

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

*Vladislav V. Bezrukov and Natalia A. Foigt\**

In some countries of the former Soviet Union, the transition from centrally planned to market-oriented economies is progressing more or less smoothly, in others it appears to be shock therapy, and in still others,

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

## PATTERNS OF LIVING ARRANGEMENTS

At the beginning of the twentieth century, the extended family in Ukraine was not the true, classical pattern of the patriarchal family. It represented a conglomeration of nuclear family members, unmarried siblings of the nuclear couple, lodgers, hired hands and older kin who managed to survive infections, ailments, accidents and the like (Ponomaryov, 1989). During the course of socio-economic development, family transformation occurred, with a breakdown of families into separate generations, keeping their own households. The current household composition indicates a high level of family nuclearization and a weakening of traditional family bonds. According to 1989 census data, a married couple with or without children under age 18 constituted the major part (58.0 per cent) of total households (see table 5). Male and female households with children and without a spouse constituted 12.1 per cent of all households. At the same time, the proportion of households where one or two younger generations co-resided with their parents constituted 18.1 per cent. In accordance with the 1989 census data, the majority of people aged 60+ (more often men than women) lived with one or several persons (see table 6). Some 13.0 per cent of men and 46.0 per cent of women of this age group lived alone. Older men living alone were more than three times outnumbered by older women living alone. In the study sample, the proportion of urban elderly living in multigenerational families was higher than the proportion of those living alone or with a spouse (see table 7). Men are more likely to live independently with a spouse. Women mostly live in three-generation families. Also, the proportion of women living alone outnumbers by more than tw4.4(w)5.6(4.4s7um0.0916O0.7(m)15.3)4.1( we a n7

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

**(FIGURE IV HERE)**

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

FAMILIAL SUPPORT

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

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

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

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

The Kiev Institute of Gerontology has developed a new method for assessing the health needs of the

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

#### SOCIO-ECONOMIC STATUS OF OLDER PERSONS' FAMILIES

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

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

Within a short period of time there has been a marked increase in the gap in incomes between the working population and non-working pensioners. Thus, while in 1985/86, the average monthly old-age pension was more than 40 per cent of the average wage of workers, in 1998, that number fell to 27.7 per cent (Ukraine,

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

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

**(TABLES 8 & 9 HERE)**

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

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

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

**(FIGURE VI HERE)**

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

cash assistance. In 1992, government expenditures were channelled to pay partially for food products and industrial commodities, while in 1994, the main portion was spent on providing food for the low-income elderly population. In 1995, the number of specialized dining rooms and daily living services for low-income citizens decp4( fanizeni)4.3(l)-5AE5ca8 Tc0.0

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

#### HOUSING CONDITIONS

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

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

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

**(TABLE 10 HERE)**



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

There are some people, among whom are elderly individuals, who have no dwelling at all. In a special investigation on the spread of beggarliness in Ukraine, carried out by members of the School of Social Work of the National University, Kiev Mohyla Academy, it was found that the average age of those who beg in Kiev is

the demand for resources began to exceed the state's capacity, the share of public spending on overall health-

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

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

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

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

#### CONCLUSION

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

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

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

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

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

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

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

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

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

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

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

To solve the above problems, there is a need to develop a unified state strategy for older citizens that would be based on a mobilization of all societal efforts to support socially unprotected elderly persons, on the one hand, and creating conditions for the maximum realization of individual potential of this population group,

#### REFERENCES

- Bezrukov, Vladislav V., Vera V. Chaikovskaya, and Elena I. Konshina (1999). A new method for evaluating the needs of elderly people in medico-social service. *Proceedings of the Conference on Organization of the System of Quality of Medical Care and Medical Services for the Population with the Use of Information Technologies*. Kiev: Scientific Information-Analytical Centre for Medical Statistics, pp. 126-129.
- Bezrukov, Vladislav V., and Natalia N. Lakiza-Sachuk (1995). Status and conditions of the elderly within the family in Ukraine and other countries of Eastern and Central Europe (ECE). *Bold*, vol. 5, No. 2, pp. 23-35.
- Bezrukov, Vladislav V., and others (1991). An automated system for quantifying the risk of the loss of self-servicing abilities as a new approach to assessing needs of elderly people in various kinds of medico-social service. *Problems of Aging and Longevity*, No. 1, pp. 63-69.
- Bezrukov, Vladislav V., Nina V. Verzhikovskaya, and Vera V. Chaikovskaya (in press). The problems of health of elderly people and provision of medical care in Ukraine. *Zhurnal of the Academy of Medical Science of Ukraine*.
- Chaikovskaya, Vera V (1998). An informational support for decisions concerning the organization of medico-social service for the older population beyond working age. *Proceedings of the Conference on Informational Provision for Health Care as Part of Medical Service Network in Kiev*

