to carry out favourite activity as a positive manifestation of the pension age was mentioned by one of three surveyed men and one of four women. Benefits granted to older persons are often viewed as the societal acknowledgement of person’s merits and as a certain advantage available only to the chosen ones, therefore, this is a positive aspect of the pension age for 15.5% of women and 12.7% of men. A very low frequency of the option “respect of the people around” as a positive manifestation of the pension age is the fact raising concerns – it was selected by less than 5% of surveyed respondents (Figure 5.3).



**Figure 5.3 Opinions of respondents about positive manifestations of the pension age, % (respondents were allowed to choose several answers and therefore total answers do not equal 100%)**

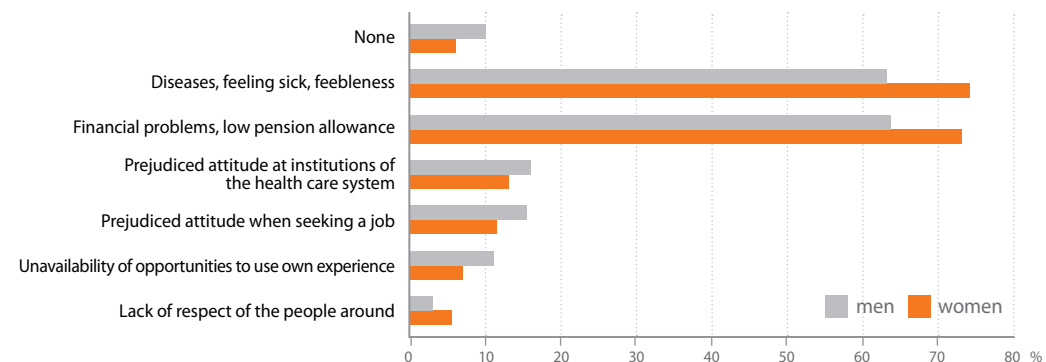
Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

**Disadvantages of the Pension Age.** One in every ten respondents stated that older age does not have any positive aspects. Besides, one in every ten male respondents did not see any negative sides of this age. A respective share of female respondents was 6%. Such aspects as “diseases, feeling sick, feebleness” and “financial problems, low pension allowance” as negative manifestations of the pension age were mentioned with almost equal frequency; these options were selected by 73% of women and 63% of men.

All of the other answer options were considered to be of much less importance; specifically, the

**The main negative manifestations of the pension age are diseases and financial problems**

frequency with which the respondents selected the options “prejudiced attitude at institutions of the healthcare system” and “prejudiced attitude when seeking a job” was 4-5 times lower as compared with health issues and financial problems. Respect of the people around was not seen as a positive aspect, nevertheless, unavailability of such respect was not deemed to be a negative aspect (Figure 5.4).



**Figure 5.4 Opinions of respondents about negative manifestations of the pension age, % (respondents were allowed to choose several answers and therefore total answers do not equal 100%)**

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

**Leisure**

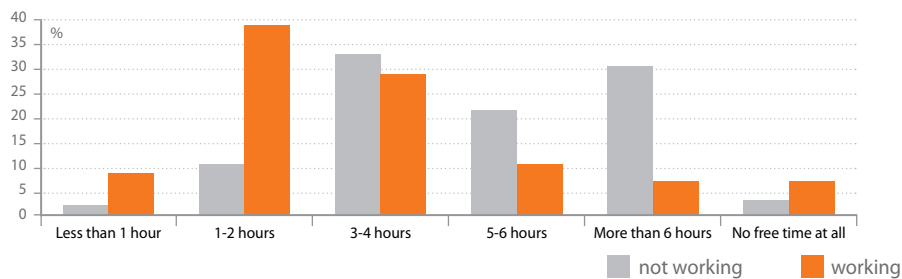
Retirement, having grown up children who have left the parents’ home and now reside separately, reduced social contacts with friends because of illness or even death of the latter result in the so-called social disengagement (or exclusion). Becoming more and more estranged from the society, an old person interacts with fewer persons, performs fewer social roles as it used to be in his or her younger years but is also less confined by common rules and expectations accepted in the society.

**Almost 85% of older respondents have more than 3 hours of free time per day**

The problem of disengagement is closely linked with the issue of older persons’ free time. Retirement from professional (paid) work brings about more free time. Considering this, the survey questionnaire included a question about availability of free time to older persons (i.e. time which could be spent for personal needs, hobby, recreation etc.). One in every three respondents (both men and women) mentioned that he or she has 3-4 hours of free time daily. One in every five women said she had 5-6 hours of free time daily; among men – one in every six respondents. 28.2% of women and 36.1% of men had more than 6 hours of free time per day.

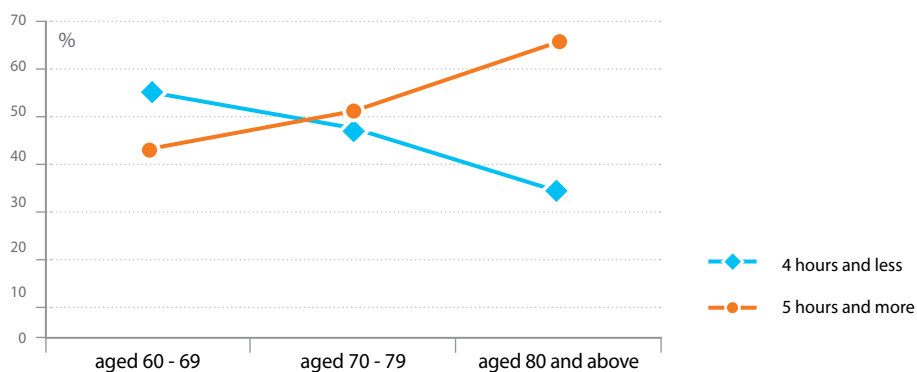
Older women who said that they continued paid work had much less free time than women who said they did not work. While in the first group a larger share of women mentioned they had not more than two hours of free time per day, the latter group had a high share of those who were engaged in leisure activities for more than 6 hours a day (Figure 5.5).

The availability of free time increases with age. Figure 5.6 demonstrates clearly that the percentage of answers given by respondents aged 80 and above about little free time (up to 4 hours per day) is significantly lower than a respective percentage of respondents aged 60-69; at the same time, almost two thirds of the oldest respondents stated they had five or more hours of free time per day.



**Figure 5.5 Breakdown of answers of older women continuing to work after retirement age and older women who do not work about free time available to them, % of a respective group of women**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013



**Figure 5.6 Percentage of older women by available free time depending on age, % of a respective age group of women**

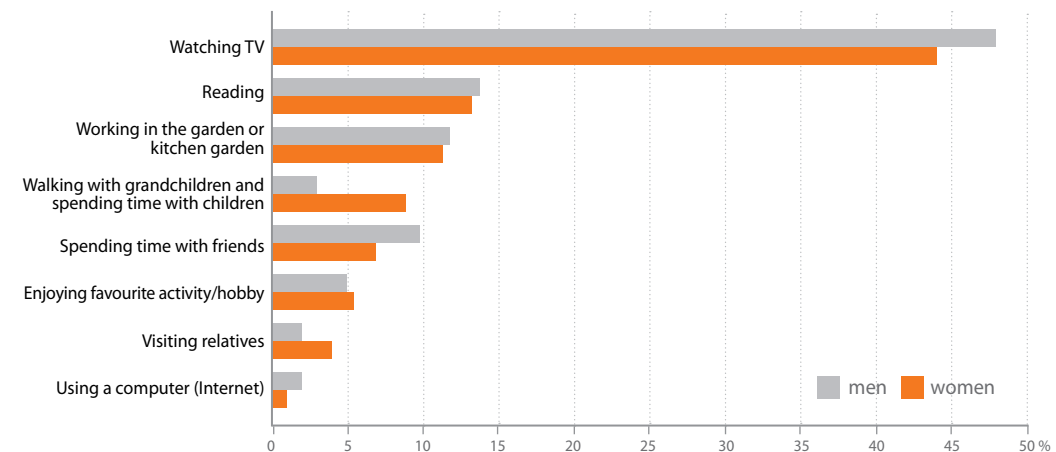
Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Naturally, older persons may be engaged in family and social activities and to a certain extent maintain their previous social status but they have their own leisure which should be filled with pleasant and interesting pastime<sup>39</sup>. Personal perception of old age as a specific phenomenon is mostly pre-determined by a person's ability to use free time in a productive manner, and this ability will have an effect on an older person's attitude to life and to his or her new self-image and this, in its turn, will be decisive for the nature of interpersonal relations and interaction with the wider society. Psychologists argue that older persons who had a wide range of interests extending beyond their professional activity before retirement become best adapted to this new period of their life<sup>40</sup>.

**Usual Ways of Spending Leisure Time.** The survey aimed at finding out how older persons spend their free time, what is their major pastime after retirement and what is the difference between "qualitative" content of free time of older men and women. Among activities ranged by the frequency with which they were specified by respondents as their major activity, watching TV-programs accounted for the highest percentage of women's answers: 45% of surveyed older women said that for the most part they spend their free time watching TV.

*The main free-time activity of older persons is watching TV programs*

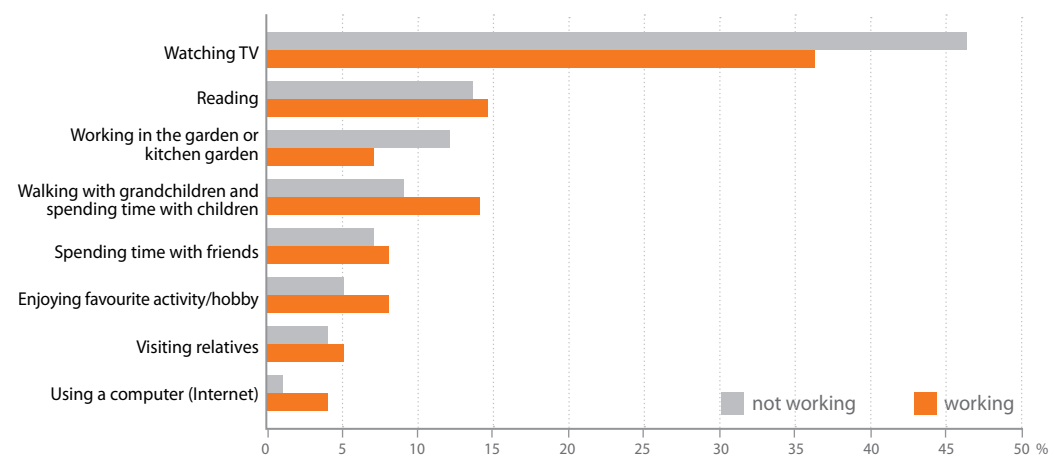
The percentage of men who mentioned watching TV as their favourite pastime was 48.7%. Overall, there was an insignificant variation in distribution of men's and women's answers. Reading was the second most frequent answer given by both women and men; this activity stays far behind the dominating pastime: as a major activity, reading was mentioned 3.5 times less often than watching TV. Women more often than men said they usually spend their free time with children or taking a walk with grandchildren (Figure 5.7).



**Figure 5.7 Breakdown of answers of older respondents about their usual way of spending free time (their major and most frequent pastime), % of a respective group of women**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

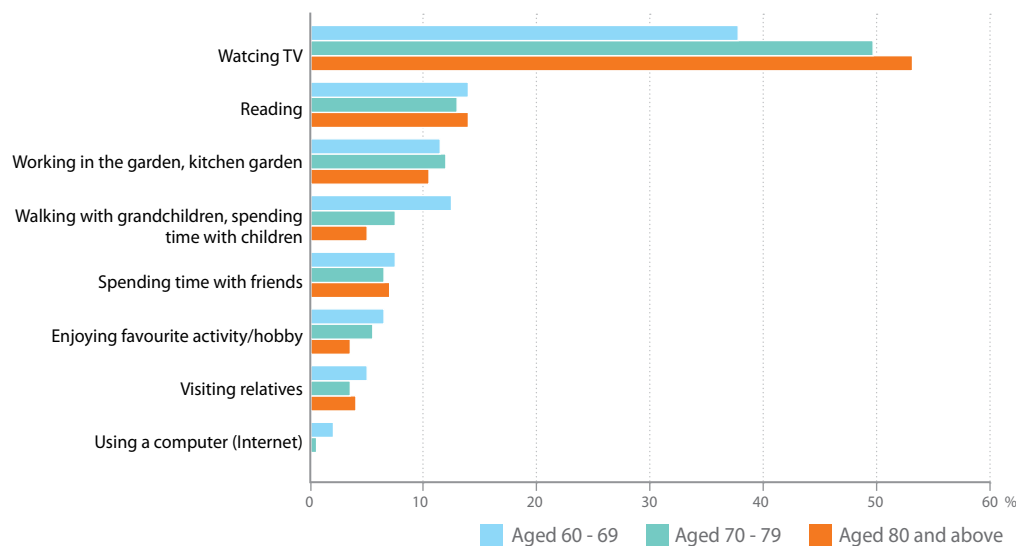
**Leisure Time of Older Women Who Continue to Work.** It is of great interest to examine how free time is spent by older women continuing to work past the retirement age and by women who fully retired from their professional duties. Watching TV programs as a major free time activity was mentioned by a smaller percentage of pensioners who continue to work beyond the retirement age, nevertheless, the answer "watching TV" dominated in this group of respondents as well. Reading as a major pastime was mentioned by 13.5% of non-working pensioners and by 14.6% of older women in paid employment beyond the retirement age. In the aggregate of total answers given by older women, the top three major pastimes also included *working in the garden* and *kitchen garden*. Quite naturally, pensioners continuing to work outside their homes mentioned this activity with a much lower frequency than non-working pensioners, whereas the latter more often said that they spend much time *walking with grandchildren and spending time with children*. As mentioned earlier, 37.5% of women indicated *the opportunity to pay attention to children and grandchildren* as a positive manifestation of the pension age, but this activity was mentioned as a major activity during free time only by 9.2%; besides, surveyed women who were on paid work (and, accordingly, they had less free time) indicated *walking with grandchildren and spending time with children* as the main pastime more often than non-working women (Figure 5.8). Answers "going in for sports", "visiting a library" and "travelling" were selected by very few respondents.



**Figure 5.8 Breakdown of answers of older women about their usual way of spending free time (their major and most frequent pastime) depending on whether they work or do not work, % of a respective group of women**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Age has an effect on the nature of pastime: advancement in age correlated with a growing percentage of respondents selecting the answer “*watching TV*” as their major pastime and with declining percentages of answers “*walking with grandchildren and spending time with children*” and “*enjoying my favourite activity/hobby*”, “*using a computer (Internet)*” (Figure 5.9).



**Figure 5.9 Breakdown of answers of older women about their usual way of spending free time (their major and most frequent pastime) depending on respondents' age, % of a respective group of women**

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

**Leisure Activities during Recent 7 Days.** A more detailed picture of activities carried out by older persons when they are free from professional duties and work about the house can be seen from answers about activities carried out by respondents at least once during recent 7 days before the survey (including weekend).

*In Ukraine older people prefer passive forms of leisure*

Data in Table 5.1 below were ranked by the frequency with which respective activities were mentioned by women aged 60-69. Watching TV was the most favourite pastime: it was indicated by 85.3% of surveyed women and 84% of men. Staying far behind the leading activity, the second rank in the list is taken by reading newspapers and magazines (58.8% of men and 54.1% women mentioned it as a way of spending free time). With increasing age, the percentage of respondents who indicated reading newspapers and magazines drops sharply: while 60.3% of women aged 60-69 said that they read newspapers and magazines, if they have free time, a respective percentage of women aged 80 and above was two times lower being 34.2%. Other activities also demonstrate the same drop in frequency with which they are indicated within the oldest age group of respondents, with the exception of *listening to radio programs*, *just relaxing doing nothing* and, to a certain extent, *attending a church*. At the same time, *just relaxing doing nothing* as the way of spending free time was rather popular not only among the oldest respondents but also among women aged 60-79.

Senior persons in older age groups demonstrate a significant decline of physical activity. Although they are eager to spend time with friends, neighbours, colleagues and people they know (this pastime was mentioned by 43.5%), the survey recorded a declining percentage of women aged 80 and above who pay visits (14.0%), go to non-food shops and markets (8.8%) and take walks for health improvement (11%). With the exception of reading newspapers and magazines, older women were much less likely to spend time reading fiction literature. It may be the case that small pieces of information (in the form of short articles, notifications, stories

**Table 5.1 Answers of women about leisure activity carried out at least once during recent 7 days (before the survey), by age, % of a respective group**

	Age			
	60 – 69	70 – 79	80 +	All
Watching TV	87.9	84.2	80.8	85.3
Reading newspapers, magazines	60.3	54.0	34.2	54.1
Spending time with friends, neighbours, colleagues and people I know	44.4	39.0	43.5	41.8
Just relaxing doing nothing	37.3	37.4	42.5	38.0
Attending a church (catholic church, synagogue, mosque, preaching house)	30.1	27.8	31.1	29.2
Paying visits/receiving guests	29.4	25.6	14.0	25.7
Reading fiction literature	29.4	25.0	15.0	25.5
Listening to radio programs	25.5	27.5	35.8	27.7
Going to non-food shops and markets	25.0	17.2	8.8	19.4
Walking for health improvement	18.6	17.7	10.9	17.2
Morning exercises	11.7	6.9	6.7	8.9
Listening to music (records, cassettes, tapes, discs etc.)	6.0	3.0	1.0	4.0
Going out of town for outdoor recreation	5.5	4.0	1.6	4.3
Using a computer (information search, games etc.)	4.9	1.8	1.0	3.0
Writing letters	3.0	2.2	3.1	2.7
Table games (chess, checkers, cards, domino etc.)	2.9	1.0	0.5	1.7
Body training	2.2	2.8	1.0	2.3
Going to a swimming pool, gym, stadium, sports ground	1.3	0.9	1.6	1.1

Total result does not equal 100% because respondents were allowed to choose several activities. Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

with drawings and photos) are better perceived in the old age as compared with fiction literature published on many pages (novels, stories) which require keeping in mind many characters and tracing story lines. Pastime related to intellectual activity, such as information search or computer games, table games (chess, checkers, domino etc.) were not a popular pastime of women either in early old age or late old age.

Large gender differentiation of answers was recorded in respect of attending a church (catholic church, synagogue, mosque, preaching house), with women being 1.7 times more active than men; table games (chess, checkers, cards, domino etc.), with men demonstrating more initiative (13.1% of older men mentioned that they played table games at least once during their free time in recent 7 days, while this activity was mentioned only by 1.7% of women); morning exercises – the percentage of men doing physical exercises during free time exceeded that of women (15.0 and 8.9% of men and women, respectively).

**Leisure Activities during Recent 12 Months.** Along with free time activities during the last week, older persons were also asked to recall their activities during recent 12 months before the survey. To make the task of recalling those activities easier, respondents were given a rather extensive activity list and could also indicate their own answer. Since it is quite logical to expect that activities would vary depending on the settlement type, answers of men and women from rural and urban areas were examined separately (Table 5.2).

“*Attending a church (catholic church, synagogue, mosque, preaching house)*” accounted for the highest percentage of respondents' answers, with a larger proportion of women (61.0%), although one in two men also mentioned this activity.



**Table 5.2** Answers of respondents about leisure activities carried out during recent 12 months (before the survey), by settlement type, % of a respective group

	women		men	
	urban	rural	urban	rural
Attending a church (catholic church, synagogue, mosque, preaching house)	49.2	61.0	22.2	41.7
Reading fiction literature	40.4	25.9	36.7	24.1
Going out of town for outdoor recreation	24.2	10.1	35.4	14.8
Applied arts (handiwork, embroidery, hand-made things, wood carving, engraving etc.)	15.3	13.5	3.4	8.8
Going to theatres, concerts, museums, art exhibitions	8.2	3.6	3.8	1.9
Fishing, hunting, gathering mushrooms etc.	6.2	7.0	34.7	37.7
Going to a restaurant, café	5.0	3.0	6.8	3.8
Excursion tour	4.4	5.1	4.9	4.1
Going to a library	2.6	3.0	3.8	4.7
Going to a cinema	2.2	2.1	2.4	2.0
Creative arts (writing poetry, prose, drawing, playing musical instruments)	2.2	2.8	3.4	1.1
Going to a swimming pool, gym, stadium, sports ground	2.1	1.1	4.4	3.0
Participation in meetings, social activities and demonstrations	1.3	0.9	6.2	4.1
Participation in amateur arts	1.2	0.8	1.0	1.1
Collecting different items, photography	1.0	0.8	2.9	2.2

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

## Learning

The concept of successful ageing popularized in works by Rowe and Kahn in 1987<sup>41</sup> defines successful ageing as a combination of the following factors:

- 1) low probability of disease or disability;
- 2) high cognitive/physical capacity;
- 3) active involvement in social life.

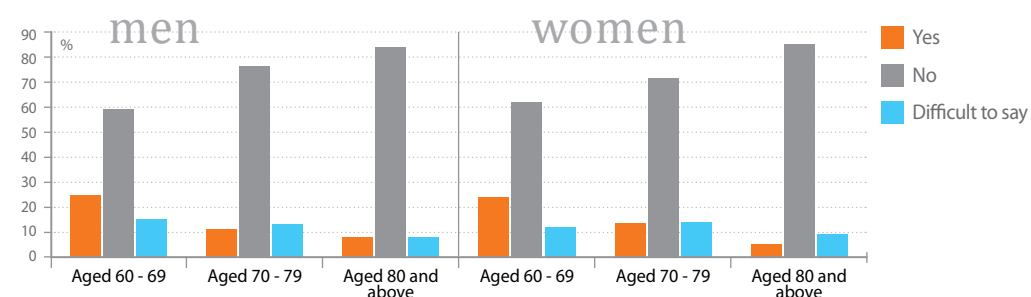
**Intentions of Older People to Study.** Health concerns of older people are examined in Chapter 2, so, this Chapter focuses on the second factor, high cognitive/physical capacity. In the first place, it should be noted that along with capacity for learning, older persons should also have intention of learning. 18.0% of men and 16.9% of women answered affirmatively to the question "Would you like to take the opportunity of acquiring new knowledge under learning programs for older persons?", less than 1% said they studied or are studying under such programs, almost 13% were uncertain about their intention to study and 68.3% of men and 69.5% of women of older age said a firm "no" to this proposal.

The percentage of respondents who stated that they would like to study under learning programs for older persons in urban areas was twice as large as that in rural areas. Accordingly, in rural areas the percentage of respondents considering no learning opportunities for themselves was higher than in urban areas.

**Almost 70% of older people had no intention to take the opportunity of acquiring new knowledge**

The percentage of negative answers towards education grows with increasing age. Notably, 60% of respondents aged 60-69 (both women and men) stated that they were not interested in the opportunity to acquire new knowledge under learning programs for older persons, whereas a respective percentage of persons aged 80 and above grew to 85% (Figure 5.10). On the other part, a positive aspect in this respect is that some representatives of the oldest group of respondents demonstrated an optimistic attitude and, despite their age, expressed an intention to learn under respective programs for older persons (7.7% of men and 5.2% of women). Respondents from the age group 60-69 years old are most likely to participate in such programs, with one in every four respondents of this group expressing an intention to use the opportunity and acquire new knowledge. However, educational programs should cover all pension age groups and take into account age-specific characteristics of older persons' mental and physiological development (for example, lesson duration, work complexity, number of persons in a group etc.).

The next step in this survey aimed at identifying areas of learning or courses of highest interest for older persons. In the list of learning subjects proposed to respondents, the lowest interest was expressed in respect of "family business administration or opening of own business", "studying foreign languages", "literature and art courses". Significant gender variations are seen



**Figure 5.10** Breakdown of respondents' answers to the question "Would you like to take the opportunity of acquiring new knowledge under learning programs for older persons?" by age and sex, % of a respective population

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

in answers about the intention to take the course of *decorative and applied arts and cooking*, with women expressing more interest, whereas men were more eager than women to acquire *computer skills*. Respondents interested in the learning course providing *pension reform related knowledge* accounted for the largest percentage, although it covered only a third of total respondents surveyed. This situation may probably be explained by the fact that changes in the pension legislation to a larger extent affect future pensioners than those who have already received this status.

**Areas of Knowledge and Learning Courses.** Since almost 70% of respondents had no intention to acquire new knowledge under learning programs for older persons, women and men expressing an intention of participation in such programs were examined separately. Their interest in certain areas of knowledge or learning courses is more reasoned and may be taken as a starting point for further development of learning programs targeted at older persons.

**Older people are interested to learn computer skills**

Table 5.3 demonstrates a significant variation in opinions of those intending to continue their learning. *Computer skills* were in the first place of the learning area/course list by the frequency with which respondents of this group selected this option. Among persons with an intention to learn under respective programs for the elderly, 47.3% of men and 41.7% of women expressed their practical intention and acknowledged that acquiring computer skills is crucial for today's life. The frequency with which the respondents mentioned courses increasing financial literacy was twice as high as any other answer on the average for the total surveyed population, and interest in foreign language studies was expressed even at a higher rate.



**Table 5.3 Areas of knowledge and learning courses in which respondents are most interested, %**

	All respondents		Respondents with an intention to learn under the programs for older persons	
	Men	Women	Men	Women
Family business administration/opening of own business	3.6	2.3	9.0	8.3
Foreign language studies	3.9	3.3	7.5	11.4
Literature and art courses	2.0	5.1	0.0	8.3
Decorative and applied arts	3.6	10.8	5.2	22.0
Financial literacy	12.1	11.9	25.8	23.6
Computer skills	18.6	12.1	47.3	41.7
Cooking courses	5.9	14.6	16.7	23.6
Pension reform-related knowledge	35.0	29.1	42.0	36.6

Total result does not equal 100% because respondents were allowed to choose several answer options.  
Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Respondents also mentioned psychology and alternative medicine as other desired areas of knowledge or courses. However, here concern is raised by the fact that one in every five respondents (among both women and men) refused to discuss the issue of learning at all explaining that no learning is of any interest to him or her any more. It would be logical to assume that such a position stems from the long-term and dominating stereotype according to which learning is the thing to be done by young people.

Another assumption which suggested that respondents have already achieved a high level of knowledge in many areas was disproved by analysing respondents' answers about the skills they had. As it turned out, only 20.6% of men and 13.5% of women had skills of personal computer use (at a user level). It is of interest that in this group of respondents 22.2% of men and 24.6% of women stated they would like to improve their skills, while a significantly lower percentage of respondents who did not know how to use a computer expressed an intention to acquire such skills: 17.7% of men and 10.1% of women. Approximately 7% of respondents knew foreign languages (except Ukrainian and Russian); one in every six respondents of this group expressed an intention to improve his or her knowledge, whereas mere 2.4% of respondents who did not know any other language except Ukrainian and Russian stated they would like to study a foreign language. 10.5% of men and 9.5% of women had skills of using office equipment (fax, copier etc.). A half of the surveyed older men stated they could drive a car; a respective percentage of women was 4.3%. The above findings confirm that persons with a pro-active life attitude continue to be active after reaching the retirement age.

The third component of successful ageing – active involvement in social life – means maintaining social ties and certain social roles, and continuing to be active in old age. It also includes emotional well-being as a person's satisfaction with his or her life; maintaining a positive self-image and optimistic life attitude; the feeling of being satisfied with everyday life and further development of abilities and opportunities<sup>42</sup>.

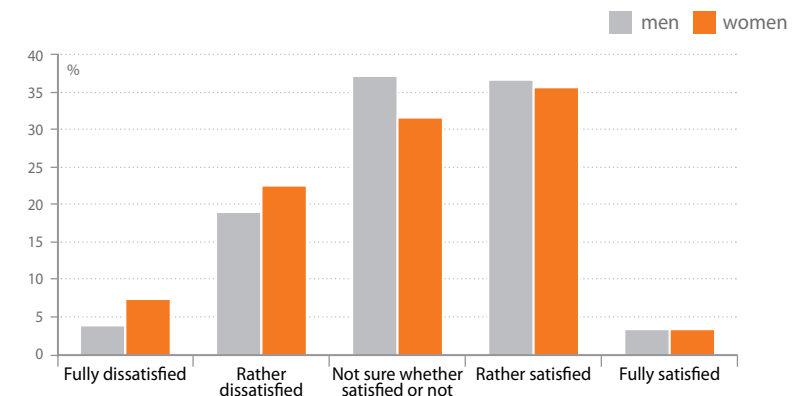
## Life Satisfaction

A well-known Russian psychologist L.I. Antsyferova classifies persons of old age into two types differing in activity levels, strategies of facing life hardships and means of overcoming them, attitudes to the surrounding world in general and to oneself in particular, and the degree of being satisfied with own life<sup>43</sup>. Persons representing the first type are characterized by high activity levels, they look into the future positively, and favourite pastime and friendly contacts maintained by them help these persons to increase their satisfaction with life. Representatives of

the second type mostly demonstrate a passive life attitude, the scope of their interests becomes narrowed, they lose self-respect and have a growing feeling that no one cares for them. As a result, older persons from this group feel more dissatisfied with their lives.

### Almost 40% of older respondents are dissatisfied with life

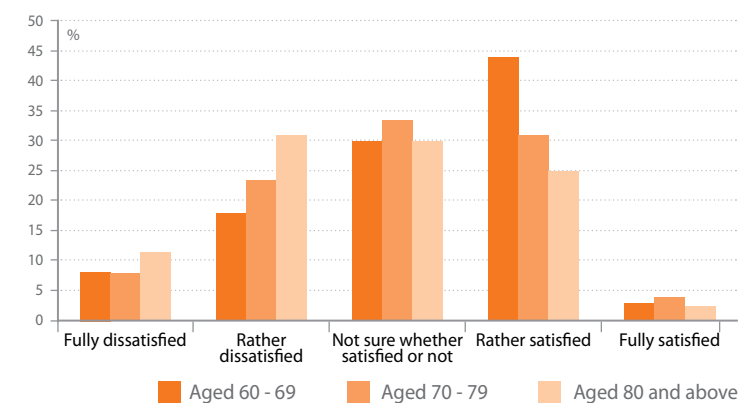
In total, only 3.3% of surveyed women stated they were fully satisfied with their lives and 35.8% were rather satisfied. 31.4% of women were uncertain about their position (whether they are satisfied or not). Almost 30% of women said they are dissatisfied with life, of which 22.3% stated they were rather dissatisfied and 7.4% – completely dissatisfied with life. Distribution of answers given by men in respect of their satisfaction with life demonstrated no cardinal differences from that of women; the only difference was that a higher percentage of men (almost 37%) were uncertain about whether they were satisfied or dissatisfied with life as compared to women, and lower percentage of men stated they were (rather and completely) dissatisfied with life as compared to women (Figure 5.11).



**Figure 5.11 Breakdown of respondents' answers about overall satisfaction with life, % of respective population**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

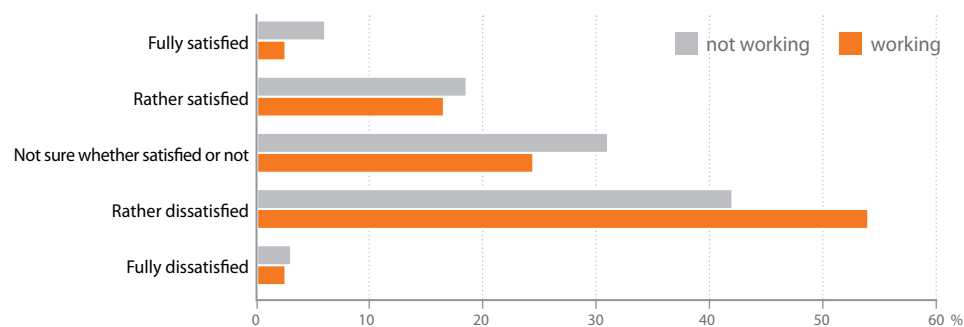
**Life Satisfaction by Age.** Survey findings demonstrated that satisfaction with life is dependent on respondents' age: with advancement in years, the percentage of dissatisfaction with life expressed by women grew (while 23.5% of women aged 60-69 stated their dissatisfaction with life, in the age group 80 and above this percentage grew to 42.5%) and the percentage of women choosing the answer "rather satisfied" declined (Figure 5.12). Women of all ages were very careful about expressing full satisfaction with life.



**Figure 5.12 Breakdown of women's answers about overall satisfaction with life depending on age, % of respective population**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

**Life Satisfaction by Work Status.** In this survey, we attempted to verify the assertion expressed by L.I. Antsyferova that the level of satisfaction with life varies depending on the active or passive types of life in old age. At first, respondents were divided into two groups: those continuing to work and those who stopped professional activity. To limit the impact of sex and age factors, only women aged 60-69 were examined. As evidenced by the analysis of findings, a higher percentage of retired women who continued to work (i.e. women undoubtedly representing the active old age type) stated their overall satisfaction with life as compared to women who did not work anymore (54% vs.42%); accordingly, women in the latter group were more often uncertain about their answers (*“it is hard to tell whether I am satisfied or not”*) or stated that they were rather or even fully dissatisfied with their lives (Figure 5.13).



**Figure 5.13 Breakdown of women's answers about overall satisfaction with life depending on whether they work or not, % of respective population**

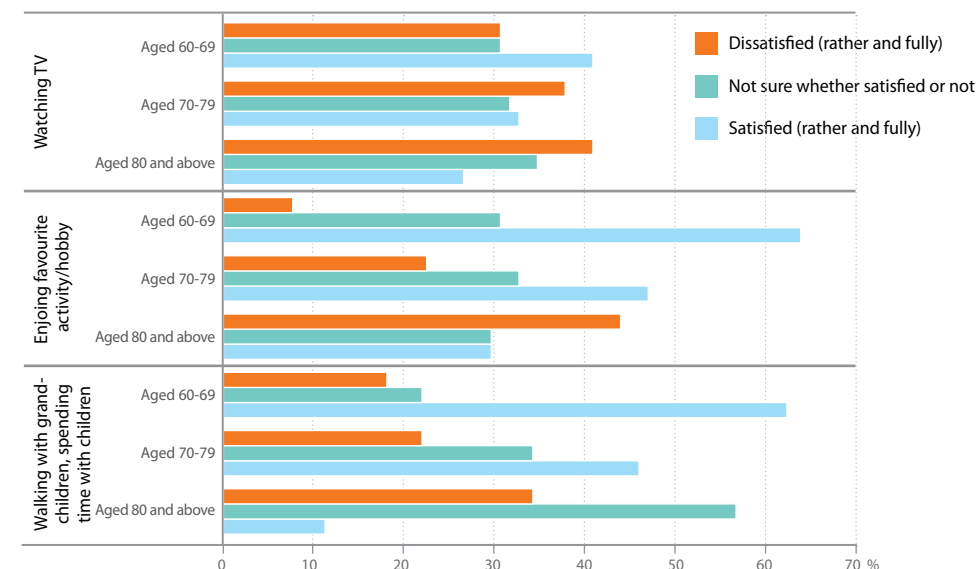
Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

**Life Satisfaction by Main Leisure Activity.** However, the old age lifestyle type is determined rather by the amount of free time available to a person and by activities for which he or she spends it than by availability or absence of paid work. Watching TV is mostly a passive pastime, therefore, respondents mentioning it as their main activity during free time might be conditionally categorized as representatives of passive old age type. Respondents who stated that they dedicated their free time to favourite activity/hobby and respondents whose main activity during free time was walking with grandchildren and spending time with children were categorized into the active old age group. It turned out that more active manner of spending free time has a positive effect on the level of satisfaction with life (although in this respect an inverse relationship cannot be ruled out altogether – older persons feeling more satisfaction with their lives are more active). This is especially notable in the group of women aged 60-69: the percentage of respondents stating that they are (rather and fully) satisfied with life among those dedicating their free time to favourite activity/hobby or spending time with grandchildren and children exceeded 60% (Figure 5.14). Women who spent their free time mostly watching TV accounted for the highest percentage of respondents dissatisfied with life.

The dependence of satisfaction with life on active life attitude is also seen in the group of women aged 70-79, but no such interconnection is found in the group of the oldest female respondents.

**Feeling of Being Burdensome.** The question *“Do you feel yourself a burden to someone because of your age?”* was used to get an insight into another aspect of pension age perceptions. In general, the majority of respondents (63.4% of men and 51.2% of women) answered that they did not feel anything like that because they were able to provide for all of their needs and led rather active lives. One in every six respondents believed that care of older persons is not a burden but a duty. The percentage of female respondents feeling that they were a burden to someone because of their age considerably exceeded the percentage of men with the same feeling; one in every five women believed that this situation resulted from health issues and one in ten women explained it by a low pension allowance.

