

**United Nations Population Fund
State Statistics Committee of Ukraine
Institute of Gerontology AMS of Ukraine**

**Population Ageing in Ukraine:
Some Demographic, Socioeconomic,
and Medicare Issues**

Kyiv 2005

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Population Ageing in Ukraine: Some Demographic, Socioeconomic, and Medicare Issues

(Situational Analysis)

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Introduction

The Ageing of the World Population

The current demographic revolution coursed by the transition in world's population state where former high birth and death rates are rapidly decreasing leads to the growth in the number and proportion of older persons. Such a rapid, large and ubiquitous growth is unique in the history of civilization and predicted to continue well into the coming centuries.

The major features of world's aging include the following:¹

- One out of every ten persons is now 60 years or above; by 2050, one out of five will be 60 years or older; and by 2150, one out of three persons will be 60 years or older.
- In some developed countries and the countries with economies in transition, the number of older persons already exceeds the number of children and birth rate have fallen below replacement level.
- The older population itself is ageing. The oldest old (80 years or older) is the fastest growing segment of the older population. They currently make up 11 percent of the 60+ age group and will grow to 19 percent by 2050. The number of centenarians (aged 100 years or older) is projected to increase 15-fold from approximately 145,000 in 1999 to 2.2 million by 2050.
- The majority of older persons (55 percent) are women. Among the oldest old, 65 percent are women.
- Striking differences exist between regions. One out of five Europeans, but one out of twenty Africans, is 60 years or older.
- In some developed countries today, the proportion of older persons is close to one in five. During the first half of the 21st century that proportion will reach one in four and in some countries one in two.

¹ *Source: Population Division, Department of Economic and Social Affairs, United Nations Secretariat*

- As the tempo of ageing in developing countries is more rapid than in developed countries, developing countries will have less time than the developed countries to adapt to the consequences of population ageing. In developing countries, the proportion of older persons is expected to rise from 8 to 19 per cent by 2050.
- The majority of the world's older persons (51 percent) live in urban areas. By 2025 this is expected to climb to 82 percent of older persons, although large differences exist between more and less developed regions. In developed regions, 74 percent of older persons are urban dwellers, while in less developed regions, which remain predominantly rural, 37 percent of older persons reside in urban areas.
- Over the last half of the 20th century, 20 years were added to the average lifespan, bringing global life expectancy to its current level of 66 years. Large differences exist between countries, however. In the least developed regions life expectancy is 61,5, while in the more developed regions, life expectancy at age 74.
- The impact of population ageing is increasingly evident in the old-age dependency ratio. Between 2000 and 2050, the old-age dependency ratio will double in more developed regions and triple in less developed regions. The potential socioeconomic impact on society that may result from an increasing old-age dependency ratio is an area of growing research and public debate.

The International Plan of Action on Ageing adopted by the first World Assembly on Ageing in Vienna, Austria (1982) and endorsed by the United Nations General Assembly in its resolution 37/51 of 3 December 1982, was a corner-stone in recognizing ageing as one of the salient social, economic and demographic phenomena of our times.

Although in many respects that was a pioneering document, the twenty years that have passed since its adoption faced the world with many new challenges. Recognizing that, the international community held a Second World Assembly on Ageing, in Madrid, Spain from 8 to 12 April 2002. It was devoted to an overall review of the outcome of the first World Assembly and aimed to advance the global ageing agenda beyond the 1982 Plan of Action, and to provide a blueprint for responding to the opportunities and

challenges of population ageing in the 21st century and for the promotion of the concept of a “society for all ages”. The Assembly adopted two main outcome documents: Political Declaration and the Madrid International Plan of Action, 2002, which commit governments to integrate the rights of older persons into national as well as international economic and social development policies.

“It represents the first time governments agreed to link questions of aging to other frameworks for social and economic development and human rights, most notably those agreed at the UN conferences and summits of the past decades”.(Kofi Anan, addressing the 2nd World Assembly on Aging). The Madrid International Plan of Action includes policy recommendations, covering three main priority directions: older persons and development, advancing health and well-being into old age, and ensuring enabling and supportive environments.

The representatives of the member states of the United Nations Economic Commission for Europe, gathered at the UNECE Ministerial Conference on Ageing in Berlin from 11 to 13 September 2002, to adopt the Regional Implementation Strategy of the Madrid International Plan of Action on Ageing 2002 in the UNECE region and to commit European governments to implement this comprehensive strategy.

Resolution 59/150 of Fifty-ninth General Assembly session (December 20, 2004) invited States and the UN system to take into account the needs and concerns of older persons in decision-making at all levels; invited the functional commissions of the Economic and Social Council to integrate ageing issues into their work; recommended that the Commission on the Status of Women continue to consider the situation of older women; encouraged the regional commissions to elaborate a regional strategy for the implementation of the Madrid Plan of Action; requested the Secretary-General to submit his proposals for conducting the review and appraisal of the Plan at the regional and global levels to the Commission for Social Development in 2006; and requested the UN system organizations to strengthen the capacity of the focal points on ageing and to provide them with adequate resources; encourages the relevant entities of the United Nations system to support national efforts in capacity-building, especially those of developing countries and countries with economies in transition stresses the importance

of the collection of data and population statistics disaggregated by age and sex by all countries to be included into United Nations of an Internet-accessible database on ageing.

Some demographic aspects of population aging in Ukraine ²

As in the rest of the world, in Ukraine, changes in natural and mechanic population movements coursed its decline and conditioned intense demographic ageing that is expected to continue to increase. Yet, unlike many other European countries, Ukrainian society has lost the ability to reproduce itself in necessary quantity and quality, therefore population ageing lead to the global crisis in general demographic situation in the country.

According to experts, current demographic situation was preconditioned by the history of Ukrainian society. Two World Wars, three famines (1921, 1932-33, 1947), accelerated industrialization, forced collectivization, mass repressions of 1930-50s, Chernobyl catastrophe, social and political crises of 90s negatively influenced the processes of demographic transformations and conditioned the exhaustion of demographic potential.

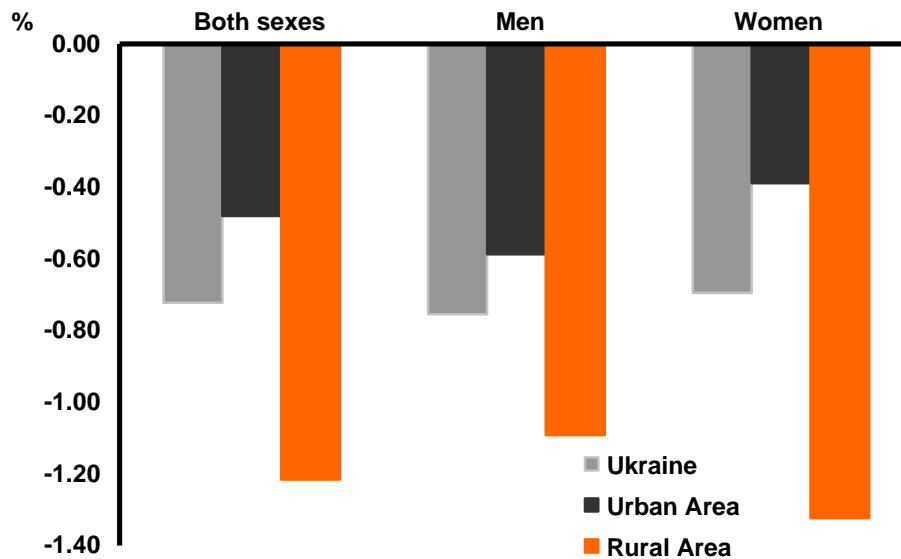
Demographical crises manifested itself most obviously at the end of last century when an unfavorable combination of fertility and mortality achieved depopulation level in villages in 1979, and in cities in 1992. In 2001, depopulation embraced all population of the regions of Ukraine, meaning that it has acquired the all-Ukrainian character. During 2003, the tempo of population decline became 99, 3%. The critical situation happened to be in rural areas where in 95, 7% of the administrative country regions the number of deaths is more than the number of births including two-thirds of regions where mortality is twice as much as the birth rate. The worst situation was observed among women who live in rural areas. The tempo of decline in their amount is 98, 7%. Migration movement of the second part of 20 century enhanced the development of aging as well. In general, more than one million people are counted as a result of direct migration loss

² This chapter is based on State Statistics Committee of Ukraine data and its analysis made my experts of Institute of Demography and Social Research of Ukraine.

during 1994-2001 period. The net ration of Ukrainian population reproduction is equal to half a level necessary for a simple substitution of generations.

Figure 1

The growth of population in 2003



In general, the amount of resident population during 1990- 2004 decreased from 51 556, 5 to 47 442, 1 persons meaning the total decline in of Ukrainian population 4 million persons with the tempo – 92, 0%. During 2004 the population decline was 341, 6 persons. If UN population forecast is realized in 2050 less than 30 million persons will be living, that is to say the size of population will drop almost 18 millions.

Figure 2

The decrease of Ukrainian population with the forecast until 2050, mil. people

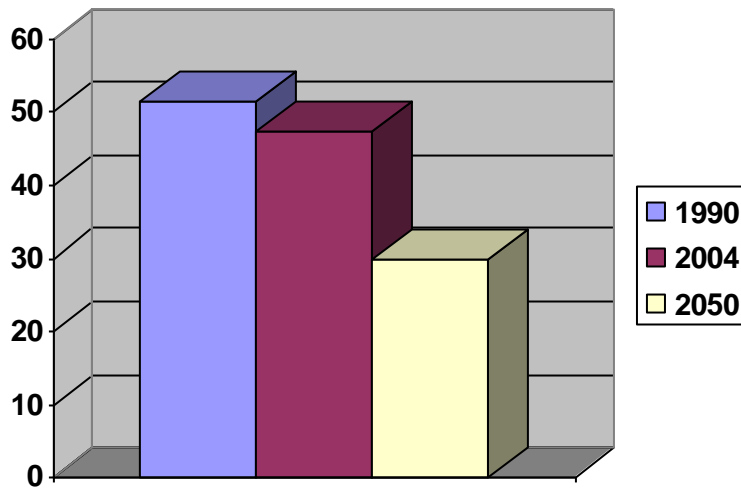
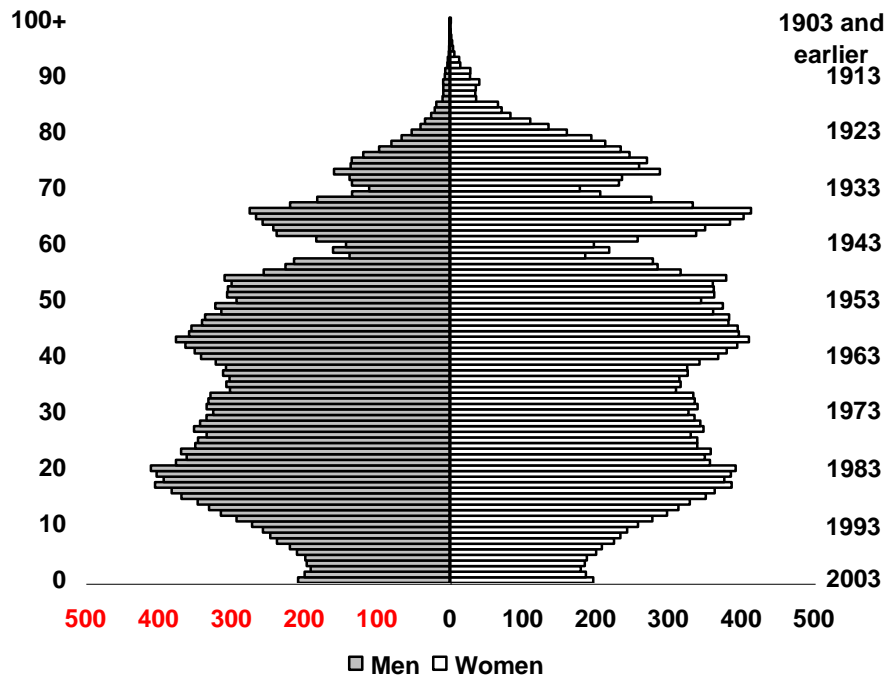