- \_\_\_\_\_. Ministry for Statistics (1992a). Family in Ukraine. Data from the 1989 population census. Kiev. Unpublished.
- \_\_\_\_\_ (1992b). Social and professional structure of population in Ukraine per branches of economy. Data from the 1989 population census. Kiev. Unpublished.
- \_\_\_\_\_ (1994). *National Economy of Ukraine in 1993*. Kiev: Tekhnika.
- \_\_\_\_\_ (1995). *1994 Statistical Yearbook for Ukraine*. Kiev: Tekhnika.
- \_\_\_\_\_ (1996a). *1995 Statistical Yearbook for Ukraine*. Kiev: Tekhnika.
- \_\_\_\_\_ (1996b). *Economic Activities of the Population in Ukraine in 1995*. Kiev: Tekhnika.
- \_\_\_\_\_, State Statistical Committee (1998a). Life tables for population of Ukraine, 1990-1998. Kiev. Unpublished.
- \_\_\_\_\_ (1998b). *1997 Statistical Yearbook for Ukraine*. Kiev: Ukrainian Encyclopedia.
- \_\_\_\_\_ (1999a). Composition of population in Ukraine by sex and age at 1 January 1999. Kiev. Unpublished.
- \_\_\_\_\_ (1999b). *1998 Statistical Yearbook for Ukraine*. Kiev: Tekhnika.
- Ukrainian Soviet Socialist Republic, Ministry for Statistics (1991). Composition of population in Ukrainian SSR by sex and age at 12 January 1989. Data from the 1989 All-Union population census. Kiev. Unpublished.

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

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

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

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

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

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

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



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

	1995			1998		
	<i>Below subsistence level</i>	<i>Middle income</i>	<i>High income</i>	<i>Below subsistence level</i>	<i>Middle income</i>	<i>High income</i>
Small families (1-2 persons)	42.8	26.4	34.8	20.9	50.7	28.4
Middle-sized families (3-4 persons)						

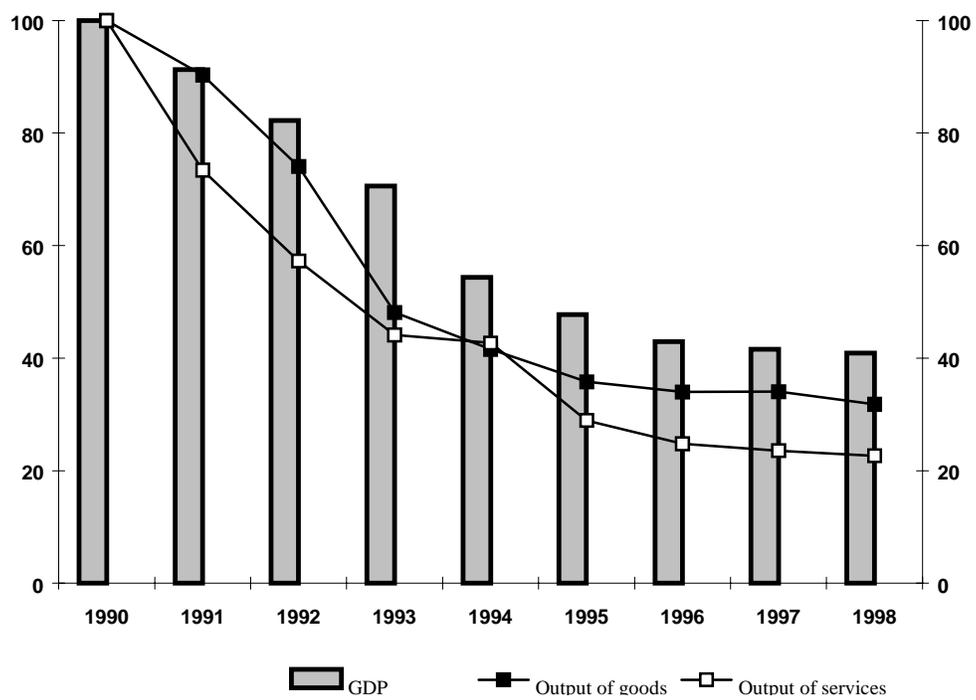
TABLE 10. PERCENTAGE OF FAMILY AND NON-FAMILY HOUSEHOLDS LACKING COMMON HOUSEHOLD AMENITIES, 1989