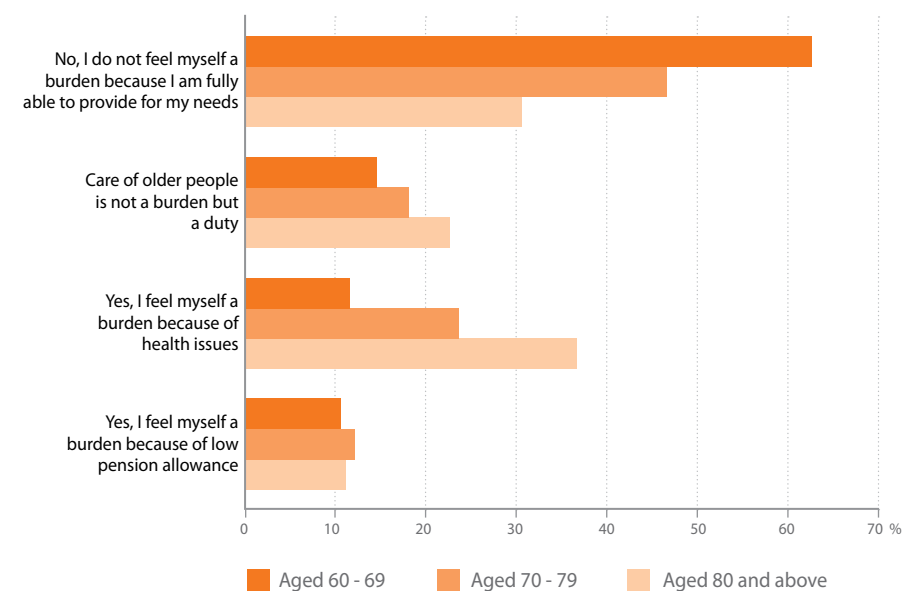
*The majority of respondents did not feel themselves a burden to someone*



**Figure 5.14 Breakdown of women's answers about overall satisfaction with life by age and main leisure activity, % of respective population**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

The feeling of being a burden to someone depends on age. The percentage of respondents stating they were able to provide for all of his/her needs independently and, therefore, did not have the feeling of being a burden to anyone among older women aged 80 and above was half as large as among women aged 60-69. Advancement in age correlated with the growing percentage of affirmative answers evidencing that the respondents surveyed really had a feeling of being a burden; at the same time, more respondents believed that care of the elderly is not a burden but a duty. It is worth mentioning that the percentage of respondents believing that they were a burden because of pension age and low pension allowance was insignificant in all age groups (Figure 5.15).

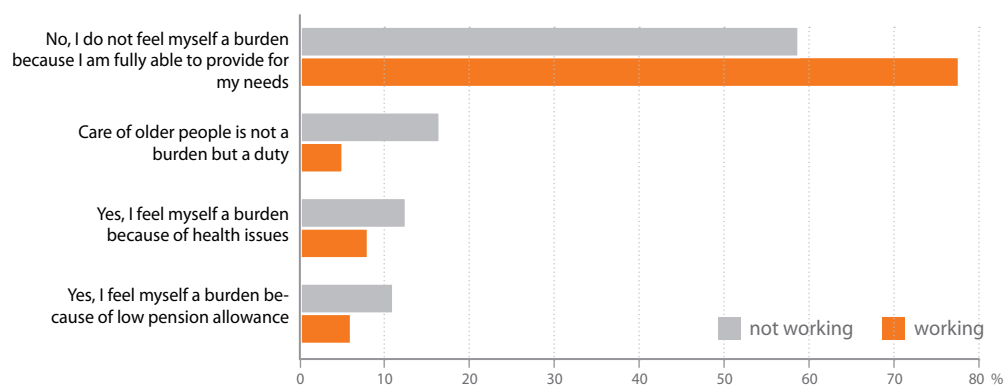


**Figure 5.15 Breakdown of women's answers to the question "Do you feel yourself a burden to someone because of your age?" by age, % of a respective population**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Recognition of own dependence on other persons undermines older persons' positive attitude to new social roles. Health issues which aggravate with advancement in years and stem from ageing of the human body enhance this dependence in the majority of cases, undermine self-confidence and capability to provide for own needs. Among female respondents who had a feeling of being a burden to others because of health issues, three out of four women mentioned they had poor health (22.0% very and 54.2% rather poor health). In contrast to these respondents, women who said they were quite active and able to provide for own needs were least likely to say that their health was poor (only 4.2% said they had very poor health and 21.5% described their health as rather poor). It is quite logical that the percentage of respondents not feeling themselves a burden to others decreases consistently with assessment of one's own health as more poor but, nevertheless, there is an interesting fact that even within the population of respondents who characterized their health as very poor almost 23% stated they had no feeling of being a burden to others because they were rather active and able to provide for own needs. Therefore, the state of health is an important but not an exclusive factor assuring a successful adaptation of persons who reached the pension age to new social roles. It would be more reasonable to speak about a set of interrelated factors determining whether this adaptation will be easy and prompt. Many psychologists and sociologists in their works argue that working past the retirement age is a powerful factor ensuring a positive vision of the pension age and a new image of oneself as an older person. In this context, the survey focused on answers about the feeling of being a burden to someone because of age given by respondents on paid work and respondents who did not work anymore. To limit (to some extent) possible influence of age and sex factors, we analysed only the opinions of women aged 60-69.

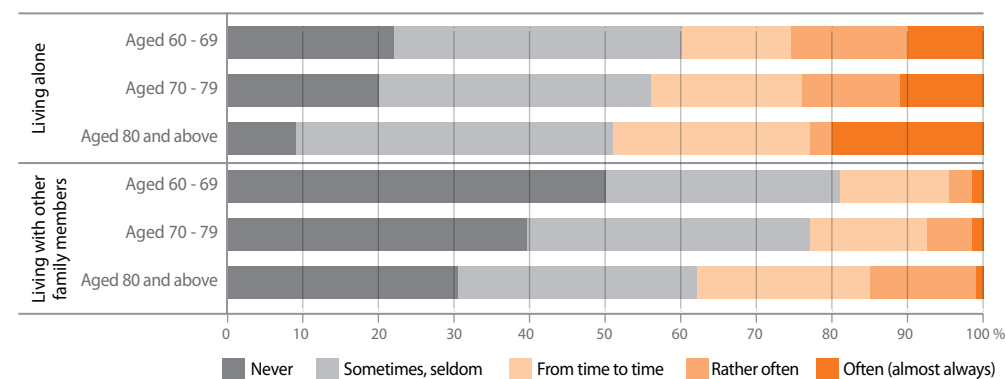
Figure 5.16 demonstrates that the percentage of respondents stating that they were quite active and able to provide for own needs and, therefore, had no feeling of being a burden to anyone, was much higher among women who continued to work as compared with women who stopped their professional activity. Besides, it is of interest that for a certain proportion of older female respondents the fact of being on paid work did not relieve them of the feeling of being a burden because of age – almost 14% of older persons aged 60-69 stated they had a feeling of being a burden to others as a result of health issues and low pensions.



**Figure 5.16** Breakdown of answers of women aged 60-69 to the question “Do you feel yourself a burden to someone because of your age?” depending on whether they work or do not work, % of a respective population

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

Older people who retired have an increasing feeling of loneliness. Even persons living in a family may have it, although it is much less likely than in case of persons living alone. Accordingly, among women residing with other family members, 6.6% felt themselves lonely rather often and often (almost always), in contrast to 26.5% of persons living alone. The feeling of loneliness is increased with age irrespective of whether a woman lives alone or with other relatives. Thus, a half of women aged 60-69 living in a family never felt themselves lonely, and a respective share of women aged 70-79 was almost 40% and just 30% of women aged 80 and above (Figure 5.17). Among respondents stating that they lived alone, one in every ten women aged 60-79 and one in five women aged 80 and above said they felt lonely often (almost always).

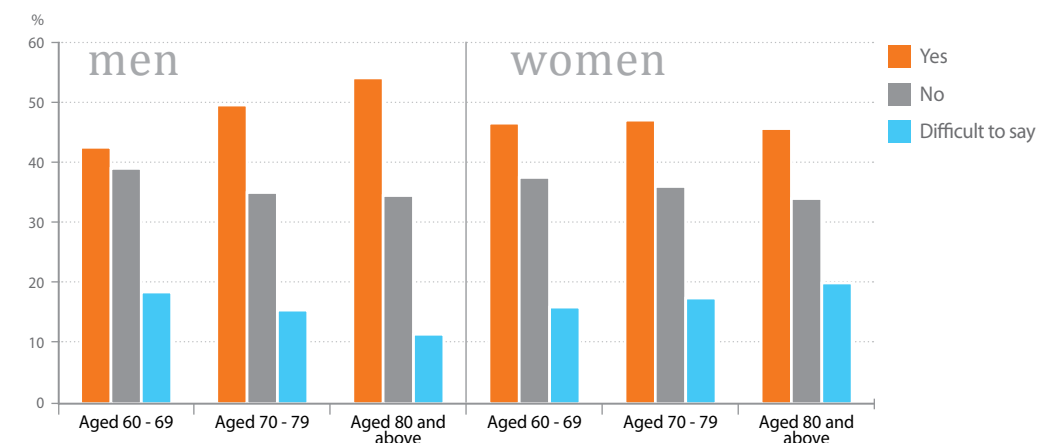


**Figure 5.17** Breakdown of women's answers to the question “Do you often feel yourself lonely?” by age and living arrangements, % of a respective population

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

## Attitudes to Older Persons

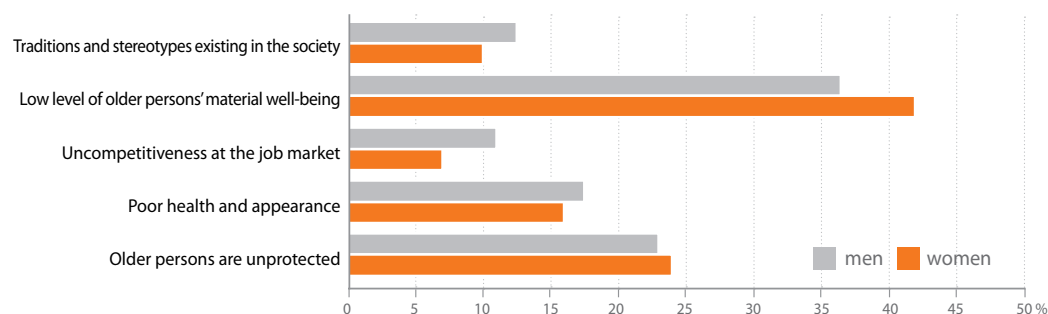
The feeling of being lonely and a burden to others, low satisfaction with life may deepen or weaken depending on the vector of attitudes to older persons prevailing in the society. In this survey we used the question “Do you think that in Ukraine the attitude to older persons is worse than to younger persons?” which was formulated without touching a respondent's personality in any way. Respondents had to express their opinion about the attitude to any older person by comparing it with the attitude to younger persons. In general, 46% of respondents believed that the attitude to older persons is worse, almost 37% were sure that the attitude to older persons is not worse; approximately 17% were uncertain. No gender variation in opinions on this issue was found. Men demonstrated a correlation between answers and age – the frequency of choosing the answer “Yes, I think that the attitude to older persons is worse” grew with the increase in age. Accordingly, 42.5% of respondents aged 60-69 expressed this opinion, while a respective percentage of respondents aged 80 and above was 53.8% (Figure 5.18). As for women, with their age increasing they demonstrated a growing percentage of those who could not say a clear “yes” or “no”. Notably, respondents who had a feeling of being a burden to others were much more likely to state that the attitude to older persons in Ukraine is worse than to younger people as compared with those who did not feel himself or herself a burden to anyone because of age (57.8% and 41.8%, respectively).



**Figure 5.18** Breakdown of respondents' answers to the question “Do you think that in Ukraine the attitude to older persons is worse than to younger persons?” by age and sex, % of a respective population

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

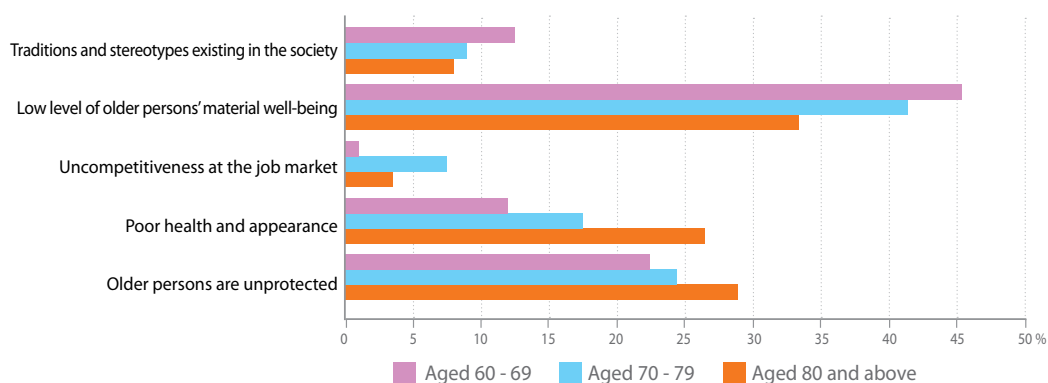
Respondents stating that in Ukraine the attitude to older persons is worse than to younger people were asked about their assumptions concerning factors causing such a situation. Among the factors mentioned, the first rank by frequency was taken by “*low level of older persons’ material well-being*”. Owing to a lower average pension allowance of women as compared to men, women were more likely to mention this factor (42.1% of women against 36.3% of men). The variation in frequency of men’s and women’s choice of other factors was insignificant (Figure 5.19).



**Figure 5.19 Opinions of respondents about factors having the strongest effect on a worse attitude to older persons in Ukraine as compared with other persons, %**

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

One in every six respondents explained poor attitude to older persons by their poor health and appearance, while “*Older persons are unprotected*” was much more frequently mentioned by the respondents.



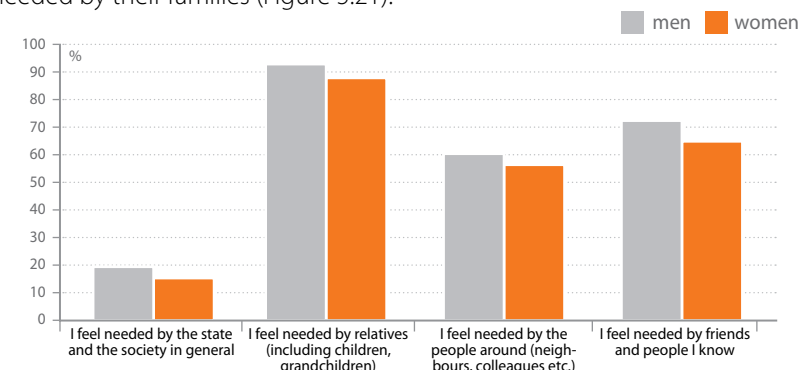
**Figure 5.20 Opinions of women about factors having the strongest effect on a worse attitude to older persons in Ukraine as compared with other persons, by women’s age, % of a respective population**

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

A Russian psychologist M.D. Aleksandrova argued that when a person is ageing, the society and family as a unit of the society do not put any requirements to this person thus estranging him or her and this changes this person’s status and deprives him or her of certain roles; the person becomes less active and the process of ageing accelerates<sup>44</sup>. When the society puts some requirements to a person this means that the latter is “in the game” and one of the players in this game, he or she performs certain actions and, therefore, should comply with the established rules binding upon all of the players.

*The majority of respondents were sure that neither the state nor the society needed them*

Detached observation creates the feeling of being unnecessary. To a certain extent, this may serve as an explanation why only 19.3% of surveyed older men and 15.5% of women stated they feel themselves needed by the state and the society in general, and 63.1% of men and 68.4% of women were sure that neither the state nor the society needed them. At the same time, certain obligations performed within a family (i.e. participation in family games, playing of roles related to family life) have a positive effect on the sense of self-esteem and the feeling of being needed by other people, first of all, by relatives. Accordingly, nine of ten respondents said they felt needed by their families (Figure 5.21).



**Figure 5.21 Percentage of positive answers of respondents about the feeling of being needed, % of a respective population**

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

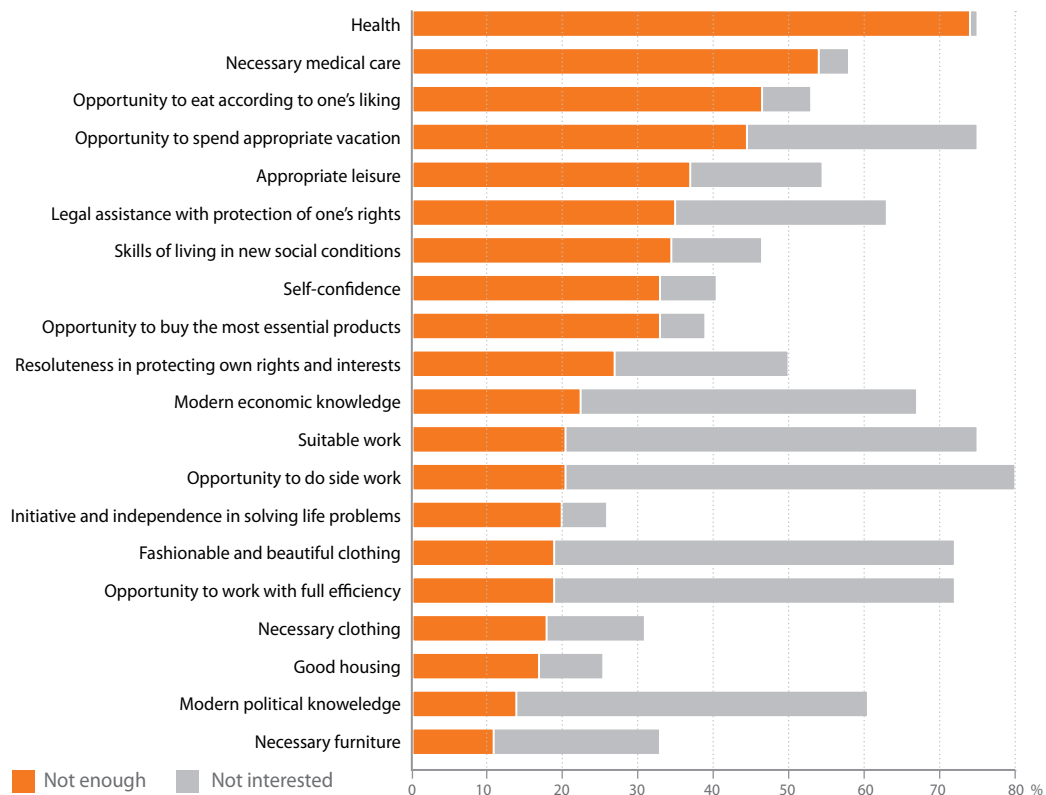
Satisfaction with life, acceptance and successful performance of new social roles depends on the needs which older persons have and on the extent to which these needs are satisfied in their everyday life. The survey questionnaire offered respondents a rather extensive list of components crucial for having the sense of a full and appropriate life. Respondents were asked to choose one of the following four options: “*not enough*”, “*it is difficult to say enough or not enough*”, “*enough*” or “*not interested*” for each of these components. Unsatisfied critical needs of older persons are of special scientific interest here, since this awareness allows identifying sectors of the social policy in respect of pension-age population requiring immediate attention.

## Older People’s Lacks

To arrange the data in an orderly manner, men’s and women’s answers about anything they lack in life (option “*not enough*”) were ranged by frequency, and percentages of answers about aspects of life which are of no interest to them anymore or which were never important are indicated in the same bar with a different colour (Figures 5.22, 5.23).

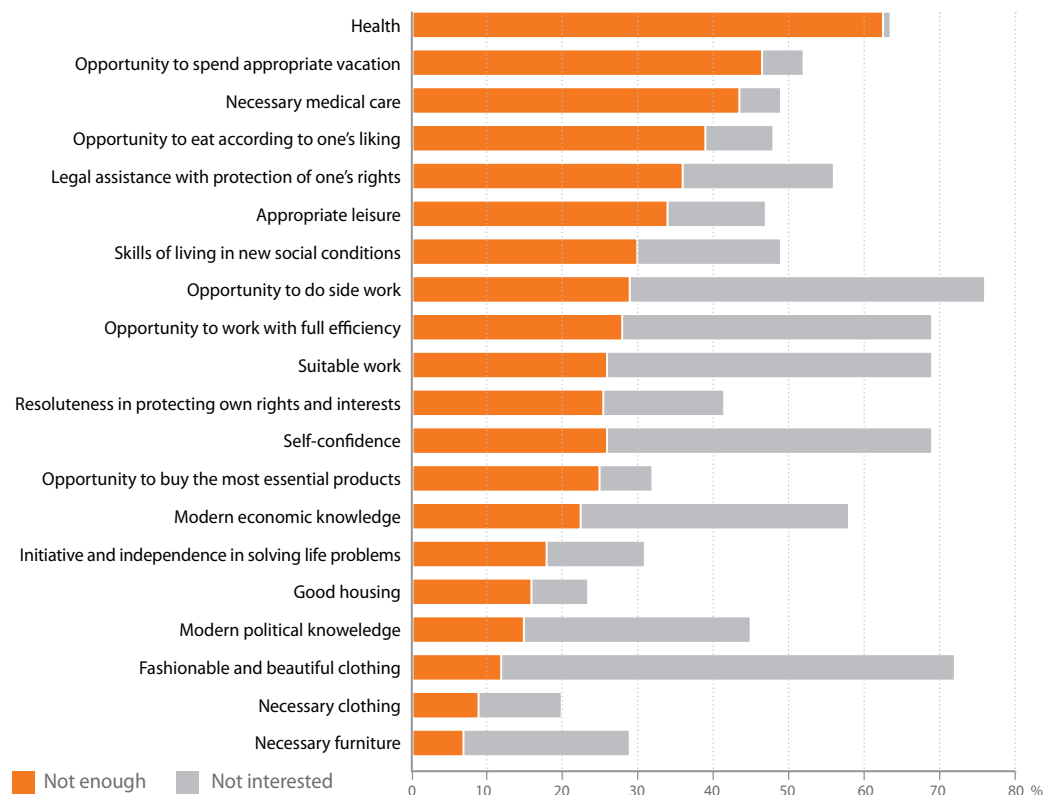
Health was on the first place for both women and men, although it should be mentioned that older women were much more likely to indicate that health was what they lack in life. The second place in this list is closely linked with the first one – 53.7% of women indicated they did not receive enough medical care. Men also indicated this aspect often, but they were more concerned with a lacking opportunity of an appropriate vacation. In the pension age, availability of the opportunity to eat according to one’s liking becomes of growing concern. The fact that older persons’ gastronomic needs and preferences go far beyond the scope of consumption of the most essential food products is evidenced by a rather high frequency of answers that respondents have an opportunity (“*enough*”) to buy most essential food products. In this respect, possible solutions might include earning additional income to complement the pension allowance, for example, by taking side jobs or by doing suitable work. However, one in five surveyed women and one in four surveyed men said they were interested in side jobs, but the frequency of answers that respondents were not interested in these aspects of life was the highest. For example, the percentage of women stating that they were not interested in earning additional income was three times higher than the percentage of women lacking this opportunity for adequate life.





**Figure 5.22 Opinions of women about what they lack in life and what they are not interested in, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013



**Figure 5.23 Opinions of men about what they lack in life and what they are not interested in, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

29.8% of male respondents and 34.5% of female respondents indicated they lacked skills of living in new social conditions. At the same time, 35.3% of older men and 44.3% of older women said they were not interested in gaining modern economic knowledge; 29.8% of men and 46.5% of women expressed no interest in receiving modern political knowledge. And considering the fact mentioned above that only 17% of respondents were interested in acquiring new knowledge under learning programs for the elderly, we can come to the conclusion that in Ukraine older persons demonstrate a low level of comprehension and acceptance of the pension age as the next stage of their life course, the stage of further personal development requiring an active life attitude, accumulation of new knowledge and re-assessment of values based on the experience acquired during their lifetime and based on the available opportunities (first of all, health). B.G. Anyayev noted that the irony of human life is that for many people "dying" comes much earlier than physical ageing<sup>45</sup>.

## Summary

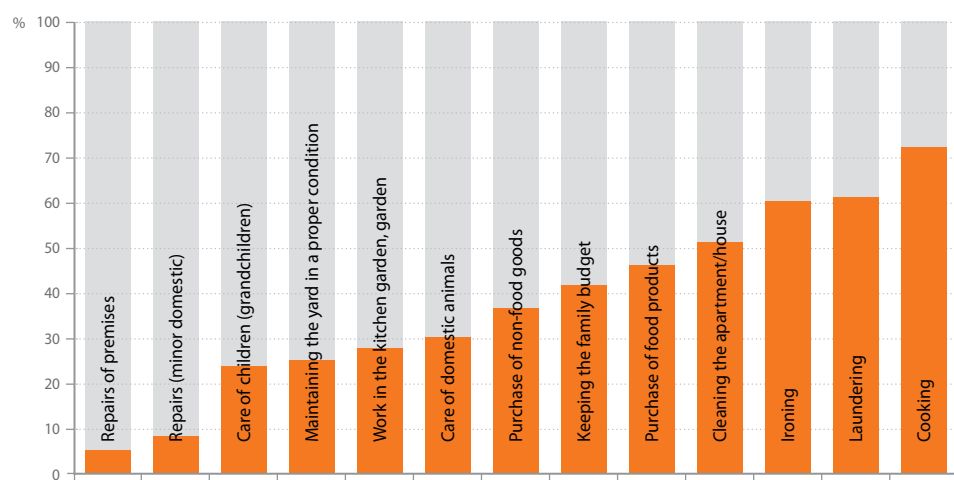
- A social role is the behaviour expected by the society from a person occupying a certain position. The main paradox about this is that the society creates conditions in which a person may act as expected, but then the behaviour formed in such a manner and being a forced rather than free choice of a person, is recognized as the norm for those living in these conditions.
- Pension security problems and low participation of the elderly in life of the society were the factors narrowing the scope of their interests and with time this was recognized as the "normal" behaviour of pension-age persons, namely, their passive attitude and lack of interest to learning something new. An older person, becoming more and more estranged from the society, interacts with fewer persons, performs fewer social roles and is less confined by common rules and expectations accepted in the society, but this triggers further narrowing of interests and activity decline and accelerates the process of ageing.
- As evidenced by the conducted survey, the passive type of ageing dominates among respondents. Social roles of the elderly beyond the scope of family duties, for example, those related to the way of spending free time or further learning, are focused on passive consumption of products offered by the society, such as TV programs, radio programs, printed publications – newspapers, magazines, fiction literature.
- Older persons demonstrate low interest in the opportunity of acquiring new knowledge under learning programs for the elderly. On the one part, interest to learning courses declines with increasing age but, on the other part, it should be noted that even among respondents aged 80 and above there is a group of persons eager to study certain subjects.
- There is a need, firstly, for more encouragement of the elderly to continue learning, to make areas and courses of learning more diverse and, secondly, learning programs should be developed (or adapted) specifically for different age groups with due regard to age-specific characteristics of psychological and physiological development of older persons (for example, lesson duration, work complexity, number of persons in a group).

## FAMILY COOPERATION AND MUTUAL HELP

### Older Women's Role in Family Life

**Household Labour.** The most essential principle underpinning the family life arrangement is family cooperation, mutual help and sharing of different activities and services between family members. Studying the institute of family at the verge of centuries, a well-known researcher A. Antonov laid an emphasis on general family activity as the backbone feature of a family<sup>46</sup>. Although a patriarchal family pattern with its rigid distribution of family roles and responsibilities is already in the past, a Ukrainian woman still bears major responsibility for organization of her family's daily living and fulfilment of vital activities within the family<sup>47</sup>. Work done in a family household does not always get an appropriate acknowledgment from the society, it does not have monetary value, but nevertheless, it is one of the crucial elements of the mechanism sustaining population's life activity.

Having reached old age, a woman does not cease to be an important family member and her role in the fulfilment of numerous family duties is important for other members of a family. As demonstrated by findings of the survey, older women living in families are major homemakers doing basic household labour or actively participating in it (Figure 6.1). Thus, 60-70% of women bear major responsibility for cooking, laundering, ironing and another 20-24% are involved in these activities. A half of women have the major duty of cleaning the house and another 37% are involved in it, 46% and 38% of women, respectively, have major responsibility and are involved in purchasing food products, 33.6% and 41% – in purchasing non-food products. Less than 10% of women bear main responsibility for minor repairs, although almost one in four women takes part in this type of housework. Women are also actively involved in planning and maintaining the family budget (41% have major responsibility and the same percentage are involved). One in every four women “presides” over childcare, cleaning the yard, domestic animals care, work in the garden and kitchen garden in families for which these activities are relevant, and a half or even a larger proportion of older women in such families take part therein.



**Figure 6.1** Share of older women who are mainly responsible for household works in a family, %

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

*Older women living in families are major homemakers doing basic household labour*

With increasing age, a woman experiences a decline in physical capabilities and deterioration of health and, accordingly, other family members should undertake more household duties. At the same time, the survey demonstrated that women of the oldest age (80 and above), although not bearing major responsibility for keeping the house, frequently participate in such household duties as cooking, cleaning the house and, if necessary, care of children/grandchildren, cleaning the yard, care of domestic animals, work in the garden and kitchen garden (Table 6.1). As for the “youngest” older women (aged 60-69), more than 90% of women in this age group are most actively involved in all types of household labour, except for repairs (minor domestic repairs and repairs of premises) because these activities require certain skills and physical strength in some cases and are mostly the men's domain.

**Table 6.1** Breakdown of older women of different age by their participation in fulfilment of household duties (by types), %

	Bearing major responsibility			Participating			Done by someone else		
	60 - 69	70 - 79	80 +	60 - 69	70 - 79	80 +	60 - 69	70 - 79	80 +
Cooking	83.0	67.1	39.1	15.3	25.0	40.2	1.5	7.9	20.7
Purchase of food products	56.6	39.2	22.8	36.7	41.1	31.5	6.5	19.7	44.6
Purchase of non-food goods	43.8	32.9	15.2	45.9	38.2	29.3	9.9	27.9	53.3
Cleaning the apartment/house	61.8	44.7	21.7	33.3	39.7	41.3	4.6	14.2	37.0
Laundering	73.0	55.5	25.0	22.2	26.4	30.4	4.6	17.1	43.5
Ironing	71.9	54.3	23.9	21.0	27.2	27.2	6.5	17.8	46.7
Repairs (minor domestic)	8.8	7.2	4.3	36.1	26.7	17.4	53.9	64.7	77.2
Repairs of premises	5.2	4.8	2.2	26.6	20.7	14.1	66.2	72.6	81.5
Planning/keeping the family budget	49.5	35.8	23.9	41.3	43.8	34.8	8.2	18.5	40.2
Care of children (grandchildren)*	28.5	19.1	13.6	61.6	55.5	50.0	8.7	22.8	34.1
Maintaining the yard in a proper condition*	31.2	21.3	13.6	51.6	52.9	40.7	15.8	24.0	45.8
Care of domestic animals*	37.7	23.4	20.0	48.6	52.3	41.7	12.3	22.3	38.3
Work in the kitchen garden, garden*	34.8	23.1	12.3	58.5	61.0	45.6	5.3	13.6	40.4

\* breakdown of women residing in families for which these activities are relevant  
Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

**Financial Assistance from the Elderly to their Children.** In Ukraine, the ties between parents and children are traditionally strong, older parents support their children financially at the first stages of their professional activity as well as later, if needed, and help to organize daily domestic activities. This help is increased as grandchildren are born. At the same time, in the present-day society this reciprocity between generations takes other forms primarily due to territorial separation of parents and adult children, increasing mobility of the population, divergence of views and lifestyles of different generations in the context of a rapidly changing social and information environment.

As demonstrated by the survey data, under the current conditions the majority of older parents (more than 80% of mothers and 75% of fathers) help their children financially, with their largest proportion providing this assistance from time to time, occasionally. Only 15% of respondents acknowledged that they were helped on a regular basis. The percentage of respondents helping their children to solve financial problems regularly declines with increasing age (this being quite natural since with increasing age of children their professional experience and, accordingly, income grows). However, a half of older men and women in all age groups help their children financially from time to time, and the proportion of such respondents was lower only in the oldest age group being 37.1 -37.5% (Table 6.2). This may serve as an evidence of a low income earned by working-age population quite often requiring support of elder family members rather than of parents' concerned attitude to financial problems of their children.

**Table 6.2 Breakdown of older men and women in different age groups by the extent of financial support provided to their adult children, %**

Age group	women			men		
	regular support	support from time to time	no support	regular support	support from time to time	no support
60-64	23.4	49.7	26.9	17.0	59.1	23.9
65-69	16.8	51.7	31.5	20.6	44.4	34.9
70-74	9.9	50.3	39.8	8.1	52.7	39.2
75 and above	8.7	37.5	53.8	24.2	38.7	37.1
<b>Total: 60 and above</b>	<b>14.2</b>	<b>46.3</b>	<b>39.5</b>	<b>17.2</b>	<b>49.7</b>	<b>33.1</b>

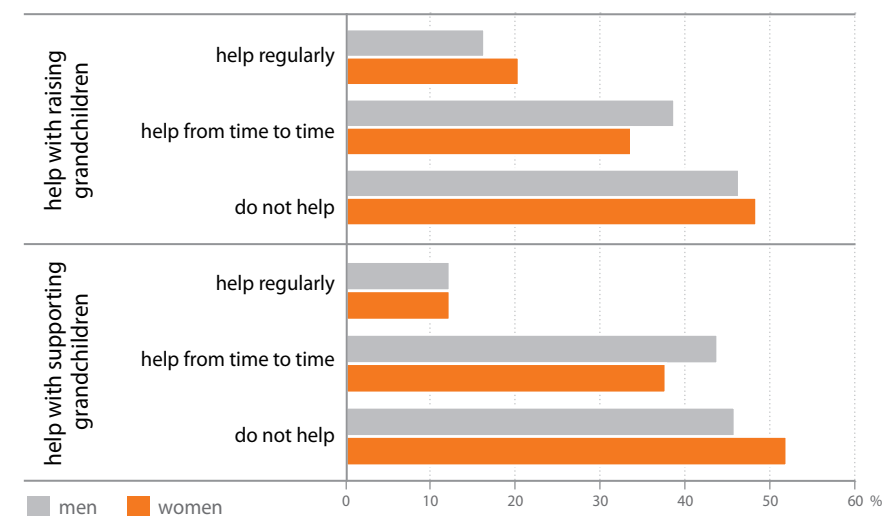
Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

**Assistance from the Elderly to their Grandchildren.** In Ukraine, older women and men who have grandchildren are traditionally actively concerned with their life and development problems. Grandmother and grandfather are important for grandchildren; they are the embodiment of the family experience continuity and the link between the family generations. They shape the particular family atmosphere of love and kindness indispensable for a child's development, especially during the first years of life. This is why the family roles of a grandmother and grandfather are clearly outlined and crucial for a family. At the same time, transformation of a family, first of all its nucleation, changes the form of interaction between parents and adult children and impacts on this segment of family relationship as well.

*Most older people sometimes provide financial help to their children*

As shown by the survey data, more than a half of older women and men who have grandchildren help to raise and support them but this assistance is occasional in the overwhelming majority of cases (assistance is provided from time to time). There are certain gender variations: women account for a higher percentage of those who regularly help with raising grandchildren and men are more likely to provide financial support (Figure 6.2).

The extent of participation in raising and supporting grandchildren changes with age: women and men aged under 70, i.e. those who still have enough strength and whose grandchildren are mostly in their childhood years, provide this assistance rather actively, with women aged 60-64 being most frequently involved in raising grandchildren. However, persons aged above 75 account for a significantly lower proportion of those providing this help, although one in three women and almost one in three men even in this advanced age take part in raising grandchildren; 30% of older women and 40% of older men of this age help with supporting grandchildren (Table 6.3).