Figure 3

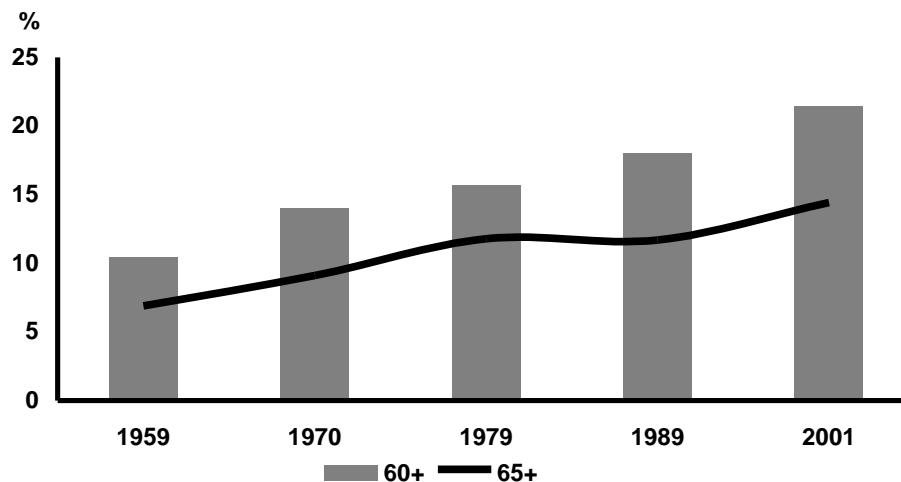
Sex-age pyramid of the population of Ukraine in the beginning of 2004, thousand people



Decline in population is accompanied by steadfast growth in amount and rate of persons over 60. Ukraine takes the 11th place after such developed European countries as France, Great Britain, Switzerland, Belgium, and Sweden. Ukrainian aging differs itself from other countries as the main reason to it is the decline at birth rate but not the acceleration of life expectancy in older age groups. Based on census 1959, there were 4387, 7 persons over 60, in 1970 - 6563, 8, in 1979 - 7764, 8, in 1989 - 9256, 0, in 2001 - 10323, 0. Correspondently the rate of this contingent among the total amount of population increased by 10,5% in 1959, by 13,9% in 1970, by 15,7% in 1979, by 18,0% in 1989, and by 21,4% in 2001.

Figure 4

The dynamic of population aging based on censuses

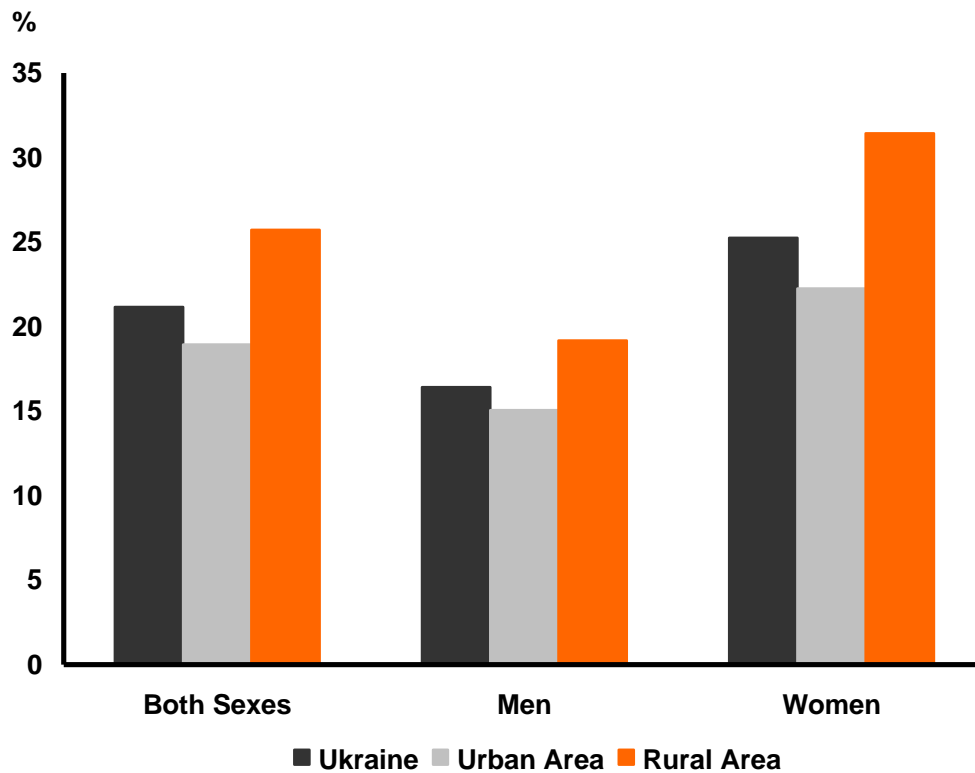


These processes are not so sharp in urban areas in comparison to rural areas due to long-term migration of working age people. According to Census 1959, the amount of rural population was 22721, 6 and in 2001 – 15950,2 (decline is about 30%). The rate of persons over 60 increased 52% - from 2745, 0 to 4166, 4. Currently, men who live in cities are the youngest. They are characterized by the middle level of demographic aging. Women who live in villages are the oldest, about 32% of them are over 60. Hence,

another feature of population aging in Ukraine is drastic unevenness in terms of sex and place of living.

Figure 5

The level of aging according to the place of living, 2003



There are essential distinctions in regional levels of population aging in Ukraine. This situation is conditioned by different historical, geographical, economical, and culture factors. The range variation of rate of persons over 60 in different regions is rather high – from 15, 4% in Zakarpatsky region to 26, 7% in Chernigovsky region. The latter is obviously differs even from the closest to it Cherkhasky region where the level of aging is 24, 8%. Zakarpatsky region – 15,4%, Volynsky region– 19,4% Rivensky region– 18,1%, and Kiev city – 16,15 have the lowest rate of aging.

Figure 6
Regional characteristics of aging in Ukraine in 2003



As it was mentioned, the long-term decrease at birth rate is the main cause of population aging in Ukraine. The reasons of low fertility are quite objective and connected to the modern transition in reproduction processes that happened almost everywhere in the world. However, in Ukraine this transition coincided with long-term demographical crisis that entailed changes in social consciousness and reappraisal of values (soul-searching). The traditions of having many children are transforming into one child family, postponed or refused childbirths. In general, the drop in number of births was 282, 4 (from 691, 0 in 1989 – to 408, 6 in 2003) that is 40, 9% or more that one third. Recently, the “aging” of mother-contingent was also observed that also indicates the general demographic aging.

Mortality is another determinant of aging. In Ukraine, mortality is characterized by its steady growth among adults. From 1989 to 2002 average death age of working age people decreased from 47, 04 to 46, 64 and the average shorten of life here raised from 2, 43 till 3, 51. In 2000 Ukraine placed the second place among FSU countries both at mortality rate of population of 25-64 (the European standard of working age) and at mortality growth during 1989-2000.

At the beginning of transitional crisis during the inflation rise in 1993, infants and elders as the most vulnerable contingents to social and physical environment changes produced the highest mortality rates. Further decline in mortality of these age groups is explained not by the improvement of the situation but rather by the exhaustion of demographic potential.

Table 1
Mortality rate according to age groups (the average amount of deceased persons per 100 people)

The aged of deceased	1985-1986	1990-1991	1995-1996	2000
45-49	6,2	7,3	9,9	9,4
50-54	9,6	9,9	13,9	12,8
55-59	13,3	14,7	19,0	18,0
60-64	18,9	20,7	26,0	25,2
65-69	29,4	29,0	36,3	35,8
70 and above	80,9	87,6	91,2	85,7

Lifespan is concluding feature of all structure characteristic of mortality. Ukraine is on one of the last places in Europe as for average life expectancy and men's life expectancy in particular. The average lifespan shortened during last 5 years by 3-4 years and now makes up 61, 2 year for men and 72, 7 for women. The difference between men and women lifespan is 11, 5 years that is one of the largest in the world

Table 2
Average life expectancy at birth in Ukraine in 1990-2003.

Year	Both sexes	Men	Women
1990	70,52	65,65	74,97
1991	69,65	64,66	74,35
1992	69,06	63,85	74,08
1993	68,35	63,19	73,42
1994	67,72	62,40	73,04
1995	66,84	61,23	72,62
1996	67,11	61,52	72,87
1997	67,71	62,25	73,25
1998	68,54	63,19	73,90
1999	68,12	62,64	73,55
2000	67,76	62,11	73,55
2001	67,6	62,0	73,3
2002	67,83	62,01	73,46
2003	67,85	62,28	73,46

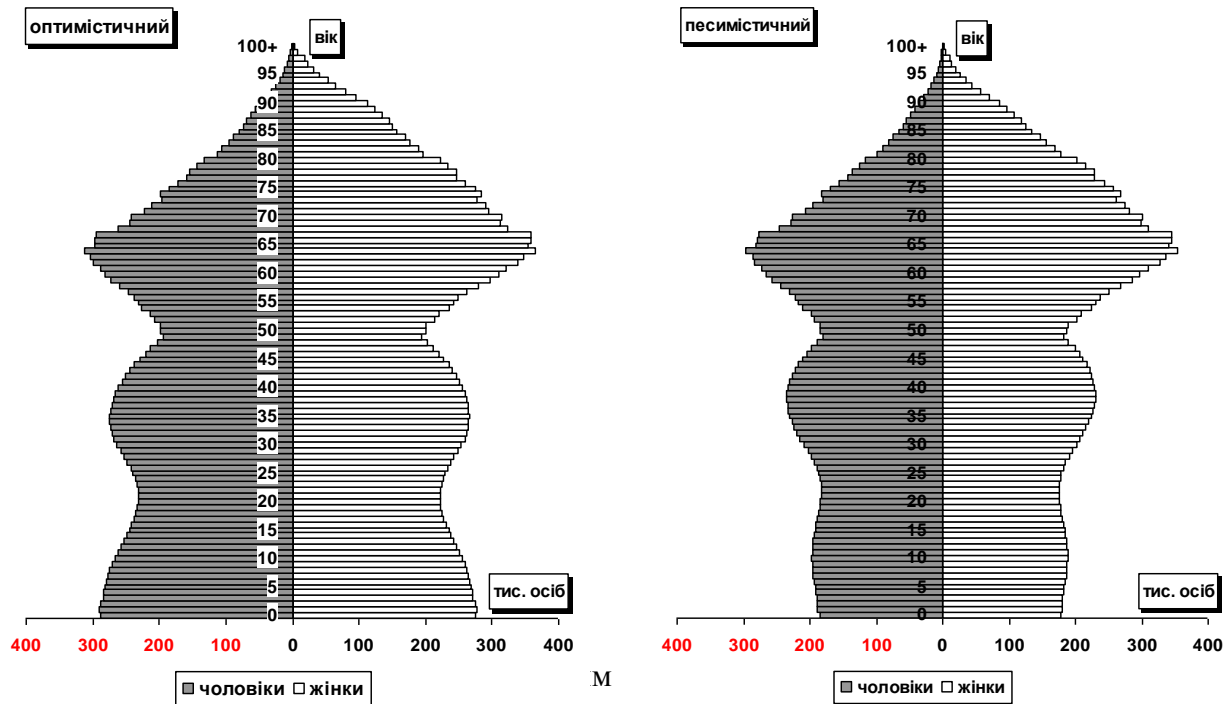
The peculiarities of sex-age structure condition the level and dynamic of “demographic burden” that first of all have economic meaning. During 1989-2000 the general amount of non working age people changed from 791 to 723 per 1000 people that is decreased, but in 1989 there were 412 children and teenagers and 379 elders per 1000 whereas in 2001 this ratio was 312 and 411 persons correspondently. That is to say the rate of elders “burden” increased. The critical situation is in rural areas where each person of working age has to support almost one person of non-working age (in the cities this number is 0, 6). There are significant rural /urban distinctions in the structure of “demographic burden”: in cities, it is 279 children and 350 elders, in villages – 392 children and 558 elders per 1000 of working age people. It means that in the structure of “burden” in villages the amount of children 1, 4 and the amount of elders 1, 6 times bigger comparing to cities. The highest rates of this demographic load are in Chernigovsky region where each person of working age has to work for approximate two people that is to support almost one pensioner.