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

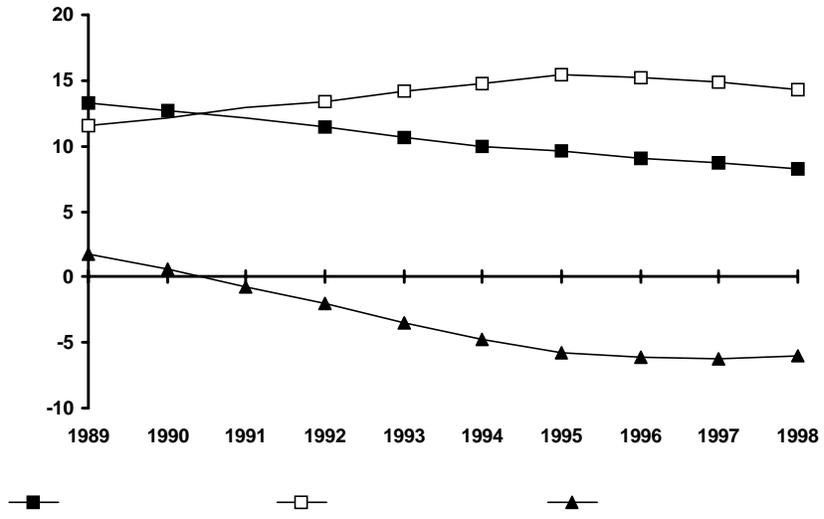
TABLE 11. MORBIDITY RATE, 1990-1998, BY CATEGORY OF ILLNESS

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

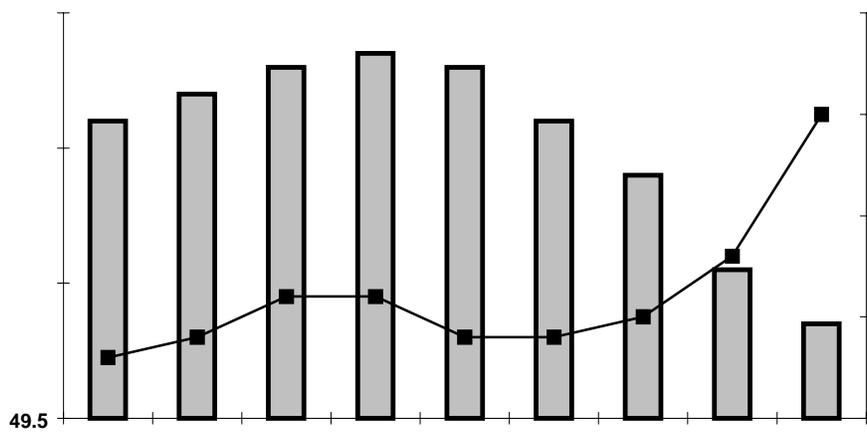
*Source:* Ukraine, State Statistical Committee (1999b).

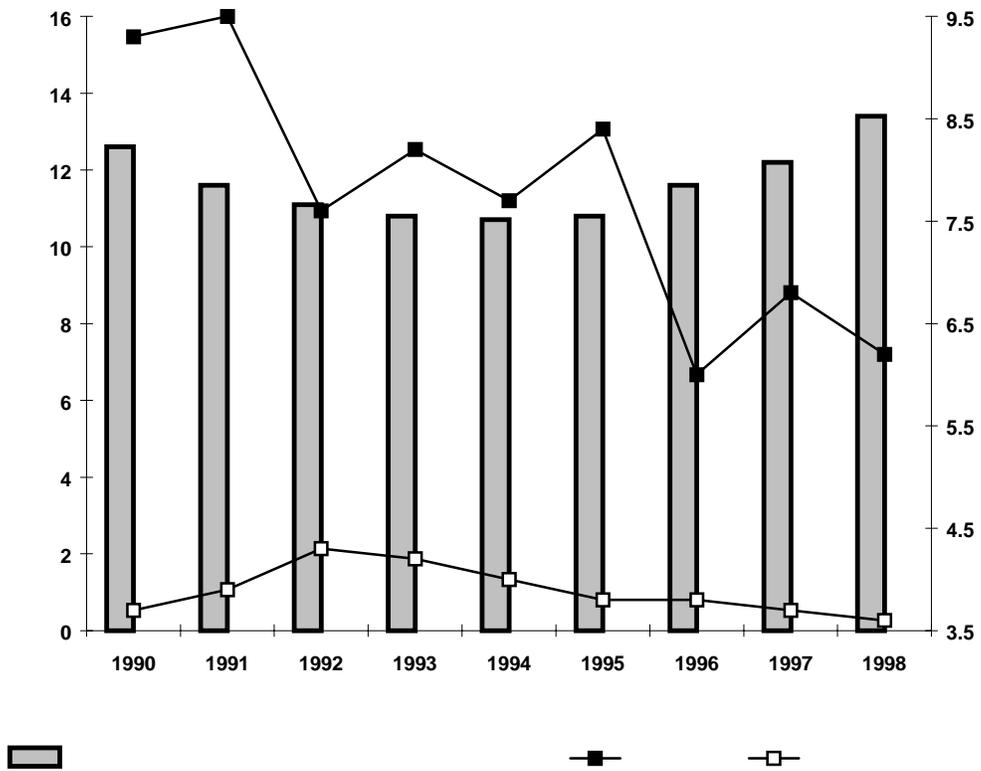


Sources: Ukraine, Ministry for Statistics (1996a); Ukraine, State Statistical Committee (1998b, 1999b).