**Figure 6.2 Participation of older women and men in upbringing and maintenance of grandchildren, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

**Table 6.3 Breakdown of older women and men in different age groups by their involvement in raising and supporting grandchildren, %**

Age group	women			men		
	help regularly	help from time to time	do not help	help regularly	help from time to time	do not help
<b>Help with raising grandchildren</b>						
60-64	32.8	43.3	23.9	27.4	41.1	31.5
65-69	23.4	40.8	35.8	14.3	46.4	39.3
70-74	16.7	30.9	52.4	11.8	42.6	45.6
75 and above	10.6	23.1	66.4	9.7	22.6	67.7
<b>total: 60 and above</b>	<b>19.7</b>	<b>32.9</b>	<b>47.4</b>	<b>16.2</b>	<b>37.6</b>	<b>46.2</b>
<b>Help with supporting grandchildren</b>						
60-64	23.0	45.9	31.1	15.1	49.3	35.6
65-69	14.7	44.0	41.3	12.5	48.2	39.3
70-74	8.4	38.6	53.1	10.3	42.6	47.1
75 and above	4.7	25.4	69.9	9.7	30.6	59.7
<b>total: 60 and above</b>	<b>11.7</b>	<b>36.9</b>	<b>51.4</b>	<b>11.9</b>	<b>42.5</b>	<b>45.6</b>

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

*More than a half of the elderly who have grandchildren help in their education and upkeep*

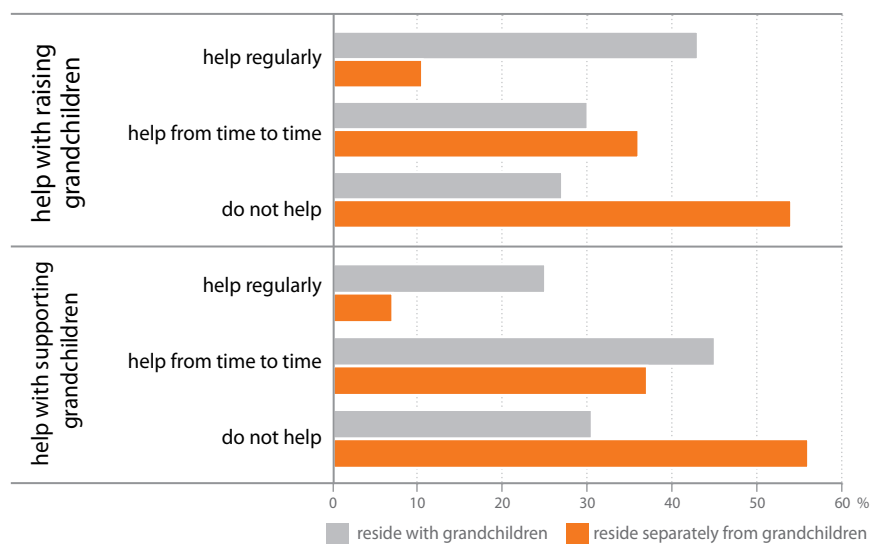
In the context of care of grandchildren, an older person's age is a more determining factor than or being employed or free from professional activity, although a working older person has some difficulties in finding time and strength needed for care of grandchildren. According to data of the survey, older women who are retired but working are more prone to help with care of grandchildren financially (this being quite natural because they have more financial opportunities) and, furthermore, to help with their upbringing (Table 6.4). This can be explained by the fact that older retired women who work are women of a younger age (almost 15% of retired women aged 60-69 work on a hire basis, and this proportion among women aged 70 and above is only 2%; the proportion of women not working for hire is 1.5% and 0.4%, respectively), and their health allows them to do so.

**Table 6.4 Breakdown of older women who are retired and working by their involvement in raising and supporting grandchildren, %**

	Retired and not working	Retired and working, receiving wage	Retired and working but not for hire	Retired and taking side jobs from time to time
<b>Help with raising grandchildren</b>				
help regularly	17.3	29.9	34.1	13.2
help from time to time	33.8	40.5	38.8	44.6
do not help	48.9	29.6	27.1	42.2
<b>Help with supporting grandchildren</b>				
help regularly	10.6	22.6	38.8	5.3
help from time to time	37.0	55.8	51.6	44.7
do not help	52.4	21.7	9.6	50.0

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

The nature of interrelations within a family depends on a household's composition and on whether representatives of different generations reside together or separately. Assistance provided by older women to their grandchildren also depends on the form of living arrangement: the percentage of those who do not help with raising and supporting grandchildren is higher among respondents residing separately from grandchildren (Figure 6.3). However, this is undoubtedly true for regular assistance; a significant proportion of older women who reside separately from grandchildren periodically help with raising as well as with supporting grandchildren. This factor is of greater influence on the frequency of assistance (regularly or occasionally), particularly when upbringing and support is concerned – since the extent of financial support is more dependent on opportunities and needs rather than on the nature of living arrangements.



**Figure 6.3 Breakdown of older women by their involvement in raising and supporting grandchildren by forms of living arrangement (residing in one household or separately), %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Respondents' answers to the question "Please specify how do you help to take care of grandchildren" confirm rather close ties between representatives of "the third generation" and grandchildren residing separately and involvement of the former in raising and supporting them. One in every four older women and one in every five men helping their grandchildren indicated that "although grandchildren reside separately, in case of illness, quarantine at a child care institution, business trip of parents etc. grandchildren move to our place and we take full care of them" (Table 6.5).

**Table 6.5 Percentage of older women and men helping with care of grandchildren, by type of help, %**

	women	men
Daily sanitary and hygienic care	7.1	2.9
Walking outdoors	31.2	36.8
Helping with studies, doing homework etc.	19.9	19
Reading books together	18.4	19.5
Games (all kinds of games, including developing games)	15.1	21.3
Going to a cinema, theatre, exhibition etc.	38.6	10.9
Cooking, feeding, supervising meals	3.7	1.7
Laundering and ironing children's clothing	16	2.9
Joint leisure and health improvement (in a summer cottage, at the seaside etc.)	17.1	23.6
Taking a grandchild to hobby and sport groups etc.	7.2	6.9
Taking to/from school/kindergarten	7.3	8
Although grandchildren reside separately, in case of illness, quarantine at a child care institution, business trip of parents etc. grandchildren move to our place and we take full care of them	27.9	20.7
Other	5.5	2.9

\*Total does not equal 100% because a respondent could select more than one option

There is a certain variation in activities carried out by older women and men to assist with raising grandchildren and caring for them. As demonstrated by the survey, most frequently grandmothers and grandfathers walk outdoors and take full care of grandchildren, if necessary (grandchildren move to grandparents' house in case of illness, quarantine at a child care institution, business trip of parents etc.). Other widespread activities also include helping with studies, reading books together, games, recreation and health improvement activities together. There are some gender variations in types of help: grandmothers are much more likely than grandfathers to take a more direct care of grandchildren: they cook meals and feed them, launder and iron clothes, carry out sanitary and hygienic procedures and go to cinemas, theatres and exhibitions with grandchildren more frequently. Grandfathers demonstrated a higher percentage of those who play with grandchildren, spend leisure time and read books together (Table 6.5). In general, older women are more involved in caring for grandchildren and provide a more diverse help, although men are also rather active in helping with care of grandchildren.

## Family Support

**Older Persons' Relationship with their Children.** In Ukraine, parents traditionally helped young families, primarily with care of minor children, and adult children and grandchildren helped grandmothers and grandfathers later when they grew old. However, under conditions of family relationship transformation and given the risks and concerns generated by the market environment at the stage of its formation, the forms of intergenerational family cooperation undergo changes. The survey "Older Women and Men: Quality of Life and Social Well-being" proved that in our country family intergenerational cooperation and reciprocity have been generally retained. When asked "How would you characterize the relationship with your children?", the majority of older women and men answered: "Friendly and kind, I feel their attention and care and I take care of them" (Table 6.6). Therefore, in the majority of cases there is mutual help, exchanged services, mutual care and attention. At the same time, one in every four respondents, both among women and men, expressed a more critical assessment and was not fully satisfied with the attitude to him/her: "children take care of me but not always the way I would



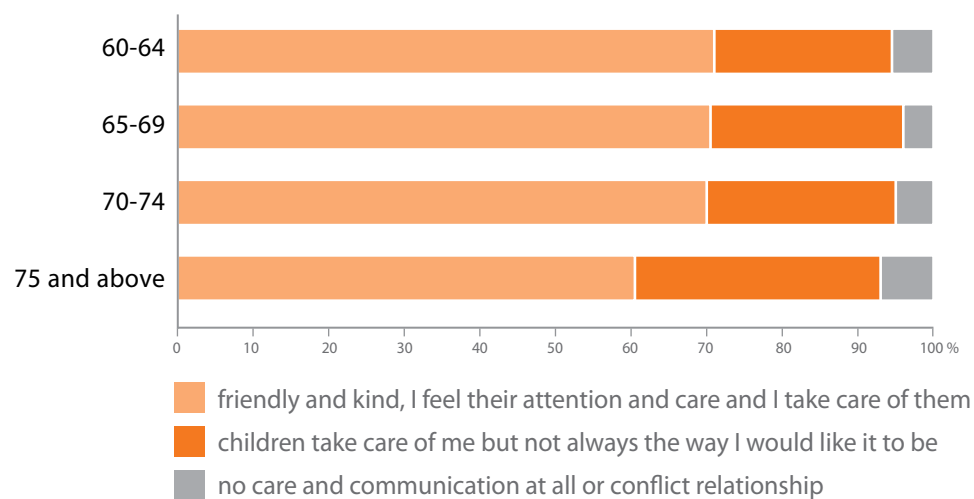
like it to be". Although the percentage of respondents fully dissatisfied with their children's attitude to them was insignificant, such cases were observed: almost 3% of older women and 2% of older men stated that "children take care of me very seldom", 1.5% of women and men indicated that "children still want me to help them but I have no more abilities/opportunities", almost the same percentage of respondents said they did not communicate with their children or had conflict relationship with them, 1.0-1.5% were dissatisfied with the relationship with some of their children: "not all of my children are attentive to me and take care of me").

**Table 6.6 Breakdown of older women and men by their assessment of relationship with their children, %**

	women	men
Friendly and kind, I feel their attention and care and I take care of them	67.2	66.2
Children take care of me but not always the way I would like it to be	25.7	25.8
Children take care of me very seldom, while I have put so much effort to raise them	2.7	2.1
Children still want me to help them (financially or in another form) but I have no more abilities/opportunities	1.5	2.1
Children have forgotten me completely	0.5	0.3
Not all of my children are attentive to me and take care of me	1	1.4
We communicate with each other, but our relationship is too conflict	0.8	0.7
I do not communicate with my children at all	0.1	0.7
No answer	0.5	0.7

\*Total does not equal 100% because a respondent could select more than one option

Regrettably, with increasing age of older women the percentage of respondents dissatisfied with the relationship with their children grows (Figure 6.4). 70% of women aged 60-69 were fully satisfied with the relationship with their children, i.e. they characterized their relationship as "friendly and kind, I feel their attention and care and I take care of them", whereas in the age group 75 and above the same assessment was given only by 60% of women. At the same time, almost one in three women of this age stated that "children take care of me but not always the way I would like it to be", and nearly 7% said they had no support of and communication with children, although in this age it is crucial.



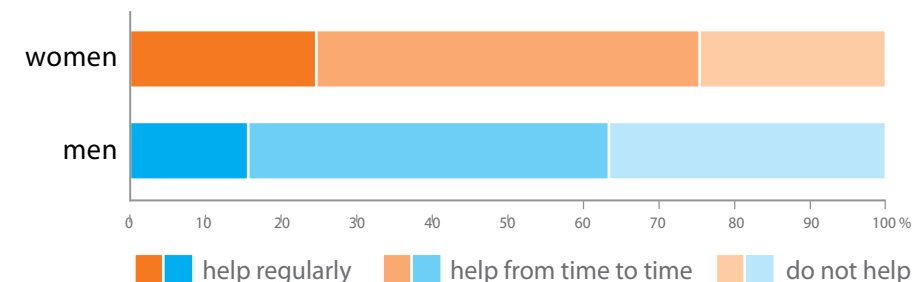
**Figure 6.4 Breakdown of older women of different age groups by their assessment of relationship with their children, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

**Financial Assistance to the Elderly by Adult Children.** During the social and economic transformation, pension coverage is usually insufficient and very often does not cover the needs of the older population. Therefore, family money transfers are a crucial factor allowing to maintain pensioners' life at a more or less decent level.

*The majority of older persons receive financial support from children, but not regularly*

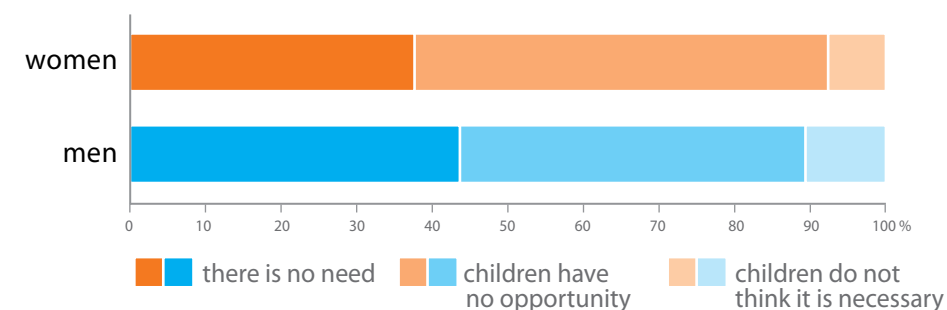
Many older women and men need financial support of their adult children and they receive it. As demonstrated by the survey data, 75% of older women and 63% of older men receive financial support from children, but in the majority of cases it does not occur on a regular basis, and regular support is received by 25% of women and 16% of men (Figure 6.5).



**Figure 6.5 Breakdown of older women and men by the extent of financial support provided by adult children, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Almost a half of cases when children do not help their parents financially are explained by the insufficient level of children's income due to which they are unable to provide this kind of support; at the same time, a significant proportion of older persons (38% of women and 44% of men) stated that they did not need any financial support (Figure 6.6). Notably, when asked "If your adult children do not support you financially, please explain why", one in every ten respondents not supported financially by their children (11% of men and 8% of women) selected the answer "Children do not think it is necessary", in other words, there is misunderstanding and tension in their relationship and a grudge against their children.



**Figure 6.6 Breakdown of older men and women not supported by their adult children financially by the reasons for which they are not supported, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Older women, as compared to men, represent a higher percentage of respondents financially supported by children and a lower percentage of those who did not receive this support because it was not needed. This can be explained by the gender disproportions in pension coverage of the population (women's pension allowances are lower than pensions of men, as evidenced by the statistics records of the Pension Fund of Ukraine and by the findings of this survey) stemming from the gender inequalities in employment and labour remuneration domains. As for financial support provided to older women of different age groups by their chil-

ren, the age increase correlates with a growing percentage of those receiving this support on a regular basis and a decreasing percentage of those who do not receive it. This can be explained by the fact that the oldest pensioners receive particularly low pension allowances due to not having reviewed and updated their pension entitlements. With age, there is little change of reasons for which children do not support their parents; however, it is worth emphasizing that the percentage of respondents stating that *“children do not think it is necessary to provide financial support”* grows with age, i.e. a certain misunderstanding with children concerning this issue exists, particularly for the oldest women (Table 6.7).

**Table 6.7 Breakdown of older women of different age groups by the extent of financial support received from adult children and by the reasons for which this support is lacking, %**

	60 - 64	65 - 69	70 - 74	75 and above
<b>Supported financially by children:</b>				
supported regularly	15.4	20.2	26.6	33.9
supported from time to time	53.7	52.9	47.9	47.8
not supported	30.9	26.5	25.4	17.8
<b>Not supported financially by children because:</b>				
no support is needed	36.1	41.3	35.3	41.0
children have no opportunity	60.2	46.0	57.6	42.3
children do not think it is necessary	2.8	12.7	7.1	12.8

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

**Assistance by Adult Children to the Elderly in Daily Living Activities and Care.** The need of older persons for financial support of their children is an implication of economic problems existing in the society, primarily, poverty of older people. With the improvement of the economic situation, this need should be minimized in a more well-to-do and socially equal society, in other words, the pension-age population should be economically supported by the pension coverage and social transfers. A more serious problem is how to ensure a decent quality of life for older persons with impaired ability to perform daily living activities and housework due to age or health. Achievements of modern medicine focused on maintenance of older persons’ health “alleviate” this problem; however, given the increasing average life expectancy, it is not solved but rather postponed till a later age. Helping with daily living activities and care of the elderly traditionally was a duty of family members, first of all, of their children. However, the transformation of forms and composition of families, longer distances between parents and children, more time spent by children at work etc. make this family function hard to perform and impart particular seriousness to this issue in the context of overall population ageing.

*The need of older persons for children’s support grows with age*

According to data of the survey, the majority of older persons (both men and women) need help with housework from time to time or regularly. When asked *“Do you need children’s help with keeping the house or doing housework?”*, 13% of men and 20% of women recognized that they needed regular help with keeping the house, and only 23% of older women and 35% of older men believed they were able to do housework by themselves and they did not need any help from children. The need for children’s support grows with age: while a significant proportion of persons aged 60-64 are able to do housework themselves (32% of women and 44.3% of men), this share declines to 14.6% and 22.6%, respectively, at the age of 75 and above. At the same time, 32% of women (almost one in three) and 27.4% of men of this oldest age needed help on a regular basis (Table 6.8).

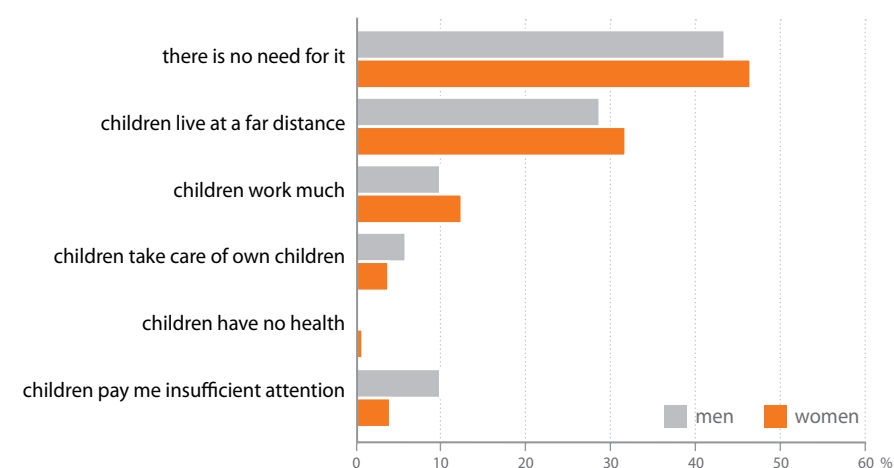
**Table 6.8 Breakdown of older women and men of different age groups by the extent of adult children’s help needed with keeping the house and doing housework, %**

Age group	women			men		
	no help needed	help is needed from time to time	help is needed on a regular basis	no help needed	help is needed from time to time	help is needed on a regular basis
60 - 64	32.0	57.7	10.3	44.3	48.9	6.8
65 - 69	26.9	56.7	16.4	39.7	47.6	12.7
70 - 74	21.9	60.2	18.0	29.7	60.8	9.5
75 and above	14.6	53.3	32.0	22.6	50.0	27.4
<b>total: 60 and above</b>	<b>23.0</b>	<b>56.7</b>	<b>20.2</b>	<b>34.5</b>	<b>51.9</b>	<b>13.6</b>

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

*In general, the traditional mechanisms of family help and care for the elderly do work in Ukraine*

As shown by the survey, although the modern society makes interaction between different family generations more complicated, in Ukraine the tradition of helping older parents has been retained and the majority of older persons are helped by their children with keeping the house and doing housework. In the majority of cases, this help is provided on irregular basis, occasionally (this was indicated by 46% of women and 49% of men); however, the proportion of those who receive help regularly is also significant (35.8% of women and 25.8% of men). No help is provided to 17.7% of older women and 24.4% of men, but in most cases there are reasonable excuses: 46% of women and 44% of men believed that they did not need any help; a very frequent hindrance is the fact that children live far from their parents (mentioned by 31.3% of women and 28.6% of men); children work much or take care of their own children. Only occasionally respondents believed that their children did not help them because of neglect, with men accounting for a larger proportion of such respondents (Figure 6.7).



**Figure 6.7. Breakdown of older women and men receiving no help from their children with housework by reasons of lack of such help, %**

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

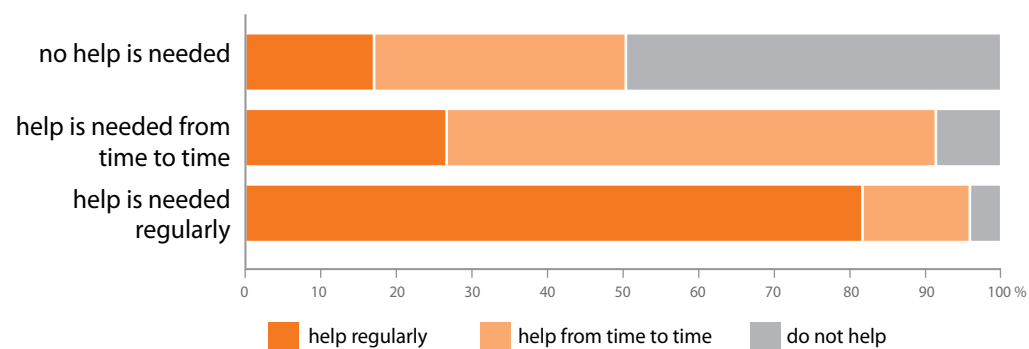
Older women account for a higher share of older persons receiving their children’s help with housework, as compared to men, because living in a single household is more typical of older women and also because owing to traditional distribution of family roles, help to older parents with housework is more likely to be seen as helping a woman. The share of women helped by their children grows with the increasing age, and almost 44% of women aged 75 and above are helped on a regular basis (Table 6.9).

**Table 6.9 Breakdown of older women of different age groups by the extent of children's help with keeping the house and doing housework, %**

	60-64	65-69	70-74	75 and above	Total: 60 and above
help regularly	28.6	32.8	35.0	43.7	35.8
help from time to time	47.4	46.6	48.8	43.0	46.2
do not help	24.0	19.3	16.2	12.8	17.6

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Although the mechanisms of family support and care of the elderly are operational at large, a more detailed analysis of respondents' answers proved that it is not infrequent when older women who needed this help did not receive it. According to the survey data, the majority of women receive enough or even more help from their children (children help with housework even in cases when women are sure they can do it themselves). However, 4-5% of older women who need regular help do not receive it at all and 14% are helped only occasionally (Figure 6.8). These are the cases requiring the implementation of institutional mechanisms of support for the elderly, primarily, from governmental social service agencies.



**Figure 6.8 Breakdown of older women by the extent of children's help with keeping the house and doing housework, in correlation with the extent of need for such help, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Older women living in single households are particularly exposed to an increased risk of neglect and lack of help. However, the fact that an older person lives alone does not necessarily mean that he or she is alone in the full sense of this word. When adult children leave their parents to reside separately, relationship between different generations of one family is not terminated but is transformed into another more flexible form. Demographers and sociologists studying the forms of family relationship transformation have already arrived at the conclusion that today new forms of integration of generations emerge on the basis of nuclear families, and that this integration is often rather deep<sup>48</sup>. When asked "How often do you see and communicate with your children living separately?", almost one in every four women and one in every five men said they saw each other every day, 32% of women and 29% of men – every week, 18% of women and 22% of men – 2-3 times a month (Table 6.10).

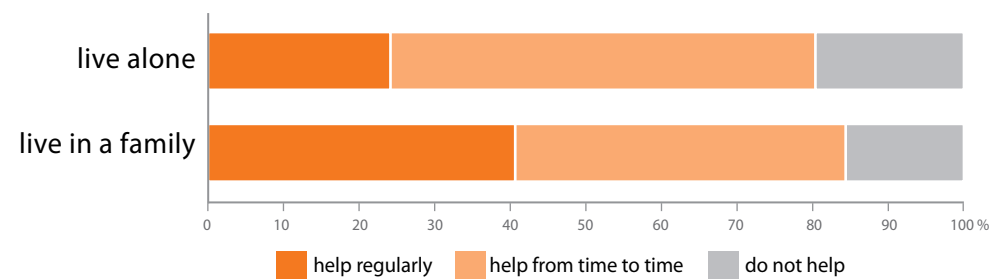
While only family members who live not far from each other have the opportunity to see each other often, the present-day means of communication allow to communicate freely, whatever the distance. Thus, older parents communicate with their adult children more often than see them: a half of women and 38% of men communicate with their children every day, 27% of women and 30% of men – every week. Just 7.6% of men and 4.8% of women see their children once a year or even more seldom and communicate almost with the same frequency. However, it should be taken into account that more frequent communication is a sign of closer emotional ties and only children who see their parents have the opportunity of helping their older parents with domestic duties.

**Table 6.10 Breakdown of older women and men whose children reside separately by the frequency of contacts with them, %**

	See their children:		Communicate with their children:	
	women	men	women	men
every day	24.7	19.5	50.9	38.3
every week	31.9	29.4	27.4	30.0
2-3 times a month	18.4	21.6	7.4	13.6
several times a year	9.4	12.5	3.7	4.2
once a year or more seldom	4.4	7.3	0.7	2.4
do not see each other/do not communicate	0.4	0.3	0.3	0.3
with different frequency for different children	4.0	4.2	2.1	5.6
no answer	6.8	5.2	7.5	5.6

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

As evidenced by answers of women who have children but reside separately, in their majority they are helped by their children with housework, despite living separately. The percentage of women who receive no help from children among single women is insignificantly higher as compared with those who live in a family (20% and 16%, respectively), with visible difference seen only in respect of the frequency with which help is provided: in the majority of cases single persons are helped occasionally and family members – regularly (Figure 6.9).



**Figure 6.9 Breakdown of older women residing in a single household or with other family members by the extent of children's help with keeping the house, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

*There is a group of elderly who do not get the required amount of assistance; the share of these people is the same among those living alone and living in a family*

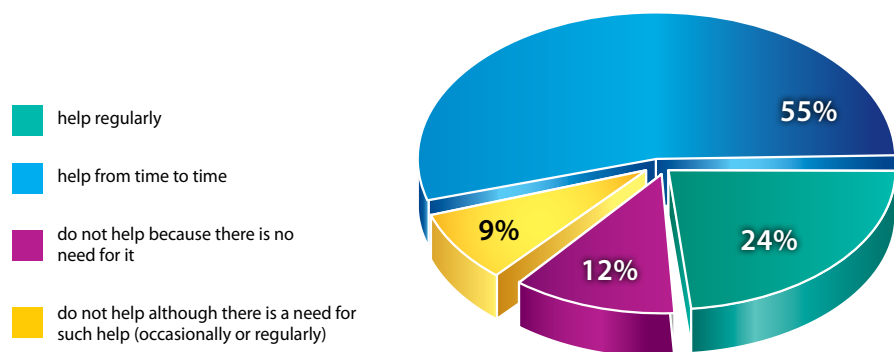
It should be taken into account that the majority of women who receive no help with housework from their children do not need it (60% of single women and 70% of those living in a family); however, the share of those who need it is rather high both among single persons and among family members (Table 6.11).

**Table 6.11 Breakdown of older women who reside in a single household or with other family members and receive no help with housework from their children, by the extent to which such help is needed, %**

	Live in a single household	Live with other family members
need help regularly	3.7	5.8
need help occasionally	38.3	24.5
need no help	58.0	69.7

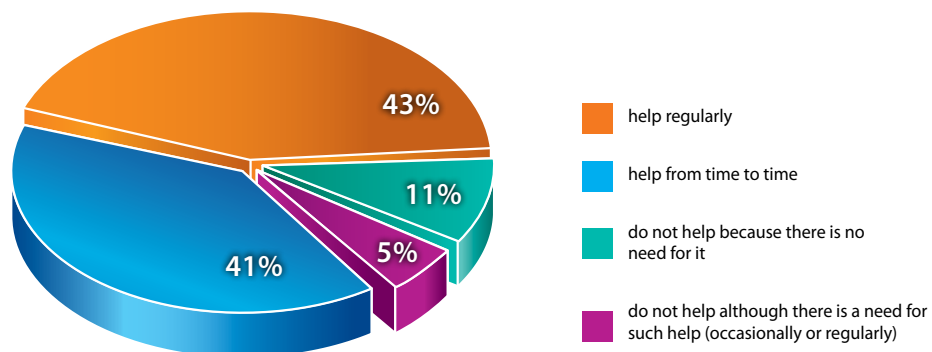
Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

It is therefore possible to conclude that the sheer fact of an older person residing alone cannot be decisive for identifying older persons, mainly women, who need institutional forms of support. The shares of persons residing not in a single household and receiving no help with housework are almost equal. From this perspective, it is crucial to adhere to the principle of targeted focus, to take into account the composition of a family with which an older person lives, the age of its members, their health etc. This issue is most clearly demonstrated by Figures 6.10a and 6.10b.



**Figure 6.10a** Breakdown of older women residing in a single household by the extent of their children's help with keeping the house and doing housework and by the need for such help, %

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013



**Figure 6.10b** Breakdown of older women residing in a household with family members by the extent of their children's help with keeping the house and by the need for such help, %

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

The general description of the system of family support provided to older persons, first of all, to women, would be incomplete without mentioning mutual assistance between brothers and sisters, as well as between distant relatives. 15.1% of older women and 7.9% of older men who have brothers and sisters receive material support from them (in the form of money, food products, goods), and 12.9% of women and 9.1% of men are helped with housework. Furthermore, one in every ten older women (10.3%) and 6.2% of older men are helped by other relatives, except children, grandchildren, brothers and sisters.

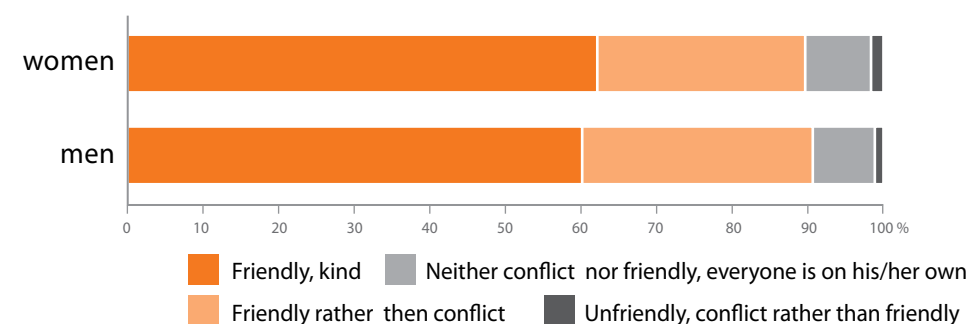
## Family Climate and Domestic Abuse

**Assessment of Family Relationship.** The quality of an older person's life depends, to a significant extent, on the situation in his or her family: overall atmosphere in the family, relationship between family members, nature of family ties etc. After an older person ceases professional activity, his or her life becomes focused on family issues, with care and attention needed on increasing occasions because of age-specific health changes. The Madrid International Plan of Ac-

tion on Ageing adopted by the World Assembly on Ageing in 2002 recognized neglect, abuse and violence against older persons, including within family, as one of the major concerns becoming even more serious in the context of demographic ageing. Abuse and violence may take different forms: physical, psychological, emotional, financial and material one, but all of them are unacceptable in respect of any person of any age. Besides, the impact of these situations on older persons is especially strong; owing to age-specific characteristics, they need more time to recover from such episodes and sometimes it is not altogether possible to fully eliminate the consequences. Older women face increasing risks of physical and psychological violence<sup>49</sup>.

### Cases of misunderstanding, neglect and offence towards older persons from their own children are not infrequent

As evidenced by findings of the survey "Older women and men: quality of life and social well-being", the majority of older respondents – both men and women – gave a positive assessment of relationships within their families and between family members. The question "Please give an assessment of relationship in your family" was answered as follows: 61-62% of women and men characterized it as "friendly, kind", 31% of men and 27% of women as "friendly rather than conflict" (Figure 6.11). At the same time, 7.5% of men and 13.1% of older women gave a negative characteristic of their family relationship: 6.6% of men and 5.4% of women reported that in their families "every member is on his/her own, family relationships are neither conflict nor friendly" and 1.0-1.3% of respondents told about a conflict situation in their families (relationship is unfriendly, conflict or conflict rather than friendly).



**Figure 6.11** Breakdown of older women and older men by self-assessment of their family relationship, %

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Although the proportion of older women reporting the conflict nature of their family relationship is rather insignificant, concern is raised by the fact that this proportion grows with increasing age, and very old persons are particularly vulnerable when conflict situations emerge (Table 6.12).

**Table 6.12.** Breakdown of older women of different age groups by self-assessment of their family relationship, %

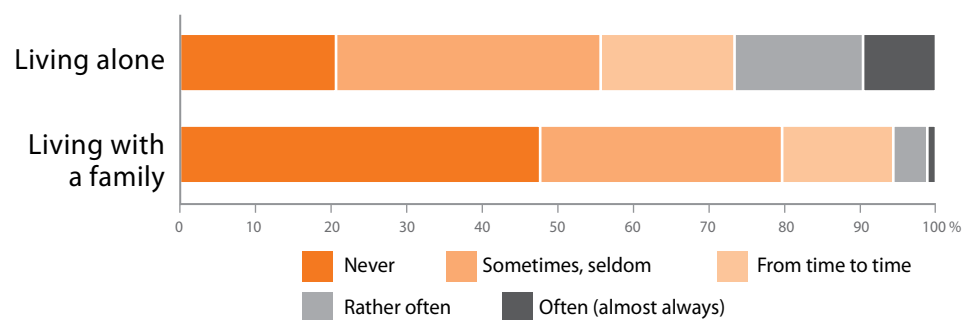
	60-64	65-69	70-74	75 and above	total: 60 and above
friendly, kind	64.4	67.7	60.5	59.9	62.5
friendly father than conflict	27.6	23.7	28.4	28.0	27.3
neither conflict nor friendly, each family member is on his/her own	5.6	2.7	5.8	6.3	5.4
unfriendly, conflict or conflict rather than friendly	0.8	0.8	0.8	2.4	1.3
no answer	1.6	5.1	4.5	3.4	3.5

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013



The majority of older women are satisfied with relationship with their family members and give a positive assessment of it. However, cases of misunderstanding, neglect by and offence from own children are also not infrequent. Accordingly, answers to the question *“Please characterize relationships with your children”*, along with positives ones, also included the following assessments: *“we communicate, but our relationship are too conflict”* (0.7% of respondents), *“I do not communicate with my children at all”* (0.7%), *“children have forgotten me completely”* (0.3%), whereas 2.1% of women stated that *“children still want me to help them but I have no more abilities/opportunities”* and the latter answer may be interpreted as a sign of consumer attitude to an older woman or even an attempt of exploiting her within the family. The answer given by 4.2% of women to the question *“If your children do not help you with keeping the house and doing housework, please explain why”* was *“children do not give me enough attention”*. 1% of older women reported that they never or seldom see their children who reside separately (if children live far from them, for example, in another country, such contacts may become more difficult because of lacking finance, disease etc.) and, besides, the frequency with which they communicate with their children is zero or once a year, or even on a more rare occasion; given the current progress in communication means development, such a situation evidences neglect and lack of care on the part of children.

In cases of tension within a family or neglect on the part of children, an elderly person, even the one living in a family, may feel himself/herself lonely and vulnerable. Respondents’ answers demonstrate that although the share of persons who feel themselves lonely always or rather often is significantly higher among respondents from single households, older persons having this feeling are also present among respondents living with a family (5% feel themselves lonely rather often, 1% – often, almost always). At the same time, one in every five older persons living alone never feels lonely (Figure 6.12).



**Figure 6.12 Breakdown of older persons residing in a single household or with other family members by the frequency of feeling lonely, %**

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

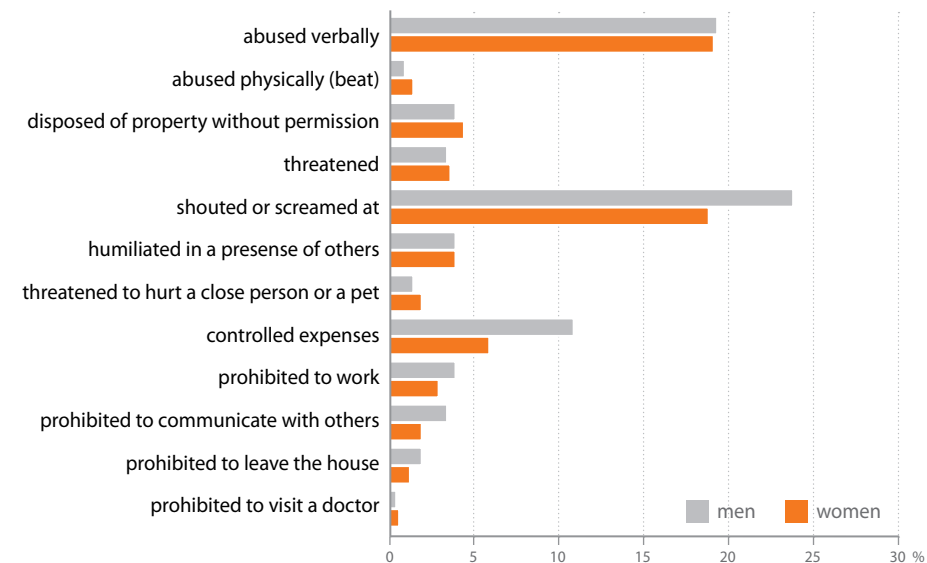
Therefore, persons living alone are more likely to feel lonely, but older persons living with relatives are also exposed to the feeling of loneliness.

**Incidents of Abuse and Violence.** Lack of necessary care and attention and conflict relationship impair the quality of older persons’ life, but incidents of abuse and violence should be recognized as particularly unacceptable.

*Although violence against older family members is not universally widespread, some types of it are observed often*

The survey demonstrated that although violence against older family members is not universally widespread, some types of it are observed rather often (Figure 6.13).

A positive finding of this survey is that physical violence (being exposed to physical abuse by a family member, e.g. beating) is reported very seldom and was mentioned only by 1.3% of older women and 0.7% of men. The incidence of restriction of older persons’ rights such as prohibition to visit a doctor, leave the house, communicate with another person, as well as threats to hurt someone very close to a respondent (close person or a pet animal) is rare, too. Such types



**Figure 6.13 Percentage of older women and men exposed to violence by a family member in the past year, by violence types, %**

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

of psychological and emotional pressure as humiliation in the presence of other people (reported by 3.9% of women and the same percentage of men), threats (reported by 3.7% of women and 3.6% of men), economic violence types: disposal of property without permission (reported by 4.4% and 4.2%, respectively), control of expenses (5.9% and 10.8%) and prohibition to work (3.3% and 3.9%) are more widespread, but still not typical. At the same time, one in every five respondents was exposed to emotional violence in his/her family: abused verbally (19.5-19.6%), shouted or screamed at (19.0% and 23.9%).