Table 3
Demographic load on people of working age by non-working age population in Ukraine according to censuses 1989 and 2001 (per 1000 people of working age)

	Urban and rural population			Urban population			Rural population		
	1889	2001	2001 % to 1989	1889	2001	2001 % to 1989	1889	2001	2001 % to 1989
General "load", %	791	723	91,4	696	629	90,4	1017	950	93,4
Including:									
Children and teenagers	412	312	75,7	397	279	70,3	447	392	87,7
Persons of above working age	379	411	108,4	299	350	117,1	570	558	97,9
% per general "load"									
"load" by children and teenagers	52,1	43,2	-	57,0	44,4	-	44,0	41,3	-
"load" by persons above working age	47,9	56,8	-	43,0	55,6	-	56,0	58,7	-

Based on demographic forecast population aging in Ukraine will accelerate. According to UN Department of Economic and Social Development perspective calculations, considerable demographic changes are expected up to 2050: in general structure of population the rate of people at the age of 60 and above will be three times as more and the rate of elders over 80 six times as more in compare to 1950. Almost every third citizen (32, 40%) will be 60 years old and above. According to optimistic variant the level of aging will be 30, 05%, to pessimistic - 35, 74%. During the same period the rate of children and working age people will drop twice. Hence, the average age of Ukrainian population will increase from 27, 6 in 1950- to 51, 5 in 2050. The continuity in trends as for excess of women amount in elder population is also expected by 1, 5 times and increase of the lonely elders who do not have children.

Figure 7
Sex-age structure of population of Ukraine 2051, optimistic (left) and pessimistic (right) variants
 (Left parts of the pyramids represent men, right - women)



The process of aging in Ukraine is the objective phenomena as in the rest of the world. However, in Ukraine, it is complicated by unprecedented tempo that does not provide the time for relevant adaptation of social structure, moreover so far social economy is not able to ensure the solving of aging issues. In this context, population aging is one of the main determinants of demographic security of the country.

Elders' involvement in economic life

A society for all ages encompasses the goal of providing older persons with the opportunity to continue participating into society. As the fastest growing segment of Ukrainian population, elders are important consumers and contributors to the economic and social life. Therefore, according to UN Principles for Older Persons they should have the opportunity to work or to have access to other income generating activities sharing the same rights as people of other ages to access to every part of society.

The employment problems of older persons in Ukraine reflect national and regional variations. 75,3 % of 60-69 year old people, 43,1% 70-79 year old people , and 25,8% 80 year old people consider themselves to be able to work in order to support themselves and a family.³ The Constitution of Ukraine (C. 43) guarantees the right to work to all citizens regardless their age. Nevertheless, under conditions of chronic yet growing unemployment (11, 7%), the situation of older persons in the labor market can be defined as one that causes economic and social exclusion and discrimination. Reduced possibility for persons at the retirement and pre-retirement age to re-enter the labor market is one of the main manifestations of that. Negative attitude to aged workers is widely spread phenomena among employers. However, according to some researches the productivity of elder workers is not less than that one of young workers.

As government is unable to provide a decent living for aged persons the generation of income, part of the economic sphere of productive aging, has proven to be one of the most successful ways to elevate self-esteem in older persons.⁴ In view of the aforesaid the absence of the opportunity for the majority of elders in Ukraine to get credit from a bank to start a small business is another issue that prevent people of old age to be full right members of society. People of the age of retirement and above (women 55, men 60) are refused in getting credit in almost all banks of the country. The main reason for that is their age, as they cannot guarantee that they will be able to pay back a loan over a

³ Chaikovskaya, V.V., (2003). *Current state and conception of geriatric care development for the Ukraine population*. The abstract of Doctoral dissertation, Kyiv.

⁴ Pereyra, R. (2002). Sustainable social structures to support longevity in the Caribbean. *Sustainable Social structure in a Society for All Ages* (pp. 48-52). United Nations , New York.

long period of time. Those banks that are more “merciful” to pensioners provide credits under much higher rate in comparison to the rest of the population.⁵

The low level of pensions is some of the reasons why older persons seek employment in the informal ("black market") sector of the economy or self-employment. In both cases, it leads to exclusion of older persons from the system of receiving social benefits and/or severely affecting the level of future (and current) pensions. At the same time, people above retirement age are effectively cut off from active labor market policies that target those eligible for unemployment benefits, and in the process, exclude the elderly.

In Ukraine, neither positive conditions for economic involvement have been created nor has elders' experience been rationally used. Nevertheless, the level of economic activities of old people is relatively high. Firstly, it can be explained by the low level of pension (the average pension level is 182,2 Hrn., whereas the living wage is 362 Hrn) that causes the intentions to find additional ways of income generation.⁶

According to the last National Census of Ukraine population the total amount of working pensioners is 1172, 7 persons or 25, 6 % out of all population of retirement age (55 for women and 60 for men). The biggest part of such workers is concentrated around first five years of pension period: 73, 2% of 60-64 year old men in urban areas and 59, 9% in rural area. The percentage of working women of pension age is equal: 51, 0% of 44-59 year old women and 37, 0% of 60-64 year old women are working in urban area. The highest rate of working aged women is in rural area: among all working people above 55 year old 48, 8% are women and at the age of 60 and above this rate is 54, 4%. The picture of age groups of working women-pensioners in rural areas looks as the following: 55-59 – 31, 0%; 60-64- 35, 8%; 65 and above – 32, 3%.⁷

The rate of working pensioners is decreasing with age, at the same time the amount of working men who are 75 and above is 4 times as much compares to women. Men are mostly involved in intellectual activities and women in manual labor. This can be explained on the one hand by the low demand on elder women labor force in society

⁵ The results of author's survey (2005).

⁶ According to Data of State statistics committee, 2004.

⁷ Population of Ukraine 2002- annual analytic report . Kyiv, Academpress 2003.

and on the other hand, by traditional devotion of Ukrainian women to household keeping and to family.⁸

The rate of retirement age economically active population⁹ tends to increase. It changed from 1553, 2 thousands in 2003 to 1619,9 in 2004 (**Table 4**). It is interesting that during the same period the rate out of total amount of economically active population at the age of 15-70 increased from 22 171,0 to 22 202,4 thousands. The amount of economically active elderly women increased much more (from 980, 4 in 2003 to 1101,0 in 2004) compare to men's of the same age (from 572, 8 to 518,9). In urban areas the rate of economically active population increased (from 608, 6 in 2003 to 680,6 in 2004), when as in urban areas it dropped (from 944, 6 to 939,3). The general decreasing tendency of inactive population in Ukraine (from 13 687, 6 in 2003 to 13 622,9 in 2004) coincides with the same figures as for inactive population of pension age that dropped (from 5424,8 in 2003 to 5257,5 in 2004). Correspondently the level of economic activity of elders is increasing (23, 9% in 2004 to 22, 6% in 2003).

Table 4

**Economically active population of 15-70 year old
The data of 2003 - 2004 based on sex and place of living**

		Economically active population at the age of 15-70 (thousands, persons)						Economically active population at the age 15-70 (thousands)		Level of economic activity %		Level of employment %		Level of unemployed %	
		Total amount		including											
				employed		unemployed									
2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004		

⁸ Vyalyh T. I., (2004). The introduction of gerontology aspects in Labor Medicine theoretical course. // Problemy stareniya i dolgoletiya. - 2004. - 3, №13.- 271-272.

⁹ Economically active population consists of population of both sexes at the age of 15-70 who during the report period were either involved on economic activity or were searching for jobs being ready to start.

including														
Population of above working age	608.6	680.6	607.9	677.4	0.7	3.2	1945.7	1786.7	23.8	27.6	23.8	27.5	0.1	0.5

Source: State Statistics Committee of Ukraine

The amount of elders who have pension as the main source of living is constantly increasing in aging population. The amount of women here is twice as much as men. In rural areas, the amount of elders living on pension is three times less than in urban areas. **(Table 5)**. Nevertheless, the low levels of pension make pensioners seek for additional sources of income. Among the people who named pension as a main source of income the rate of people who had additional income generation activities was one of the highest. One out of ten working persons under pension age said that they had one source of income but $\frac{3}{4}$ of working people of pension age have two and 3,5% even more sources of income.¹⁰

Table 5

Population of Ukraine of above working age according to main source of income
(Based on All-Ukrainian Census 2001 data)

	All population			Urban population			Rural population		
	Both sexes	Men	Women	Both sexes	Men	Women	Both sexes	Men	Women
Total amount	11492841	3724395	7768446	6928569	2272852	4655717	4564272	1451543	3112729
including									
Employed by public enterprise, manufacturing firm, state institutions, farms	653874	271479	382395	579676	239499	340177	74198	31980	42218

¹⁰The First All- Ukrainian Census of Population: historical methodological, social, economical, ethical aspects. Kyiv, 2004.

kinds of labor activities such as in private land plot, manual labor in rural areas, office cleaning, etc.¹¹ To find another job in the current state of unemployment especially hidden one becomes more and more difficult. Therefore, the elders cannot be considered as full right participants of the economic life of Ukraine.

Many authors consider that rational and full involvement of elders' labor potential would make positive effect on general employment as would stimulate competition on labor market leading to creation of more labor-consuming methods of production.

Social Welfare – Pensions – Poverty

The struggle against poverty among older persons, aiming towards its eradication, is a fundamental aim of the International Plan of Action on Aging¹². Globalization, structural adjustment programs, fiscal constraints and a growing population are often perceived as having negative influence on systems of social protection.

The development of social structure as well its economic planning and effectiveness is very much influenced by cohort waving of population. Demographers consider decrease in absolute rate of working age population to be the key demographic and economic problem for current and future Ukraine. It also intensifies the issue of the support of elder population that constantly grows. Demographic aging creates certain demands for society such as reformation of labor market, tax and pension system, social and health protection. State resources as for elders support are very limited as well as their own resources. All this together with negative changes on labor market concerning aging lead to poverty increase among elderly people.¹³

In Ukraine, political and economic changes led to impoverished whole segments of population, older persons in particular. Hyperinflation has rendered pensions, disability insurance, health benefits and savings almost worthless. On the question " Evaluate how the status of pensioners has changed since Ukraine became independent?" 91, 8 % of

¹¹ *The First All- Ukrainian Census of Population: historical methodological, social, economical, ethical aspects.* Kyiv, 2004

¹² *Madrid International Plan of Action on Aging 2002.* p. 23, New York ,United Nations.

¹³ *The Population of Ukraine 2002 –annual analytic report.* , p. 184, Kyiv, Academpress..

respondents answered “worsened”, 4, 2 % - “remained unchanged”, and only 1, 9% of people considered that the status “improved”¹⁴.

The results of random survey as for living conditions of households that consist of persons above working age are also impressive from negative point of view. **(Table 6)**. In 2003 62, 6% elders who live along considered that the level of their income made constantly deny them even the most necessary stuff except for food. The percent of old people who even could not meet the expense of sufficient food was 18, 7. In the households that consist of more then one person above working age the self-appraisal of income is a bit higher. Nevertheless, 55, 2% of them refuse to let themselves what is necessary except for food, and 9, 4 % those who have not money enough to buy food make a very sad picture of aging.

Table 6

Self-appraisal of their material security 2003

Households consisting of people above working age.

According to the results of random survey(January 2004) as for living conditions of households

	Households consisting of one person above working age	Households consisting of two and more persons	
		Working and above working age	All in above working age
The amount of households(thousands)	2,975.3	1,854.0	2,142.5
Distribution of households according to self-appraisal of their incomes during 2003 (%)			
It was enough to do some savings	1.4	2.8	3.3
It was enough but the savings were not made	17.3	37.1	32.1
Constantly deny themselves necessary things except food products	62.6	48.6	55.2

¹⁴ The results of survey *Political Portrait of Ukraine: General Overview of Public Opinion*, June, 1993, author - Dr. E. Golovakha - Democratic Initiatives Foundation.