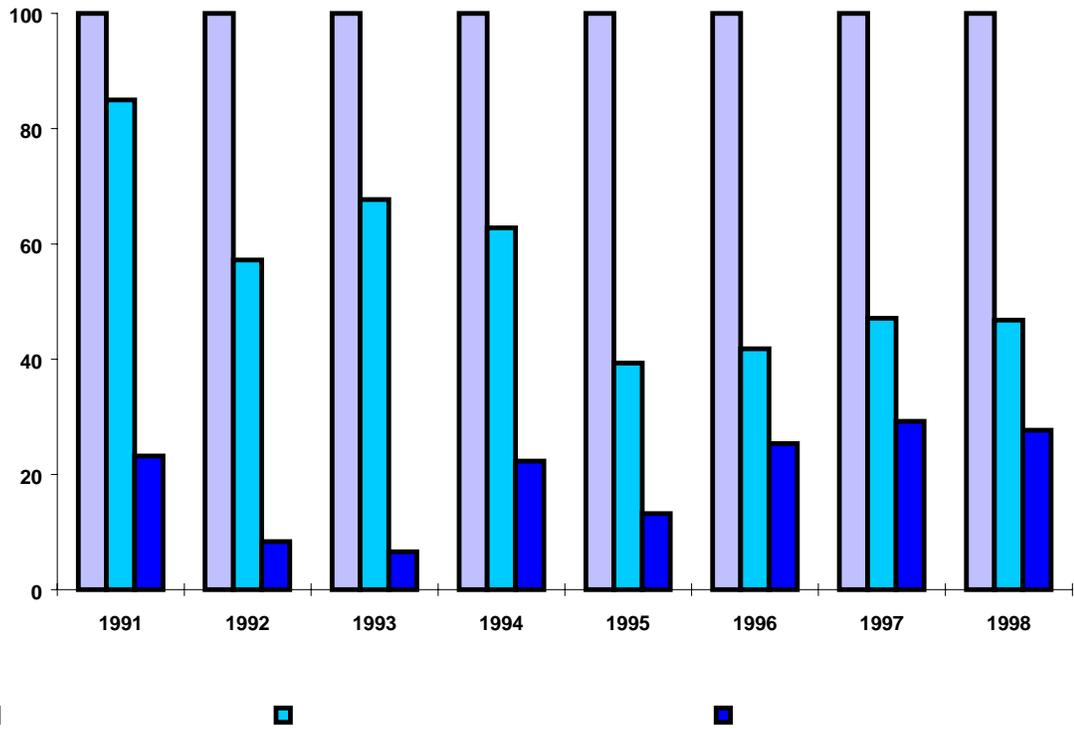


Source: Ukraine, State Statistical Committee (1999b).

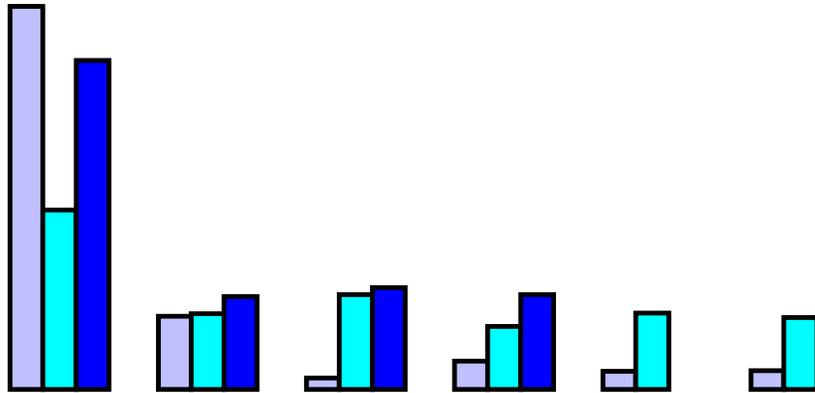




Sources: Ukraine, Ministry for Statistics (1996a); Ukraine, State Statistical Committee (1999b).



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



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