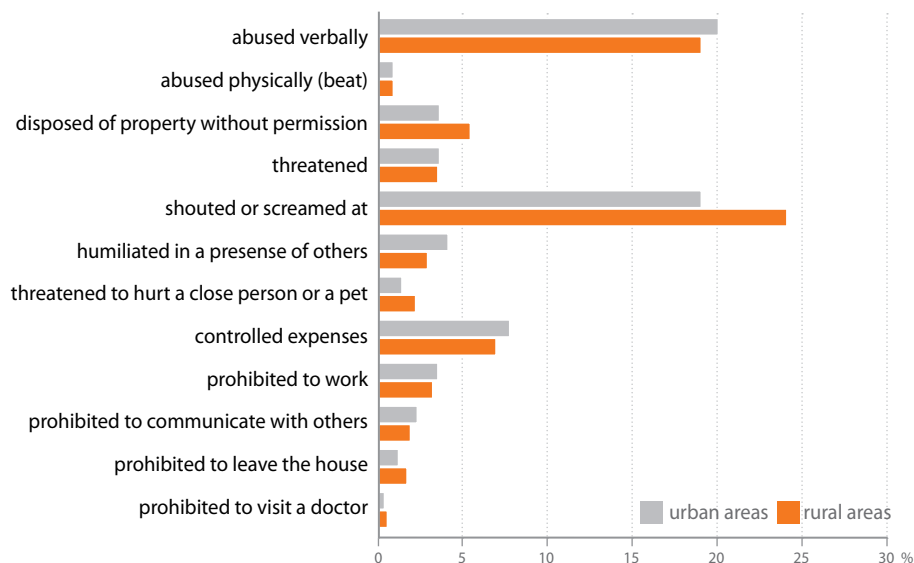
*One in every five older persons was exposed to emotional violence in his/her family: abused verbally, shouted or screamed at*

There are certain variations in violence types: men are more often exposed to such types of violence as being shouted at, control of expenses, prohibition to communicate with others, whereas women reported higher rates of physical violence and disposal of their property without permission, but these variations are insignificant. Therefore, it can be argued that both men and women are equally exposed to violence, abuse and restriction of personal liberty.

Violence and abuse incidents were reported by respondents from urban and rural areas and there are no significant variations in the incidence of different violence types by place of residence (Figure 6.14).

As evidenced by the analysis of answers about violence, abuse and restriction of personal liberty experienced by respondents of different age in their families, the share of respondents who reported such incidents declined with the increasing age. Hopefully, this is a sign of more care and attention given to the eldest members in these families. However, this can also be explained by different assessments given by older persons of different age to their family relationship, and also by a variation in attitudes to violence and in the perception of the nature and danger of violence.

The majority of elderly respondents defined domestic violence as *“bodily injuries”* – 51%, and *“conflicts, quarrels and threats, constraints”* – 49.2%. It should be noted that incidents of physical violence against older persons (i.e. bodily injuries) are very rare, as mentioned above. Besides, when asked *“Are there occasions when domestic violence may be acceptable?”*, 6.8% of older women and 4.6% of older men said *“yes”*. A higher percentage of these answers were recorded in rural areas as compared to urban areas and this percentage grows with the increasing age of respondents (Table 6.13).



**Figure 6.14** Share of older women and men who have the experience of domestic violence in the last 12 months, by type of violence, %

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

**Table 6.13** Share of respondents believing that domestic violence may be acceptable in certain cases, %

	All persons:	6.0		All persons:	6.0
of which:			of which:		
	women	6.8		60-64	4.7
	men	4.6		65-69	5.8
	urban	4.9		70-74	6.4
	rural	8.2		75 and above	7.1

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

**One in four respondents stated that he/she needed information about violence prevention**

At the same time, one in four women (25.4%) and almost the same share of older men (23.9%) stated that they needed information about violence prevention measures, and this may serve as an evidence that this issue is of relevance for a considerable number of older people. Almost an equal percentage of older persons expressed an intention to receive information about institutions and organizations which can provide assistance in case of domestic violence (25.7% of women and 20.9% of men). Persons of "younger age" – 60-69 years old – demonstrated a stronger interest in receiving such information (Table 6.14). Notably, almost one third of respondents were uncertain as to whether they needed this information, and this confirms their little awareness of the issue.

The share of older persons interested in domestic violence prevention information is larger among urban residents (28% of respondents needed information about violence prevention measures and an equal percentage of respondents said they would like to get information about institutions and organizations from which the assistance can be received in case of violence) than among rural residents (18.9% and 16.8%, respectively).

Little interest expressed by the majority of older persons in receiving information about domestic violence issues and the opportunities of its prevention stems not from the passive attitude, but rather from the fact that it is not of relevance for the majority of the population whose family relationships are friendly and comfortable for them. When asked "Why do you think that you do not need information on violence prevention measures?", 76.3% of women and 78.2% of

**Table 6.14** Breakdown of older persons by their attitude to the opportunity of receiving information about violence prevention measures and organizations from which assistance can be received in case of violence, %

	60 - 69	70 - 79	80 and above	Total: 60 and above
<b>information about violence prevention measures:</b>				
need information	26.9	24.7	17.7	24.9
do not need information	44.5	43.5	52.7	45.0
difficult to say	28.6	31.8	29.6	30.1
<b>information about institutions and organizations from which assistance can be received in case of violence:</b>				
need information	26.1	24.4	15.5	24.1
do not need information	70.5	72.0	81.9	72.5
difficult to say	3.4	3.6	2.6	3.4

men said they had no such need and were never exposed to violence. At the same time, there are persons who acknowledged that they had already "survived it" (3.1% of women and 1.4% of men), in other words, they faced domestic violence but this experience is already in the past. There is also a certain number of older persons who do not want to receive such information for some unknown reasons ("my relatives and I should not see this information"). Anyway, the share of persons uncertain about their answer to this question remained rather high (Table 6.15).

**Table 6.15** Breakdown of older respondents who do not need information about violence prevention measures by reasons, %

	men	women
I do not need it (including no experience of the issue)	78.2	76.3
I have already survived it	1.4	3.1
My relatives and I should not see this information	2.0	0.3
No answer	18.4	20.3

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

The majority of urban residents and residents of rural areas gave the same explanations for their lack of interest in receiving information on domestic violence prevention measures. There are also no significant variations in answers provided by older persons of different age groups; however, it is notable that 5.6% of persons aged 80 and above indicated that they had already "survived it", i.e. they had previous experience of domestic violence.

## Institutional Support of Older Persons

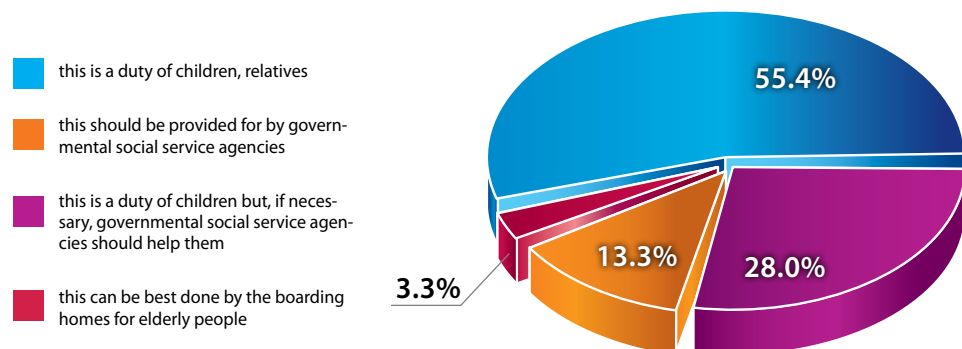
In pursuance of "The Principles for Older Persons" approved by the United Nations General Assembly<sup>50</sup>, the society should create conditions enabling the population of this age group to pursue opportunities for the full development of their potential, including by providing for family care and protection in accordance with the system of cultural values of each society. Besides, these principles stipulate that older persons should be able to reside at home for as long as possible. However, the implementation of these principles requires much effort on the part of the society with the aim of assuring institutional support for older people at certain stages of their life course when due to age-related changes and health issues they are no longer able to perform all of the daily living activities by themselves and the quality of their life deteriorates significantly without the help of others.

**Older Persons' Preferences of Different Forms of Institutional Support.** Findings of the survey evidence that family solidarity traditions are rather strong in Ukraine and the majority of older women and men do receive support, care and attention from their adult children or other relatives, if needed – both older persons living in single-person households and those residing in families. At the same time, there is a group of older persons who lack or receive insufficient support. A higher proportion of these persons are residing alone, but older persons living in households with relatives are no exception. This category of older persons needs the support of social care institutions. The forms of this support depend, on the one hand, on the objective factors, such as person's physical and health condition, possibility of receiving partial support from relatives or social support network institutions in a given settlement etc.; and, on the other hand – on older persons' views and preferences in respect of different forms of institutional support formed under the influence of traditions, social and cultural stereotypes, as well as information obtained from different sources. In this survey, opinions of the older population on different forms of institutional support were examined: which one is more acceptable to older persons in general and to the respondents personally, what are the advantages and disadvantages seen by the respondents in this domain and what are the options for improvement of the current system of support for the elderly.

*The majority of older persons believe that it is better to live at home, and children must care about them with the support of social service agencies*

In the first place, it should be mentioned that the majority of older persons (both women and men) believe that it is better for an older person to live at home, with children and relatives taking care of him or her, and with the support provided by governmental social service agencies, if needed. When asked a question *"A person's health impairs with age and, unfortunately, there comes a time when domestic routines (housework, buying food products etc.) become too hard a task for an older person to cope with independently. In your opinion, who should help an older person during this period?"*, the majority of respondents (55.4%) stated *"children and relatives"*, and 28% said that *"this is a duty of children but, if necessary, governmental social service agencies should help them"*. 13% indicated that *"this should be provided for by governmental social service agencies"* and a mere 3% of surveyed respondents believed that *"this can be best done by boarding homes for elderly people"* (Figure 6.15). There was a slight variation in the opinions of urban and rural residents in this respect; however, a higher proportion of urban residents believed that the best care can be provided by boarding homes for the elderly (4.1%), as compared with a respective proportion of rural residents (1.7%).

Although there were no significant gender variations in older persons' opinions, men were more likely than women to express a positive attitude to boarding homes for the elderly, and the oldest persons were more likely to believe that support of the elderly is a duty of governmental agencies and organizations (Table 6.16).



**Figure 6.15 Breakdown of older persons by their opinions as to who should help older persons when domestic routines become too hard for them, %**

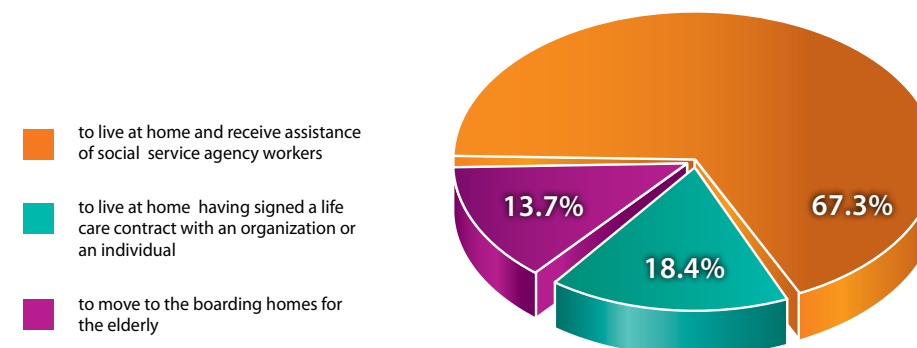
Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

**Table 6.16 Breakdown of older women and men by their opinions as to who should help older persons when domestic routines become too hard for them, %**

	men	women	of which those aged:			
			60-64	65-69	70-74	75 and older
this is a duty of children and relatives	56.5	54.7	38.1	42.8	40.3	42.2
this is a duty of governmental social service agencies	13.1	13.4	38.9	34.2	36.9	39.7
this is a duty of children but governmental social service agencies should help them if necessary	26.2	29.1	16.6	15.2	16.7	13.8%
this can be best done by boarding homes for elderly people	4.2	2.8	6.4	7.8	6.1	4.3

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

When asked about the most appropriate forms of support for disabled old persons in cases when single persons were concerned who cannot count on the help of children or relatives, – *"If a single person, owing to the state of health, is unable to do domestic routines (housework, buying products etc.) on his/her own, what is the best option for him/her?"* – the majority of respondents also believed that the best option was to *"live at home"* or *"to receive assistance of social service agency workers"* (almost 70%), or *"to sign a life care contract with an organization or an individual"*. At the same time, the proportion of respondents who deemed that the option of living at the boarding homes for such persons was quite acceptable (those respondents selected the answer *"to move to boarding homes for the elderly"*) increased to 13.7% (Figure 6.16).



**Figure 6.16 Opinions on best residence options for single dependent older people, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Men, as compared to women, represented a higher proportion of respondents with a positive attitude to the possibility of moving to boarding homes for the elderly, and men were also more resolute about signing a life care contract. Variations in opinions of older women of different age groups were minimal (Table 6.17).

**Table 6.17 Distribution of older women and men by their opinions about the best residence options for single dependent older people, %**

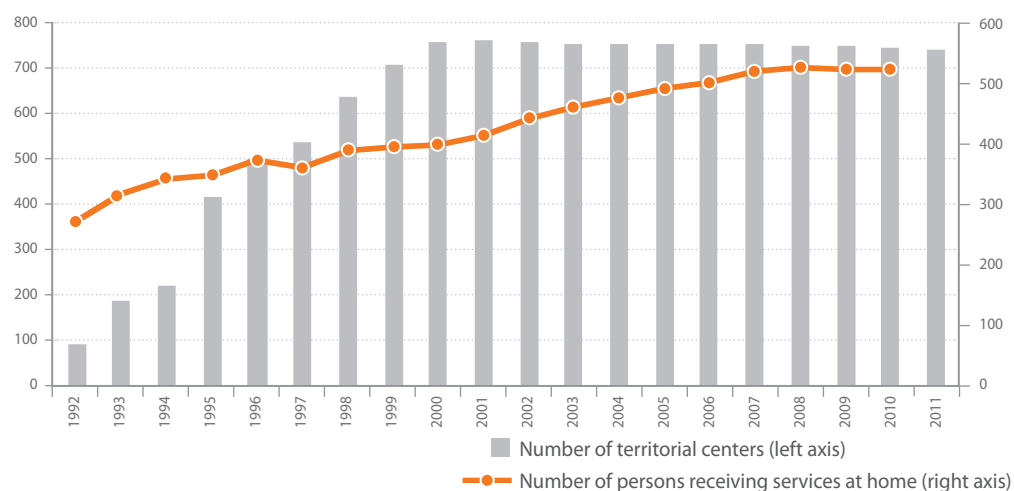
	men	women	of which those aged:			
			60-64	65-69	70-74	75 and older
to leave at home and receive assistance of social service agency workers	63.1	69.6	68.7	69.2	70.0	70.1
to live at home having signed a life care contract granting the right to inherit to an organization or an individual	19.6	17.8	18.5	16.0	17.8	18.3
to move to boarding homes for the elderly	16.0	12.4	12.3	14.4	12.2	11.6
no answer	1.3	0.2	0.5	0.4	0.0	0.0

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013



Therefore, this suggests that older persons have a rather critical attitude to boarding homes for the elderly, while the proportion of respondents with a positive attitude to the opportunity of receiving assistance from governmental social service agencies is rather significant.

**Territorial Centres of Social Services for Older and Disabled Persons.** Presently, Ukraine has a government-run system of social patronage and support for the elderly implemented through a network of state territorial centres providing service to single older persons incapable for work and disabled persons (specialized governmental institutions subordinated to local self-government bodies and the Ukrainian Ministry of Social Policy, functioning in accordance with “The Standard Provisions on the Territorial Social Service Centre”). These centres provide up to 50 types of services for the elderly, disabled persons, single persons unable to work at the place of their residence, including assisted living services at home. It allows an older person who is no longer able to do all the housework independently to stay at home, to live in usual and comfortable conditions and feel more independent. The number of these territorial centres and their clients have grown significantly: in 1992 there were 90 centres, in 1999 – 750, in 2012 – 753 centres providing services to 1,432.6 thousand persons, including almost half a million persons serviced at home (Figure 6.17).



**Figure 6.17** Number of territorial social service centres and number of persons receiving their services at home (thousand persons), in Ukraine in 1992-2011

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

However, as demonstrated by the survey “Older Women and Men: Quality of Life and Social Well-being”, the existing network of social service centres is insufficient and does not fully meet the growing demand of the population. There is a need for its further expansion and for more institutions of this type, and the need for a wider awareness of older persons about the support opportunities available. Only 9.8% of women and 3.3% of men living alone and requiring assistance with housework applied for support to social service agencies or territorial social service centres. The percentage of respondents who applied to these institutions is high only among the oldest persons (15.8% of women of this category aged 75 and above). Table 6.18 lists the reasons for which older persons do not apply to social service agencies although they have a need for their assistance. The most common barrier preventing them from applying for such services is that they feel themselves humiliated, do not trust social service workers and are afraid they cannot afford these services (especially true for women); however, 30% of respondents had no necessary information (their answer was “never heard of such an opportunity” or “I do not know how to do this”).

Answering the question “What kind of service would you like to receive from the state, social service workers and volunteers on a free of charge basis?”, respondents indicated the services of the greatest interest to them. These are the services requiring physical efforts which a certain category of older persons find hard to do: cleaning the house/cleaning windows, buying medicines and buying food products, and also hairdressing services (Figure 6.18).

**Table 6.18** Reasons preventing older men and women from applying to social service centres despite the need of social assistance (percentage of persons who stated the above mentioned reasons), %

	men	women
I do not trust these workers	17.2	19.1
I am not sure that they do their job appropriately	17.2	16.2
I think it is humiliating	24.1	22.3
It is difficult to perform all the formalities needed to receive this support	6.9	10.4
They should be paid and I cannot afford it	13.8	21.6
There are no such support centres in our locality	10.3	8.6
I have never heard of this opportunity	17.2	15.1
I do not know how to do this	15.5	15.8

The majority of respondents in focus groups were not aware of the existing opportunity to receive support from social service centres and that no fee was charged for such support. Below are quotes from focus group discussions regarding social service centres:

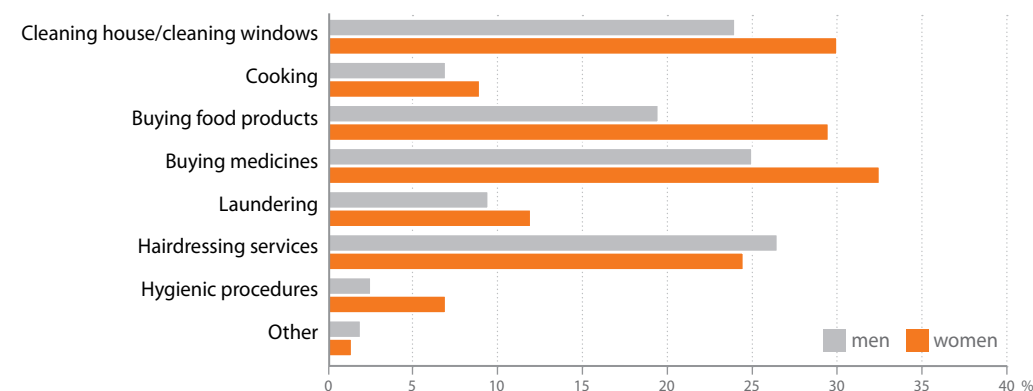
*Ievdokiia, aged 72, a resident of Kyiv:  
“I do not know about it”.*

*Anatolii Ivanovych, aged 74, a resident of Kyiv:  
“I am absolutely unaware of it”.*

When asked: “How would you like to receive this information (about social services)?”, respondents answered:

*Ievdokiia Oleksiivna, aged 71, a resident of Chernigiv:  
“The simplest way is over the radio; or our regional TV  
company could broadcast an announcement about it”.*

*Oleksandra Ivanivna, aged 71, a resident of Chernigiv:  
“In a newspaper”.*



**Figure 6.18** Share of older women and men who would like to receive the services of governmental or non-governmental organization workers, by service type, %

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

The share of persons expressing interest in receiving services of governmental or non-governmental organization workers according to the proposed list was bigger among women than among men, and this interest increased with age (Table 6.19).



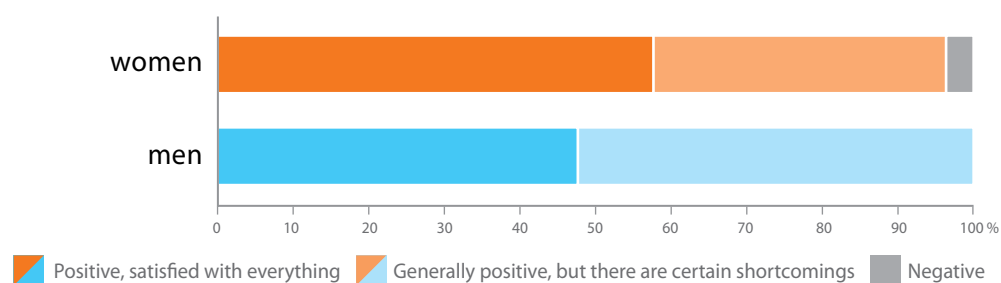
**Table 6.19 Share of older women of different age groups expressing interest in receiving services of governmental or non-governmental organization workers, by service type, %**

	60 - 64	65 - 69	70 - 74	75 and above	total: 60 and above
Cleaning the house/cleaning windows	21.4	25.3	32.1	36.9	29.9
Cooking	5.9	4.3	11.7	12.6	9.3
Buying food products	22.5	23.3	31.3	36.3	29.4
Buying medicines	27.9	26.8	30.5	40.8	32.6
Laundering	7.2	10.5	14.3	14.6	12.0
Hairdressing services	25.7	26.8	28.1	19.7	24.6
Hygienic procedures	4.0	7.4	8.5	7.5	6.9
Other	1.6	1.9	1.3	1.2	1.5

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

**Older persons positively assessed the care provided by social service centres**

Older persons who or whose acquaintances were exposed to receiving services of social service centres gave a positive assessment to it. Only 4.2% of women assessed it negatively and older men did not give negative assessments at all (Figure 6.19).



**Figure 6.19 Breakdown of older women and men by their assessment of work of social service centres (according to services received by them or persons they know), %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Work of social service centres was positively assessed by respondents in focus groups.

Iaroslava – aged 77, a resident of Lviv region: *“They visit me every month, twice a month. If I need anything, I tell them. They bring food and water to my house, clean the house. They wash the dishes and clean away the cobweb because I’m no longer able to do it. I cannot say anything negative, they treat me very well.”*

Tamara – a resident of Kyiv, aged 73, disabled person of group II: *“I have been receiving social services during 12 years. I am very satisfied. I do not know what I would do without their support because there are times when I am absolutely unable to walk.”*

Valentyna Tymofiivna – aged 66, a resident of Chernigiv: *“My uncle’s wife stayed alone, she is 86. She is visited by a social worker. She told me: I wait for her. She is a very good woman: she does all what is needed, she does all the shopping. I am very satisfied.”*

At the same time, a significant proportion of respondents, while giving an overall positive assessment, pointed out certain shortcomings as well. Most frequently, the respondents especially men, expressed dissatisfaction with the behaviour of social workers (their lack of attention and sympathy), and the range of services was also the target of reproach; many respondents indicated that the procedure of signing a cooperation contract with social service agencies was difficult for them (Table 6.20).

**Table 6.20 Percentage of older women and men who indicated that they were not satisfied with the service at social service centres, %**

	women	men
Low level of services provided	17.8	21.1
There is a need for extension of the range of services	36.4	36.8
Behaviour of social workers is unsatisfactory (lack of attention, sympathy etc.)	35.6	42.1
The procedure of executing formalities to start cooperation with social service agencies is difficult	23.7	26.3

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

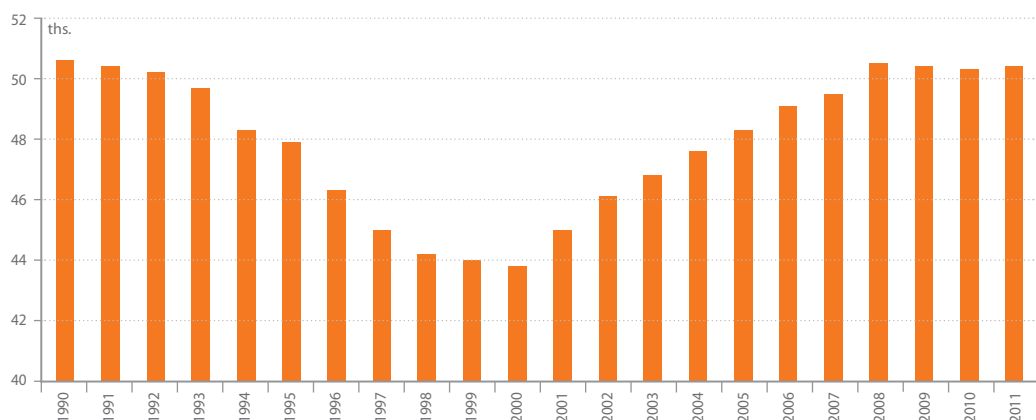
**Boarding Homes for the Elderly.** As already mentioned, older persons have a rather reserved attitude towards boarding homes for the elderly and give a preference to living at home, at an individual household, receiving assistance from social service agencies if necessary. However, there is a certain group of single older persons, mostly of the oldest age groups, who need specialized services and uninterrupted assistance which can be provided in the best way by specialized institutions – the boarding homes for the elderly. As evidenced by the worldwide experience, these institutions are able to ensure proper living conditions and support of daily living activities, provided that they are financed and managed appropriately. As of the end of 2011, 269 state boarding homes for the elderly operated in Ukraine, of which 74 – for older persons and disabled persons; 38 – for war and labour veterans (with more comfortable living conditions), 152 – for persons with psycho-neurological impairments, 5 – specialized boarding homes<sup>51,52</sup>. In accordance with the Standard Regulations on Boarding Homes for Older Persons and Disabled Persons (approved by the Order No. 549 of the Ministry of Labour and Social Policy of Ukraine dated 29.12.2001), the eligible for admission persons are persons who have reached the pension age and disabled persons of categories I and II who need external assistance, assistance with daily living activities, medical care, and who do not have relatives responsible for their upkeep. Besides, the majority of these institutions offer the opportunity of permanent or temporary accommodation of older persons who have relatives, but on a paid basis. Faith-based organizations also opened residential care facilities for permanent accommodation of older persons, and the number of these facilities is increasing steadily.

**Today the problem of shortage of places in boarding homes for the elderly does not exist**

At the beginning of the 1990s, in Ukraine there was a shortage of places in boarding homes for the elderly, and the demand for such institutions was not satisfied fully: in 1991-1992, as many as 600 persons were put on the waiting list for admittance to boarding homes<sup>53</sup>. In the 1990s, due to the economic crisis the number of boarding homes for older persons declined. However, since 2000 these institutions gradually restored their activities and increased their accommodation capacities (Figure 6.20). Today the issue of the number of openings at these boarding homes does not raise concern in most regions. Moreover, it is not infrequent that these institutions seek and “invite” clients, and they are especially interested in providing services on a paid basis. As of the end of 2011, there were 47.7 thousand persons accommodated by boarding homes for the elderly of the Ministry of Social Policy, of which women accounted for 51%.

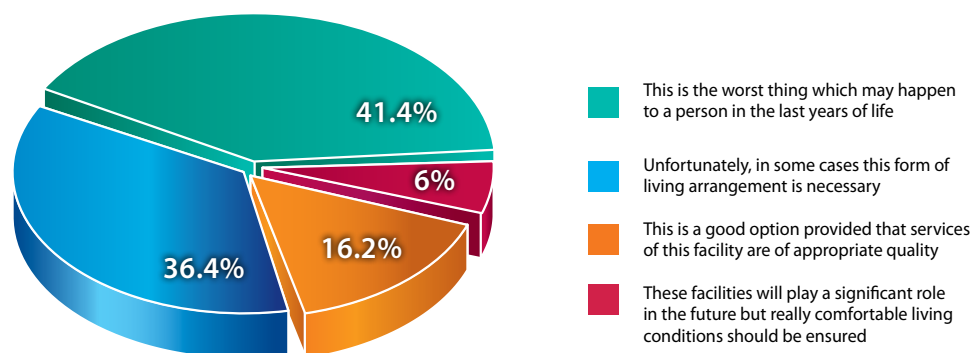
Under the conditions of progressive population ageing, there will be a growing need for boarding homes for the elderly hence it is crucial to study more thoroughly not only older men’s and women’s preferences in respect of the form of accommodation and the nature of institutional

support they need, but also their attitude to boarding homes – in particular, the causes and motives of such attitudes, the level of population's awareness, the ways of influencing the existing stereotypes etc. Within the framework of the study, attitudes of older persons to the possibility of living at boarding homes for the elderly were examined in much detail. The survey used the question *“In Ukraine, there is a rather well-developed network of boarding homes for the elderly who are unable to cope with housework due to their age or health issues. As far as you know, what is the attitude of persons of your age to these boarding homes?”* Approximately 75% of the respondents informed about a negative attitude to such facilities: 40% replied categorically: *“This is the worst thing which may happen to a person in the last years of life”* and one in every three respondents, although not so categorically, gave a negative answer as well: *“Unfortunately, in some cases this form of living arrangement is necessary.”* At the same time, 16% of respondents (17.6% of men and 15.4% of women) believed that *“This is a good option provided that services of these boarding homes are of appropriate quality”*, and only 6% recognized that *“These institutions will play a significant role in the future”* (Figure 6.21).



**Figure 6.20** Number of places in boarding homes for the elderly and disabled adults in Ukraine in 1990-2011, ths.

Source: data of the State Statistics Service of Ukraine



**Figure 6.21** Attitudes of older persons towards boarding homes for the elderly, %

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

Answers given by persons of different age and sex demonstrate that all older people are actually unanimous in their attitude to boarding homes (Table 6.21).

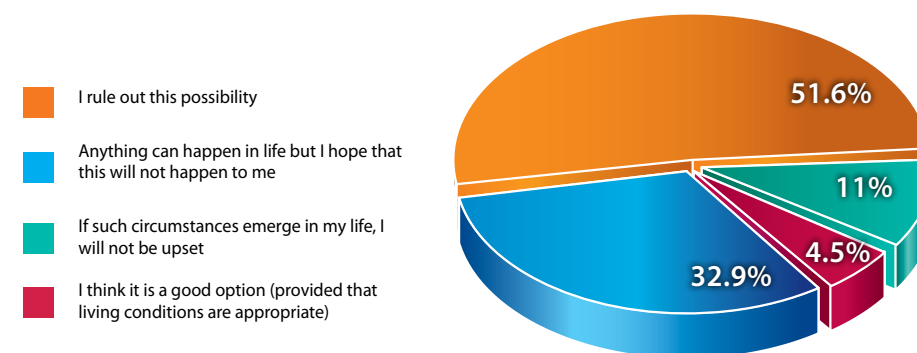
Older persons’ attitudes to the possibility that they themselves could live at a boarding home for the elderly is even more critical, as evidenced by answers to the question *“In your opinion, to what extent accommodation at a boarding home for the elderly would be acceptable to you?”* More than a half of the respondents ruled out such an option, almost one in three respondents did not want that, although they recognized that circumstances may force him/her to do that (*“anything can happen in life but I hope that this will not happen to me”*), only 11% said they would not be worried, and 4.5% indicated it was a good option (Figure 6.22).

*Most older persons deny the possibility of living at boarding homes categorically*

**Table 6.21** Attitudes of older persons of different age and sex towards boarding homes for the elderly, %

	men	women	Men and women aged:			
			60 - 64	65 - 69	70 - 74	75 +
This is the worst thing which may happen to a person in the last years of life	42.2	40.8	41.5	40.6	39.9	42.9
Unfortunately, in some cases this form of living arrangement is necessary	33.3	37.8	35.4	37.0	35.5	36.8
This is a good option provided that services of these boarding homes are of appropriate quality	17.6	15.4	16.1	14.1	19.3	15.0
These institutions will play a significant role in the future but really comfortable living conditions should be ensured	6.2	5.9	6.8	8.3	5.3	4.3
No answer	0.7	0.1	0.2	0.0	0.0	1.0

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013



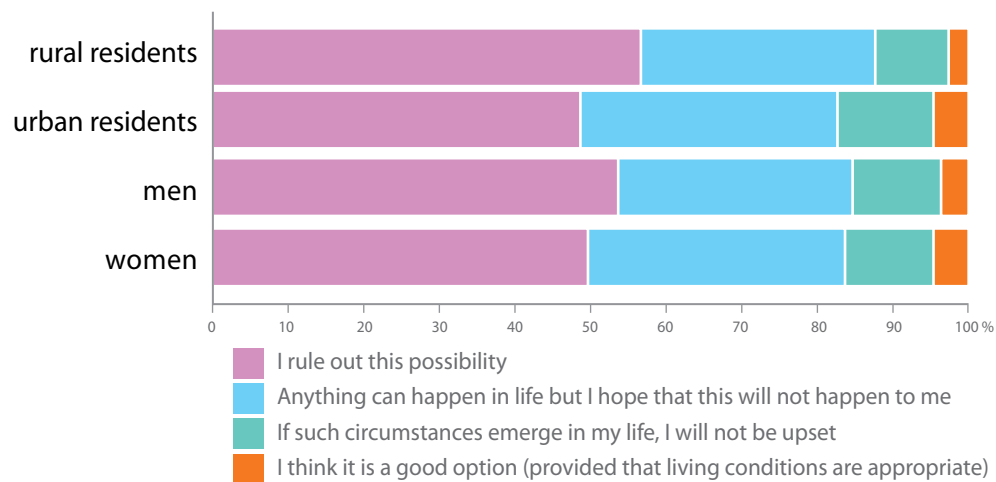
**Figure 6.22** Attitudes of older persons towards their own possible living at boarding homes for the elderly, %

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

Men were more likely to deny the possibility of living at boarding homes categorically, and women were more likely to state that they did not want to face such a situation but recognized that it could emerge in their life. Rural residents demonstrated more “conservative” attitudes and were more likely than urban residents to rule out the possibility of living at boarding homes (Figure 6.23).

The share of respondents with a positive attitude to the possibility of living at boarding homes grew with the increasing age. However, the percentage of these persons was still rather low: 16.3% of women and 14.9% of men aged 75 and above stated they would not be upset or said that it was a good option (Table 6.22).

It should be noted that all older persons actually demonstrated a certain position in respect of boarding homes for the elderly, i.e. the percentage of respondents giving no definite answer about these facilities was minimal.



**Figure 6.23** Attitudes of older women and men residing in urban settlements and in rural areas towards their own possible living at boarding homes for the elderly, %

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

**Table 6.22** Breakdown of older persons of different age and sex by their attitude towards their own possible living at boarding homes for the elderly, %

	Women aged:				Men aged:			
	60-64	65-69	70-74	75 +	60-64	65-69	70-74	75 +
I rule out this possibility	50.7	52.1	48.0	50.5	62.1	56.9	45.6	50.7
Anything can happen in life but I hope that this will not happen to me	36.5	31.5	33.4	33.3	25.3	29.2	35.4	32.8
If such circumstances emerge in my life, I will not be upset	9.4	10.5	12.5	11.6	9.5	9.2	13.9	10.4
I think it is a good option (provided that living conditions are appropriate)	2.9	5.8	5.3	4.7	3.2	4.6	5.1	4.5
No answer	0.5	0.0	0.8	0.0	0.0	0.0	0.0	1.5

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Discussions of the possibility to live at boarding homes were also held in focus groups. The conclusion of the discussions held is that older persons understand that these boarding homes are necessary but believe that living there is the last resort when no other options are available.

*Mykola Iosypovych, aged 79; Ievdokiia, aged 72 (residents of Kyiv): "No, I do not want this".*

*Oleksandra Ivanivna, aged 71; Nina Andriivna, aged 72; Petro Viktorovych, aged 72 (all residing in Chernigiv): "I don't want to go there, it's better to stay at home".*

*Ievgen Mykhailovych, aged 78; Myron, aged 63 (both residing in Lviv region): "At home even the walls help. And there are unknown people in these facilities and bad attitude which is bad for the psyche. I pray to God never to get there".*

At the same time, they understand that anything can happen in life.

*Mykola Iosypovych, aged 79, (resident of Kyiv): "This is what I think: while there is some health, all are brave. But when things get worse, you'll go anywhere."*

All persons present agreed with him.