It was not enough even for sufficient food	18.7	11.5	9.4
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Source: State Statistics Committee of Ukraine

According to the data of Ministry of Labor and Social Policy in 2003 26, 6% of Ukrainian population were officially poor and 44, 5% among them were pensioners. It is obvious that the state of extreme poverty raises the issue of social security of elder people as full right members of a society. The right of citizens' social protection is ensured by Constitution of Ukraine in Chapter 46: Citizens have right for social protection in case of full, partial, or temporary loss of ability to work, guardian or unemployment due to circumstances beyond their control, in old age and in other law provided cases .

Right for social protection is guaranteed by obligatory state social insurance contributed by natural persons, legal entities, budget, other sources of social security, and also by establishment of system of state, municipal, and private institutions that care for people who are unable to work.

The right for social protection is regulated by laws of Ukraine: “on state social standards and state social guarantees” (05.10.2000), “Retirement income security”(5.11.1991), “On pensions for special service for Ukraine” (1.06.2000), “On state social assistance to poor families”(01.06.2000),”On status of war veterans, guarantees of their social protection” 32.10.93), etc.

Three-fold pension system was implemented as a result of social legislation. This system was supposed to open the possibilities for wellbeing improvement and economic development of Ukraine. The first level – obligatory solidary system of state pension insurance that is based on principles of solidarity and financing, paying out pensions and providing social services out of Pension Fund facilities. The second level – accumulating system of obligatory state pension insurance that is based on accumulation money on personal accounts of Accumulative Fund. The third level – non-state system of pension provision that is based on voluntary citizens and employers participation in pension accumulation to be paid out to citizens. This will be addition to first and second levels.

Unfortunately, in reality official declaration of the laws does not guarantee the constitutional rights of elders in Ukraine. Pension reform that started in 2004 is only partially solving the economic problems. The transition to market economy is not accompanied by diversification of system of social sphere financing. State budget is still the main source of expenses. The level of financing of state social guarantees has been constantly decreasing during the period of reforms and people of old age are the most vulnerable to it.¹⁵ Pensions and other social benefits as the main source of living are supposed to provide the decent level of life. During long years they have been much lower than official minimum living wage and ensured neither decent living nor physiological minimum of existence. At the beginning of 2004 the average monthly pension was 182, 2 UAH when as living wage was 362, 23 UAH (for persons who are not able to work – 281, 8).¹⁶ According to State statistics committee, the rate of persons whose pension is lower than living wage was 89, 1 %.

The Ukraine has the lowest ratio of minimum pension to average wage in the region, approximately 18 per cent., in addition, the average wage is very low in itself. The norms of nutrition which the official living wage is based on are noticeably lower than physiological needs and the set of goods does not meet the a lot of demands of a modern person. According to journalistic research, the official living wage prescribes 58 gr. of proteins, 65 gr. of adipose tissue, and 295 gr. of carbohydrate though, the real medical recommendations are 20-30% higher.¹⁷

It is not surprising after all that foodstuff expenses is the biggest part of combined expenses of elder consumers¹⁸. According to conducted survey of households consisting of one person above working age, spend at average 279, 30 UAH per month out of 400, 02 UAH of total amount of combined expenses. In compare to 2003 this figure increased in 2004 by 45 UAH due to expenses on foodstuff as the prices on food is rapidly and constantly raised.¹⁹

¹⁵ Ezapenko, V. I., Rybalko B. S., The role of labor unions of Ukraine in medico-social help to war and labor veterans.// Problemu stareniya I dolgoletiya. - 2004- № 3,(13), 273-274,.

¹⁶ According to statistics service department of State statistics committee of Ukraine.

¹⁷ Zaharin, S. *How much lower the living wage is?* Zerkalo Nedeli. - №3,(478). – 24-30 January, 2004 .

¹⁸ Combined expenses of consumes include: money expenses and also cost of consumed foodstuffs from private land plots or presented, benefits and subsidies for housing and other services including medical.

¹⁹ According to State statistics committee of Ukraine. 2004 .

The choice of food that elders make is based not on their preferences or health benefit but on the financial possibilities. The level of pensions makes almost unapproachable not only meat, fish, fruit, but even milk, fermented milk, and many vegetables that are supposed to be included on a daily diet. While examining the situation of elder people who live alone and unable to work (Kyiv) it turned out that only 13, 1% use milk every day, 23,9% use it twice a week, and the rest of them even more seldom. Meat, fish, and poultry on a daily basis use 6, 5% of elders, twice or three time a week – 23%, the rest (app. 70%) – occasionally. Only 33, 6% had vegetables on their daily menu. Calorie content made only 65% out of physiologically necessary amount. The content of minerals and vitamins was deficient varied from 30 to 80%²⁰.

The dependency on different goods that make the life easier increases with age. The level of incomes of elders in Ukraine does let them possess common goods (household consumer durables) which people in developed counties cannot imagine their existence without. **Table 7** demonstrates that even not everyone has such necessary things as fridges, washing machine, and electric irons (though the level of these items is high compare to other goods). There was no single dishwashing machine in the households that consisted of two and more persons above working age. Only 50, 9% of them have vacuum cleaners and elders who live alone had twice as less. Two percent of old people who live along had a car, less then 2% had microwaves, at average 50% of elders had TV and almost none had conditioners and video cameras.

²⁰Sineok, L., Grigorov, Y., Semesko, T., *The role of local centers of social protection in nutrition improvement of non-working elders who live along*. Problemy stareniya I dolgoletiya.- 2004 - №3, (13), - 279-280.

Table 7

The availability of durable consumer goods
Households consisting of people above working age.

According to random survey of households in October 2004

	Households consisting of one person above working age	Percents out of total amount of households consisting of persons above working age	
		Households consisting of 2 and more persons	
		Working and above working age	All above working age
The total amount of households (thousands)	2803.2	1972.3	2308.3
<i>From them those ones who possess (%):</i>			
Fridges	83.3	91.9	93.6
Freezing chambers	0.5	3.3	1.9
Washing machines	50.8	77.2	73.7
Vacuum cleaners	28.8	56.8	50.9
Electric irons	88.8	94.7	92.8
Dishwashing machines	0.1	0.2	-
CD players	0.2	1.7	0.5
Color TV	52.8	79.1	74.7
Black and White TV	35.6	22.3	25.2
Video tape recorders	1.0	12.8	3.5
Video cameras	-	1.2	0.1
Tape recorders	5.1	30.5	10.7
Music centers	0.2	5.9	0.9
Cameras	2.9	23.5	6.6
Computers	0.3	4.3	0.2

Microwaves	0.6	3.0	1.6
Kitchen unit	0.4	2.6	0.9
Sewing machine	31.5	44.1	43.7
Bicycles	13.0	35.3	33.1
Motorized bicycles	0.2	1.0	0.4
Motor - bikes	1.0	4.1	3.3
Cars	2.0	15.6	12.9
Satellite antennas	-	0.4	0.2
Conditioners	0.1	0.5	0.4
Mobile phones	0.3	7.9	1.6

Source: State Statistics Committee of Ukraine

Hence, the state so far is unable to ensure the principle of social justice towards elder people and the implementation of Chapter 48 Constitution of Ukraine about the right of every citizen for sufficient level of living for himself and the family. The implementation of personified registration of pension dues, covering the expenses for pension differentiation, granted according to different pension programs of State budget and Pension fund together with additional fund raising for pension security coursed 11% growth in pension. Nevertheless, these arrangements hardly improved the general situation due to high level of inflation. Starting from January 3, 2005 new government increased the minimum pension to 332 UAH, that is 17%. The average pension became 383 UAH that is by 2.1more in comparison to the beginning of 2004 . However, elder people themselves consider this is not enough to ensure decent aging. **(Table 8)**. At average 26 % believe that income over 700 UAH would be enough not to be poor, 43% would not associate themselves with poor people having 350, 1 – 500, 0 UAH per month.

Table 8

Self-appraisal of their material security, 2003

Households consisting of people above working age.

	Households	Households consisting of two and
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	consisting of one person above working age	more persons	
		Working and above working age	All in above working age
The total amount of households (thousands)	2,975.3	1,854.0	2,142.5
The amount of income that was recognized to be enough not to feel poverty(%):			
to 150,0	0.2	0.3	0.2
150,1 - 270,0	2.4	6.3	5.5
270,1 - 350,0	10.9	10.2	16.8
350,1 - 500,0	41.2	32.2	44.6
500,1 - 700,0	18.8	14.5	7.7
above 700,0	26.5	36.5	25.2

Survey was made in January 2004

Source: State Statistics Committee of Ukraine

Family transition and the problems of elders' loneliness

The evolution of family relations, social transformation of the family as an institution reflects general demographic and economic changes of modern Ukrainian society directly affecting the security of its elderly members. Although the family still constitutes the main support system for older people, traditional family support mechanisms are being eroded due to reduction in average family size, rural to urban migration of young adults, and declining levels of co-residence. State system of care and social security do not meet the needs of elders. The traditional function of extended or multigenerational family (where its elder members were given due respect and the relationship were based on mutual help and understanding) is almost lost. The relations between older and younger members of a family are very complicated due to economic, psychological, and moral reasons. The overall poverty in society courses the development of negative image of elders with their escalating need for health and support services. Low pensions and difficulties with access to any income generating activities make old people burden for families, as they do not contribute to its budget anymore. The only

tangible form of support expected from elderly parents to their offspring is in the form of childcare, shopping and meal preparation.

The situation is more complicated by the fact that the elders' dependency on family members is increasing with age. It is due to not only different functional disorders and other health problems that make an older persons dependant on their surrounding. Family gain special significance in the process of adaptation of elders to their new status. Many of them having their social orientation changed towards inner family relations see further sense of existence in being helpful within the family.²¹ It is worth mentioning here that Western parts of Ukraine distinguish themselves from other regions of the country in terms of strong traditions of caring about elder parents. There is the highest rate of extended and multigenerational families especially in Zakarpatsky region.²²

However, close social tights along with high enough level of independence would be the ideal life style for elders, in other words the rational unification of family care with autonomy.²³ Nevertheless, the amount of elder living alone tends to increase in Ukraine and this process is accompanied neither relevant family nor proper state care.

Among 11, 5 ml. of persons above working age in Ukraine (women after 55, men after 60) about three millions (2.7 mil.) are non-working people who live along. They belong to the most insecure and poor category of citizen. In rural area, elder people who do not have close relatives make the third part out of all pensioners whereas in the country in general they make the fifths part.²⁴ Moreover, sociologists predict the increase in the rate of childless elders and growth of living alone and unable to work older citizens.²⁵

According to households random survey in 2004, among 3 968, 9 households that consisting of one person, 70, 5% are people of old age (in rural area – 80, 4% in urban

²¹Brandis T., *Attitude to elder patients*. Collected articles of seminar participants “Current issues of old age psychiatry” (Donetsk). – Izdatelstvo Sphera. – Kiev. – 2003. – P 84-92.

²²*First all-Ukrainian census of population: historical, methodological, social, economic, ethical aspects*. – Kyiv. – 2004.

²³Yurchishin O. Z., *The development of program "Home care in Ukraine" // the issues of aging and longevity*. – 2004. – 13, №3. – P. 260-269.

²⁴According to data of State Statistics Committee of Ukraine.

²⁵Passeri M., *Teaching in the field of gerontology. The problem that all Europe is interested in.// Clinical gerontology*. – 2003. – 9, №1. – P. 3-6.

area – 65, 5%). **Table 9** also demonstrates the percent of households consisting of two and more persons above working age – 32, 2% (29, 8% in cities and 37,8% in villages).

Table 9**Households description**

	All households	including:	
		In urban areas	In rural areas
Households without children (thousands)	11,072.8	7,598.7	3,474.1
Households consisting of one person (thousands)	3,968.9	2,629.6	1,339.3
<i>Including (%)</i>			
Persons of working age	29.5	34.5	19.6
Persons of above working age	70.5	65.5	80.4
	100.0	100.0	100.0
Households of two and more persons (thousands)	7,103.9	4,969.1	2,134.8
<i>Including households that include(%)</i>			
All persons of working age	40.0	43.9	31.0
One person of working age	20.7	19.3	23.8
Two or more persons of above working age and one or more persons of working age	7.1	7.0	7.4
All persons of above working age	32.2	29.8	37.8
	100.0	100.0	100.0

Source: State Statistics Committee of Ukraine

Table 10**Marital status of above working age population in Ukraine**

(According to All-Ukrainian Census 2001)

	All population		Urban population		Rural population	
	Men	Women	Men	Women	Men	Women
Total amount of persons	3724395	7768446	2272852	4655717	1451543	3112729

including:						
In registered or non-registered marriage	2941470	3192801	1768285	1926396	1173185	1266405
Have never been married	47428	339841	25884	145203	21544	194638
Widowers/widows	577241	3647550	358686	2128718	218555	1518832
Divorced	150995	572957	113111	440859	37884	132098

The highest rate among lonely elders belongs to women of the oldest old age (above 75). The different period of men/women life expectancy increases sex disproportions in age structure of elders. Women, at average, live longer becoming widows. There are 76 widowers for 1000 persons at the age of 70 and above, whereas there are 462 widows, i.e. 6 times more. In rural areas, this difference is obviously bigger. In general, in accordance to 1989, 2001 censuses, the rate of lonely women of the oldest age was 2, 6 times bigger compare to men in 1989 and 2, 8 times bigger in 2001.²⁶ The prevalence of loneliness among older women is a social problem for Ukraine that gets complicated by financial and social insecurity, and by the low level of their health.

Researches consider loneliness to be in the list of risk factors that course pathology development influencing first, the diseases of heart-vascular nervous system. Elder people who live alone need twice as much of medical assistance compared to those ones who live in families. According to Institute of Gerontology of Ukraine, research results all people above 70 who live along either live in poverty or in need of different kinds of medical, social, or psychological assistance. At that, 30% are in need of constant medical-social help; around 43% are in need of partial support such as storing up vegetables and fuel for winter, house repairing and getting it ready for winter; 25-28% are in need of temporary help for instance just after hospital or in case of critical situations.²⁷

In social security system of Ukraine the functions of care about elder citizens are performed by local service centers for invalids, unable to work and living alone persons.

²⁶ *First All-Ukrainian Census of population: historical, methodological, social, economic, ethical aspects.* – Kyiv. – 2004.

²⁷ *Gender differences in social activity of aging population in Ukraine.* Workshop materials – Kyiv. – 2003.

Such help lessens the state budget load as decreases the usage of hostels. Among known organization of such a kind are: “Hesed AVOT” that provide elder Jewish people with home care; Red Cross international organization that makes regular prophylactic and medical attendance; “Home care” program that provides care, consultations, and accompaniment to invalids and ill persons.²⁸

It is obvious that while making a good contribution to general situation improvement the local service centers neither physically nor financially are able to solve the whole issue of care for elders in Ukraine. Fundamental solution of this issue requires state involvement and relevant financial inputs.

Housing conditions

Decent housing conditions are of crucial importance for older persons because of their deteriorating health and mobility limitations. Unfortunately, economical problems of transitional period do not contribute in realization of constitutional right of Ukrainian citizens for housing. The average wage and pension in particular do not meet the level of housing payment. Benefits and subsidies can only partially solve the general issue. There is no opportunity for older people to buy dwelling firstly, due to the absence of savings which were depreciated by economic reforms and secondly, the majority of banks in Ukraine do not provide loans to the people of pension age.

There is a certain amount of people (including elders) who do not have their own housing at all. According to the research of begging in Ukraine made by Social work school at National University “Kiev Mohila Academy”, the average age of Kyiv beggars is 64-65. Two thirds of begging homeless people are above 65²⁹.

The living arrangements of the majority of elders in Ukraine correspond neither to the demands of modern life nor to the basic needs of people and aged ones in particular. The study of living conditions of Ukrainian population revealed that almost half of

²⁸ Yurchishin O. Z., *The development of program "Home care in Ukraine" // Problemy stareniya i dolgoletiya.* – 2004. – 13, №3. – P. 260-269.

²⁹ Chaikovskaya V. V., *Current state and conception of geriatric care development for the Ukrainian population.* – Doctoral theses. – Bogomolets National Medical University. - 2003 – Kyiv.

respondents did not have hot running water or gas water heater; 39, 5 percent did not have central heating; 37, 4 percent did not have plumbing(toilet) in the house; 27 percent did not have running cold water.³⁰

The difficulties in providing constant running water are one of the crucial problems of communal services which aged population suffer from. Majority of cities only have access to water for a few hours a day, and in smaller villages, piped water may not even be available. Besides, last years the quality of piped water has deteriorated significantly and now is often unsafe to drink. The low incomes of elders do not let them buy bottled clean water or special filters to sterilize it at home. Recently in large cities well(pump)-room were established to provide population with free access to clean water from deep wells. However, this is quite seldom phenomena especially in provincial towns and what is also important considering the state of elders' health not everyone is physically able to replenish the stocks of water.

Undeveloped system of communal services, the need of repair, and many other issues that people of old age are no longer able to solve themselves aggravate the problem. According to epidemiological investigation among elders above 70 who live alone in rural areas at average 54, 1% is in need of drawing closer market places and personal services to their houses (64, 0% in Central region, 47, 1% in West region, 54,3% in East region, and 49,3% in South region). 36, 9% (25, 9% in Central region, 47,7% in West region, 29, 9% in East region, 41, 9% in South region) are in need of help while doing "spring clean" (laundry, window cleaning, long term shopping, etc.).

In general, the rate of elders' dissatisfaction as for state social services makes up from 14, 8% to 77, 9% depending on a region. Central and South regions have the most problematic situation at the point.³¹

The obvious lack of decent living conditions for Ukrainian elders is one of the main reasons to the deterioration of their physical and moral state, and developing the sense of their own social irrelevance. The lost of the sense of existence among elderly

³⁰ Ukrainian Society-1996: An Opinion Poll on the Attitudes and Living Conditions of the Ukrainian Population. The third survey conducted within research project "Ukrainian Society at the Edge of the 21st Century". Authos: Dr.E.Golovakha, Dr.N.Panina - Institute of Sociology of Ukrainian National Academy of Science, Democratic Initiatives Foundation.

³¹ Chaikovskaya V.V., *The organization of medical and social help people of pension age in rural areas.* Problemy stareniya i dolgoletiya. – 2000. – 9, №1. – P.69-77.

people is one of the most pressing problems. Driven to despair by living conditions and being absolutely disappointed in future, thousands of elders commit suicide every year in Ukraine. Suicides among elder people make up almost the third part out of general amount of suicides in Ukraine. (Table 11)

Table 11

Suicides in Ukraine 2001- 2004

	The total amount of persons	Including persons of above working age	
		persons	Percent rate to general amount of suicides
2001	13244	3838	29.0
2002	12543	3738	29.8
2003	12322	3619	29.4
2004	11259	3118	27.7

Source: State Statistics Committee of Ukraine

Access to Knowledge

The problems of aging in Ukraine are not limited by destitution of elders and necessity to improve their financial position. The person regardless of age cannot exist only as a consumer of material goods. To be a full value member of modern society and continue to participate in its political and economic life, the person of any age should have access to knowledge and right to receive it. In United Nations policy development as for aging, the issue of access to information and knowledge is highlighted as a priority. This is confirmed by UN Principles for Older Persons, Madrid International Plan of Action on Aging, Regional Implementation Strategy of it for Europe adopted on UNECE Ministerial Conference on Aging in Berlin, and by many other documents that highly emphasize the necessity to encourage life long learning.

The traditional ordering of education, work and retirement is no longer valid. The education system will necessarily have to be adapted in order to support increased flexibility during the life course.³² First, it is necessary in order to eradicate discrimination and social isolation of elderly people and to save their social significance in society.

The great amount of pension age Ukrainians are people with high and higher education (**Table 12**). It means that they are all the potential source of knowledge and experience. According to All-Ukrainian Census 2001 among 11492841 persons above working age, 5025441 (about 44%) have higher and high education. In urban areas, this rate is higher than in rural areas.

Table 12

Education of Ukrainian population that is above working age*
(According to all-Ukrainian Census 2001)

	All population			Urban population			Rural population		
	Both sexes	Men	Women	Both sexes	Men	Women	Both sexes	Men	Women
The total amount of persons	11492841	3724395	7768446	6928569	2272852	4655717	4564272	1451543	3112729
Among them with:									
Higher education	2891970	1046190	1845780	2414213	871666	1542547	477757	174524	303233
High education	2133471	772974	1360497	1494133	503451	990682	639338	269523	369815
Secondary education	2750851	900467	1850384	1547467	494963	1052504	1203384	405504	797880
Elementary education	2618347	801971	1816376	1083892	329535	754357	1534455	472436	1062019

* Men are above 60, women are above 55

³² *Regional implementation strategy for the Madrid International Plan of Action on Aging, UNECE Ministerial Conference on Aging. Berlin, Germany, 2002.*

The coming years are diagnosed to increase the total amount of pensioners with higher education. In 1970 among 1000 persons of working age, 61 had higher education and in 2001 this figure became 3 times as more (187). Thus, the coming generation of pensioners will have higher level of education compared to current one.³³

However, the education gained in youth is an old story. The current rate of studying elders in Ukraine is next to nothing: It is only 1% of people above working age is involved in schooling. (**Table 13**). The analysis of gender differences reveals the higher rate of women both in rural and urban areas. The table also demonstrates the striking difference in rural/urban elders' involvement in higher education. It is eight times as more in cities than in villages (388 to 48 correspondently). There are 4564272 persons of pension age live in rural area and as little as 300 persons of them are involved in learning process.

Table 13

Population above working age*, studying in educational establishments in Ukraine.

(according to all-Ukrainian Census 2001)

	All population			Urban population			Rural population		
	Both sexes	Men	Women	Both sexes	Men	Women	Both sexes	Men	Women
The total amount of persons who are studying	1874	671	1203	1574	533	1041	300	138	162
Among them in:									
Higher educational establishments	388	167	221	340	141	199	48	26	22
High and secondary schools	592	208	384	461	159	302	131	49	82
Vocational schools	302	122	180	252	97	155	50	25	25

³³ Verzhikovskaya, N. V., Chaikovskaya, V.V., *Education in the Third Age. Problemu Stareniya i Dolgoletiya*. – 2004. – 13, №4. – P. 543 - 553.

Other type of schools	592	174	418	521	136	385	71	38	33
Persons who work and study simultaneously	305	104	201	275	86	189	30	18	12

* men are above 60, women are above 55

Source: State Statistics committee of Ukraine

According to the laws of Ukraine, there is no official age limit for entering and studying in any kind of educational establishments. Moreover, numerous studies have been made to prove that elders are able to master their skills, learn a new profession, get new information and go through wide circle of educational programs.³⁴ The high level of pensioners' education in Ukraine determines their need in receiving new knowledge that would enable them to integrate in society. Nevertheless, the obviously tiny amount of elders who are involved in learning process points out the existence of some obstacles both of objective and subjective nature. The special system of education for elders does not exist in Ukraine. Numerous issues of methodology and organization need to be solved in order to create such a system. Very few pensioners have an access to the information concerning the meaning and significance of lifelong learning, educational programs and centers that provide it.

Considering the state of health of elders, that is much more to be desired, the possibility of distance learning could partially solve the issues of time and distance in learning. However, the distant learning programs for elders have not been developed yet. Furthermore, only 3% of people above working age have computers that are essential facility for distant learning.³⁵ Generally speaking the absence of finance and physical possibility to master new information and communication technologies that are at the base of modern society, courses marginalization of old people in Ukraine.

There are few positive trends concerning the issue discussed. The idea of the University of the Third Age that realized itself in 30 establishments all over Ukraine is among those. They are organized on the base of pensioners' social service centers. UTAs aim to raise the level of knowledge especially concerning a healthy life style. UTA

³⁴ Sidorenko, A., Andryus, G., *UN Leads Research Program on Aging in 21 century*. *Uspehi Gerontologii*. - 2000. - №. 4. C. 7-12.