*Tamara, aged 73; Iurii Oleksiivych, aged 74; Anna, aged 69 (all residing in Kyiv): "Yes, it's true".*

*Mykola, aged 65 (Chernigiv): "These boarding homes are necessary because anything can happen".*

*Iaroslava, aged 77; Oksana Dmytrivna, aged 63 (residents of Lviv region): "When children do not want to support or take care of parents, of course, there is no better perspective than this boarding home. And a person goes there. At least, there are the same people to talk with".*

*Older persons understand that boarding homes are necessary, but believe that living there is the last option if there is no other*

It is important to define the reasons making the majority of older persons look negatively at the possibility of living at boarding homes. Answering the question "In your opinion, to what extent accommodation at boarding homes for the elderly would be acceptable to you?", respondents substantiated their opinions as follows: the majority of those with a negative attitude to the possibility of living at such a facility counted on the support of children or relatives and did not want to leave their homes. Among respondents who categorically denied this opportunity (answer "I rule out this possibility"), 71.4% counted on the support of children and relatives, 11.9% did not want to leave their homes and 11.5% expressed an overall negative attitude to such boarding homes. Among those who did not want to live at such boarding homes but recognized that anything could happen in life (answer "Anything can happen in life, but I hope that this will not happen to me"), a smaller proportion (55.3%) counted on the support of children and relatives, 9.4% did not want to leave their homes and 10.3% stated they assumed that this could happen only if they stayed alone.

The respondents with a positive attitude to the possibility of living at the boarding homes (answers "If such circumstances emerge in my life, I will not be upset" and "I think it is a good option") linked it with a possibility of staying alone (32.7% and 42.7%, respectively) and were motivated by a positive attitude to such boarding homes (29.6% and 38.0%). Among these respondents, the proportion of those who counted on the support of children or relatives and had a negative attitude to boarding homes for the elderly was insignificant.

Therefore, the attitude of an older person (both a man and a woman) to the possibility of moving to boarding homes for the elderly depends on: 1) the family environment (the extent of being sure that children and relatives will help); 2) overall attitude to these boarding homes (positive or negative attitude); 3) likeliness of staying alone (positive attitude to this option in case of high chances of staying alone). In case an older person has no chances of counting on the support of relatives, life makes him or her less critical about the possibility of living at such boarding homes.

As for older persons with a negative attitude to boarding homes, the majority of them had no information about the accommodation conditions at these facilities. When asked "What do you know about the living conditions at boarding homes for the elderly?", more than a half of the respondents indicated they knew nothing about the daily living conditions, meals, medical care, staff attitude and psychological climate there. The majority of male and female respondents who believed that they were informed about these boarding homes gave a "satisfactory" or "bad" assessment of the living conditions by all of the above-mentioned parameters (more frequently as satisfactory) – see Table 6.23.

**Table 6.23** Breakdown of older women and men by their assessment of the living conditions at boarding homes for the elderly, %

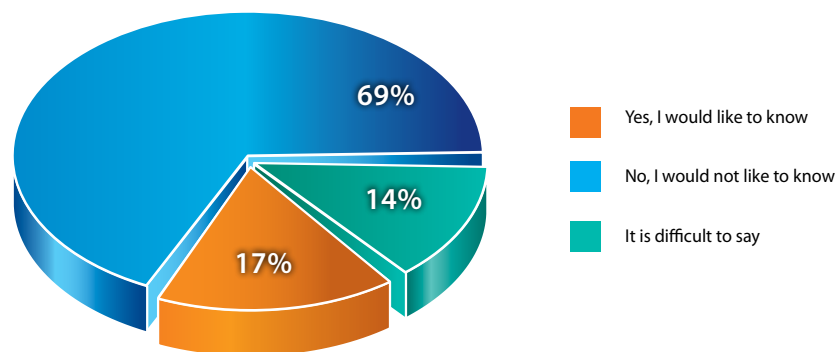
	women				men			
	good	satisfactory	bad	I don't know	good	satisfactory	bad	I don't know
daily living conditions	5.3	23.5	18.1	53.1	5.6	22.9	15.7	55.8
meals	5.4	22.3	20.8	51.5	5.2	21.9	17.0	55.9
medical care	6.0	23.5	17.3	53.2	6.9	23.2	16.3	53.6
staff attitude	4.5	21.2	17.2	55.6	5.6	21.6	18.3	56.0
psychological climate	4.0	17.5	21.4	57.1	4.6	20.3	18.3	56.8

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

*There is a negative stereotype about the services at boarding homes while most older people do not have information about the living conditions there*



At the same time, only 17% of the respondents (14.4% of men and 18.6% of women) stated they would like to receive information about the living conditions and the formal procedure of admittance to boarding homes for the elderly. This is a rather weighty share given the circulation of negative stereotypes about these boarding homes. However, the majority of the respondents expressed no interest in receiving this information (67.9% of women and 71.2% of men) – see Figure 6.24. The respondents of different age groups demonstrated almost the same levels of interest in information about boarding homes.



**Figure 6.24 Breakdown of older persons by their willingness/unwillingness to obtain information about the living conditions and the formal procedure of admittance to boarding homes for the elderly, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

It should be noted that older persons have a positive attitude to boarding homes for the elderly – in general or when their own situation is concerned – provided that comfortable living conditions are created there (answers "This is a good option provided that services of this facility are of appropriate quality", "These institutions will play a significant role in the future but really comfortable living conditions should be ensured", "I think this is a good option if living conditions are comfortable"). However, the majority of the respondents who were to a certain extent aware of the living conditions at such facilities, did not believe that daily living conditions, meals, medical care, staff attitude, psychological climate existing at these institutions are good enough, and this opinion is the foundation of negative attitudes to this type of institutional support even in cases when it is really needed.

Older persons are rather modest about their requirements for living conditions at boarding homes for the elderly. Only 24% of the respondents believed that one person should live in a separate room, more than a half of the respondents (52.5%) did not mind if two persons shared one room, 13.3% – if three persons lived in a room, and for some respondents it was quite acceptable if four and even more persons shared a room.

The same requests were expressed by the participants of focus groups.

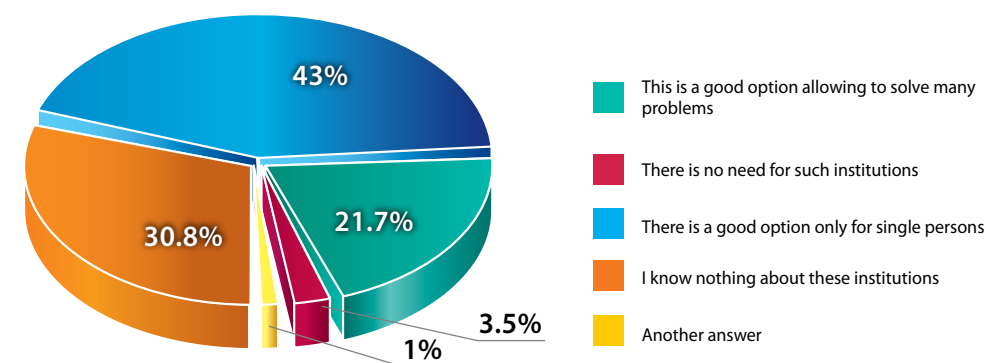
*Ievdokiia Oleksiivna, aged 71, Chernigiv: "I visited a boarding home for the elderly on several occasions. I saw that the attitude there was good; people live in clean premises. We asked "Does anyone hurt you here? They answered: "No, but it is dull here." A deputy running for the local city council asked what they wanted... A concert. Just a concert because this is what they lack."*

*Ievgen Mykhailovych, aged 78, residing in Lviv region: "There are persons who are still fit, they can work. Some of them like drawing, others – to work in the kitchen garden. Someone is fond of music. They should live a full life."*

*Maria, aged 60, residing in Lviv region: "I think there should be health workers... There is a group of persons and two persons should look after them – one in terms of medical care, the other one – in terms of soul. The staff taking care of them should be increased."*

When asked about the activities for older persons residing at the boarding homes for the elderly on a permanent basis (question "What activities (learning, entertainment) should be held for older persons residing at boarding homes for the elderly on a permanent basis?"), 60% of the respondents gave an answer to this question, with their majority indicating activities of cultural and entertainment nature: art evenings and evenings of recreation, including amateur talent activities, concerts and performances, TV, hobby groups. The respondents also pointed out the need of medical consultations, including those with psychologists.

**Specialized Homes for the Elderly.** Specialized homes for senior citizens where they live in individual households but receive necessary services (medical, social, cultural etc.) within this facility is a convenient and efficient system of living arrangements for older persons, primarily single ones, who are generally able to perform daily living activities but need help of others from time to time. As proved by international experience (for example, that of Israel), this form of accommodation allows for combining self-sufficiency and independence which every person needs, with the assistance and care required by persons of the oldest age. The older population expressed their support of the idea to create such specialized homes and extend their network. When asked "Our country, like other countries of the world, has certain experience of establishing specialized homes for older persons, where they live in individual (self-sufficient, independent) households. This allows to make specialized services (medical, domestic, cultural) needed by them more accessible to them. What is your attitude to these specialized homes?" 65% answered positively, although in their majority they believed that "this is a good option only for single persons". Only 3.5% of the respondents (2.2% of women and 5.9% of men) believed that "there is no need for such homes". However, almost one in every three respondents knew nothing about these specialized homes (Figure 6.25).



**Figure 6.25 Breakdown of older persons by their attitude to specialized homes for senior citizens (where they live in individual households), %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

In Ukraine, an example of such an institution may be the home for senior citizens located in Kyiv. Currently, its residents are dissatisfied with the quality of accommodation there.

*Ruslana, aged 71, lives at a specialized home and tells about the problems of its residents: "Our home is small, just 20 apartments. Our living conditions are wonderful; our apartments are really very good. One person lives in one apartment. Bed clothes and everything in apartments is our property. Until recently, we were provided with services, there were people who did that. There was a kitchen, a medical nurse and social workers. But now everything has changed: people were admitted on some terms but today we face absolutely different terms. The kitchen and the cook were taken away from us in favour of an external catering company. Somebody was awarded the contract in the bidding procedure and that's it. Formerly, UAH 6 per day was allocated for our meals but we had our own cook and own canteen and the meals were fresh. Currently we are allocated UAH 28 per one person but the quality is awful. There are persons here unable to move completely: one has diabetes, the other one has some other disease, and they cannot cook themselves. When we had our canteen, people could order some diabetic meals. But now we have to eat what is served or stay hungry...»*



Institutions of this type need attention on the part of local government authorities, careful attitude to the needs of their residents in respect of their living arrangements. In some cases, problems result from a lack of attention and indifferent attitude rather than from insufficient financing.

## Summary

- Women continue to be actively involved in organizing family members' lives: they are major homemakers doing basic household labour – cooking meals, laundering, ironing, cleaning the house etc., thus enabling other family members to focus on activities beyond the family.
- It is still traditional when older parents help young families with care of minor children, and provide financial assistance to their children, at least on irregular occasions.
- The share of those who provide regular help with raising and supporting grandchildren is higher among older respondents residing together with grandchildren; older persons residing separately from children and grandchildren help them irregularly and in different forms.
- The survey allowed to explore the composition of families of older women in Ukraine and the incidence of living alone among them in the period between censuses: more than one third of female respondents live in single-person households (while only 17% of men are single), 42% of women live with a husband (15% together with a husband, 27% with a husband and children or other relatives) and 24% – with children or other relatives but without a husband.
- The share of singles among older women grows with age: a half of persons aged 80 and above live in single-person households.
- Being single in older age is not a consequence of having few children but rather a result of transformation of family relations (first of all, owing to parents and children living in different locations).
- Increasing age correlates with a growing share of older persons who, due to health-related reasons, need support in daily activities and keeping the house.
- In Ukraine, the traditional mechanisms of family support and care of the elderly are operational at large and a significant share of older persons, especially of the oldest age, receive their children's help with keeping the house and doing housework.
- There is a group of older persons who do not receive necessary help: 4-5% of older women who need regular help do not receive it at all and 14% are helped only occasionally. These are the cases requiring the implementation of institutional mechanisms of support for the elderly, primarily, from governmental social service agencies.
- The survey evidenced that the situation when an older person receives no help with housework although this help is needed occurs almost with the same frequency among those who reside in households alone and who reside with family members. Thus, the sheer fact of an older person residing alone cannot be sufficient for making a decision on whether institutional forms of assistance should be implemented, first of all, in respect of older women.
- The survey demonstrated no large-scale domestic violence against older persons in Ukraine. Physical violence (e.g. beating) was mentioned by 1.3% of older women and 0.7% of men.

- The incidents of psychological and emotional violence against the elderly are quite frequent: one in every five respondents was abused verbally, shouted at (19.0%) or screamed at (23.9%).
- Older persons have a rather critical attitude to boarding homes for the elderly, although they acknowledge that such homes are needed in some cases.
- There is a stereotyped negative opinion about the living conditions and quality of services at these institutions, although the majority of older persons have little knowledge about the daily living conditions, meals, medical care offered at these institutions, staff attitude and psychological climate etc. there.
- The majority of older people are poorly informed about the work of boarding homes and assistance opportunities available there.
- The older population has a positive attitude to the opportunity of receiving assistance from governmental social service agencies.
- The existing network of social service centres is insufficient to fully meet the needs of the elderly and its services cover just an insignificant proportion of the older population.

# STATE POLICY FOR THE ELDERLY

## Regulatory and Legal Framework

The state policy for addressing the needs of the older population has existed in Ukraine for a fairly long time, being duly reflected in the national legislation. During the 1990s the following laws were adopted: "On Pension Provision" (1991); "On Rehabilitation of Victims of Political Repressions in Ukraine" (1991); "On Basic Provisions of Social Protection of Labour Veterans and other Senior Citizens in Ukraine" (1993); "On the Status of War Veterans and Guarantees of their Social Protection" (1993); "On Local Self-Government" (1997); "Fundamentals of the Legislation of Ukraine on Mandatory State Social Insurance" (1998). Additionally, during the 2000s Ukraine adopted the laws "On Victims of Nazi Persecutions" (2000); "On Prevention of Domestic Violence" (2001); "On Mandatory State Pension Insurance" (2003); "On Non-State Pension Provision" (2003); "On Social Services" (2003); "On Social Protection of Children of War" (2004). The most important sectoral laws among the recently adopted legislation include: "On Measures for Legislative Support of the Pension System Reform" (2011), and "On Amending Fundamentals of the Legislation of Ukraine on Health to Improve Provision of Medical Care" (2011). Despite having no direct links with the state policy for the elderly, a number of other legislative acts of Ukraine also influence the functioning of various policy elements.

In addition to the laws, several targeted policy documents address the issues of population ageing and older persons. These include: the Strategy of Demographic Development of Ukraine for the Period until 2015, and the relevant Plan of Action; the Concept of the State Targeted Programme on the Development of Palliative and Hospice Care for 2010-2014. In the 1990s the targeted programme "Health of Older Population" was implemented in the country (1997-2002).

This legislative base covers a broad range of issues; it is designed to ensure an adequate standard of living of older persons in our country. When characterizing the policy for the elderly in Ukraine, it should be noted that key legislative efforts of the state tend to focus on a quite limited policy areas (e.g. social protection of senior citizens and the retirement benefits), and these are the areas where only parametric reforms usually occur. Relevant reform measures are sought in some other policy areas (e.g. healthcare). Despite certain policy measures being in place, strategic approaches to the state policy for the elderly are still to be developed. Instead of being a priority of the national development strategies, ageing is generally addressed in the context of the "demographic safety". Effectiveness of policy and programmes is compromised by political causes and the absence of a common ground between political and academic institutions<sup>54</sup>.

*Key legislative efforts of the state tend to focus on a quite limited policy areas, and these are the areas where only parametric reforms usually occur*

Considering the fact that law-making initiatives and relevant efforts to implement them in Ukraine are focused primarily on pensions, we will start our analysis with this particular component of the state policy for the elderly.

## Pension Legislation

The core legislation in the area of public pensions in Ukraine is the Law "On Mandatory State Pension Insurance" (entered into force on 1 January 2004)<sup>55</sup>. This law determines conditions and procedures for granting and indexing (recalculating) of old age, disability and survivor pensions. The state pension programme is financed through contributions of employers and employees, as well as contributions from the State Budget (for some specific categories of the eligible pen-

sioners). Participation in the state pension insurance is mandatory for all categories of the employed, including uniformed personnel and the self-employed (with the exception of persons working in subsistence agriculture). Non-working persons who attained 16 years of age can make insurance contributions on a voluntary basis.

At the same time, a number of provisions of the old Law of Ukraine "On Pension Provision" (1991) remain in force, particularly on granting early retirement pensions and long-service pensions. The Law determines the list of employee categories that are eligible to retirement prior to the established normal pension age (workers involved in underground and in especially harmful and heavy labour conditions, mothers of many children, workers of transportation, education, health, social protection sectors etc.), and conditions for obtaining such a status. Requirements to overall and professional service, as well as duration of the bridge period vary significantly depending on the category of occupation/job and on the employee's gender, even though there is no logical explanation of such differences. Similarly, it is hard to explain variances in the procedure and sources of financing of early retirement pensions. Some categories (workers with especially harmful and heavy work conditions) are subject to compensations, where enterprises pay the actual cost of pension benefits directly to the local departments of the Pension Fund. Pensions for underground and opencast mining workers, agricultural workers, mothers (fathers) of many children, lilliputians, disproportionate dwarfs, and blind persons are covered by the State Budget. Pension benefits for the civil aviation workers are formed through contributions with higher rates (both for employers and employees), while pensions for educational, health and social protection workers are backed by own revenues of the pension system.

Besides, there are 12 additional laws and one Resolution of the Parliament of Ukraine that regulate job peculiarities of specific professions and positions, including special conditions of granting pensions – so-called "special pensions" for government officials, scientific workers, judges, prosecutors, members of the Parliament and their assistants, officers of law enforcement agencies and so on. Special rules of calculating and indexing these pensions significantly increase their size as compared to pensions awarded on the general conditions. In addition to preferential granting of pensions, special laws introduce other professional privileges, such as special medical care, company vehicles or free public transportation, housing and means of communication, premiums and increases to salaries, longer duration of annual leave, and the like. Special pensions in the part that does not exceed the size of pension benefits, calculated on the basis of the Law of Ukraine "On Mandatory State Pension Insurance" are covered by the Pension Fund of Ukraine. Parts of the pension benefits that exceed this amount are paid at the expense of the State Budget.

In addition, there are 9 laws which stipulate pension supplements and increments regardless of the basic law, according to which the pension is awarded and irrespective of its size. These supplements and increments are granted on the basis of formal "categorical" characteristics – veterans and children of war, liquidators of the Chernobyl nuclear accident, blood donors, miners, residents of mountainous communities and so on. These supplements and increments, being included in the total pension benefits, are paid by the local departments of the Pension Fund of Ukraine, but funded through the State Budget's general transfers. Legitimacy and scale of some additional pension bonuses, their correlation with various categories and pension insurance causes a lot of criticism. Legislative norms regarding the increase of pensions of liquidators of the Chernobyl accident, uniformed personnel, children of war have not been fully financed for many years, creating ongoing reasons for protest activities.

Specific laws regulate the conditions for awarding early retirement pensions in specific labour market conditions and pensions associated with industrial accidents. These pensions are based on the compensation of the actual cost of pension benefits at the expense of relevant funds of mandatory state social insurance – the unemployment and industrial accidents security funds.

The Law of Ukraine "On State Social Assistance to Persons not Eligible to Pension and to Disabled Persons" (2004) was aimed at substituting social pensions with targeted assistance (allowances). For example, persons lacking necessary years-in-service to receive pension on general terms or according to other laws, faced more strict requirements – increased age (3 years older than the

normal pension age) and the level of incomes (the confirmed low-income status following a means-tested procedure). The size of the allowance for this category of recipients was established at 30% of the subsistence minimum for persons who lost the ability to work. However, after subsequent legislative changes and introduction of relevant sublaws, the actual size of assistance for all categories of recipients has increased to 100% of the subsistence minimum for persons who lost the ability to work, while the means-tested criteria are not used in practice. Funded by the State Budget, this type of assistance is awarded by and paid through the social security bodies.

The private component of the pension system is regulated by the Law of Ukraine “On Non-State Pension Provision”, which defines non-state pensions as a component of a funded pension system, based on a voluntary participation of individuals and legal entities (usually employers) in accumulating pension assets to receive benefits, in addition to the mandatory state pension insurance. Non-state pensions are exercised by private pension funds through conclusion of pension contracts between the pension fund administrators and contributors. Citizens of Ukraine, foreign citizens and persons without citizenship may be participants of a pension fund; an individual may participate in several pension funds of his/her choice. Contributors may include the participant him/herself, his/her relatives, as well as the employer or professional association to which the participant is a member.

## Pension System

The pension system reform launched in 2004 with enactment of the laws of Ukraine “On Mandatory State Pension Insurance” and “On Non-State Pension Provision” envisaged the establishment of a three-pillar pension system:

- The first pillar – current solidarity (PAYG) system, being reformed towards strengthening of insurance principles;
- The second pillar – mandatory state pension insurance system;
- The third pillar -non-state pensions based on the voluntary participation principle.

***Currently only the first and third pillars of the pension system are functional. Introduction of the second pillar has been delayed due to deficiencies of the PAYG system and failure to address numerous organizational issues***

The current version of the Law of Ukraine “On Mandatory State Pension Insurance” establishes that participation in the funded system of the mandatory state pension insurance is open for insured individuals who on the date of enrolment were not older than 35 years of age. The initial insurance contribution makes up 2% of the net salary; it will increase by 1% annually until reaching 7%. The Pension Fund of Ukraine administers insurance contributions to the funded system. In two years after enrolment into the mandatory funded pension scheme its participants shall have an option to transfer their retirement savings to a non-state pension fund of their choice. The impact of the global financial crisis has further intensified discussions on the set of investment tools, mechanisms of pension protection and participation of private structures. Currently there are no set deadlines for the introduction of the second pillar, while no one has announced an official and final cancellation of its implementation.

Despite showing a certain positive dynamics, the third pillar of the system is virtually impalpable for the national economy and for the wellbeing of pensioners. As of 31 December 2012, there were 94 non-state pension funds registered in Ukraine with 584.8 thousand participants (1.3% of the total population of Ukraine) and with pension assets of UAH 1.7 billion (0.1% of the GDP). The majority of contributions (95% of the total amount) are made by employers<sup>56</sup>. In addition to low incomes, limited public awareness and distrust towards private financial institutions, the development of a private pension system is constrained by the traditional reliance on the state social protection.

The first pillar of the pension system – the solidarity system (PAYG) – underwent numerous transformations. The goal towards strengthening the insurance principles was declared back

in 1991 with the establishment of the Pension Fund of Ukraine as an independent financial regulator, and with the introduction of pension insurance contributions by employers and employees. One of the most important changes related to the adoption of the Law of Ukraine “On Mandatory State Pension Insurance” in 2004 was the shift from the defined benefit (DB) pension schemes to defined contribution (DC) pension plans, while the pension calculation formula was set to calculate wages throughout the entire length of contributory service. In addition, records of pensionable services (personification and control over the actual sums of contributions) were strengthened; important steps were made towards the separation of insurance pension expenditures and non-insurance expenditures to be covered by the State Budget.

The pension formula can be presented as the product of three components:

- I. The average wage (income) in the country from which the insurance contribution has been paid during the last three calendar years (before 1 October 2011 – during the previous year);
- II. Personal wage coefficient which is calculated as an average of the coefficients for every month of service (ratio of the a person’s wage from which the contributions were paid in a particular month to the average national wage);
- III. Personal coefficient of the insurance service which is determined as the sum of months of service multiplied by the value assessment of one year of service and divided by 12. The full month of service is accounted under the condition that the sum of the contributions paid in this month is not less than the minimal insurance contribution (the last is calculated according to the minimum wage and the employer’s contribution rate). In the opposite case the service is calculated in proportion to the paid part of the minimal contribution. In 2008, the value of the assessment of one year of insurance service was increased from 1% to 1.35%.

The result of the calculation according to the formula is called the basic pension; it depends on both the personal contribution of the insured person and on the external factor – the official average wage level of the country. If the basic pension is lower than the minimum pension amount, with the presence of necessary insurance service, then it is “pulled up” to the minimum amount. The necessary service period for receiving the minimum pension in full is 30 years for women and 35 years for men (before 1 October 2011 – 20 and 25 years, respectively). For every extra year of service, the pension increases by 1% of the pension calculated by the above-mentioned formula, but not more than by 1% of the minimum pension. Since 2005, the minimum pension is established at the level not lower than the subsistence minimum for the persons who lost the ability to work.

Today it is obvious that changes of the PAYG system towards strengthening of the insurance principles failed to bring the desired outcomes both in terms of coverage of the working population, and by the size of pensions and their differentiation. Pension insurance contributions of employers are set at 33.2% (the highest rate in Europe), and at 2% – for employees. As of 1 January 2013, the number of contributors was 13.5 million, while the total number of pensioners reached 13.6 million. In other words, the number of contributors is already lower than that of pensioners<sup>57</sup>. The coverage of pension insurance is only 44% of the population aged 20-59 years (which basically coincides with the economic activity age), and 67% of the employed. At the same time, almost two thirds of pensioners receive monthly pensions ranging UAH 900 to 1,300. The issue is further aggravated by the fact that pensioners currently make up about 30% of the Ukrainian population.

One can identify at least two key reasons for the failure of strengthening of the insurance principles under the existing PAYG pension system. The first is weakness of the indexation mechanism of awarded pensions.

Significant dependence of awarded pensions on the subsistence minimum for persons who lost the ability to work preconditions a rapid levelling of any differentiation in the pension size with further settling close to the minimum level. In order to keep the balance between the pension size and insurance contribution (that is, between the length of service and wage from which contributions were paid), the government made two attempts – in 2008 and in 2012 – to “upgrade” the awarded pensions by establishing a new wage base (the first element in the pension formula). However, this “additional” indexation had a very short and limited effect with the pensioners with relatively high pensions being the only winners.



The second barrier to strengthening the insurance principles in the PAYG system was the “election-propelled” practice. At first, in September 2004 (on the eve of the Presidential election), the government introduced a monthly state targeted assistance (dotation) to “push up” pension amounts to the level of subsistence minimum for persons, who lost the ability to work. As far as during 2004-2009 Ukraine has gone through several Parliamentary elections, provisions concerning similar allowances gradually covered all categories of beneficiaries, including persons who were not eligible to pension insurance benefits and received state social assistance. In fact, the state guarantees the minimum pension benefit to the size of subsistence minimum for persons who lost the ability to work, regardless of participation in insurance service. It should be noted that these guarantees are set forth by several resolutions of the Cabinet of Ministers of Ukraine, but not by the law.

The political competition to win pensioners’ support (as they make up a significant share of voters with a traditionally high level of voting turnout) preconditioned the rapid growth of the pensions level. During 2000-2012 the average size of old-age pensions has increased from UAH 69 to UAH 1, 471, or by 21.3 times. Since 2005, the average size of old-age pension reached 50% and more of the average wage; until then the wage replacement rate had never exceeded 40%. Without a doubt, introduction of the state guarantees regarding a minimum pension not less than the subsistence minimum for persons who lost the ability to work is a very important and necessary step towards better protection of the elderly from absolute poverty.

*The growth of pension expenditures that outstrip the economic capacity to support them creates huge risks for the pension system*

Commitments to said guarantees, coupled with a serious demographic load on the working age population and low economic activity create particularly heavy burden of pension expenditures. While before 2004 such expenditures did not exceed 10% of the country’s GDP, during the economically prosperous period of 2005-2007 they reached 14%. During the crisis year of 2009 pension expenditures soared to 18.3% of the GDP, even though the size of pensions was actually “frozen”. During the last two years this burden has slightly lessened, but the practice of pre-election interventions in the pension system is still widespread. Against the background of the global recession this can jeopardize financial sustainability of the pension system and the whole system of public finance.

## Pension Reform

A new phase of the national pension reform started with the adoption of the Law of Ukraine “On Measures for Legislative Support of the Pension System Reform”, which has entered into force on 1 October 2011. The content of this legislation by thematic areas can be conventionally subdivided in two parts:

- 1) Clarification of conditions for introduction and functioning of the mandatory state funded insurance (second pillar): for now these norms remain on paper only – as it was mentioned above, the launch date of the second pillar is yet to be determined, while many points stir discussions;
- 2) Parametric reforms of the PAYG system: these measures are aimed at motivating employees to continue the period of employment and to participate in pension insurance actively. Another goal is to reduce inequality in pension provision for different categories of the population, including mainstreaming of gender equality in labour and social rights.

This study focuses on the parametric changes in the PAYG system, as they concern both future and current generations of pensioners. These changes are already being implemented; therefore one can evaluate their initial results. Yet, the second pillar of the pension system remains a hypothetical project with vague prospects.

**Increase of Retirement Age.** Unlike the majority of post-socialist countries which have increased the retirement age for both women and men by the same amount of years (that is, gender differences have remained unchanged or slightly reduced)<sup>58</sup>, Ukraine intends to equalize the retirement age for women and men.

*Ukraine gradually increases the women’s pension age to that of men (60 years)*

This method is less effective in terms of saving on pension expenditures, but it is more suitable in the Ukrainian demographic and economic situation, with extremely high mortality rates among men and the prevalence of male work in harmful conditions. Another advantage of this approach is the reduction of gender inequality. It is well known that a lower retirement age is one of key factors of age-based discrimination of women at the labour market, as it limits their opportunities for further professional development and career advancement; it even affects the size of wage, because remuneration schemes typically consider the length of service. In addition, women’s earlier retirement brings about lower pension benefits, longer periods of “retired” life and higher risk of poverty in old age.

The increase of the pension age for women is scheduled on the basis of date of birth with a “6 months per year” interval. Women who were first subjected to this procedure (those born between 1 October 1956 and 31 March 1957) have retired six months later after turning 55 years of age (that is, between 1 April 2012 and 30 September 2012). The next generation (women born between 1 April 1957 and 30 September 1957) will retire at the age of 56, and so on. Owing to such an age “shift” we have a 6-month lag which can be identified as a “holiday” for the Pension Fund: old-age retirement of women occurs between 1 April and 30 September, while no women in Ukraine retire during the first and fourth quarters.

The retirement age of women who worked in harmful labour conditions, women who raised 5 and more children or mothers of children with disabilities, women who took part in military actions, Lilliputians, disproportionate dwarfs, blind persons of the 1st disability category shall not be raised. Requirements regarding the age and the length of service to qualify for old-age pension on preferential terms and long-service pensions also remained intact.

Until 1 January 2015 the law permits early retirement for all women of 55 years old with pensionable service of at least 30 years and on the condition of employment termination; in this case the size of their pensions will decrease by 0.5% for every month of early retirement. At the same time, the law offers compensative incentives for women who choose another option: those born before 31 December 1961 will receive the raise of 2.5% of the basic pension payment for every 6 months of delayed retirement, starting from 55 years and until their 60th birthday.

According to the Pension Fund’s reports, during the 4th quarter of 2011 and in 2012, 36.7 thousand women have exercised their right to early retirement (and were “penalised” with reduced pension benefits). In the meantime, 102.5 thousand women retired according to the new retirement age limit (that is, at the age of 55.5 years), and received compensative increases to pensions. In other words, the majority of women decided to wait for the new limit of the retirement age established for their generation.

Apart from raising the retirement age of women, the Law of Ukraine “On Measures for Legislative Support of the Pension System Reform” envisages a gradual increase of the retirement age for men working in the civil service and/or occupying other positions that grant the right to special pensions (public servants in the bodies of local self-government, scientific workers, journalists of the state and communal media, members of the Parliament and their assistants/consultants, public prosecutors, judges and diplomats). The practical implementation of these provisions began on 1 January 2013; it is expected that the retirement age of representatives of these professions will increase to 62 years by 2018.

Increased retirement age of men – civil servants, officials and similar categories of workers – should decelerate the growth of the number of “special” pensioners and reduce expenditures on their pensions. It should be noted, however, that the increase of the retirement age for women – “candidates” for receiving special pensions – occurs at different pace, as the upper limit here is 60 years (instead of 62 years). In other words, the retirement age of male representatives of these professions/occupations remains significantly higher than that of women. For example, in 2018 male civil servants will retire at the age of 62 years, while women at similar positions will retire after reaching 58.5 years.



By 2021 the gender gap in the retirement age will decrease to 2 years, but a true “alignment” will never occur. This creates the risk of further aggravation of the situation with a low representation of women at the top government/public administration positions that is an indicator of gender inequality and gender-based discrimination, according to international standards.

**Strengthening Service Requirements.** In order to create incentives for the public to participate in the pension insurance, the government has increased the minimum length of pensionable service for awarding pensions from 5 to 15 years, while pensionable service necessary for old-age pensions not lower than minimum was increased from 20 to 30 years for women, and from 25 to 35 years for men. However, since the state guarantees the minimum pension benefits in the amount not lower than the subsistence minimum for persons who lost the ability to work, in practice these measures have only local effect.

The effect of increasing the minimum pensionable service duration for awarding old-age pensions from 5 to 15 years entails an insignificant reduction of the number of new old-age pensioners with a parallel increase of the number of recipients of the state social assistance for individuals who are not eligible to pensions, although with a 3-year delay (as mentioned above, this assistance is awarded to persons who are 3 years senior of the normal pension age).

In practice, the effect of increasing the length of pensionable service necessary for awarding old-age pensions not lower than the established minimum entails a reduction of the number of persons who have the right to an increased pension due to their extended service, and the reduced duration of extended service. According to the Pension Fund of Ukraine, about 184.8 thousand persons (or 55.6%) of 332.4 thousand old-age pensioners who were awarded pensions during 2012 had had a prolonged service, while 173.0 thousand of these pensioners exceeded their standard periods of service by 1-9 years (see Table 7.1). In 2011, when old-age retirement procedures followed the previous guidelines, 84.1% of new pensioners had had a prolonged service history, and in most cases its duration ranged from 10 to 19 years. Therefore, the new requirements to normative pensionable service have led to a two-fold increase in the number of new pensioners who are not eligible to an increased pension, while new pensioners with extended service of 10 years and more have virtually “disappeared”. We believe that this separate mechanism of granting increased pensions due to long service can be discontinued, because the pension formula already includes the duration of service (with an increase by 1.35 times, based on assessment of one year of service).

**Table 7.1 New pensioners by age and duration of extended service**

	The number of new pensioners, persons		Difference (“-” – reduction, “+” – increase)
	on 1.01.2012	on 1.01.2013	
Total number of new pensioners (old-age)	427,940	332,415	-95,525
Did not have extended service	68,127	147,589	79,462
Had extended service, total	359,813	184,826	-174,987
<b>Including by the duration of extended service, years:</b>			
1-9	129,802	173,006	43,204
10-19	217,930	9,642	-208,288
20-29	9,539	2,008	-7,531
30 and more	2,542	170	-2,372

*Source: compiled and accounted according to the data of the Pension Fund of Ukraine*

Measures to strengthen the requirements to pensionable service duration also cover individuals eligible to receive special pensions.

In addition, military servicemen and similar personnel of other law enforcement agencies will see a gradual increase of the term of service that grants the right to a long-service pension – from 20 to 25 years (“6 months per year” interval; retirement of persons with a 25-year service record shall begin on 1 October 2020). As for public prosecutors and investigators, the new

requirements will concern both the overall service record (an increase from 20 to 25 years), and the service in their respective positions of public prosecutors and investigators (an increase from 10 to 15 years). The procedure will follow the same pattern as in the case of the military.

**Promotion of Postponed Retirement.** The increased benefits for the retirement postponement were introduced back in 2004, but this mechanism was not sought-after because of its unfavourable terms. For one full year of postponement, a person could see his or her pension benefit increase by only 3%, for two years – by 6.71%, for three years – by 11.83%, and for 10 years – by 85.32%. Such insignificant bonuses, in contrast to the unlimited opportunities to receive both pensions and incomes from employment, could not stimulate delayed retirement.

On 1 October 2011 this mechanism was significantly improved: basic pension increases by 0.5% for each month of service after attainment of the pension age on the condition of delayed retirement up to 5 years, and by 0.75% – if retirement is delayed for more than 5 years. The procedure of postponement of the pension granting was also simplified: now it is a personal choice of an individual which does not require contacts with the pension departments. Introduction of a more flexible system of bonuses had a certain effect: during the 4th quarter of 2011 and in 2012 this scheme was used by 238 persons (for reference: during 8 years of functioning of the old scheme there were only 27 cases of pension postponement). Yet the combination of labour incomes and pension benefits remains more rewarding, therefore one should not expect a broad popularity of the delayed retirement.

**Wage Base Change in Pension Formula.** These changes were aimed at reducing the gap between pensions of “new” and “old” pensioners. Since the average wage in the country (including its part from which the insurance contributions are charged) is rising steadily, the growth of the wage base (the first element of the pension formula) makes newly awarded pensions much higher than those granted several years ago. An opportunity to recalculate pensions on the basis of the new, higher wage base made transitions from one type of pension to another and recalculation of pensions for working pensioners very beneficial.

Extension of the period that covers wages to determine the size of pensions from one previous year to three past years reduces the result of calculations against the pension formula; in other words, it leads to a lower basic size of newly awarded pensions. At personal level one can feel it only during the first several years of retirement – later on, the size of awarded pension benefits will depend on the order of pension actualization, rather than on the wage base at the date of retirement. The cost effectiveness of this measure will depend on the growth rate of wages from which contributions are made: the faster is the growth, the higher is the saving, while with a moderate wage growth the effect will be weaker.