³⁵ State statistics committee of Ukraine

created at Kiev local health center together with Institute of Gerontology of Ukraine serves a good example of such activity. Its slogan “Towards productive longevity” represents the main idea of its activity – maintenance of health, social independence, achieving productive aging. It is interesting that the students are mostly women who live alone and have no close relatives or children. It means that apart from the other purposes studying is called to compensate ruined social contacts for elders.³⁶

Unfortunately, the existence of such Universities in Ukraine is an exception that proves the general rule. The common situation reflects obviously insufficient attention paid to the issue of elders’ access to knowledge and information.

General characteristics of older people health status in Ukraine

The health status is the most significant predictor for quality of life in old age. Increase in morbidity rate and physical disability level is the main characteristic of elders’ health. In Ukraine, morbidity has doubled during the past 30 years, and the general health status of the whole population particularly the elderly is declining. According to health status self-rating (**Table 14**) conducted in 2004 only 7 per cent of people above working age estimate their health as “good”. Here, women residing in urban area had the lowest rate (5, 9%) and men living in villages had the highest one (8, 4%). 36 per cent of elders are not satisfied with their health, among them 39, 7 % of rural area women consider their health as “bad”. The situation is worse in case of older people who live alone - only 5 % of them consider themselves in a “good” health status whereas 44 % rate it as “bad”.³⁷ About 40 % of elders asked, informed that the diseases they suffered from during last 12 months made negative effect on their working ability as well as on ordinary daily activities.

³⁶ Verzhikovskaya, N. V., Chaikovskaya, V.V., *Education in the Third Age*. Problemu Stareniya I Dolgoletiya. – 2004. – 13, №4. – p. 543 - 553.

³⁷ According to data of State Statistics Committee of Ukraine

Table 14**Health status self-rating***(According to random survey of households. October 2004)*

	All population		Urban population		Rural population	
	Men at the age of 60 and above	Women at the age of 55 and above	Men at the age of 60 and above	Women at the age of 55 and above	Men at the age of 60 and above	Women at the age of 55 and above
Total amount of population , (thousands)	4156.8	7545.3	2645.0	4660.6	1511.8	2884.7
Including those who rate their health as (%):						
good	7.9	6.3	7.5	5.9	8.4	7.1
satisfied	57.5	55.8	56.5	57.3	59.4	53.2
bed	34.6	37.9	36.0	36.8	32.2	39.7
The amount of persons who were ill during last 12 months, (thousands)	3285.9	6414.1	2165.0	4095.3	1120.9	2318.8
Including those persons who as a result of the diseases had negative effect on, (%):						
Working ability	33.4	33.7	31.1	30.9	37.8	38.5
Ordinary daily activity	48.4	48.8	47.7	47.6	49.7	50.9
Persons who have chronic diseases or other health problems, (thousands) *	2664.6	5458.7	1783.1	3499.5	881.5	1959.2
Including, (%):						
Asthma non-allergic	3.4	2.2	2.9	2.2	4.3	2.1
Asthma allergic	0.5	1.0	0.4	1.1	0.7	0.7
Allergy (excluding asthma allergic)	0.9	1.8	1.0	2.0	0.6	1.3
Diabetes	4.3	4.2	5.3	5.1	2.2	2.7
Cataract	6.7	6.3	7.1	7.0	6.0	5.1
Hypertension	30.7	45.6	32.5	48.4	27.2	40.5
Heart disorders	37.4	42.5	39.7	43.8	32.8	40.0
Stroke	7.2	3.1	8.8	3.3	3.8	2.8
Chronic bronchitis, lungs emphysema	10.2	6.0	10.6	6.1	9.2	5.7
Arthrosis, arthritis	14.7	18.3	14.1	18.5	15.8	18.0
osteoporosis	2.6	3.3	2.1	2.9	3.8	4.0
Stomach or duodenum ulcer	9.3	5.2	10.3	5.6	7.1	4.6

Malignant growth (including leukemia and lymphoma)	2.4	1.9	2.1	2.3	3.1	1.3
Migraine or frequent headache	3.9	9.0	3.9	8.4	4.1	10.0
Chronic anxiety or depression	0.7	1.3	0.6	1.5	0.8	0.8
Other diseases	10.9	7.7	10.5	8.5	11.7	6.4
Persons who visited a doctor during last 12 months, (thousands)	2821.2	5571.4	1905.8	3657.1	915.4	1914.3
Including on the reason of, (%):						
Accident or injury	1.7	1.4	1.6	1.3	2.0	1.7
Disease or other health problems	88.6	89.1	88.1	88.5	89.5	90.0
Preventive examination	6.3	5.7	6.9	6.5	5.1	4.2
Prescription renewal	3.2	3.4	3.2	3.2	3.2	3.9
Administrative reasons (receiving documents etc.)	0.2	0.3	0.2	0.4	0.2	0.1
Other reasons	-	0.1	-	0.1	-	0.1

*) As one person can have several diseases the distribution according to types of diseases can be over 100 % in this table.

Source: State Statistics Committee of Ukraine

Health status self-appraisal made by elders looks a bit more optimistic in compare to the results of complex investigation of population above working age conducted by researches of Institute of Gerontology AMS, Ukraine. Expert evaluation revealed that there were no people who belong to “healthy” group; 1.2% was “practically healthy”; the rest of elders were “suffering from chronic diseases”.³⁸

According to health status 43, 1% of population above working age (41, 8% urban citizens and 45, 0% rural residents) are in need of cycling medical examination and preventive rehabilitation treatment; 40, 7% (43, 3% and 37, 2%) - active medical observation; 9, 7% (10, 6% and 8, 3%) – intensive in-patient treatment with the consequent medical and social rehabilitation; 6, 5% (4,3 % and 9, 5%) – constant medical and social assistance on a daily basis. It is worth mentioning here that approximate cost

³⁸ Chaikovskaya V.V., Current state and conception of geriatric care development for the Ukraine population. –Thesis for a degree of Doctor of medical science. – Bogomolets National Medical University. – Kiev. – 2003.

of one old person medical service counts 675, 7 UAH which 6 times more then current real provision.³⁹

Lifespan is the most objective indicator of health status. Ukraine is ahead of many post soviet countries in terms of life expectancy at birth but at the age of 65, this advantage disappears. Recently the amount of people who manage to live until old age dropped dramatically as a result of inhuman life conditions for elders. Among the main reasons of mortality are the disorders of blood exchange system, respiratory apparatus, and neoplasm. In 2000 Ukraine placed the third place in Europe according to mortality rate out of cardiovascular disorders. Scientists consider this situation to become an epidemic. **Table 14** demonstrates the picture of morbidity where hypertension and heart disorders are dominant. Deterioration of living conditions for elders coursed growth in mortality out of infection diseases and out of tuberculosis in particular.⁴⁰

General mortality rate of Ukrainian population is clearly differentiated by sex. Mortality rate of men is higher in 60-64 age group – by 2,2, 65-69 – by 2,1, 70 and above – by 1,3 (in urban areas – by 2.2 ; 1,9 and 1,2; in rural areas – by 2,2; 2,3 and 1,3 correspondently).⁴¹

Medical statistics Centre of Health Care Ministry of Ukraine made morbidity analysis of people above working age based on data pertinent to visits to physicians during 8 years (1996-2003). The study revealed the growth in both general morbidity and according to types of diseases – 27, 85 and 47, 7% correspondently.⁴² However, some specialists consider these trends as reflecting not only currently existing changes but also the transformation of morbidity registration system.⁴³

The age structure of population disablement also mirrors the deterioration in health status of elder people. Elders' primary disablement level is 1, 5 higher in comparison to working age people. The majority of disabled people of old age (67, 7%)

³⁹ Bezrukov V.V., Voronenko Y.V., The directions of medical and social care improvement for elders in Ukraine. // *Problemy stareniya I dolgoletiya*. – 2004. – 13, №3. – P.274.

⁴⁰ Population of Ukraine 2002, annual analytic report. – *Академія наук*. – Kiev. – 2003.

⁴¹ Chaikovskaya V.V., Current state and conception of geriatric care development for the Ukraine population. – Thesis for a degree of Doctor of medical science. – Bogomolets National Medical University. – Kiev. – 2003

⁴² Ehneeva T. L., Veselova V.N., Norinskaya V.M., The dynamic in morbidity of above working age population in Ukraine from 1996 till 2003. // *Problemy stareniya I dolgoletiya*. – 2004. – 13, №3. – C.274

⁴³ Pinchuk I. Y., *Current issues of geriatric care*. // *Problemy stareniya I dolgoletiya*. – 2004. – 13, №3. – P.274

have the second group of disablement, 23, 1%, - first group, 14, 2 % - third group.⁴⁴ In general, according to State Statistics Committee of Ukraine the rate of disabled pensioners among the total amount of population at the age of 60 and older was about 20%.

There are some regional differentiations in elders' morbidity. In 2003 primary morbidity rate was higher in West and Central regions (53994, 3 and 49978, 8 persons for 100 thousands of population correspondently) in comparison to average Ukrainian rate that was 47881.⁴⁵ In 2003, according to State Statistics Committee of Ukraine data, general morbidity of people above working age was 48146 persons for 100 000 of population.

Specialists point out some other facts that course negative influence on elders' health. Among them, the situation when morbidity rate (data pertinent to visits to physicians) neither analyzed nor age/sex differentiated on medical council and in official reports. The low morbidity rates of elders are considered as positive factor by regional administrations neglecting real unsatisfactory level of medical and preventive care rendering. While planning measures as for medical service improvement, regional differentiations are not taken into account. This courses unequal and inadequate distribution of health care to the people of old age.⁴⁶

Access to health-care services and the issues of health care provision for older people in Ukraine

The alarming rise in mortality and morbidity in Ukraine is reflective of the status of health and social care that dramatically deteriorated in the conditions of demographic and economic crises. The existing system of health care was established without any considerations as for demographic changes and year by year kept proving its inappropriateness to current developments.

⁴⁴ Chaikovskaya V.V., *Demographic situation and the issues of medical and social care rendering to elder people in Ukraine*. – Collected articles of seminar participants “Current issues of old age psychiatry” (Donetsk). – Izdatelstvo Sphera. – Kiev. – 2003. – P. 5-27.

⁴⁵ Ehneeva T. L., Veselova V.N., Norinskaya V.M., The dynamic in morbidity of above working age population in Ukraine from 1996 till 2003. // *Problemy stareniya i dolgoletiya*. – 2004. – 13, №3. – С.274

⁴⁶ Chaikovskaya V.V., *Demographic situation and the issues of medical and social care rendering to elder people in Ukraine*. – Collected articles of seminar participants “Current issues of old age psychiatry” (Donetsk). – Izdatelstvo Sphera. – Kiev. – 2003. – P.. 5-27.

Now in Ukraine the needs of older population in outpatient therapeutic and special consultative care are not satisfied by 47, 7%, in rehabilitation polyclinic treatment - 81, 0%, in at-home treatment- 71, 1%, in urgent medical care – 32, 5%, in-patient intensive medical care – 26, 2%, social-consumer services – 20, 5%.⁴⁷ This situation testifies to non-observance of UN Principles for older persons in Ukraine according to which older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness. There is also no evidence to full realization of Constitution guarantee that says: "Each citizen has a right for health care medical help and medical insurance. Health care is ensured by state financing of relevant social, economic, medical and health programs. State creates the conditions for effective health care that is accessible to all citizens. State and municipal health-care establishments provide medical help free of charge; the existing network of such establishments cannot be reduced." (Chapter 49).

The majority of patients in Ukraine experience the violation of their rights as for medical service and therefore consider the actions towards enhancing of their rights as necessary. Regardless the constitution guarantee of medical help as free of charge service, the majority of older people are unable to use it on the reason of too high costs. **(Table 15)**. Elder population is the least solvent among all the population at the same time they are in utmost need of medical and social services. According to random survey conducted in October 2004, too high price was the reason that 96, 5% of persons above working age could not buy medicine or medical equipment; 69, 8% - could not visit a doctor; 92 % - could not visit a dentist; 98, 8% - could not make prosthetic dentistry; 88, 6% - could not conduct medical examination; 90 % - could not take medical treatment; 94% could not get in-patient medical care. These figures only reflect the situation in households where anyone being in need of medical service during last 12 months could not effort it.

⁴⁷ Bezrukov V.V., Voronenko Y.V., The directions of medical and social care improvement for elders in Ukraine. // *Problemy stareniya i dolgoletiya*. – 2004. – 13, №3. – P.274.

Table 15
Self-appraisal of medical services access by households that include persons of
above working age, 2004

	Households consisting of one person above working age	Households consisting of two or more persons	
		Working and above working age	All above working age
The amount of households where someone was in need of medical service during last 12 months:			
thousands	2562.8	1857.0	2196.7
Per cents	91.4	94.2	95.2
The amount of households where anyone being in need of medical service during last 12 months could not effort it:			
thousands	633.0	374.0	366.3
percent	24.7	20.1	16.7
The amount of households where anyone being in need could not, (thousands):			
<i>To buy medicine</i>	569.7	324.6	327.0
Including the reasons, (%):			
Too high price	97.7	96.6	97.0
Could not find	1.2	2.4	1.9
other	1.1	1.0	1.1
<i>To buy medical equipment</i>	49.6	32.1	37.3
Including the reasons (%):			
Too high price	97.1	100.0	90.8
Could not find	-	-	9.2
other	2.9	-	-
<i>To visit a doctor</i>	159.2	107.1	115.1
Including the reasons (%):			

Too long line	13.6	13.1	8.5
The absence of relevant specialist	13.0	9.8	21.5
Too high price	68.8	73.8	66.9
other	4.6	3.3	3.1
<i>To visit a dentist</i>	86.3	81.1	69.1
Including the reasons (%):			
Too long line	4.1	2.3	-
The absence of relevant specialist	5.2	-	12.3
Too high price	90.7	97.7	87.7
other	-	-	-
<i>To make prosthetic dentistry</i>	127.1	89.6	85.1
Including the reasons (%):			
Too long line	1.3	2.1	-
The absence of relevant specialist	-	-	-
Too high price	98.7	97.9	100.0
other	-	-	-
<i>To conduct medical examination</i>	123.6	95.5	98.1
Including the reasons (%):			
Too long line	4.5	1.6	1.5
The absence of relevant specialist	9.1	5.6	6.9
Too high price	84.3	89.9	91.6
other	2.1	2.9	-
<i>To get medical treatment</i>	72.5	43.9	49.1
Including the reasons (%):			
Too long line	6.9	-	3.7
The absence of relevant specialist	8.5	-	13.4
Too high price	84.6	96.7	82.9
other	-	3.3	-
<i>To get in-patient treatment</i>	111.6	48.7	66.2
Including the reasons (%):			
Too long line	4.0		-

		14.0	
The absence of relevant specialist	-	-	-
Too high price	93.8	86.0	100.0
other	2.2	-	-

Source: State Statistics Committee of Ukraine

United Nations General Assembly Resolution № 47/5 of 16 October 1992 called upon Governments of demographic aging countries to work out state strategies concerning geriatric care development. For Ukraine undertaking European commitments, this issue is of the current importance as meeting the demands of the situation in geriatric system, which is so far, has marginal character. In order to resolve this issue in December 10, 1997 the President of Ukraine ratified the program “Health of older people” by decree № 1347/97. This program has been carrying out during 1997-2002. However, the program was financed out of regional budgets, which was not effective in the state of budget deficit.⁴⁸ Moreover, after 2002 according to President decree № 442-2002 of May 8, 2002, this program was transformed into intersectional complex program “Health of nation” where only little part was marked out for the needs of older people. 2005 is the last year of realization of “Medical and social help to veterans” program (2003-2005) in Ukraine.

The absence of united and coordinated system of medical and social help obviously leads to the low level of health care for elders that significantly lag behind the possibilities of modern medicine. Therefore it is not surprising that it’s only 28, 1% of elders in Ukraine are satisfied with the quality of ambulatory care, 22, 3% - with in-patient treatment, 55, 6% urgent medical care.⁴⁹

The analysis of medical records of 188 health care settings of Ukraine made by specialists of Institute of Gerontology AMS revealed that: in every 10th case there was a difference in diagnosis made by polyclinic while referral to hospital (the amount of mistaken or missed diagnosis in rural areas 1, 7 and 2, 3 correspondently as more in

⁴⁸ Stepanenko L. V., *Response on seminar “Current issues of old age psychiatry”* (Donetsk). – Izdatelstvo Sphera. – Kiev. – 2003.- P. 107-110.

⁴⁹ Chaikovskaya V.V., *Quality and efficacy of medical services provided to population of retirement age // Problemu stareniya i dolgoletiya.* – 2000. – 9, №2. – P. 162-170.

comparison to urban area); extra doses of medicine were prescribed to pensioners during provision of urgent and in-patient medical care in 73, 5% and 32, 6% of cases , respectively; only 19, 9% of elders were provided with correct primary medical help, whereas every second patient was observed irregularly, occasionally; available medical resources were not used enough; the resources of additional diagnostic departments and nontraditional in-patient settings of primary help were not used enough that increase the cost of treatment in general; the absence of duly organized nursing and at-home treatment that decrease the access to care for older people; the level of equipment remains unsatisfied – only 18, 7% is provided with timely repair and renovation, 38, 7% of ligature and 21, 1% appliances needed was supplied, more than 70% of hospital beds need to be renovated.⁵⁰

Due to different reasons the critical situation has been developed in the real state of medical and social services in rural areas. The needs in ambulatory-polyclinic services are met by not more than 39%, in urgent medical care – by 47, 7%, and in in-patient care – by 67, 3%. Medical rehabilitation and home hospitals organization are of episodic character and are not practically used. According to complex medical examination, the occurrence of diseases among rural population of retirement age equaled to 4115, 3 per 1000 pensioners, which is 4, 7 times higher compared to similar data pertinent to visits to physicians. Experts calculated the current expenses on medical care are 8 times as less as real needs.⁵¹ This signified a low accessibility of services and low quality of medical and sanitary care for older population.

Nowadays, doctor's assistant (felsher – a person with specialized medical secondary education) remains the person who organizes health care services for older rural population. 47, 7% out of all elders on countrysides are served by felsher without additional consultation with doctors, 48, 0% - under ambulatory doctors' supervision and only 10, 3% - under specialists' control. Ambulatories and obstetrical centers are mostly situated in big and average size rural settlements. The populations of the rest of them have to travel 3-12 km. to get medical help. At the same time, it is registered 26, 9% of

⁵⁰ The same

⁵¹ Chaikovskaya V.V., *Organization of medical and social services for rural citizens of retirement age // Problemu stareniya i dolgoletiya.* – 2000. – 9, № 1. – P.69-77.

elders requests for urgent medical help were refused on the ground of the lack of fuel or broken transportation⁵²

Doctors are moving from rural to urban areas in large numbers because urban areas are more profitable, and there are no longer regulations requiring doctors to work in rural areas. This courses the lack of specialists in countryside. All this together with remoteness of medical settings and bad transportation creates low rates in visiting district polyclinics by rural population - 33, 1% of them did not visit a doctor during a year.⁵³ More than half of elders (57, 7%) who were registered for regular obligatory observation and were supposed to be provided with medical and social help, received neither diagnostic examination nor active medical service by district polyclinic doctors.⁵⁴ The hope gives recent decree of minister of healthcare according to which after graduation all medical students have to work in rural area for 3 years.

This situation reveals the lack of attention to geriatric patients' treatments from medical administration and relevant supervision bodies, inefficient training of medical professionals and care gives, weak interconnection between separate stages of treatment and rending medical and social services.⁵⁵ Such discrepancy between the needs of elders and the real level of health care courses the situation of social tension. The people of old age do not have time to wait for economic situation improvement and want immediate ensuring of constitution guarantees.

The state of mental health of older people in Ukraine

Steady growth of population aging increases the amount to people with high risk of psycho and somatic pathology. Progressing socio-psychological disadaptation that is typical for elders due to drastic changes in their social and physical status is complicated by hardship of reform era in Ukraine. Specialists consider adaptation to new conditions of

⁵² The same

⁵³ Chaikovskaya V.V., *Demographic situation and the issues of medical and social care rending to elder people in Ukraine*. – Collected articles of seminar participants “Current issues of old age psychiatry” (Donetsk). – Izdatelstvo Sphera. – Kiev. – 2003. – P. 5-27.

⁵⁴ The same

⁵⁵ Chaikovskaya V.V., *Quality and efficacy of medical services provided to population of retirement age // Problemu stareniya i dolgoletiya*. – 2000. – 9, №2. – P. 162-170.

life as serious additional load for mental health of older person. The loss of the feeling of stability and assurance of future, collapse of hopes, mass destitution, and other features of the period of transformation badly influenced the state of mind⁵⁶ especially considering the low ability to mobilization of psycho and physical resources at this age.

All this generates the feeling of weakness, disappointment, and senseless of further existence. Hence, the amount of aged patients with different kinds of psycho disorders is increasing nowadays in Ukraine. The rate in spread of such disorders among elders 3-7 times as much in comparison to the rest of the population. Moreover, in accordance with epidemiologic inquiry psychopathology of aged population is predicted to grow.⁵⁷

Due to economic hardship in Ukraine, the situation in mental health care is very complicated. Nowadays there are no specialized psycho-gerontology medical settings for long term in-patient treatment. Mental health-care services are rendering in general network of health care system: specialized polyclinic offices, mental hospitals, mental dispensary, and mental inpatient settings. Psycho-gerontology patients are placed in mental care settings while exacerbation without any differentiation from other age groups.

Legal system of mental health-care services is not properly developed that courses the situations when doctors in spite of obvious need of help, are not legally allowed to provide assistance to mentally ill patients. In many cases, elder patients are in need of dispensary dynamic care that is not foreseen in legislation.⁵⁸

While providing psychiatric treatment for people of old age psychiatrics have to solve some social issues (organization of observation, food and medicine delivery, taking of medicine control, etc.). It happens due to the fact that infrastructure of social services

⁵⁶ Lozinskiy V. S., Feshenko Y. V., *Psychological peculiarities of elders' behavior.*// *Problemu stareniya i dolgoletiya* . – 2004. – 13, №3. – P.456-457.

⁵⁷ Pinchyuk I.Y., *The pressing issues of psycho-gerontology help rendering* // *Problemu stareniya i dolgoletiya* . – 2004. – 13, №3. – P. 418-422.

⁵⁸ Karavaev V. N., *On the question of legal aspects of mental help rendering in ambulatories for older people in Ukraine.*– Collected articles of seminar participants “Current issues of old age psychiatry” (Donetsk). – Izdatelstvo Sphera. – Kiev. – 2003. – P. 91-102.

is undeveloped. Moreover, psycho disorders are a contradictory evidence to take a patient to existing local centers of social defense.⁵⁹

In many countries psychosocial rehabilitation that deals with the issues of bringing patients back to the norms of modern society, became integral part of mental health-care system. In Ukraine, the system of rehabilitation existed mostly in forms of workshops where patients were working. This system does meet the demands of modern society.⁶⁰

Progressing trend of elder people depressive pathology goes along with absence of structures of complex treatment that would consider all peculiarities of age pathology and mechanism of their further development. This places the problem among the most critical issues of psycho-gerontology and of medical social care for elder people in general.

Training of health professionals for care of older persons⁶¹

The level of professional training in gerontology and geriatrics is the main factor that influence the quality of rendering medical care to the people of pension age. Madrid International Plan of Action on Aging and its adaptation for European region stress the need to expand educational opportunities in the field of geriatrics and gerontology for all health professionals who work with older persons and to expand educational programs on health and older persons for professionals in the social service sector.⁶²

Current level of this training remains unsatisfactory in Ukraine. First of all, range and level of gerontology and geriatrics knowledge that students receive in medical educational establishments do not meet the demands of Ukraine – one of the demographically oldest country in the world. The constant growth in older population makes obvious the lack of specialists that have fundamental knowledge in the fields of

⁵⁹ The same

⁶⁰ Vloh I. Y., *Establishment and development of psychosocial rehabilitation in Ukraine and Austria.* – Collected articles of seminar participants “Current issues of old age psychiatry” (Donetsk). – Izdatelstvo Sphera. – Kiev. – 2003. – P. 51-52.