According to the Pension Fund of Ukraine, the average size of old-age pensions awarded in 2012 is almost the same as the general pension size: UAH 1,433 among the “new” pensioners and UAH 1,427 among all old-age pensioners.

To limit the “migration” between types of pensions – should such a transfer occur – it was decided to use the same wage base from which the previous type of pension was accrued. The use of the current wage base is only allowed during the shift from the disability pension to the old-age pension.

**Changes in Calculating Special Pensions.** In order to reduce the inequality between “special” and “ordinary” pensioners, the following steps were taken:

- Setting the maximum size of pension (lifelong allowance), including allowances, increments, targeted benefits, indexation and other supplements, which cannot exceed ten subsistence minimums for the persons who lost the ability to work. Pensioners with pension awarded before 1 October 2011 and if its size exceeds the established maximum, shall receive pensions without indexation and any other recalculations until the pension size reaches the established maximum;
- Increasing the duration of the period that is used to calculate the individual’s earnings for granting a “special” pension from 24 to 60 months;

- Removing the opportunities to increase the pension size in case of extended service at relevant positions/jobs from 80% to 90% of wage.

These measures enabled a significant narrowing of the gaps between pensions, depending on the law which regulates granting of these pensions (see Table 7.2).

**Table 7.2 Impact of the reform on the size of special pensions (new “special” pensioners on 1 January)**

Underlying pension legislation	Average “special” pensions, UAH		Difference, UAH	The size of special pensions as % of old-age pension	
	2012	2013		2012	2013
On Mandatory State Pension Insurance (old-age)	1,392	1,433	41	1.0	1.0
On Status of the People's Deputy of Ukraine	12,639	7,200	-5,439	9.1	5.0
Provisions on Assistant of the People' Deputy	4,563	4,400	-163	3.3	3.1
On National Bank of Ukraine	7,521	6,817	-705	5.4	4.8
On Public Prosecutor's Office	6,397	3,892	-2,505	4.6	2.7
On Judiciary and the Status of Judges	12,187	7,644	-4,543	8.8	5.3
On Judicial Expertise	3,018	4,450	1,432	2.2	3.1
Customs Code of Ukraine	4,228	3,871	-357	3.0	2.7
On State Public Service	3,153	2,781	-372	2.3	1.9
On Service in Bodies of the Local Self-Government	2,833	2,494	-339	2.0	1.7
On State Support of Mass Media and Social Protection of Journalists	3,424	2,895	-529	2.5	2.0

Source: compiled and calculated according to the data of the Pension Fund of Ukraine

New pensioners among the members of the Parliament and judges sustained the largest “losses”, as they fall under the limitation of the maximum benefit.

**Measures for Working Pensioners.** Discussions about the expediency of limiting pensions for working pensioners have been underway for a long time in Ukraine. On the one hand, the demographic situation and age segregation of the labour market require the use of the working potential of older persons. On the other hand, full financing of benefits for working pensioners is too onerous for the public finance.

To address the issue, the following alternatives were introduced:

- Limited indexing of pensions for working pensioners: increasing pension benefits in connection with the rise of the subsistence minimum can be recalculated only after dismissal from work;
- Working pensioners can receive only a part of their pension, that is stipulated by the Law of Ukraine “On Mandatory State Pension Insurance”;
- Changes in the procedure of pension recalculation. Working pensioners retain the right to recalculation of their pensions, but they will have to choose the optimal recalculation option:
  - 1) Recalculation based on the “old” wage base (the one used for a pension to be awarded or recalculated), taking into account the increased service; in this case the basic pension will increase according to the service (the number of years a pensionable service

after granting of pension, multiplied by 1.35);

- 2) Recalculation based on the “new” wage base and increased service, but all other new conditions are also taken into account (normative service of 30/35 years and so on); this option can be beneficial only for those, whose current wage is higher (as compared to the country average) than it was before retirement.

Since working pensioners usually take less advantageous positions than they had prior to retirement, the first option should fit them best.

The new procedure of pension benefits calculation for working pensioners does not cover persons who were awarded a pension and/or who landed a job before 1 October 2011.

According to the data of the Pension Fund of Ukraine, the number of working pensioners has somewhat reduced during 2012 (until then it was on the rise), but their share in the overall group of pensioners remained intact (22%, or each fifth retired person) (see Table 7.3). The gap between the size of pensions of working and non-working pensioners has also narrowed: from about 25% during 2009-2011 to 16.5% in 2013.

**Table 7.3. Number of working pensioners and size of their pensions (as of January 1)**

	Number of working pensioners (all types of pensions), thousand persons	Size of pensions of working pensioners as % of pensions of non-working pensioners
2008	2,673.6	118.3
2009	2,789.7	125.9
2010	2,649.6	126.8
2011	2,957.0	124.1
2012	3,094.4	121.4
2013	3,035.3	116.5

Source: Compiled and calculated according to the data of the Pension Fund of Ukraine

Unfortunately, the Pension Fund does not provide information about the structural characteristics of working pensioners (by the type of pension, retirement date, gender, age and the like).

## Impact of Pension Reform

The number of new pensions in the PAYG system saw a significant reduction: while in 2011 their number reached 427,940 (including 243,677 pensions awarded to women), in 2012 there were 332,415 pensions (169,924 awarded to women). Owing to efforts aimed at increasing the women’s retirement age, their representation in younger groups of pensioners (under 60 years of age) will continue to reduce. However, a more proportional structure of pensioners by gender can be achieved only through the reduction of excessive mortality of men in all age groups.

**Due to the pension reform, the total number of old-age pensioners started to decline for the first time in many years**

The pension reform of 2011 continues to stir a highly charged political situation, as different political forces “compete” for its cancellation. The most common cause of “disappointment” with the 2011 reform is a significant deficit in the Pension Fund of Ukraine. Yet the reform measures, which were recognized by international experts as inadequately soft and liberal against the background of the critical demographic and economic situation in the country, failed to halt further increase of pension expenditures and to promptly eliminate the deficit. All restricting measures were targeted at new awarded pensions only, even though their share in the overall pension system is meagre; not a single previously awarded pension was reduced.

One should not forget that 2012 was the year of the parliamentary elections, and once again they used a traditional practice of gaining upon the retired voters. In the course of 2012 the increase of the size of awarded pensions occurred five times – in connection with the rise of the

subsistence minimum. Thanks to social initiatives of the President of Ukraine, in May 2012 the country experienced an “unscheduled” recalculation of pensions that added another UAH 9 billion to the pension expenditures. As a result, the actual pension expenditures in 2012 reached UAH 233.7 billion, while the deficit of the Pension Fund of Ukraine (inclusive of outstanding loans on pension benefits) made up UAH 27.2 billion<sup>59</sup>.

It is safe to say that the pension-related expenditures and the deficit of the Pension Fund would be much higher without robust reform measures. According to the estimate of the Pension Fund of Ukraine, cancellation of all reform measures operationalized on 1 October 2012 would require additional UAH 12.7 billion from the national budget<sup>60</sup>.

Considering the demographic prospects of Ukraine, increasing the retirement age and any other measures aimed at stimulating continued labour activity are unable to increase the unemployment or worsen the situation at the labour market. Quite the contrary – these measures only mitigate but not address the issue of the growing deficit of the labour force<sup>61</sup>. More importantly, the reform measures of 2011 make it possible to halt further growth of the total number of pensioners, and to ease the burden on contributors up until 2021, when ever-reducing generations of people born during the crisis years of 1990s will start entering their active working age.

According to the State Statistics Service, the unemployment rate in 2012 has dropped, particularly among young people of 15-24 years of age – the group traditionally viewed as the most vulnerable at the labour market.

***Fears that the increased retirement age and other pension reform measures will deprive young people of jobs did not materialize***

On the other hand, economic activity among the elderly did not increase as well. This confirms the conclusion that pension reform measures alone are unable to ensure a more active participation of older people in the labour market. They need to be complemented with an active and targeted employment policy aimed at promoting and stimulating the employment of older persons.

## Gender Gap in Pensions

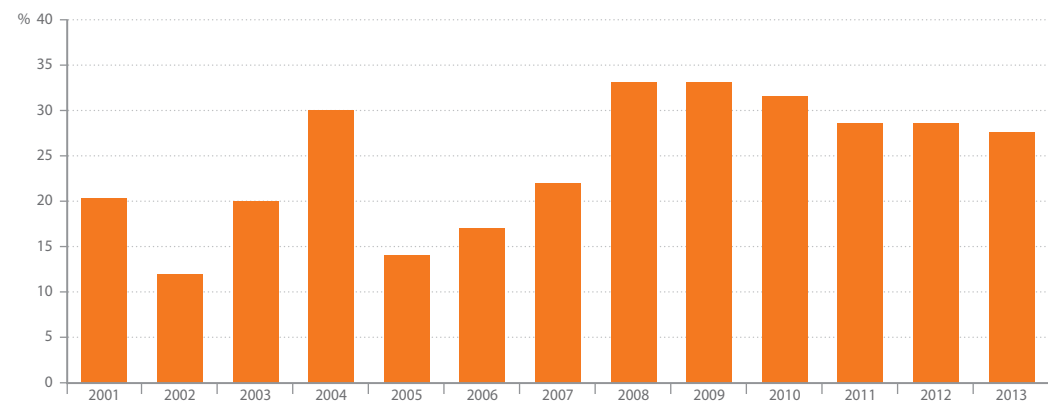
***The gender pension gap in Ukraine remains wider than the gender wage gap***

The gap in the basic pension (which is calculated based on the pension formula) derives from two key factors: shorter pensionable service as a result of women’s lower retirement age, and significantly lower size of women’s wage, caused by employment segregation of women in low-paid economic sectors.

Yet the most influential factor is the mechanism of indexing of awarded pensions. If indexation is performed by means of increasing the minimum pension, it will be beneficial for women whose basic pensions are lower than the subsistence minimum for persons who lost the ability to work; in this case pension benefits align thus reducing the gender gap. If the pension undergoes indexation through actualization of the wage base or other variables in the pension formula, then men get an advantage, while women’s pensions would remain below the minimum. Obviously, this widens the gender gap further.

The gender pension gap dynamics by the general size illustrate how different calculation formulas and “pension updating” mechanisms affect the size of women’s and men’s pensions (Figure 7.1).

Before 2004, the size of old-age pension – given the presence of necessary years-in-service (20 years for women and 25 years for men) – was defined as 50% of the person’s wage in the last 5 years of employment; each year in excess of the statutory service increased the pension by 1%. In this case, the total length of service determined only the size of bonuses for extended service, while the difference in wage could be equalized through various schemes of artificial wage increases in years preceding the retirement. In addition, a strict limitation of the maximum pension benefit existed. As a result, the gender pension gap did not exceed 20%.



**Figure 7.1 Gender pension gap, % (as of 1 January; all types of pensions excluding “military”)**

Source: calculations based on data of the Pension Fund of Ukraine

The introduction of a new formula for calculating pensions in 2004 has led to a significant growth of the gender gap, since this formula incorporated the service and earnings for the entire period of a person’s working life. The establishment of the minimum old-age pension size at the level of the subsistence minimum for persons who lost the ability to work has helped to narrow the gap during 2005-2007. However, following the pension recalculations done in 2008 (actualization of the wage base for accruing pensions and increasing the value of one year service from 1% to 1.35%) the gender gap has increased to 33%. As the pensions in the crisis year of 2009 were frozen, their differentiation remained the same.

During the post-crisis years indexation was carried out very carefully, usually through an increase of the minimum pension. This helped to somewhat reduce the gender pension gap, but it still remains wide.

It should be added that the gender gap in old-age pensions is notably wider (30.7% as of 1 January 2013) than in all other types of pensions, as the former is more differentiated. The basic pension (calculated by the formula, without bonuses or supplements) among women in all age groups is markedly lower than the subsistence minimum for persons who lost the ability to work (which is UAH 894) and barely reaches 50% of the basic pensions of men (see Table 7.4). As for male pensioners, their basic and total pensions exceed the subsistence minimum for persons who lost the ability to work by 1.5 and 2 times, respectively. The largest variations in the gender gap by the size of the basic pension can be observed among privileged categories of workers with early retirement (women’s pensions make up only 37.3% of those of men), and among persons of 80 years of age and older (47.6%).

**Table 7.4 Basic and total size of old-age pensions, by gender and age group, January 2013**

Age group, years	Women		Men		
	Pension, UAH		Age group, years	Pension, UAH	
	Basic	Total		Basic	Total
Under 55	714	1,252	Under 59	1,916	2,398
55-59	771	1,240	60-64	1,354	1,731
60-69	706	1,212	65-69	1,207	1,628
70-79	699	1,269	70-79	1,254	1,706
80 and older	549	1,327	80 and older	1,153	1,808
<b>Total</b>	<b>694</b>	<b>1,252</b>	<b>Total</b>	<b>1,358</b>	<b>1,806</b>

Source: compiled and computed based on data of the Pension Fund of Ukraine



The gradual increase of the retirement age of women launched in October 2011 will contribute to alignment of the duration of pensionable service and consequently – the size of pension benefits. Yet it is a long-term perspective, as it is expected to achieve the same level of retirement age only in 2021. Obviously, Ukraine needs other efforts aimed at the activation of women's economic behaviour and reaching gender equality in general and in employment arrangements in particular.

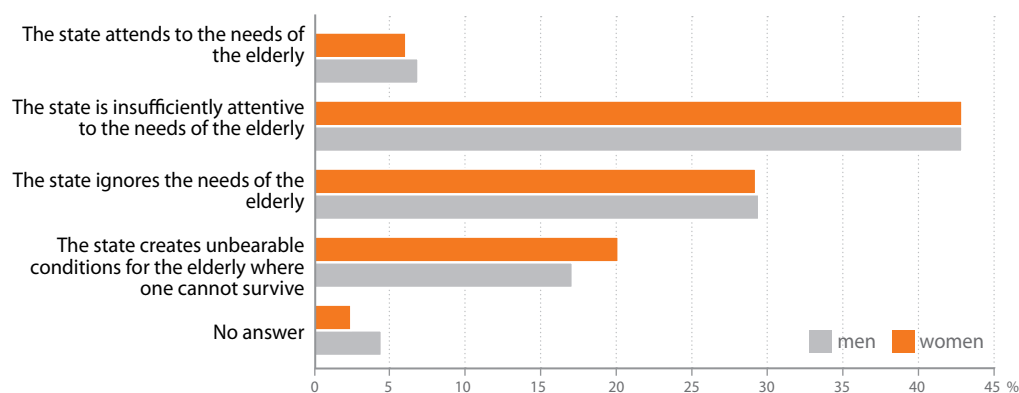
## Assessment of the National Policy for the Elderly

Activities of the state institutions and organizations in dealing with senior citizens can be assessed through our sociological survey. Findings show that due to objectively low living standards of the population (including older persons) and failure to address many other social issues the work of government structures regarding the elderly in Ukraine was not highly appreciated by the respondents.

The perception of activities of the state institutions and organizations regarding older persons (answers to the questions about attitude of the state towards the elderly and tangibility of effects of the state policy for the elderly) is extremely negative. About 80% of respondents did not feel any effects of the policy, while only 5% of those surveyed answered otherwise. Residents of urban communities (all age categories of senior citizens) were more likely to experience the implementation of the state policy for the elderly, while rural residents found it difficult to assess it – about 20% of respondents of both sexes living in rural communities did not answer this question.

*The work of government structures regarding the elderly in Ukraine was not highly appreciated by the respondents*

The level of satisfaction of senior citizens with the government's attitudes towards them is explicitly low. Only 6.9% of men and 6.1% of women agree that *"the state attends to the needs of the elderly"* (Figure 7.2). At the same time, 42.5% of male and female respondents alike stress that *"the state is insufficiently attentive to the needs of the elderly"*, while 29.0% of men and 29.1% of women believe that *"the state ignores the needs of the elderly"*. In addition, 19.9% of women and 17.3% of men are extremely negative about the government's work, agreeing that *"the state creates unbearable conditions for the elderly where one cannot survive"*. It should be noted that the number of respondents with negative views on the state policy and activities is three times higher than the number of those with positive attitudes. Quite illustrative is the fact that older citizens who consider themselves socially active are somewhat more likely to be positive or neutral towards the government's actions.



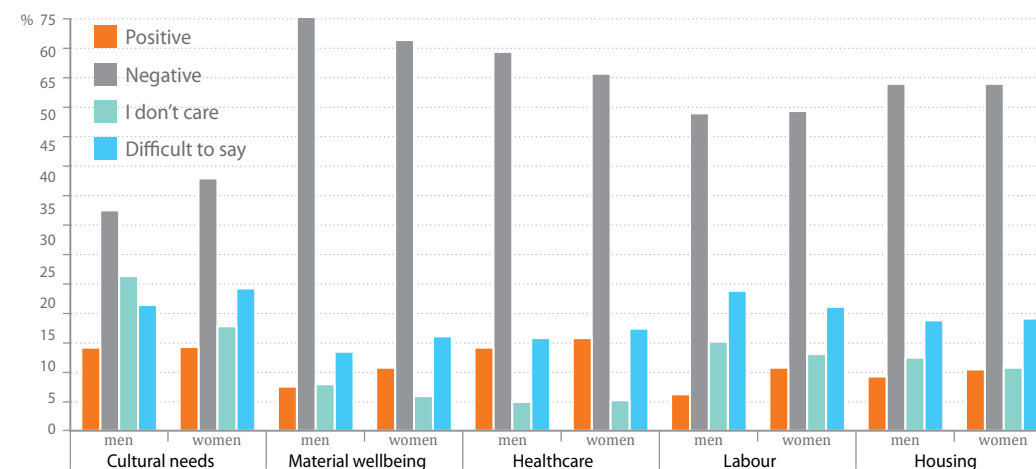
**Figure 7.2. Breakdown of female and male respondents by their perception of the state's attitudes towards the elderly in Ukraine, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

Dissatisfaction of the elderly with the state's attitudes towards them can be also felt in their views regarding specific government bodies which deal with problems of senior citizens (by sectors). For example, more than a half of the respondents were dissatisfied with the government's work in the area of labour; almost 60% – in the area of housing provision; somewhat more than 60% – in healthcare, and almost 70% – in the area of ensuring the material wellbeing (Figure 7.3). The only exception was meeting the cultural needs that earned negative reviews of only 40% of the respondents (43.1% of men and 37.0% of women). Probably it can be explained by the older people's indifference towards their own cultural needs, as many other more important necessities of life remain unaddressed. The highest "indifference level" regarding the state policy was observed in this area: 26.5% of men and 18 of women answered *"I don't care"* about their cultural needs. In addition, 24.4% of men and 21.6% of women found it difficult to answer this question (which are also the highest rates).

*Satisfaction of cultural needs is the only area where one can observe noticeable differences in responses of men and women*

We should note that satisfaction of cultural needs is the only area where one can observe noticeable differences in responses of men and women – older women were more likely to give negative reviews and to be less indifferent. Relatively high levels of indifference and significant proportion of respondents who could not evaluate the policy were also observed in the area of labour. 20% and 10% of respondents picked the options *"Difficult to say"* and *"I don't care"*, respectively.



**Figure 7.3 Breakdown of female and male respondents by evaluation of activities of state bodies which deal with issues of the elderly in Ukraine by sector, %**

Source: Survey "Older Women and Men: Quality of Life and Social Well-being", 2013

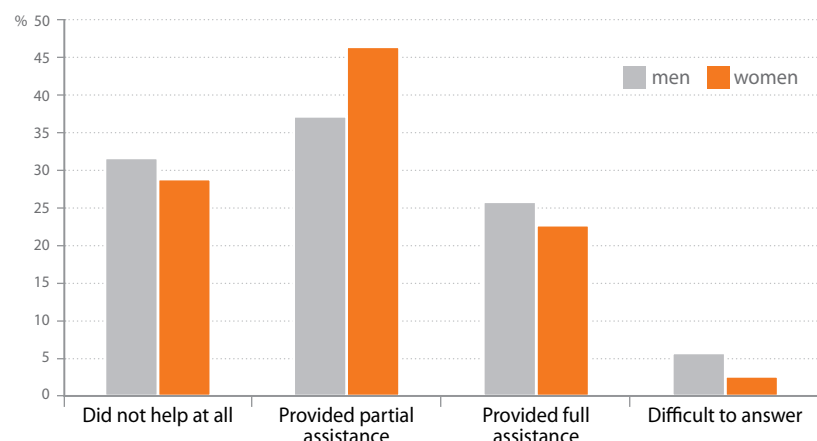
Less than 20% of the respondents had a positive attitude towards the activities of the state bodies which work for the elderly (this concerns answers regarding all areas of activity). The lowest percentage of positive responses concerned activities in the area of labour (11.0% of women and 6.3% of men) and material wellbeing (11.3% of women and 7.8% of men). Being largely insignificant, differences in the respondents' answers by gender manifest themselves in somewhat more critical attitudes towards policy among the male respondents.

In general, the priority of meeting personal needs is appropriately reflected in the respondents' assessment of activities of the state bodies. Therefore, unlike cultural needs, the government's work in the area of ensuring the material wellbeing receives most negative reviews, while the number of indifferent respondents in this regard is the lowest.

The negative evaluation of the activities of state bodies and institutions is linked to distrust towards them: older persons rarely seek assistance of these establishments in order to address



their problems. Only 11% of men and 13% of women answered “yes” to the question “Have you addressed government bodies to settle your problems during the last year?” About one third of these respondents noted that they *were not helped at all*; 37% of men and 46% women *received partial assistance*, while 26% of men and 22% of women reported receiving *full assistance* (Figure 7.4). As we can see, men are generally more critical towards the assistance received from the government bodies – the number of women who *received partial assistance* is by 9 percentage points higher than that of men. Overall, these numbers are the evidence of the lack of appropriate interaction between the elderly and the government authorities in Ukraine.

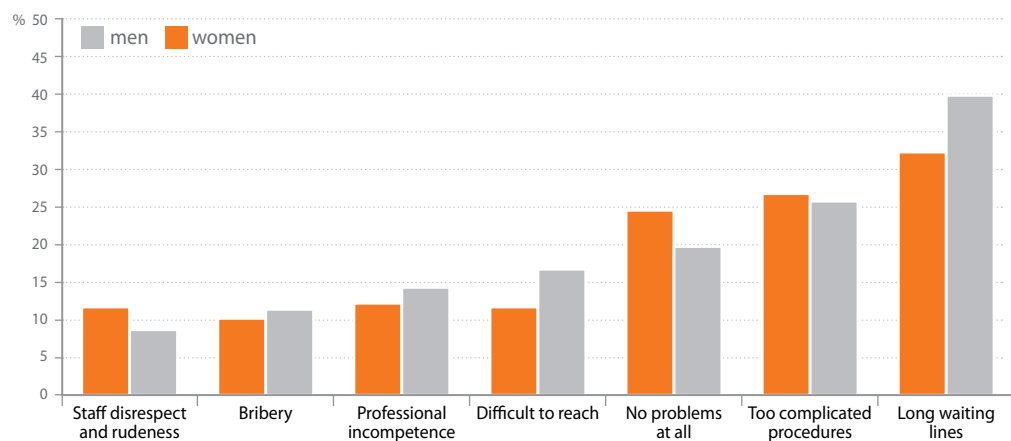


**Figure 7.4 Breakdown of female and male respondents who addressed the state bodies to receive assistance in various issues, by the level of provided assistance, %**

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

The survey results confirm that the activities of the state bodies aimed at addressing the problems of the elderly are hardly effective; moreover, while seeking assistance of these institutions, older persons face various barriers.

The most widespread barriers for the elderly, who address social protection institutions in Ukraine, are long waiting lines and too complicated procedures (Figure 7.5).



**Figure 7.5 Proportion of female and male respondents who reported barriers to addressing local departments of the Pension Fund and other social protection institutions in Ukraine**

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

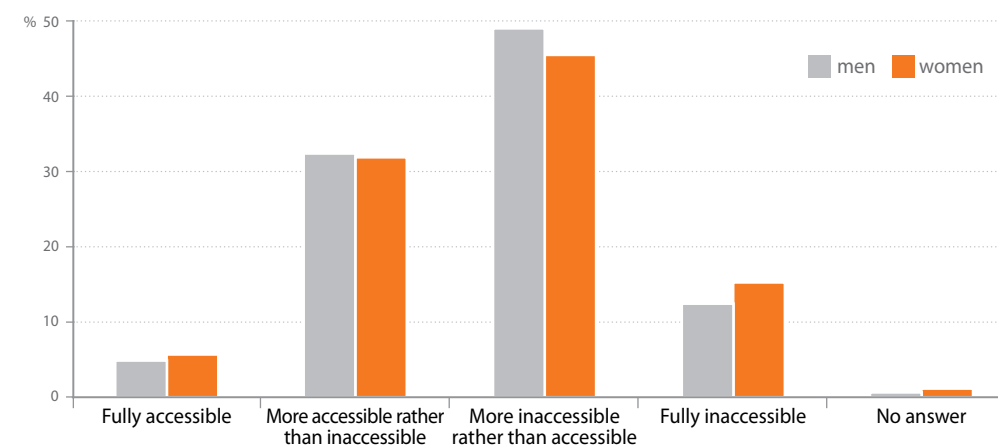
Disrespect on the part of staff, bribery, professional incompetence and weak transport accessibility of institutions were reported by less than 15% of respondents. Men are more critical about long waiting lines: this barrier was mentioned by 40% of the male respondents. As for women, they are more sensitive to staff rudeness and disrespect (as mentioned by 11% of the female

and only by 8.6% of the male respondents). At the same time, the number of those who had “no problems at all” while seeking assistance in relevant institutions was higher among women (24.6%, as compared to 20% among men).

The most widespread problems – long waiting lines and complicated procedures – can be addressed through an adequate organization of work of relevant institutions and organizations, which potentially does not require significant expenditures (in fact, it is much more difficult to overcome bribery or transportation issues). Eliminating barriers to the social protection institutions and the Pension Fund, and addressing the problems which fall within the authority of these bodies could establish a friendlier environment for vital activities of older persons, therefore it should be one of the most important tasks of the Ukraine’s policy for the elderly.

*The most widespread problems – long waiting lines and complicated procedures – can be addressed through adequate organization of work of relevant organizations, while solutions do not require significant expenditures*

Apparently inadequate is the accessibility of government bodies in the context of obtaining information necessary to exercise the rights of the elderly. Only a half of the respondents of both sexes believe that the state bodies are *more accessible rather than inaccessible*, while 12.7% of men and 15.5% of women consider them *fully inaccessible* (Figure 7.6). Only 5% of respondents believe that the state bodies are *fully accessible* in terms of receiving information. For 32.4% of men and 31.9% of women they remain *partially accessible*.



**Figure 7.6 Breakdown of female and male respondents by evaluation of accessibility of the state bodies in the context of obtaining information necessary to exercise the rights of the elderly, %**

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

Generally speaking, these prevailing negative attitudes towards the government bodies and their activities are quite predictable given the current situation in the country; new ways to improve the state policy for the elderly (for the policy in general and for specific policy areas) should be identified, and a more constructive dialogue between the government authorities and senior citizens of the country should take place.

In order to adequately respond to the challenges of ageing, it is necessary to scale up the outlook of the policy and to cover a broader range of vital activities of the elderly and also persons of middle age. First of all, it is necessary to reconsider the vision of the role and place of older persons in the country’s life. At present, the participation of senior citizens in the country’s development lacks proper attention – the elderly are generally perceived as a burden for the national economy and for the working age population, while the significant social and labour potential of older generations is largely ignored. At the same time, it is hard to overlook the fact that the transformation of the government’s policy and development priorities in the conditions of population ageing, as well as developing a targeted national policy for the elderly become very urgent and draw particular attention at all levels of the public administration.

*The elderly are generally perceived as a burden for the national economy and for the working population, while the significant social and labour potential of older generations is largely ignored*

Considering the best practices of other countries and international organizations in making their policies more responsive to the challenges of population ageing, it should be noted that the concept of “active ageing” is one of the major innovations in this area. After years of extensive elaboration at the national and international levels, the developed countries successfully implement this concept into practice. Relying on the conceptual framework of “active ageing”, for Ukraine it is expedient to develop a similar system of measures aimed at improving the national policy for the elderly.

## Conceptual Framework of the Active Ageing Policy

The concept of active ageing was introduced in the late 1990s (following its approval by WHO), even though theoretical research in this area was carried out back in the 1950s. Various approaches exist to the definition of “active ageing”, including a broad methodology which embraces a multifaceted array of human life domains and government policies, as well as more “narrow” approaches focused on specific “prioritized” activity areas (e.g. employment of the elderly or involvement of senior citizens in volunteer activities).

A classical definition of active ageing is based on three components of older people’s vital activities – good health, participation and active life style. According to the WHO definition, active ageing is the process of optimizing the opportunities for health, participation and security in order to enhance the quality of life as people age. It allows people to realize their potential for physical, social and mental wellbeing throughout the life course and to participate in the society according to their needs, desires and capacities.

Active ageing remains in the spotlight of modern policy concepts, and it is directly linked to the quality of life. Improving the quality of life, especially in old age, and preserving labour potential of older persons should become a greater priority for Ukraine’s demographic policy than efforts to overcome the depopulation.

*Older persons should be more oriented towards an active participation in the social life, including volunteer, community and policy work*

While active ageing for younger and middle-age groups of the elderly goes hand in hand with employment, and significant efforts are made to extend the period of their economic activity, older persons should be more oriented towards an active participation in the social life, including volunteer, community and policy work. To this end, the concept of active ageing aims at shifting the policy focus from simple satisfaction of older persons’ needs to their greater empowerment. Among other things, this requires relevant legislation to enable older persons to become responsible for their own quality of life, as it is generally believed that the state’s participation is essential for addressing the needs of the most vulnerable populations (those with poor health and the like), while the rest of senior citizens need better opportunities.

In Europe they also raise concerns that the current policy for the elderly already lags behind the imperatives of time. Until now older people’s participation and contributions to the development of their respective countries did not receive sufficient attention, therefore it is essential to broaden their involvement in the social life, to overcome age-related segregation, and to ensure their integration in the society. Importance of the elderly for the development of effective active ageing policies is difficult to overestimate.

*The low level of the population’s social activity and involvement has been a distinctive problem of Ukraine*

In many countries non-governmental organizations play a central role in addressing the issues of ageing, but low level of the population’s social activity and involvement has been a distinctive problem of Ukraine. Therefore, information approaches of the strategies to involve citizens in the social life gain particular importance (e.g. informing people about positive contributions of the elderly to the country’s development and about the positive aspects of ageing; involving representatives of senior citizen associations in planning and development of relevant information activities, as well as other aspects of information policy).

The comprehensive nature of the concept of active ageing can be noticed in the classification of policy areas depending on the age of the elderly. Within the framework of a broader approach, investments in the process of active ageing can be “early” and “late”. Early investments are targeted at individuals of young and middle years; they are aimed at making a long-term impact on their lives. Their main focus is education, which is expected to shape the individual’s social status, his/her position at the labour market and incomes, thus determining the individual “trajectory of ageing”. Late investments at older age and at retirement age cover such spheres of life as health, lifestyle, social integration, and lifelong learning.

There are three key components of the quality of life in the process of active ageing – health, social integration and occupation of older persons. Achievement of various objective and subjective goals within these three areas basically shapes the process of “active ageing”.

## Employment Policies

**ILO Older Workers Recommendation.** Currently the only document concerning older workers of the highest international level is the ILO Older Workers Recommendation of 1980 (No.162)<sup>62</sup>. The document emphasizes that employment problems of older workers should be dealt with in the context of an overall and well-balanced strategy for full employment and social policy, with due attention being given to all age groups, thereby ensuring that employment problems are not shifted from one group to another.

*The ILO Older Workers Recommendation establishes that older workers should, without discrimination by reason of their age, enjoy equality of opportunity and treatment with other workers*

The ILO Older Workers Recommendation regards, in particular:

- Access to vocational guidance and placement services;
- Access, taking account of their professional skills, experience and qualifications to:
  - employment of their choice in both the public and private sectors;
  - vocational training facilities, in particular further training and retraining;
  - paid educational leave;
  - promotion and eligibility for distribution of tasks;
- Employment security, subject to national law and practice relating to termination of employment;
- Remuneration for work of equal value;
- Social security measures and welfare benefits;
- Conditions of work, including occupational safety and health measures;
- Access to housing, social services and health institutions.

In order to alleviate the labour adaptation of older workers, the document suggests a broad range of measures, for example, to improve the working environment (remedying conditions and environments that are likely to hasten the ageing process); to modify the forms of work organization and working time (reducing stress and excessive pace of work, limiting overtime, facilitating part-time employment and providing for flexible working hours); to adapt the work-

place to ergonomic principles; to provide for a more systematic supervision of the workers' state of health (ensuring and preserving their safety and health); and to adapt systems of remuneration (using systems which take into account not only the speed of performance but also know-how and experience; transferring workers from work paid by results to work paid by time).

Similarly, Older Workers Recommendation puts an emphasis on the preparation for retirement and on the provision of maximum opportunities for obtaining adequate pension benefits. Therefore, measures should be taken to allow for a gradual transition from working life to freedom of activity, to make retirement voluntary, and to make the age qualifying for an old-age pension flexible. The list of occupations/conditions that implies mandatory termination of employment at a specified retirement age should be minimal and established by the law. Retirement preparation programmes should be implemented during the years preceding the end of working life and enable the persons concerned to make plans for their retirement and to adapt to the new situation. This includes information on the old-age benefits they can expect to receive, their tax status as pensioners, and the related advantages available to them such as medical care, social services; the opportunities and conditions for continuing an occupational activity (particularly on a part-time basis, and on the possibility of establishing themselves as self-employed); the ageing process and measures to attenuate it (medical examinations, physical exercise and appropriate diet); how to use their leisure time; and availability of facilities for the education of adults.

**Compliance of the National Legislation with the ILO Recommendation.** The Ukraine's Law "On Basic Provisions of Social Protection of Labour Veterans and other Senior Citizens in Ukraine" adopted on 16 December 1993<sup>63</sup> almost fully reflects the provisions of the ILO Recommendation No.162. The state guarantees the senior citizens (defined as individuals who attained the established retirement age, and persons who will enter the retirement age no later than in 18 months) appropriate implementation of their right to work according to their professional competence, job skills and health condition.

The law emphasizes that older persons should enjoy equal right to work along with other citizens, and the state targeted employment programmes additionally guarantee this right. The law prohibits the employers to refuse hiring, or to dismiss an employee on the grounds of attainment of the retirement age. Terms of labour agreements with older workers, including work during their stay in social protection institutions, shall not impair their situation or limit their rights, established by the labour legislation.

*The law prohibits discrimination of senior citizens in the domain of labour, but these provisions are inadequately presented in the Law of Ukraine "On Employment of the Population" and in the Labour Code of Ukraine*

Provision on the protection against any forms of discrimination in employment (including on the grounds of gender and age) is clearly set in the new version of the Law of Ukraine "On Employment of the Population", which has entered into force on 1 January 2013<sup>64</sup>. Another important innovation introduced by this law was the prohibition to specify any restriction on age in vacancy announcements (job ads); to offer jobs only to women or only to men, except for specific jobs that can only be performed solely by persons of a certain sex; to set requirements preferring either sex; and to require job seekers to provide data on their personal life. The law also strengthened the anti-discrimination component by expanding the limits of pre-retirement age for the categories of citizens eligible to additional guarantees for employment assistance. From now on, these guarantees shall be available to persons who have 10 and less years before the attainment of the retirement age, while the old version of the law limited their age to 2 years before the retirement age.

Additional guarantees for employment assistance are operationalized through the introduction of workplace quotas (5% of the average accounted number of staff in the preceding calendar year) for enterprises with a labour force over 20 employees that need to be filled by "insufficiently competitive" candidates. In addition to quotas, the new version of the Law of Ukraine "On

Employment of the Population" introduces fiscal incentives for employers, which, upon referral from the State Employment Service, shall give jobs (create new workplaces) to the unemployed from socially vulnerable groups for at least two years. Incentives mean a monthly compensation of actual costs on single social contribution to the state mandatory social insurance for relevant workers.

Since the amended Law has entered into force only on 1 January 2013, it is difficult to assess the efficiency of the newly introduced incentives. According to the State Employment Service of Ukraine, in the 1<sup>st</sup> quarter of 2013 the number of registered unemployed persons with 10 years or less before the attainment of the retirement age was 159,068; that makes up 21.1% of all registered unemployed, and 61.5% of citizens eligible to additional guarantees for employment assistance<sup>65</sup>. Therefore, according to the new age criteria for including the elderly in the category of persons who are non-competitive at the labour market, they constitute the lion's share (almost two-thirds) of users of additional state guarantees for employment assistance. The level of job placement of these persons is somewhat lower compared to all registered unemployed (8.5% against 10.8%), but this is typical for all vulnerable groups.