⁶¹ This chapter is based on the article by Stadnyuk L.A., Chaikovskaya V.V., *Educational programs on geriatrics for medical and social workers: the issues of improvement and standartization*// *Problemu stareniya i dolgoletiya.* – 2004. – 13, № 3. – P. 283-288.

⁶² *Political Declaration and Madrid International Plan of Action on Aging.* United Nations. - New York. – 2003.

age pathology peculiarities, geriatric care, neurology, psychiatry, and orthopedics, which is crucial for care of older persons.

Professional possibilities are limited by the absence of specialized training of doctors and doctors' assistants for geriatric establishments, as there is no special obligatory course on gerontology and geriatrics. Standard educational programs have not been developed and relevant clinical bases are absent. According to Healthcare Ministry decree № 221 of June 18, 2002 gerontology is not obligatory discipline for medical educational establishments of 3-4 accreditation level. "The foundation of gerontology and geriatrics" is only included at 5 year of studying as an elective course. In the system of postgraduate education, gerontology course included to the list of joint disciplines with only 6-8 hours of duration.

Recently almost all the positions of geriatrists were liquidated from staff lists of the majority of medical establishments including geriatric ones. Geriatrists are not leveled to the other doctors' status. The amount of specialists on geriatrics is often one per region therefore on their positions of other specialist such as therapists are working.

In Ukraine recently the system of geriatrists' training is practically ruined. The programs of postgraduate poly-profile training on gerontology developed by the only profile chair of gerontology and geriatrics at Kiev Medical Academy of Post-graduate education together with Institute of Gerontology were liquidated. Specialists consider that this limited the geriatric training transforming it to the level of therapeutic pathology. At the same time, work in the sphere of geriatric care does not belong to prestigious doctor specialties. According to survey only 9, 2% of medical students are going to deal with elders after receiving the diploma.

The systems of postgraduate education of medical personal for the establishments of Health Care Ministry and Ministry of Labor and Social policy remain uncoordinated that complicate the implementation of unified standards for geriatric help. It worth mentioning that the current spread of new modern forms of social help (local social service centers, different ways of in-patient social care establishments, special housing with complex of medical and social services, alternatives to state forms of help to elders such as public , religious organizations, etc.) makes the level of training on gerontology for the workers of these structures unsatisfactory. Separate training centers are not able to

provide effective teaching, particularly in such modern forms of teaching as multidisciplinary brigades (medic-social worker, volunteer).

The enhancement of geriatric help is carrying out mostly on the account of nursing staff. At the same time, standard programs for geriatric training of nursing staff do not exist. Therefore, the lack of trained nurses is the serious problem of making up of the staff of geriatric establishments.

The absence of obligatory standardized training on gerontology in educational establishments of medical and social profiles limits the activity as for preparation of educators on these disciplines. As a result of groundless decrease in graduate and postgraduate studying on gerontology and geriatrics for medical and social specialists, the possibility of chair of geriatrics and therapy Kiev Medical Academy of Postgraduate Education, KMAPE are not fully used. During last 5 years, no professor came to attend the lectures planned by the chair for professional development of higher educational establishments staff. Therefore, the defects in the system of training medical and social workers lead to irrational usage of existing (and very limited) financial and human resources of state and non-governmental structures.

The only profile chair of therapy and geriatrics in Ukraine of KMAPE by Shyupic in close cooperation with Institute of Gerontology of Ukraine has accumulated long year experience in methodology of different levels training of medical and social workers, in developing test programs for assessing their professional psychological compliance, and rehabilitation. Based on these establishments the project of state geriatric methodic and training center was developed. The main purpose of that is organization and standardization of training and rehabilitation of medical and social workers, volunteers of medical and social help system for elder people. War invalid hospitals and geriatric establishments of Ministry of labor and social policy provide clinics and training bases. The center is subordinated to Health Care Ministry. The project was approved on the governmental level and providing appropriate financing may became one of the most promising directions towards the improvement in the situation of training health professional on gerontology and geriatrics.

Conclusions and recommendations

As in the rest of the World, aging in Ukraine is objective and irreversible process. It penetrates all spheres of social life by changing the quality of population, influencing the tempo of economy growth, labor market, and consumer structure, regulating the functions of pension and healthcare systems, reflecting itself on family arrangement, lifestyle, living conditions, and population migration. However, in Ukraine this process is complicated by the crisis of transitional period: first of all, unprecedented tempo of aging practically does not leave the time for proper adaptation of social infrastructure secondly, contemporary Ukrainian economy is unable to ensure the solving of aging issues so far.

The various data provided in this work concerning socioeconomic and health status of older age population obviously reveals the fact that it became the main victim of transition to market economy and demographic crisis in Ukraine. In the conditions of society transformation, elder people are characterized by the highest level of socio-psychological dis-adaptation together with low level of integration to new social structure. Objective difficulties of adaptation to new social arrange in society are multiplied by inflation, expropriation of savings, and the absence of the sources of income. Pensions and other types of social benefits that as the main sources of income are supposed to guarantee the decent living have been much lower than official living wage for many years and provided neither decent living wage nor even physiological minimum. This coursed impoverishment of great amount of elder population in Ukraine. The decrease in absolute and relative rate of working age population aggravates the issue of elders support. Therefore, on a background of general poverty people of older age are perceived as a burden that only requires substantial material inputs without contributing. Their accumulated experience is practically ignored by society.

General situation of older persons in the labor market can be defined as one that causes economic and social exclusion and discrimination. Reduced possibility for persons at the retirement and pre-retirement age to re-enter the labor market is one of the main manifestations of that. The low level of pensions and therefore the desire to find other sources of income explains relatively high level of economic activity of elder people. Nevertheless, it does not mean that their potential is rationally and fully used. Due to ineffective system of employment, the majority of able to work pensioners are involved in unqualified manual work.

Living conditions of greater part of older population in Ukraine neither meet the demands of modern life nor satisfy the basic needs. The obvious lack of decent living conditions is one of the main courses to worsening in elders' health status and developing the sense of their own social irrelevance. Driven to despair and being absolutely disappointed in future, thousands of elders commit suicide in Ukraine every year.

Social transformation of family institute also brings negative consequences upon elders' status in Ukraine. The traditional role of family as a supporter to its older members is steadily dying away and state social security and care do not meet the needs of aged people. The issue of lonely elders complicates this situation. They belong to the most unsecured and unprotected group of population as the system of social support for elders who do not have children and relatives is not developed. Local centers that serve lonely and disabled people are not capable to solve the whole issue of care for lonely elders in Ukraine.

The absence of material well-being is not the only problem of aged people in Ukraine. The access to knowledge and information is obligatory condition of their integration in society. Moreover, the high level of education of Ukrainian pensioners determines their need and ability to obtain new knowledge. Unfortunately, due to objective and subjective obstacles very few elders continue their education or receive the new one.

The health status of elder people has worsened essentially during recent decades. Substantial increase in morbidity and death rate reflects the situation in Medicare system. This system was created without considerations of demographical changes and currently is in the state of crisis. The absence of united and coordinated system of medical and social care for elder people courses the low quality of their treatment and lack behind the possibilities of modern medicine. The problems of logistical support, diagnosing, in-patient treatment, medical supplies are intensified by the absence of rehabilitation care in majority of primary medical and social care establishments. The most critical state of affairs is rural areas. The situation in mental health care system is also very complicated. Progressing trend of elder people depressive pathology goes along with absence of structures of complex treatment and places the problem among the most critical issues of psycho-gerontology and medical social care for elder people in general. The

unsatisfactory level of professional training in gerontology and geriatrics in Ukraine entails low quality of health care for population of pension age. In general, the system of geriatric training is practically ruined and existing human and financial resources are used in a very irrational way.

Therefore, negative consequences of social-demographic crisis being complicated by economic reforms led to different level of discrimination of elder population in Ukraine and its exclusion from the society development. Such situation is unsafe for the state, does not correspond to the conception of society for all ages, and becomes substantial obstacle to Ukraine integration into European community.

Improving this state of affairs is a long and complicated process that only possible under condition of strengthening of social-demographic component of state economic policy. This policy should aim the mutual adaptation of older people and society. The main efforts should be concentrated on increasing population quality and saving its life and labor potential.

To be effective, policies in response to population ageing should have a holistic approach and be pursued in a co-coordinated way over a wide range of policy areas. Thereupon, the utmost important tasks are the following:

- Providing the opportunities for older people involvement in social production with their own choice of type and time characteristics of labor activity. Encouraging of self-employment. Higher rates of economic participation should involve fostering the creation of job opportunities for older persons, including by tackling discriminatory employer practices and other impediments. Measures should be taken in order to accommodate the employment needs of older persons such as the improvements of opportunities for part-time or temporary employment for that group. It is also essential to remove disincentives for women's participation in the labor force. Measures to promote access to employment opportunities and reduce unemployment rates among older persons by implement active labor market policies, such as job matching, job-search assistance, training, vocational guidance, counseling, and so on. Increase through

economic policy and incentives employment opportunities for persons living in rural and remote areas.

- Legislative guarantees for elder people as for their general human rights realization including social security based on age. Adjustment of social protection systems in response to demographic changes and their social and economic consequences. Preservation and strengthening the basic objectives of social protection, namely to prevent poverty and provide adequate benefit levels. Providing a standard of living that allows elder people to maintain their self-respect and dignity. Further developing of the regulatory framework for pension provision.
- Development of programs that ensure decent living conditions for elder people. Designing and building accessible and convenient housing that would consider age peculiarities of older persons and family transformation in society. While designing residential areas, consider the cohabitation of different generation. Ensure age-friendly and accessible housing design providing easy access to public building and spaces considering the needs of lonely and disabled elders. Improving availability of accessible and affordable transportation.
- Development of service system for elders including housing equipment, special foodstuff production, organization of pastime, education, tourism, etc.
- Ensuring the participation of older persons in social life. Encouraging creation of different non-governmental organizations of elders that could participate in development of state policy towards people of old age. Support of voluntary movement among elders, development of curricular, methodical and information materials for volunteers' training.
- Encouraging life-long learning and education system adaptation to economical, social and demographic changes in society. Development of syllabus friendly to older persons. Policy actions should be taken to increase – within the concept of life-long learning – the employability of older persons, thus supporting them to maintain and further develop their

specific knowledge and skills. Support of educational establishments where elder persons study such as university for the third generation. Ensuring equal access to information for people of old age by organizing training courses for computer literacy, workshops that would teach how to use new information technologies, etc.

- Eliminating negative image of elder person as a consumer of public goods who is unable to contribute into society anymore. Creation and support the image of older person as a bearer substantial creative, intellectual and spiritual potential. Mass media involvement into recreation of elders positive image and reflection their issues on TV and radio programs. Providing all necessary conditions to intensive usage of elders' accumulated knowledge and experience.
- Creation of coherent state system of geriatric help based on modern scientific, methodical, and organizational level. This system and its financial support should reflect the level of state responsibility for the health status of elder population and to be an additional guarantee of their constitutional right for health care.
- Assurance of equal access to qualitative medical treatment shifting accents to its preventive directivity, increasing the involvement of nurses specially trained in geriatrics and social care. Wider usage of additional treatment-and-diagnostic departments. Considering regional peculiarities while developing infrastructure of medical and social care services.
- Revision of medical and social care provision standards for persons above working age making more accents on in-home service and dominance of ambulatory and polyclinic help. Encouraging of personal commitment to health strengthening, keeping social activity, and ability to self-service.
- Eliminating inequalities as for amount and quality of medical help to elder people in rural and urban areas.
- Implementation of standardized training in geriatrics as an obligatory part of graduate and post graduate education for medical and social workers

considering modern European requirements; development of certified curriculum in geriatrics for students of higher medical educational establishments, doctors-interns, nurses, and also for different levels of social workers. Based on geriatric clinic and social organizations, establishing educational centers of profile training for medical and social workers. The special attention should be given to training specialists in gerontopsychiatry.