The issue of age discrimination remains unregulated in the current Labour Code of Ukraine<sup>66</sup>. But the draft Labour Code, registered in the Parliament of Ukraine (Reg. No. 2902 as of 22 April 2013<sup>67</sup>) contains the article which explicitly prohibits any discrimination in labour relations, including violation of equal rights and opportunities, and direct or indirect restriction of the workers' rights on various grounds, including gender and age. Another article in the draft Code disallows the dismissal of a worker at the employer's initiative on the grounds of attaining the retirement age or receiving the right to pension or assistance awarded instead of the pension, unless otherwise stipulated by the law. These articles are extremely important for strengthening the legal base which protects older workers from discrimination and guarantees their employment. Unfortunately, no one knows when and in what final reading they will pass this legislation.

*The Ukrainian legislation insufficiently regulates specifics of working hours and job safety of older workers*

The Law of Ukraine "On Basic Provisions of Social Protection of Labour Veterans and other Senior Citizens in Ukraine" stipulates that older workers shall work during the generally accepted working hours. Upon request of older workers, an employer or duly authorized body may (but is not required to) introduce a part-time working day or working week. In this case remuneration of labour shall be proportional to hours worked, or to work output. Any service of older workers during off-hours, including overtime, weekends and nights, shall be allowed only upon the worker's consent and in the absence of health-related contraindications. As for the job safety issues, the Law speaks in platitudes, e.g. all enterprises are required to continuously improve the working conditions and labour environment for older workers, and that these workers' workplaces should be equipped with relevant technical and other means to preserve their health and working capacities. The only statement which is fully in line with the provisions of the ILO Recommendation No.162 concerns the restriction of unsociable working hours. Yet even these norms were not adequately reflected in the current Labour Code of Ukraine.

The draft new Labour Code of Ukraine contains no provisions on the specifics of working hours and job safety of older workers. There is only one article which establishes a list of worker categories who by their choice may be granted a right to longer leaves without pay; this list includes old-age pensioners. The suggested maximum duration of such a leave for old-age pensioners makes up 30 calendar days annually. However, a longer leave without pay is hardly an adequate substitution for flexible working hours.

*The Ukrainian legislation includes only selected provisions of the ILO Recommendation on professional training of older workers*

Article 16 of the Law "On Basic Provisions of Social Protection of Labour Veterans and other Senior Citizens in Ukraine" states that whenever necessary the enterprises shall ensure professional



reorientation and retraining for workers of pre-retirement and older age, including mastering of new professions of their choice, taking into account adaptive and age-related capacities of these individuals. In other words, it concerns only retraining, and only when it is “necessary” (it is unclear, who actually needs it – an employee or employer), while opportunities for advanced training are omitted.

The new version of the Law “On Employment of the Population” offers another innovation – an opportunity to receive a one-time voucher (in the monetary amount up to 10 subsistence wages for persons capable of working) for retraining, specialization or advanced training. However, such an opportunity is given only to individuals above 45 years and up to the retirement age (another compulsory condition is pensionable service of not less than 15 years). In other words, this voucher is inaccessible for pensioners.

The Law of Ukraine “On Basic Provisions of Social Protection of Labour Veterans and other Senior Citizens in Ukraine” assumes that professional reorientation and retraining of senior citizens who are capable of and willing to work can be carried out in training facilities of the State Employment Service or other educational establishments at the expense of funds, specifically allocated from the State Fund for Employment Assistance. At the same time, the Law “On Employment of the Population” clearly states that training, retraining and advanced training at the expense of the Fund for Mandatory State Social Insurance against Unemployment (the new name of the above-mentioned Fund) is provided only to the registered unemployed, while according to the current legal criteria, persons above the retirement age cannot be granted an official unemployed status.

Provisions of the ILO Recommendation No.162 on the retirement preparation programmes are included only in the Law “On Basic Provisions of Social Protection of Labour Veterans and other Senior Citizens in Ukraine”. According to this Law, such programmes may include simplified working conditions, gradual reduction of working hours upon a worker’s request, as well as measures which empower older workers to continue their education, to take care of their health, to meet their needs and interests, to master crafts – measures which contribute to senior citizens’ adaptation to the new way of life. Provisions on the retirement preparation programmes can be included in collective contracts and agreements. Upon decision of the staff, such collective agreements may include norms on privileged pension benefits, housing support, domestic, health and health resort services, as well as free financial assistance for loan repayment at the expense of the enterprise’s proprietary funds. In addition, the Law obligates the staff to create the climate of humane treatment of senior citizens who work or worked with them prior to retirement, and to provide any reasonable assistance for meeting their needs and requests. Senior citizens enjoy equal rights with other members of the staff in terms of privatization of property of the state enterprises and small-scale privatization objects, health resort treatment and care, improvement of housing conditions and other types of social support at the expense of their respective enterprises. Yet, these legislative provisions by definition are not directly applicable, therefore their practical implementation depends on the agreement between parties of the social dialogue at all levels.

***The legislative lacks result in total ignoring of interests and problems of older workers by labour market policymakers***

For example, the recently adopted Programme on Facilitating Employment of the Population and Creating New Workplaces for the Period until 2017 which determines the priority measures and activity areas of mid-term government policy in the area of employment contains no provisions aimed at addressing the specific problems of participation of older people in the labour market.

**Age-Based Restrictions of Labour Rights.** Almost three quarters of the survey respondents have encountered various restrictions of their labour rights both in pre-retirement age and after the attainment of pension age (Table 7.5). Restrictions prior to retirement primarily concern remuneration of labour (as reported by 20.8% of women and 18.3% of men), as well as opportunities for career advancement (19.9% and 15.4%, respectively) and labour relations (18.3%

and 15.7%, correspondingly). However, cases where other aspects of labour rights of the elderly were restricted were reported by each tenth respondent. Problems in the retirement age typically concern job seeking and employment (as reported by 25.6% of women and 24.8% of men). Probably such difficulties with employment diverted respondents from problems in other aspects of labour rights (for example, pensioners do not look after any career advancement opportunities).

**Table 7.5 Breakdown of respondents’ answers to the question “Did you encounter any age-related restrictions of your labour rights before retirement and after attainment of the retirement age?”, % of the total number of respondents**

Options	Pre-retirement age			Retirement age		
	Men	Women	Both	Men	Women	Both
Total share of respondents who encountered age-related restrictions of their labour rights	70.6	75.7	73.9	68.3	74.2	72.0
<b>By specific manifestations:</b>						
In job seeking or employment	12.1	15.3	14.1	24.8	25.6	25.3
In labour relations	15.7	18.3	17.3	10.1	11.1	10.8
In remuneration of labour	18.3	20.8	20.0	14.4	12.0	12.9
In career advancement opportunities	15.4	19.9	18.3	9.5	10.5	10.1
In choosing working hours	11.8	13.1	12.6	5.6	8.1	7.2

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

***Survey findings confirm that women are much more likely to have their labour rights restricted***

The proportion of male respondents who had never faced any restrictions in the years before retirement makes up 29.4%, and after the attainment of the retirement age – 31.7%. For women these proportions make up 24.3% and 25.8%, correspondingly. The widest gap between genders in the pre-retirement age can be observed in the area of career advancement opportunities and employment, and during the retirement age – in the right to choose convenient working hours.

The issue of protection of older workers’ labour rights aggravates during the economic recession. Even though the overall employment of individuals of 55 years and older was the least affected by the crisis as compared to other age groups (both the level and the rate of employment continued to grow in the majority of countries), this does not necessarily mean that they are better protected. Rather it is caused by specific demographic and economic factors. The demographic factor has an objective and long-term nature: the progressing process of population ageing inevitably leads to ageing of the labour force and increases the role of older persons at the labour market. The additional economic factor stimulating employment of the elderly during the crisis is mobilization of “reserves” of the household’s labour force in case of loss of job or reduction of labour incomes of its primary breadwinner. There is also a financial component: as a result of a significant collapse of stock prices and consequent devaluation of people’s retirement savings, many have elected to remain employed. The financial and economic crisis forces older people to continue working and to delay their retirement until “better times”. For example, in the United States, a country with a variety of funded pension schemes (which actually make up the majority of the pensioners’ incomes), the recession has led to a significant growth of the number of older employees<sup>68</sup>.

Particular vulnerability of older workers during the recession is preconditioned by the area and nature of their employment. Since the majority of older employees work in the public sector (education, healthcare, research and development, cultural facilities, public administration and the like), they are the first to be affected by the budget cuts, which are almost inevitable during a crisis. Older workers are more likely to work on the conditions of fixed-term contracts, part-time,



or self-employment, therefore guarantees of retention of their positions are particularly shaky, while their labour incomes are low and instable. It should be added that older persons usually are not prioritized in the development of employment policy measures, and especially during a crisis. The analysis of the current Ukrainian legislation and policy documents shows that the government's employment strategy tends to focus on the issues of young people, women, persons with disabilities, rural population and some other population groups, whereas labour rights of the elderly as an important and substantial part of the labour market are largely ignored.

## International Practices in Promoting Older Persons' Employment

Experience of many developed countries suggests that the employment rate of older workers depends on many factors, while attempts to increase it can be very challenging. For example, the goal of the European Employment Strategy was to increase the employment rate of older persons from 36.9% in 2000 to 50% in 2010. Ultimately the average indicator did not exceed 46.3%, while only 9 of 27 EU member states managed to achieve the target<sup>69</sup>. Moreover, the pension reform measures, such as transition from the defined benefit (DB) pension schemes to defined contribution (DC) systems, increased duration of pensionable service, higher retirement age, reduction of early retirement and the like do not produce the desired effect, which is increased participation of the elderly in the labour market. Additional measures are required, such as systemic anti-discrimination policies, greater opportunities for lifelong learning, and direct "age" management, which includes various incentives for employers to retain (or to hire) older workers, and parallel incentives for the elderly to continue their employment<sup>70</sup>.

***Research findings demonstrate that decisions to continue working after achieving the retirement age are more likely to be guided by the labour market conditions, rather than by health conditions***

Senior citizens' motivation to participate in the labour market may be significantly reduced by the market's rigidity, which often limits the opportunities to work part-time or to have flexible working hours, while available part-time or flexible options suggest lower salaries, the lack of additional incentives, and limited prospects for professional training and progress<sup>71</sup>. If we consider the age profiles of employment in Ukraine, it can be assumed that "concentration" of older workers in the public sector (healthcare and education) is a result of reduced standard working time for those working in these sectors. As for more flexible elements of the Ukraine's labour market, unusual types of employment (self-employment, informal employment, transfer of labour relations to the domain of civil law contracts, outsourcing, and so on) are quite popular. Yet, work schedules remain traditionally strict, and this discourages older persons from participation in the labour market.

***In many cases legal norms become discouraging factors if they reduce opportunities for working pensioners to receive incomes or assistance***

For example, during the crisis the Latvian government decided to cancel early retirement and to limit the opportunities for older persons to simultaneously receive state pensions and to continue working. Later on, the Constitutional Court of Latvia annulled this decision, but during its short validity period it caused a drastic reduction in the number of working pensioners – by 40%<sup>72</sup>. Some proposals to restrict the size of pensions or cumulative incomes of working pensioners were also expressed in Ukraine. We believe that the reaction of Ukrainian pensioners to such measures will be as harsh as that of their Latvian counterparts, if not worse. Some restrictions for the working pensioners were introduced in October 2011, and currently they seem sufficient. In the conditions of a rapid decline of the labour force, losses due to mass departure of pensioners from the labour market will significantly exceed possible cost savings on pension benefits.

For this reason, the majority of EU member states limit the age of persons, eligible for registration by the state employment agency as unemployed within the margins of active working age (from 15/20 to 60/64 years, depending on the country)<sup>73</sup>. Individuals beyond these age limits, even if they seek jobs and are ready to work, will not receive an official status of the registered unemployed person. Under some conditions older unemployed may be awarded an unemployment allowance, but even in this case they will not be included in the list of registered unemployed persons. In fact, payment of unemployment allowance to senior citizens is a specific form of early retirement. Sometimes this is exactly how they call it: "early retirement benefit for labour market reasons".

Therefore, the provisions of the national legislation of Ukraine regarding the age restrictions for persons who apply for an official status of registered unemployed are in line with the European practice. The Law of Ukraine "On Employment of the Population" also guarantees the right to early retirement to workers whose employment contracts were terminated at the initiative of an employer because of changes in the organization of production and labour (liquidation, re-organization, bankruptcy, conversion of enterprise, reduction in the number of workers or staff cuts), as well as to military servicemen discharged from military service because of reduction in force or staff without pension entitlement, who at the date of discharge have no more than 18 months left before achieving the pensionable age, given their registration with the territorial office of the State Employment Service, the absence of suitable occupation, and the presence of necessary pensionable service. On 1 January 2013 the number of recipients of early retirement benefits on these grounds made up 1,867 persons (0.02% of the total number of pensioners in the country). During 2012 the Fund for Mandatory State Social Insurance against Unemployment allocated UAH 79.7 million to the Pension Fund of Ukraine to cover the early retirement costs.

Opportunities for early retirement, however, do not motivate older persons to employment; quite the contrary, early retirement may be the main goal of individuals of pre-retirement age for approaching the State Employment Service. Considering this situation, in 2007 the government decided to remove relevant provisions from the legislation, but soon the Constitutional Court of Ukraine restored this norm.

The establishment of age criteria for registering the unemployed and awarding early retirement benefits for labour market reasons can be justified by limited opportunities for the elderly to find jobs, and by prioritization of employment of younger citizens.

***Specifics of the policy on employment of the elderly: the primary objective here is to ensure continued occupation in the same workplace and with the same employer***

Seeking a new job (where the State Employment Service might be helpful) is far less desirable option, because people's adaptability reduces with age, just as the range of acceptable positions does. Consequently, transfer to other work is often accompanied by a partial loss of social and professional status.

One of better examples of the employment programmes for the elderly that are implemented with direct support of the state employment agencies is the Swedish "New Start" programme. This programme offers additional fiscal incentives to employers that give regular or temporary jobs (including part-time employment) to persons of 55 years of age and older who previously did not work for more than one year. Incentive means provision of tax credit in the amount of double tax rate/social contribution on salaries. It is offered for the period of twice the duration of non-employment of newly hired workers, but cannot exceed 10 years (or until the worker attains the age of 65). The "New Start" programme also covers younger generations (specifically, age groups of 20-25 years and 26-54 years), but its parameters are the most attractive for the elderly<sup>74</sup>. A workplace subsidy programme for employing full-time workers of pre-retirement age also functions in Latvia<sup>75</sup>.

Fiscal incentives or direct subsidies for creation of workplaces in Ukraine through the State Employment Service are available only for the registered unemployed representing categories

of the population eligible to additional guarantees for employment assistance, e.g. individuals with 10 years or less to attainment of the retirement age. However, Ukraine's Employment Service does not implement any other specific programmes or initiatives for persons of pre-retirement age.

***The policy aimed at facilitating employment of senior citizens suggests introduction of efficient incentives for workers themselves and for their employers***

The European experience reveals a number of such incentives<sup>76</sup>:

- Financial incentives for employers to retain older workers: reduced rates of social contributions for older workers (in Sweden – for workers aged 65 years and older; in Spain – progressive deduction, beginning from 50% for workers aged 60 years up to 100% for workers of 65 years of age). Cancelling additional days to annual leave for the length of service helps employers to reduce their expenditures on hired older workers (the Netherlands);
- Financial incentives for employees to continue working: better terms of labour income taxation, including through increased tax credit for older workers (Sweden); increased pension benefits for delayed retirement and continued employment (the Netherlands, Hungary, United Kingdom);
- Measures for professional development of older workers and knowledge exchange between generations: incentives for employers and employees are aimed at ensuring lifelong learning, disseminating knowledge about occupational health, informing employers about methods of adaptation to the process of labour force ageing, explaining employees the importance of longer employment, promoting ideas of intergenerational unity and “mixed” labour force as important preconditions for business sustainability and stability of the country, involving older workers in in-service mentorship and tutoring (training of successors, transfer of knowledge and experience, including by writing “career memoirs”);
- Additional guarantees of protection of older workers in case of collective dismissals or staff cuts: individuals of pre-retirement age have a priority right to retain jobs (in Latvia – those with 5 years to retirement and less); determining candidates for dismissal on the basis of “last in – first out” principle (Sweden, the Netherlands).

Ukraine has implemented some of these measures. In particular, the Law of Ukraine “On Mandatory State Pension Insurance” (Article 29) provides for the increase of the basic old-age pension by 0.5% for each full month of service after attainment of the retirement age on the conditions of delayed retirement up to 60 months, and by 0.75% – if retirement is delayed for more than 60 months. This formula, though, is not popular yet, as it is much more rewarding to formalize the retirement and to receive both labour incomes and pension benefits.

The Labour Code of Ukraine establishes that in case of collective dismissals or staff cuts as a result of changes in the organization of production and labour, preferential rights to retain the job shall be given to workers with higher professional qualification and job efficiency. In case of equal professional qualification and performance, preference should be given to workers with a longer uninterrupted service at a given enterprise. Unlike “last in – first out” principle, however, this formulation does not create direct preferences for older workers in terms of retaining their job as the length of service is secondary to qualification and job efficiency.

Pension benefits in Ukraine are tax-free; therefore the use of fiscal instruments for stimulating employment of senior citizens is only possible through reducing the rate of insurance contributions for working pensioners (reduction of insurance contribution rates for employees will have no effect as they are very small – only 3.6%). Currently, substantial incentives through reducing the size of a single social security contribution are available to employers that give jobs to persons with disabilities – the size of a single contribution for them is only 8.41% (for enterprises and associations of disabled persons – 5.3%), whereas the regular size of such contribution ranges from 36.76% to 49.7%, depending on the class of professional risk. But even with such a significant “discount”, the employment rate of persons with disabilities is less than 15% of the total

number of invalids, while employers complain about the inability to attract sufficient numbers of those willing to fill in job quotas for workers with disabilities. This example shows that a reduction of insurance contribution rates or other fiscal incentives for employers of job pensioners will not necessarily motivate pensioners to work. Findings of the survey “Older Women and Men: Quality of Life and Social Well-being” show that very few non-working respondents were interested in employment.

Recently many researchers, policymakers and employers have agreed that the best and universally acceptable way to address the issue of employment of the elderly is to introduce schemes of gradual or phased or partial retirement<sup>77,78</sup>.

***The best and universally acceptable way is to introduce schemes of gradual or phased or partial retirement***

Such schemes make it possible to “stretch” the departure from the labour market over several years, when the worker will gradually shift from full-year, full-time employment to part-time work, including transfer to other occupation or other enterprise. Different schemes of reduced working schedules exist to motivate workers to continue working after being awarded with retirement: e.g. working fewer days per week or fewer hours per day, reducing workload through redistribution of duties, participating in part-time work or concluding fixed-term contracts, working as a consultant, and the like. At the same time, older workers should be able to receive their pensions, partially or fully.

***It is also important to consider the general drift towards “dilution” of borders of the retirement age that used to be clearly defined and remained intact for a long time***

Currently, the majority of European countries undertake various steps towards increasing the age of entitlement of old-age pensions<sup>79</sup>. Some countries (Spain, Italy, Czech Republic, Denmark, Greece, and the Netherlands) declared correlation of this age threshold with the dynamics of life expectancy in the retirement period. Sweden and France introduced flexible retirement age with established age margins (61-67 years in Sweden, and 63-68 years in France), where the lower point enables retirement with a minimum replacement rate. With each subsequent year of service, this replacement rate increases proportionally and reaches the maximum at the uppermost point of age margins. In this way workers are encouraged to remain at the labour market and to obtain the largest pension possible. Schemes of early retirement also undergo transformation, for example, the age and/or duration of service which enables retirement before the attainment of established pension age increases. Countries may also initiate “penalty” rates for early retirement, while limiting or shutting down early retirement programmes and substituting them with partial pensions that encourage continued employment.

Innovations concerning the retirement age definition also imply new approaches to the establishment of upper limits of active working age. For example, in 2011 the United Kingdom cancelled the concept of the Default Retirement Age<sup>80</sup>. Mandatory dismissal of workers who attained the established age (65 years) was ruled as discriminatory and inconsistent with demographic changes and economic needs. The assessment of the impact of this decision (including cost-effectiveness of cancelling the Default Retirement Age) discovered increasing incomes of the population due to growing earnings; intensified business activity and higher revenues of companies due to expanded supply of labour force; growing fiscal revenues, and reduced administrative burden on the employers. Overall capital gains as a result of participation of older persons (65 years and above) in the labour market – minus relevant expenditures – reached 168.9 million pounds during the first year alone. According to the British Labour Force Survey, over 75% of individuals aged 60-74 have no health-related restrictions to working. These data are the reliable evidence of the importance and high labour potential of the elderly.

It should be noted that the dilution of borders of working and retirement age is linked to further diversification of the national pension systems. It becomes particularly visible in the countries with strong private (non-state) corporate, professional and individual pension schemes offering various choices of gaining pension entitlements and conditions for receiving pension benefits. For example, in the United States a decision was made to allow benefits within corporate pension schemes to those who did not retire yet from their employers but who turned 62 or reached the “normal” pensionable age according to the scheme (which is 65 years in the majority of cases)<sup>81</sup>. At the same time, one can receive pension benefits before 62 or other “normal” age if he/she retires from the employer sponsoring the retirement scheme. Moreover, one can restore employment later (even with the same employer) and continue receiving pension benefits. Some researchers insist on the establishment of age restrictions on pensions for persons who continue working, because the overall goal of a pension scheme is to accumulate benefits that are expected to substitute wages after retirement. The ILO’s Invalidation, Old-Age and Survivors’ Benefits Convention, 1967 (No.128) also assumes that the benefits may be suspended or their size may be reduced under prescribed conditions where the beneficiary is engaged in a gainful activity<sup>82</sup>. It is obvious, though, that such restrictions hinder further spread of gradual retirement practices – even those who are willing to continue their labour activity (either full or part-time) are forced to retire in order to receive pension benefits. Reinstatement following retirement is always associated with risks (either the place is already occupied by others, or the employer sets additional demands, or the pensioner changes his/her intentions).

As mentioned before, continued employment in Ukraine does not prevent citizens from applying for pensions. A marginal age of occupying an official position was established only for government officials, members of local self-governments and diplomats. Currently, this age significantly exceeds the established margins of the retirement age – from 2012 on, these categories of public servants who attain the retirement age may continue working in these or other civil service positions up to the age of 65, and this does not require any additional authorization or procedures. The only restriction for those who remain in the civil service after the attainment of the retirement age is that until dismissal they can receive only pension benefits according to the Law of Ukraine “On Mandatory State Pension Insurance”.

In summary, we should once again emphasize that mobilization of labour potential of the elderly is essential in the conditions of overall ageing of the population and reduced offer of the labour force.

***Policies aimed at motivating older people to engage in economic activity should include both pension reform measures and interventions aimed at facilitating employment***

## Health Policies

The issue of healthy and active ageing has been in the spotlight of many national and international institutions. The concept of healthy ageing has several dimensions:

- It responds to the growing needs and expectations of the ageing population for better health promotion and health and social services, including support for self-help;
- It recognizes everyone’s fundamental right to the enjoyment of the highest attainable standard of physical and mental health, irrespective of age;
- It takes into account the growing evidence of insufficiencies and shortcomings in terms of quality and access to services, including prevention (at all levels – primary, secondary and tertiary);
- Healthy ageing interacts with policies of social protection to prevent the risk of poverty among older people, a risk that is still widespread;
- Healthy ageing can contribute to the sustainability of health and welfare systems, in particular by allowing people in older age groups to remain active, autonomous and fully integrated.

Efforts to adjust health policies of individual countries to the needs of the ageing populations are duly reflected in the activities of international organizations, in particular the World Health Organization (WHO). Having reviewed methods of formulating health policies for the elderly, one can conclude that modern policies in this domain advocate for a comprehensive approach and focus on providing appropriate lifelong healthcare. In 2012 the WHO specialists developed additional recommendations to improve the active ageing policy for the countries of Europe. This document logically continues their previous efforts (2002) aimed at developing a recommendatory paper that could be acceptable for all European countries. Therefore, these recommendations define three strategic priority areas for the development of health policies for the elderly, as well as more practical “interventions” – primary and supplementary.

The first strategic area addresses an issue quite pressing for Ukraine: the lack of preventive (prophylactic) attitudes to own health in the majority of the Ukrainian population. It is formulated as **healthy ageing over the life-course** and it emphasizes the importance of health and healthy lifestyle of an individual during his or her entire life span. This life-course approach to healthy ageing helps people influence how they age by adopting healthier lifestyles earlier in life and by adapting to age-associated changes. The objective in this strategic area is to deliver health promotion and disease prevention services for healthy ageing with a focus on adults aged 50 years and above.

The second strategic area concerns **creating supportive environments for older people at the community level**. It contributes to strengthening and empowerment of local NGOs and self-governments to develop and implement policies in support of the elderly. The objective in this strategic area is to engage an increasing number of actors (citizen associations, local authorities, social institutions) in the process of developing local policies for healthy ageing and creating supportive environments for older persons to protect their health and well-being. The problem with implementation of this strategic area in Ukraine is limited independence of regions and local communities in making decisions regarding their actions for realization of social and other initiatives. Traditionally low is the local activity of non-governmental organizations which otherwise could promote and support more targeted measures to address the issues of the elderly.

The third strategic area is defined as **people centred health and long-term care systems fit for the ageing population**. The issues in this strategic area were also brought up and discussed by the Ukrainian researchers and academicians, e.g. by experts from the D. Chebotariv Memorial Institute of Gerontology.

Key issues include:

- training of sufficient number of specialists with relevant qualification;
- ensuring access to quality services for broad strata of older populations and overcoming barriers to quality health services;
- countering age-based discrimination and the lack of information.

In addition to general strategic priority areas, this paper also suggests a number of practical steps (“interventions”) to implement health policies taking into account the needs of older populations. The list of priority interventions includes:

- Promoting physical activity of the elderly;
- Falls prevention;
- Vaccination of older people and infectious disease prevention at healthcare facilities;
- Geriatric and gerontological capacity building among the health and social care labour force;
- Public support to informal caregiving with a focus on home care, including self-care.

We should note that such priority interventions as promoting physical activity, falls prevention and different forms of care for older people are particularly relevant for Ukraine.

***The issue of physical activity of the older population is nowhere near the priorities of Ukraine’s policies for the elderly, yet it is fundamental to a successful active ageing***



Unfortunately, the issue of physical activity of the older population is nowhere near the priorities of Ukraine's policies for the elderly, yet it is fundamental to a successful active ageing that requires a greater attention and response in the future. The WHO identifies the following actions to be taken:

- Foster cooperation and sharing of experience and good practice on the effective measures to increase physical activity levels among older persons, in order to support their implementation and evaluation;
- Develop and implement targeted community programmes for physical activity among older people;
- Provide advice about physical activity at all health and social care facilities for older people, specifically targeting at sedentary people, with a focus on promoting moderate-intensity physical activity (particularly walking) and providing ongoing support;
- Support local governments in creating motivating environments and infrastructure for physical activity (in particular, active transport) for all ages.

### *A great deal of responsibility for implementing such programmes should be delegated to local governments*

A great deal of responsibility for implementing such programmes should be delegated to local governments as they are better positioned to address physical activity issues at the community level. This would require dissemination of experience of such programmes and measures both in other countries and in Ukraine, as well as initiation of relevant training activities.

Another priority intervention is prevention of falls of older people. Its goal is to reduce the burden of disease and disability from accidental falls among older persons. Therefore, the following actions should be taken:

- make the general population more aware of risk factors and effective falls prevention measures for older persons that can improve balance and prevent falls;
- implement exercise programmes, physical therapy and balance retraining, and have home safety assessments and modification carried out by trained professionals;
- increase access to preventive measures for high-risk groups of older persons;
- carry out multicomponent interventions incorporating gait and balance training, use of assistive devices, modification of environmental hazards and medication reviews (these have proven to be most effective in the community);

As for the process of adjusting health systems to the needs of the ageing population, the following steps should be considered:

- Train a sufficient number of specialists in geriatrics and gerontology, ensuring adequate access to quality services for the general population;
- Improve working environment for those providing health and social services to the elderly;
- Ensure adequate coverage of the most vulnerable older population with programmes to prevent the most widespread diseases;
- Exchange innovative health-preserving models in the old age;
- Increase health literacy of older persons, their families and associations of caregivers;
- Focus attention of local and national health services on the issues of older population.

## Social Integration Policies

Social integration of older persons is one of fundamental tasks of modern policy and an important component of active ageing. Results of the survey of older persons in Ukraine enable the assessment of social activity of the elderly and the level of their social integration.

Social activity of older populations in Ukraine is quite peculiar: 33% of the respondents consider themselves socially active, while over 60% of them reported being *“very interested”* or *“rather interested”* in politics. At the same time, much fewer respondents positioned themselves as *active participants* of activities of different non-governmental organizations – only several per cents in each type of any voluntary public activity. A little less than a half of the respondents see themselves as *inactive participants* of this or that civil society organization. At the same time, over 60% of those surveyed believe that *neither the state nor the society needs them*, but they are *important for their children, family and close environment*. Such disproportionate responses may be the evidence of the hidden, unused potential of older citizens that may be used in social activity or volunteer work.

Only a few respondents among those who identified themselves as socially active individuals truly participate in the activities of various NGOs. The situation is somewhat better regarding older persons' involvement in veteran groups, political parties and faith-based organizations. This may point at the expediency of strengthening the cooperation between governmental and faith-based organizations in specific areas concerning vital activities of the elderly (e.g. providing care to frail elderly people). As for all other types of voluntary organizations, it is interesting to note that less than 5% of self-identified “socially active” respondents are their active participants. In other words, while seeing themselves as socially active, the majority of older persons rarely go beyond passive participation in political parties or veteran organizations.

One of the most promising activities in the context of social integration of the elderly is volunteering. This sector is still weak and underdeveloped in Ukraine, as confirmed by the survey results. Only 1% of the respondents of older age identify themselves as active members of volunteer organizations (moreover, the survey did not find any participants of charitable organizations). Such a low involvement in volunteer activities is a logical derivative of generally poor social activity of older population and the lack of favourable conditions for the advancement of volunteer movement (organizational issues, lack of knowledge about rights and opportunities, and so on). In fact, only a few are aware of organized volunteer movement which has been active in Ukraine for almost two decades. Volunteering was officially recognized only in 2011 with the adoption of the Law of Ukraine “On Volunteer Activities” that regulates all volunteer-related activities in the country.

### *Only 1% of the respondents of older age identify themselves as active members of volunteer organizations*

To ensure an effective development of volunteer movement among older populations, it is worthy to study the experience and know-hows of countries where such initiatives are well developed and contribute to the wellbeing of the society and the elderly. According to Eurobarometer 2012, about a quarter of senior citizens of the EU are actively involved in different forms of volunteer activities. Volunteer work is even more widespread among the older population than among the general population (27% among those aged 55 years and older, as compared to 26% among the general population). Older persons are ready to spend more time on volunteer work than the rest of the population. Broad coverage of the elderly with volunteer activities allows them to effectively handle issues in different areas of the social policy. The lack of time and interest are the main barriers to volunteer activities in the European Union. According to the surveyed volunteers, the most useful governments' contributions in the development of volunteer movement would be financial rewarding of volunteers (44% of responses) and more flexible employment schedules (38%).

At the same time, the development of volunteering in different countries of Europe is very contrasting. For example, the majority of senior citizens of 55 years and more in Scandinavian countries are actively involved in volunteer work (66% in Iceland, 55% in Sweden). The same is true for the majority of Western European countries (28% in France, 26% in the United Kingdom, 43% in Germany, and 50% in the Netherlands), but the level of involvement of older persons in Spain, Greece and Portugal is miniscule (12%, 8% and 6% respectively)<sup>83</sup>.



While setting up volunteer movement of older persons in Ukraine it is necessary to remember that motivating older volunteers is very different from encouraging younger activists – one should focus more on benefits for the community rather than on advantages of the volunteer status. Adequate cooperation of the government and local authorities with NGOs, and enhancement of contractual and other mechanisms of cooperation to ensure its flexibility is of vital importance, while focusing efforts on the most important activities. For example, one of the key tasks of participating NGOs should be search and involvement of citizens of pre-retirement and retirement age who approach the end of their careers and who have a high potential for volunteer work. It is also necessary to promote locally designed volunteer development strategies that would take into account the local specifics and needs. The information and communication component is also very important for involving older people in volunteering.

In addition to volunteer movement, educational initiatives constitute a different approach to social integration of the elderly. One of more successful practices in the developed countries was the establishment of “universities of the third age”. Currently in Ukraine some efforts are made to introduce similar establishments for the retired members of the community, but the public awareness about their capacities is extremely limited. Education of older people in our country is something new and unusual.

Low awareness of the general public about the opportunities to study in advanced years reveals itself in the research findings. Only about thirty per cent of the respondents know about the existence of the universities of the third age in Ukraine. As expected, the most informed about this fact are younger contingents of senior Ukrainians. Moreover, urban residents are much more aware than those living in rural areas. It is noteworthy that those aged 65-69 are better informed about such establishments than their younger counterparts of 60-64 years of age.

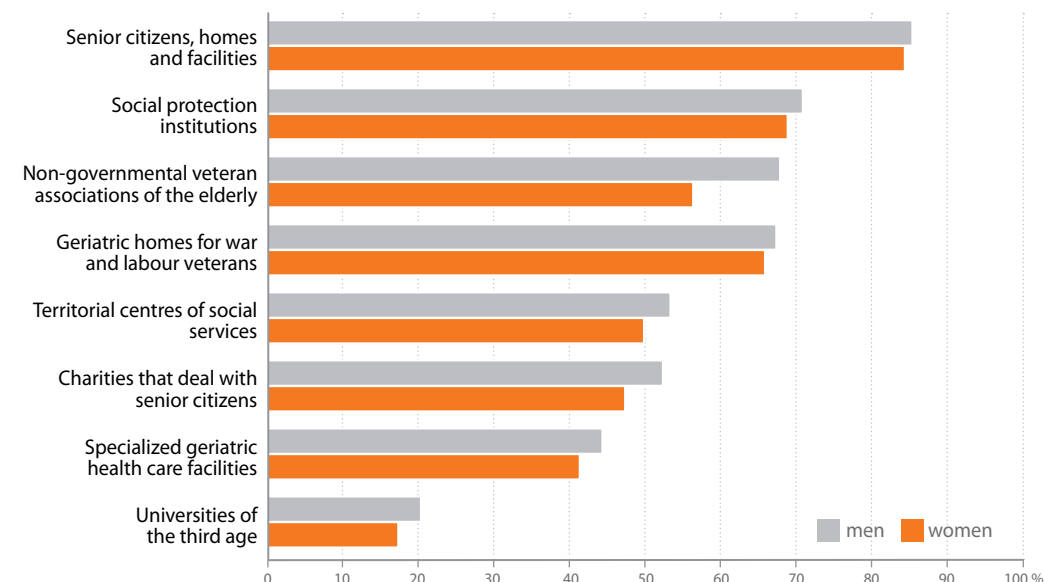
**About thirty percent of the respondents know about the existence of the universities of the third age in Ukraine**

It should be added that the universities of the third age currently function in almost all regions of Ukraine. But one cannot ignore the fact that the deficit of such establishments is enormous, especially in the conditions of a growing demand. Further development of these facilities and dissemination of information about them is potentially a powerful tool of social integration and rehabilitation of pensioners. In addition to educating pensioners, Ukraine also needs a system of pre-retirement training in order to ensure adaptation of older persons to a socially active life following the retirement.

Since the state policy is a set of measures aimed at meeting various needs of the country's population, the awareness of citizens about certain components – such policy implementation “channels” as specialized facilities, organizations and institutions – is an indicator for assessing the adequacy of policy priorities, population coverage, and the like.

The level of awareness of older people about various infrastructure facilities that work towards meeting their needs significantly depends on the type of facility. Such information may serve as an indirect indicator of how developed this or that policy area is. For example, while the absolute majority of the respondents (84% of women and 85.3% of men) know about senior citizens' homes and facilities, only 20.3% of male and 17.5% of female respondents are aware of the universities of the third age. This is the evidence of the apparent deficit of knowledge about the educational opportunities, and consequently – about the employment options for the elderly (Figure 7.8). Less than a half of the respondents (44.4% of men and 41.4% of women) have heard about the specialized geriatric health care facilities, which is another evidence of inadequate capacities to preserve and maintain health of older persons.

About a half of the elderly are aware of various charitable organizations which deal with the issues of older persons in our country (52.3% of men and 47.5% of women). Activities of non-governmental organizations, including charities, are not something that Ukraine can be too much proud about, and this was duly reflected in the respondents' answers. The same is true for the local centres of social services – only 53.6% of older men and 50.1% of women are aware of them.



**Figure 7.8. Awareness of the elderly about institutions and organizations which work towards meeting their needs**

Source: Survey “Older Women and Men: Quality of Life and Social Well-being”, 2013

The state policy's focus on the social protection of the elderly may be confirmed by the fact that relatively many older persons in Ukraine (71.2% of men and 84.5% of women) know about the existence of social protection institutions and organizations.

Social integration policy for older populations in Ukraine needs to promote active involvement of the elderly in social life by means of:

- Scaling up access to new technologies with provision of appropriate training; ensuring information support to “active ageing”;
- Preventing discrimination and violence against older persons;
- Creating opportunities for leisure time and communication between older persons; providing encouragement and support; promoting self-organization of the elderly;
- Holding regular surveys and consultations to find optimal service provision methods for institutions and organizations which deal with older persons;
- Disseminating positive images of a senior citizen via mass media;
- Encouraging older persons to participate in local events (e.g. sports and cultural).

This list can be further expanded, as the modern Ukrainian society is miles away from creation of a truly friendly environment for its older members. We should add that modern information technologies, including Internet, may become a powerful tool to prevent social isolation of the elderly.

Another important aspect of the policy for senior citizens is their direct protection, in particular, against violent treatment inside their own families.

## Protection against Domestic Violence

The Law of Ukraine “On Prevention of Domestic Violence” was approved back in 2001; it lays the foundation for the state policy on domestic violence prevention, including violence against older persons. The Law defines domestic violence as any intentional actions committed by one family member in relation to other family member, if these actions violate the constitutional rights and freedoms and inflict moral harm and harm to this person's physical or mental health. The Law determines a number of special measures to prevent domestic violence, which include official warning, prophylactic registration, protective order, and reimbursement of costs for maintenance of victims of domestic violence at specialized facilities. Family members who committed domestic violence are liable according to criminal, administrative or civil law<sup>84</sup>.

Currently, efforts are made to improve the anti-violence legislation. In particular, the draft Law “On Prevention and Countering of Domestic Violence” (2013) envisages a serious expansion of measures in response to domestic violence, that include: information and education work to raise awareness regarding prevention of domestic violence; studying, analysis and eradication of causes and conditions that contribute to domestic violence and its consequences; organization of trainings for specialists working in the area of domestic violence prevention, and the like. The law also envisages a significant restriction of rights of a perpetrator of domestic violence.

***Further development of the state policy for countering domestic violence implies a closer cooperation between law enforcement agencies, health care facilities and other governmental and non-governmental organizations working in this area***

Formulation and further development of the state policy for countering domestic violence implies a closer cooperation between law enforcement agencies, health care facilities and other governmental and non-governmental organizations working in this area, while policy responses need to be more integrated.

Overall, measures in response to domestic violence against the elderly should be carried out at two levels:

1. “Macro level”: adoption of relevant laws; coordination of activities of appropriate agencies and services; provision of social services and explanatory work;
2. Direct management of individual cases of violence (social work): provision of support to older persons and their caregivers and cohabitants; development of family relations which eliminate violence, and so on.

Both levels need to be enhanced. Therefore, the following measures can be recommended to prevent domestic violence:

- To improve legal education of older persons;
- To coordinate activities of relevant services and organizations in response to domestic violence with a special focus on prevention;
- To change public attitudes towards the issue of domestic violence against older family members through information influence;
- To offer long-term psychosocial rehabilitation for both perpetrators and victims of domestic violence;
- To develop a system of training of specialists offering targeted assistance to the victims of domestic violence; to scale up methodological support of institutions which offer relevant services; to systematize social services for the victims of domestic violence.

It should be added that Ukraine, unlike the majority of European countries, has more sustainable family intergenerational links, therefore integration aspects that are central for the European programmes of social integration (for example, family relations here are more important and effective than social initiatives for the elderly) look more or less optimistic in our country.

In summary, we should emphasize that the policy for the elderly built on the principles of active ageing, envisages the achievement of a comprehensive and long-term impact on various aspects of older persons’ vital activities. Local self-governments and non-governmental organizations have extensive opportunities and responsibilities for addressing the issues of senior citizens, while the majority of initiatives concerning the specific problems of the elderly in Ukraine require information support and proactive involvement of the mass media.

## CONCLUSIONS

From among major demographic trends, population ageing is most likely to have the largest impact on the development of European countries in particular and the humanity in general in the XXI century. Globally, Ukraine is among the countries demonstrating rather high ageing rates. In these countries this process is expected to progress rapidly in the next decades. At the end of the first half of the current century, women aged 65 and above will presumably account for 28% of Ukraine’s female population, men – for 20%, respectively.

### Age Structure

In Ukraine ageing is distinguished, among other characteristics, by a notable gender asymmetry in the older population’s composition “in favour” of women and this calls for special attention to the needs, situation and opportunities of older women. Gender-related variations in the ageing process result from a significant gap in life expectancy “in favour” of women. The highest share of older persons is observed among rural women, while urban men remain the youngest socio-demographic group. Despite Ukraine’s generally high ageing level, the share of long-livers is still comparatively insignificant and this can be explained by the fact that our country lags behind most European countries in terms of life expectancy and by having a low proportion of those surviving to the “longevity threshold” of 80 years of age. In the course of the survey, women’s and men’s ageing levels in Ukraine and benchmark European countries were also assessed using the prospective age concept that stipulates the threshold of older age as the age with a remaining life expectancy of 15 years. Compared to most European countries by prospective age, Ukraine is one of the oldest countries in Europe<sup>85</sup>.

### Life Expectancy

Good health and longevity in older age are major signs and integral components of high quality of older people’s life. Currently, life expectancy of the Ukrainian women and men after crossing the boundary of 65 years of age is still 5.0-6.5 years less than that in Western European countries; over the last decade, gender difference in life expectancy for this age was 3.6-3.9 years “in favour” of women being, in general, almost the same as in other European countries. Despite the generally positive dynamics of life expectancy in older age, our country’s achievements in terms of creating conditions for women’s and men’s longevity look rather insignificant compared to other European countries. In today’s Ukraine, the issue of reducing mortality in “early retirement” age is urgent. The trend towards concentration of deaths in the oldest age groups is more clearly visible among women rather than men.

### Mortality and Causes of Death

The typical correlation is higher men’s mortality rates as opposed to those of women in respect of all significant causes of death in most age groups, except for the oldest group consisting of individuals older than 85. Gender differences in mortality are reduced as age progresses. The intensity of older people’s mortality from the leading causes of death increases with age, and a particularly rapid and steady growth with transition to older age groups is observed in case of mortality from cardiovascular diseases, respiratory diseases and “deaths from senility”. In Ukraine, the most common and absolutely predominant cause of death of older people is circulatory diseases, which, according to official estimates, currently kill more than three fourths of women and slightly less than three fourths of men aged 60 years and above. The in-depth analysis of the old age mortality structure by causes of death and its comparison with the same indicator of European countries gives ground to suggest that this excessively high contribution of cardiovascular pathology to the old age mortality to a significant extent results from the extremely unsatisfactory quality of medical examination and diagnostics of older persons and insufficient practice of establishing a post-mortem diagnosis by autopsy, which have a negative effect on the quality of statistical data on the causes of death. At the same time, reducing the frequency of deaths from cardiovascular diseases (especially from hypertension, pulmonary heart, pulmo-

nary blood circulation disorders, chronic rheumatic heart diseases, hemorrhage, as well as diseases of veins, lymphatic vessels and nodes) in younger age groups of older women and men remains the main reserve for life prolongation in older age in Ukraine. Other identified longevity reserves for older women include reduction of mortality from malignant tumours of breast and female reproductive organs which have substantive share among comparatively early deaths, as well as reduction of suicide cases, accidental poisonings, alcohol abuse, car accidents etc.

## Health

Currently, the most common diseases among older people referred by them to healthcare providers include circulatory diseases, digestive and respiratory diseases, as well as diseases of musculoskeletal system, eye and eye adnexa diseases. Over the past decade, there was increased morbidity observed in the elderly for the majority of disease classes. However, an increase in morbidity rates among older people reported based on the number of visits to healthcare providers should not be viewed as a clear negative trend, if mortality in older age in the corresponding disease classes is falling.

The analysis of structural characteristics of primary disability of post-working age people by disease classes shows that the most common cause of disability among older people are diseases of the circulatory system, another weighty cause is tumours, followed by diseases of the musculoskeletal system and connective tissue. In recent years, the contribution of cardiovascular pathology to primary disability of people above the working age has decreased, however the proportion of tumours, endocrine diseases, diseases of musculoskeletal and connective tissue has increased.

Among the older female respondents of the socio-demographic survey "Older women and men: quality of life and social well-being", 6.6% reported disability (among male respondents – 10.8%). During the survey, almost 45% of older women reported a chronic disease (diseases), but no disability (among the male respondents such chronic patients are more than 29%). The study of health self-assessments by older women and men demonstrated that they are quite close, although older men in Ukraine in general are somewhat more prone to optimistic estimates of their health than women.

## Health-Seeking Behaviour

One of the most important conditions for maintaining good health in older age is the personal will and effort to strengthen own health. Another condition is the availability of and equal access to health and medical services, including disease prevention throughout life. Among the respondents of the above-mentioned older persons' survey, more than two thirds of women and nearly a half of men said they lead a healthy lifestyle and take care of their health. Yet 14.1% of women and almost 36% of men believe that they are generally concerned about their health, but still engage in harmful practices, while the remainder (almost 1/5 of women and over 13% of men) recognize that their way of life cannot be considered healthy. Thus, in order to take care of their health and prevent diseases, women often take vitamins or medicines, regularly undergo a medical examination, while men more often indicate such components of a healthy life as physical activity, cold water/air treatment. While evaluating risks to their health, older women more often refer to stress and recognize that they lead a sedentary lifestyle, while men are relatively more likely to have unhealthy habits such as smoking and alcohol consumption.

As the survey showed, in Ukraine, the practice of visiting healthcare providers with the aim of disease prevention and early identification is insufficiently widespread among older persons. The most significant proportion of older persons stated that they visit specialist doctors occasionally, only in case of illness. To this end, it should be mentioned that irregular check-ups and fairly rare visits to doctors/hospitals can be explained by older persons' belief that medical care is financially unaffordable for them rather than by a lack of awareness about how to prevent an illness and to stay fit or by their careless attitude to one's own health.

The situation with affordability of skilled healthcare for the older population in Ukraine raises serious concerns. Older persons who participated in the survey and in the focus group interviews often find themselves at a serious disadvantage because of their inability to pay for medications

and medical supplies and often complain that they cannot afford in-patient treatment at a hospital or a critically vital surgery etc. Particularly, healthcare deprivation is perhaps the most common of all deprivations imposed on older people, with single older women being particularly seriously affected.

The findings revealed that the lack of money to pay for medicines and healthcare services and lack of needed medical supplies (the need to buy them) as well as long waiting lines in medical care institutions were among the reasons most commonly cited by non-working pensioners when they assessed healthcare quality and accessibility in Ukraine. The problem of territorial inaccessibility of medical care for older people is the most urgent for rural residents and, is still less relevant in Ukraine than the problem of financial non-affordability of medical care services.

## Sources of Income

Pension is the major source of income of older persons. The gender gap in pension income is formed under the impact of a shorter pensionable service record (primarily owing to a lower pension age limit for women) and significantly lower women's wage rates due to employment gender segregation in low-paid economy sectors. It is also significantly influenced by the mechanism of indexation of pensions awarded: if indexation is made mostly by increasing the minimum pension, pension benefits are levelled and the gender gap is narrowed. But if the basic pension is adjusted by updating the wage rate base or other pension formula variables, men benefit significantly, while the basic pension (formula-based, i.e. without any supplementary benefits and grants) of women often remains below the minimum level and the gender gap is increased dramatically. In the past three years, the gender gap for all pension types was about 28%, while for retirement age pensions it reached 32%.

The second place by significance among income sources of urban households consisting of persons above 60 years of age is wage, and in rural households it is income from individual subsistence farming. While no considerable variations are observed in the income structure of different types of older persons' households, in absolute terms the difference between income amounts is quite significant. Thus, the highest total income is earned by single men aged 60 and above – UAH 1,953.5, exceeding the income of women of the same age by UAH 384.8. The income of single women in the older age group amounts to UAH 1,491.7, being less than that of men by UAH 371.

## Food Expenditures

In terms of financial well-being, older women in composite households are more disadvantaged than women residing separately, and this is particularly true for women living in rural areas. In the period from 1999 to 2011 inclusive, the percentage of food expenditures surpassed other expenditures for all household types without exceptions; however, its highest values were always achieved by households of older persons (aged 60 and over). So, as evidenced by the data for year 2011, food product expenditures of pensioners' households amounted to 57.6% of their total expenditures, while the average amount spent for food products in Ukraine was 53.2%. Older women's households allocated 62.6% of total expenditures to appropriate nutrition. The remaining part of their expenditures – for purchase of non-food products and payment for services – were distributed as 17.7% and 10.4%, respectively.

At the same time, contrary to a popular perception about the malnutrition of older persons, pensioners' households demonstrate the highest average daily food consumption indicators: in ten basic product groups, malnutrition is recorded only in respect of fruits: about 30-40% of scientifically established nutrient consumption norm depending on the household type. Even rather expensive products such as meat and fish are consumed by older people in quantities exceeding the norm. Therefore, food products consumption by older Ukrainians (including women) stands out positively at the background of other households. Quantitative characteristics of their diet are typically higher than the normative consumption limits established for products of basic groups.

However, the general picture is rather "spoilt" by a lack of diversity in the daily diet and by the preference given to products of poor quality due to different circumstances (for example, meat



is substituted for by meat sub-products); furthermore, along with very high caloric value, such a diet is imbalanced having significant excess of fats above the norm and lack of proteins and carbohydrates.

As for non-food goods and services, expenses for healthcare products and services have the highest priority for households of older persons (irrespective of age) and grow with increasing age.

## Housing Conditions

Housing is the major component in the structure of material assets of older people. Despite high rates of ownership of separate housing, the elderly do need improvement of their housing conditions since in the majority of cases the technical condition of dwellings they live in is unsatisfactory. Thus, almost a half of pensioners' households had no overhaul at all; another 7.6% of dwellings had no overhaul for about a quarter of a century. Dwellings of older women aged 60 and above are even in a worse condition: 49.8% of dwellings had no overhaul, 14.1% of apartments and houses were last repaired before the 1990s and 17.6% in 2001 and after that year. The greater majority of older persons live in own dwellings, with quantitative characteristics of their accommodations being higher than the average country level both in rural and urban areas. Housing conditions of women residing in households with children are significantly worse both in urban and rural areas: very often they do not have a separate room and the residential area is three times smaller than the area available to single older women's households. While in terms of quantitative parameters single older persons' households stand out positively at the general background, their qualitative indicators are significantly lower when compared to housing of families consisting of two and more older persons and multigenerational households. This difference is especially visible in rural areas, where one in every five households of two and more older persons and one in every ten households of single older persons have basic conveniences.

## Poverty Risk

Older persons are considered to be one of the vulnerable categories exposed to the risk of poverty. On the overall Ukrainian scale the picture is rather favourable for older persons: the relative poverty rate of pensioners' households is steadily lower by 5-7 percentage points than the national average, and absolute poverty is prevented by keeping the minimum pension at the minimum subsistence level. However, in the majority of cases older persons' income sources are restricted to pension allowance paid under the non-contributory pension system and since age-specific needs for medical and other skilled care are growing with age, that results in a significant increase of the poverty risk for the elderly. By the absolute criterion (total equalized expenditures below the minimum subsistence level), one in every ten pensioners' households, 8% of households of single persons aged above 60 and a quarter of multi-generational households are classified as poor. Even by the international criterion of \$5 (purchasing power parity calculated by the World Bank) under which the Ukrainian situation is rather favourable (with the poverty rate being 1.7% on average), 3.3% of households of children and older women are poor. And by the criterion of \$17, more than 90% of composite households of older persons are poor, while the average figure for the country is 73.2%.

Deprivation poverty of older persons demonstrates the opposite trends: poverty rates of single women's households are almost twice as high as respective rates of multigenerational households. This is primarily explained by the fact that households of children are better provided with durable goods, first of all, with such goods as a TV-set and a refrigerator (as mentioned above), by higher qualitative characteristics of their dwellings etc. In general, 40% of households of older persons above 60 (which is almost the same as the average rate for Ukraine) and 36.9% of persons above 70 demonstrate no signs of social exclusion. Therefore, we may argue that the situation where two and more older persons live together is a factor protecting them from the risks of deprivation poverty.

## Deprivation

Deprivation poverty risks faced by older women are 1.5 times higher than the same risks for men: one in every ten single men's households and one in every six single women's households

is poor (i.e. it has 5-6 deprivation signs). Men and women are "levelled" in terms of deprivation poverty rates only if they live together with children and persons of younger age groups.

Restricted access to social infrastructure services is the major deprivation suffered by older people. Deprivations related to social infrastructure are an acute problem mostly for rural residents, while the situation in urban areas is much better. This is partly due to the urban/rural economic inequality: rural residents have significantly lower incomes than those residing in urban areas and, accordingly, they have less opportunity to pay, if necessary, for expensive medical treatment, to buy medical supplies etc. However, non-material causes are decisive here: the unavailability of facilities providing respective services in a settlement, lack of specialist doctors at medical care institutions, unavailability of regular transportation to/from a settlement where services can be obtained or goods purchased.

## Labour Potential

Population ageing and other demographic changes occurring in the modern world contribute to an increasing role of older persons' labour potential. Older workers have a number of significant advantages establishing the foundation of their competitiveness at the labour market: these are their qualification, practical skills, experience and maturity. At the same time, there are strong prejudices that older persons have less ability to study and learn new skills, and this leads to age discrimination at the labour market. Older women are particularly vulnerable to this discrimination as a result of the cumulative effect of gender inequality throughout life.

In Ukraine, the employment rates of older persons are among the lowest in Europe as a consequence of a low retirement age and generally low rates of the population's economic activity. In 2012, the employment rate of women aged 55-64 was only 30% of that of all women of respective age; the same rate for men was 47%. If persons working in individual subsistence farming are excluded from the total employed population, these rates will drop to 17.6% for women and 35.3% for men, respectively. In the European Union (27 countries) the average employment rate is 41.9% for older women and 56.4% for older men. The extremely low employment rates of older persons under the conditions of working-age population decline pose a significant threat for the prospective socio-economic development of the country.

## Work Intention

Despite of widespread perceptions about miserable pensions, many older persons retire immediately after crossing the retirement age boundary. As demonstrated by the sociological survey, even among the respondents aged 60-64, 80% have no intention to work now. The survey also established that although financial incentives play a leading role in older persons' motivation to employment, they are far from being dominant. Even as far as financial incentives are concerned, the respondents most often indicated such reasons as additional income for oneself or to help children/grandchildren rather than the need to provide for own subsistence. In other words, the material hardship does not motivate pensioners' employment to the extent as commonly cited. At the same time, we should recognize that after retirement a person loses a significant portion of his or her income: the wage-pension replacement ratio is about 50%. Therefore, it could be assumed that a decision to continue employment beyond the retirement age is made by the most active and motivated persons whose rule is not to rely only on one income source and who are ready for active efforts to maintain a higher social status. In this respect, there is an explicit correlation between older persons' educational attainment and the extent of their participation in economic activity: the higher a respondent's educational level, the longer he/she continues to work.

## Occupation

The agrarian sector accounts for almost a half of employed older persons (and this is mostly employment in individual subsistence farming). The education and healthcare sectors account each for almost 10% of older persons' employment. In other words, pensioners' employment is concentrated either in the sector of unpaid (vulnerable) employment or in low-paid budget-financed areas offering more opportunities to retain the job after retirement.



As for types of occupation, pension-age employment is mostly concentrated in individual subsistence farming (over 55% of working persons of pension age); as for blue-collar jobs, older persons working in trade and service sectors account for a large proportion of working women, and skilled craft workers and plant and machine maintenance, operation and assembly workers – for a large proportion of men (slightly below 10% of employed pension-age persons of respective sex). At the same time, a considerable segment of pension-age employment is made up by occupations requiring the highest qualification. The total share of three top positions according to ISCO-88 standard classification (legislators, senior officials, chief executives, managers, professionals, specialists) constitutes 28.2% for pension-age working women and 22.2% for men.

## Social Roles

The social role of the “elderly person” is determined as a behavioural norm expected by the society, taking into account the old age of a person and attributed to the age features which are associated with his or her professional activity, interests beyond professional activity, health, living conditions and lifestyles, family status and family relations, values and traditions etc. Among the survey respondents, 30% of men and 25% of women said that they feel themselves younger and much younger than their age. The discrepancy between the chronological age and self-assessment of age (unlike an age-specific image of an older person “prescribed” by social expectations) creates challenges for the social policy. The need for a differentiated approach to solving the issues of elderly people is confirmed by the answers to the question on the perceived ideal retirement age – a considerable share of the respondents acknowledge that the choice of age to retire is individualized and requires the consideration of many circumstances, and may not be determined on the basis of chronological age only. At the same time, there are stereotyped perceptions concerning the best retirement age manifested in a rather frequent choice of answer options coinciding with the retirement age determined by the law.

## Leisure Time

In the opinion of the respondents (both women and men), the most negative manifestations of the pension age are “diseases, feeling sick, feebleness” and “financial problems, low pension allowance”, and the most positive manifestation – “availability of free time”. One in every three respondents mentioned that he or she has 3-4 hours of free time daily; nearly 28% of women and 36% of men had more than 6 hours of free time daily. At the same time, the surprising fact of the conducted survey is that older people give preference to passive pastimes: 46% of respondents said they spent their free time mostly watching TV. The proportion of persons mentioning “watching TV” as their major pastime is growing with increasing age; accordingly, the frequency of answers about more active forms of spending free time, such as “walking with grandchildren and spending time with children” and “enjoying my favourite activity/hobby” declined. The perception of old age is mostly pre-determined by a person’s ability to use free time in a productive manner, and this ability will have an effect on an older person’s attitude to life and to his or her new self-image and this, in its turn, will be decisive for interaction with the society.

## Learning

Older persons demonstrated a low interest regarding the opportunity of acquiring new knowledge under learning programs for the elderly: 69% of the respondents indicated they had no intention to take the opportunity of acquiring new knowledge (this intention was stated only by 17%, and less than 1% said they in fact studied or are studying under such programs). With the increasing age, interest to learning courses further declines: just a few respondents aged 80 and above were interested in continuing their education. This finding points at the existence of objective difficulties in implementing the Madrid International Plan of Action on Ageing (Commitment 6: To promote lifelong learning and adapt the educational system in order to meet the changing economic, social and demographic conditions).

## Family Role

Upon reaching the older age and ceasing professional activity, a woman does not cease to be an important family member and continues to be actively involved in organizing family

members’ lives. As demonstrated by the findings of the survey, older women living in a family are major homemakers doing basic household labour: cooking meals, laundering, ironing, cleaning the house etc., thus enabling other family members to focus on activities beyond the family. Besides, it is still traditional that older parents help young families, first of all, with care of minor children, and the majority of older persons (over 80% of mothers and 75% of fathers, as demonstrated in the survey) provide financial assistance to their children, at least on irregular occasions. This is an evidence of the low income earned by working-age population (especially by families with children) quite often requiring support of older family members. More than a half of older persons who have grandchildren help with raising and maintaining them; however, in the majority of cases this assistance is irregular. There are certain gender variations: women account for a higher percentage of those who regularly help with raising grandchildren and men are more likely to provide financial support. The forms of assistance depend on whether the older and younger generations of one family live together or separately: the percentage of those who provide regular help – with raising and supporting grandchildren – is higher among the older respondents residing together with grandchildren. However, older persons residing separately from children and grandchildren also help them, although their help is irregular and is provided in a different form. Therefore, older persons, first of all, women, play an essential role in organizing the life of a family and its functioning as the basic population reproduction unit. To this end, it is crucial that the importance of this role is recognized by both the society and the state.

## Family Composition

For the first time in the period between censuses, this representative socio-demographic survey allowed to explore the composition of families of older women in Ukraine and the incidence of living alone among them. Thus, more than one third of the female respondents live in single-person households (while only 17% of men are single), 42% of women live with a husband (15% together with a husband, 27% with a husband and children or other relatives) and 24% – with children or other relatives but without a husband. The share of singles among older women grows with age: a half of persons aged 80 and above live in single-person households.

Therefore, being single in older age is not a consequence of having few children but rather a result of the transformation of family relations (first of all, owing to parents and children living in different locations). Besides, this living arrangement represents specific characteristics of older women’s marital status formed under the impact of significant gender-related differences in life expectancy: according to the survey data, almost 80% of single women are widowed.

## Family Support and Care

Increasing age correlates with a growing share of older persons who, due to health-related reasons, need support with daily activities and keeping the house. In Ukraine, the traditional mechanisms of family support and care of the elderly are operational at large, and a significant percentage of older persons, especially of the oldest age, receive their children’s help with keeping the house and doing housework. At the same time, there is a group of older persons who do not receive necessary help: 4-5% of older women who need regular help do not receive it at all and 14% are helped only occasionally. These are the cases requiring the implementation of institutional mechanisms of support for the elderly, primarily, of governmental social service agencies.

It is traditionally believed that older persons living in single-person households are particularly exposed to an increased risk of neglect and lack of help. However, the survey evidenced that the situation where an older person receives no help with housework although this help is needed occurs almost with the same frequency among those who reside in households together with family members. Thus, the sheer fact of an older person residing alone cannot be sufficient for making a decision on whether institutional forms of assistance should be implemented, first of all, in respect of older women.

## Domestic Violence

The survey demonstrated no large-scale domestic violence against older persons in Ukraine. The experience of physical violence (i.e. beating) was mentioned by 1.3% of older women and

0.7% of men. However, episodes of psychological and emotional violence against the elderly are quite frequent; one in every five respondents was abused verbally, shouted (19.0%) or screamed at (23.9%). In this respect, gender variations are insignificant: there are reported incidents of violent behaviour and limitation of liberty against both older women and men.

### Institutional Support

Older persons have a rather critical attitude to boarding homes for the elderly, although they acknowledge that such homes are needed in some cases. There is a stereotyped negative opinion about the living conditions and quality of services at these institutions, although the majority of older persons have little knowledge about the daily living conditions, meals, medical care offered at these institutions, staff attitude and psychological climate etc. there.

The older population has a positive attitude to the opportunity of receiving assistance from governmental social service agencies. The existing governmental system of social patronage and assistance for the elderly implemented through a network of state territorial centres providing service to single older persons incapable for work and disabled persons is assessed positively by those who use its services, and by the older population in general. However, the existing network of social service centres is insufficient for a full satisfaction of needs of the elderly people and its services cover just an insignificant proportion of the older population. The majority of older people are poorly informed about the work of these institutions and assistance opportunities available there.

### State Policy

The increasing share of older persons whose capabilities and needs differ significantly from the needs of other population groups emphasizes the need for the development of a new comprehensive state policy and action plan in response to population ageing that would better protect older persons' rights and interests. Population ageing and its various aspects should also be mainstreamed through all national policies and programmes in the economic and social spheres. Although successful in some elements, the existing Ukrainian national policy related to older persons is quite fragmented; strategic approaches and priorities in respect of this policy are still lacking. Initiatives of the state are mostly focused on parametrical reforms within a rather narrow segment of this policy (particularly, in the area of older people's social protection and pensions) and on attempts to find the ways of reforms in a few other directions (particularly, in respect of the healthcare system reform).

The survey demonstrated strongly negative assessments given by the older population to activities of governmental institutions and organizations with regard to senior citizens, and also evidenced the low level of older population's satisfaction with the state policy related to older persons. However, urban residents and socially active persons assess the state's efforts in this respect more positively. There are some gender variations in the way the state policy is perceived – women are less indifferent to satisfaction of cultural needs and are more critical than men in their assessments of the state's efforts in this domain, while men are to a greater extent dissatisfied with the state's efforts in respect of healthcare and material well-being. Men consider themselves more socially active and are better informed about the availability of various institutions and organizations serving the older persons' needs. Some variations are also observed in the perceptions of hindrances faced by older persons when they apply to governmental authorities and institutions – men are more prone to indicate such hindrances as long queues and inconvenient location of these institutions and women are more sensitive to rude behaviour of staff and complicated procedures to be followed to get the required service. Generally, queues and complicated procedures are the greatest hindrances for older persons when they apply to governmental facilities for help. The survey respondents also indicated complicated access to governmental authorities to receive information as may be necessary for the observance of older persons' rights.

## RECOMMENDATIONS

The policy on older people in Ukraine with a current focus on meeting their most essential needs should be gradually re-focused towards a more comprehensive approach that would be based on the Madrid International Plan of Action on Ageing and would entail the expansion of rights and opportunities for older persons according to the "active ageing" concept. Therefore, practical steps towards improvement of the policy on older people should be concentrated on the following areas: **promoting older persons' employment and extension of the labour period; creating conditions for health improvement and active longevity; ensuring social integration of older persons.** It should also be mentioned that for Ukraine, which has launched an important stage of the national **pension reform** comparatively recently, further reforms in this area should undoubtedly remain an important direction of the state policy, with the following measures suggested within this framework:

- improvement of accounting procedures in respect of pension entitlement and the formula used to compute the state contributory (insurance) pension (in particular, transition from a month-based to year-based period of accounting the pensionable service record, with a possible reorganization of the existing defined benefit scheme into conditionally contributory scheme);
- maximum "levelling" of retirement conditions for all categories of citizens, including normative service record by all types of pensions including "special-purpose" and long-term ones;
- development of corporate and occupational pension schemes involving distribution or funded mechanisms of financing, particularly, to finance payouts of early and "special-purpose" pensions;
- consolidation of supplementary state pension schemes not directly linked to labour activity (supplementary benefits, increased payouts to war veterans, "war children", Chornobyl veterans etc.) into a uniform state social program of comprehensive servicing of older persons;
- improvement of the procedure for updating the pensions awarded; finding a compromise between the "one-size-fits-all" approach (indexing of the minimum pension) and differentiation (pension recalculation using a new wage base or proportional increase by wage growth);
- involvement of social partners and the wider public at all stages and at all levels of formulation and implementation of the pension policy;
- codification of the pension legislation and structuring of the Code's provisions in accordance with the current international standards effective in the social protection domain (in particular, ESSPROS system<sup>86</sup>, recommendations of the ILO and the International Social Security Association<sup>87</sup>);
- improvement of pension coverage administration, in particular, introduction of electronic management technologies.

The specific feature of **the policy promoting older persons' employment** is that its priority task is to continue employment in the same job and with the same employer. Searching for a new job is a much less desirable option since the situation of changing jobs more frequently leads to a partial loss of social and professional status and requires more efforts. The most acceptable option of solving the issue of older persons' employment can be seen in the schemes of gradual retirement allowing to "distribute" the process of leaving the labour market over several years during which an employee gradually moves from full-time employment to part-time employment or employment during certain periods of the year, possibly, doing another job/activity or working at another enterprise. Within the framework of the policy promoting employment of the elderly in Ukraine, currently the key task should be the implementation of the provisions of the ILO's Recommendation No.162<sup>88</sup> (Older Workers Recommendation) and the best international practices into the national labour legislation and the practice of collective negotiations.

The following measures are proposed:

- **changes to the Law of Ukraine “On Population Employment”:** with regard to identification of persons who have additional guarantees facilitating employment and/or who may be granted the unemployed status, the rigid criterion of the upper working age limit should be cancelled since the retirement age is increased and the number of persons postponing their retirement is growing.
- **changes to the Labour Code of Ukraine:**
  - clear identification of the state’s position in respect of prohibition of and protection against any manifestations of labour discrimination (the wording formulated in the draft Labour Code of Ukraine is quite acceptable);
  - introducing a separate section “Special Features of Older Persons’ Employment” which should define age-related criteria of older employees and should contain provisions ensuring: flexible or part-time work schedule at an employee’s request, limitation of atypical and asocial working hours (work at night, on weekend and holidays, by shifts, overtime work), priority right to retain employment in case of staff reduction, transfer (if possible) to hourly wages, opportunities for occupation-related learning and advanced training, entitlement to annual vacation at convenient time, ban on work in hazardous conditions, regular medical check-ups;
  - encouraging the inclusion into collective agreements and collective contracts of a clause on the involvement of older employees in the production training and mentoring process, as well as programs preparing for retirement and patronage of former employees after their retirement.

In addition to legislation changes, measures promoting older persons’ employment should proclaim a separate and priority direction of the national employment policy and should be appropriately taken into account when programme and strategic documents are being formulated. State social protection authorities, bodies of the Pension Fund and the State Employment Service at all levels should be directly involved in the development and implementation of programmes preparing employees for retirement and should carry out information and clarification work in respect of demographic changes and socio-economic consequences which they entail, older population’s labour potential growth etc.

In the area of older persons’ **healthcare**, the following measures should be implemented:

- encouragement of healthy lifestyles of all age groups as a prerequisite of active ageing and longevity and, particularly, promoting older persons’ physical activity (by means of exchanging experience and methods of the best practices in this area, implementing target programmes at the local community level, developing recommendations on promoting physical activity in healthcare institutions of all types, information and awareness raising campaigns in the mass media, support of local governmental authorities with setting up a motivation environment and infrastructure);
- adaptation of the healthcare system to the needs of older population (training of an appropriate number of geriatrics and gerontology specialists), improvement of the relevant infrastructure; ensuring appropriate coverage of older persons by disease prevention programmes; learning from best international practices and innovative models of promoting older persons’ participation in maintaining and improving their health, improving “sanitary literacy” of older persons, their relatives and voluntary caregivers; improvement of working conditions for providers of services to the elderly etc.);
- creating possibilities for elderly people for the provision of vaccination and prevention of older persons’ infection diseases at healthcare institutions;
- developing non-governmental and governmental support of volunteer care for older persons (with particular focus on care at home);
- raising awareness of older people on healthcare reform;
- improving medical and demographic statistics (registration of the causes of death of older people and morbidity statistics with data disaggregation by gender);

- accident prevention (particularly, falls prevention) for older persons through raising of population’s awareness about accident factors and about efficient prevention measures; ensuring safe environmental conditions; introduction of physical exercise, physiotherapy and physical training programmes; expansion of access to prevention measures available to groups of older persons exposed to increased risk.

In respect of ensuring older people’s **social integration** in Ukraine, the following activities should be given a special emphasis:

- promoting positive attitude to living in older age and improving the image of older persons through the mass media by seeing ageing as the next personality development stage of the human life course; alleviating negative manifestations associated with old age which may arise at this stage and enhancing the positive aspects of older age;
- facilitating the establishment and development of territorial leisure centres for older persons where they can communicate with each other, spend time together, play favourite games, read magazines, exchange books, receive consultations and necessary information; a full-time position of psychologist specializing in older persons’ development peculiarities should be introduced in the staff structure of large centres;
- encouraging older persons to participation in senior adult education and making learning subjects and courses more diverse, developing (or adapting) learning programmes for different age groups with due account for age peculiarities of psychological and physiological development of older persons;;
- preventing discrimination and abuse of older persons in all areas of social life, including prevention of domestic violence against older persons through increasing legal knowledge of older persons; coordination of respective services’ and organizations’ activity with an emphasis on prevention and prophylaxis; information activities aimed at influencing the attitudes of the public to the issue of domestic violence; long-term psychological and social rehabilitation of domestic violence victims; further development of the system of training and re-training of specialists providing focused support to older persons who experienced domestic violence; expansion of methodological support to institutions providing services to domestic violence victims and standardization of respective social services;
- providing governmental and non-governmental support to volunteer initiatives among the older population by encouraging volunteer efforts of persons in pre-retirement and retirement age who leave their labour activity and possess the highest potential for volunteer activity; improvement of contractual and other mechanisms of cooperation between governmental structures and non-governmental organizations with the aim of making such cooperation more flexible, and targeting efforts at the most essential activities; information support of older persons’ involvement in the volunteer activities taking due account of specific features of their motivation;
- popularizing the idea of mutual intergenerational responsibility within the society, recognizing that representatives of any generation irrespective of their age have both the rights and duties, and older persons’ responsibility in this context is no less significant than that of other age contingents;
- amending the “Model Regulations on Territorial Centre of Social Service” by targeting and strengthening the principle of individual approach in certain categories of older persons who are eligible for free-of-charge social care services at home. It is necessary to enable the provision of services to seniors who have relatives but these relatives for various reasons cannot provide with care and support, and cannot pay for social services. Now it is possible in some cases by the decision of local authorities;
- promoting the activities of territorial centres of social services for older persons, inform each older person about the services available there and terms and conditions of receiving them; territorial offices of the Pension Fund and the media should be actively involved in the dissemination of this information;

With the progressing population ageing and increasing life expectancy, the increasing need for



boarding homes is anticipated. To overcome the current very negative perceptions about these institutions, the following steps are needed:

- to create in each boarding house a special council with representatives of the public, local authorities and other organisations which could inspect the scope and quality of services and living conditions of older people in the boarding houses;
- to make these institutions “open to the public” – disseminate information on various aspects of their activities and establish a broad public discussion of ways to improve their work;
- to improve the “Standard regulations on boarding house for the elderly and disabled, geriatric residential institution, institution for veterans” through the development of relevant documents for each type of these institutions.

In order to develop concrete and effective recommendations for improving the work of boarding houses, there is a need to conduct a special survey of living conditions, quality of services, the needs of people living there, the specifics of staffing of such institutions etc.

It may be also reasonable to study the possibility of creating in Ukraine a network of specialized homes for the elderly that would offer living in individual households and receiving services (medical, social, cultural etc.) at home when they are required. Living at such institutions could be a good solution for many older persons; therefore respective standards and procedures should be developed.

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