

The Wellbeing of Older People in Micro Perspective: The Case of Poland and Ukraine During the MIPAA Period

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Abstract. This paper assesses the development of actions on ageing in Poland and Ukraine during the period of the Madrid International Plan of Action on Ageing (MIPAA). The two countries have a similar legacy, starting at a similar level of economic development after the fall of communism, but taking different paths of transitions. As of 2000, Poland have had a GDP that is six-times higher per capita, and boasts a life expectancy that is six years longer, than those of the Ukraine. Despite an increase in both indicators, this difference was the same in 2015. The research builds a picture of the wellbeing of older people (60 years and over) from a micro-perspective, based on more than 20 indicators grouped into specific areas of the MIPAA: 1) Older persons and development, 2) Health and wellbeing in older age and 3) Enabling and supportive environments. The analysis was based on the results of the European Social Survey in 2004 and 2012. The results showed a lower level of wellbeing of older persons in Ukraine when compared to Poland, especially in the area of development and health. Older Ukrainians more often live in poverty, and have much lower self-rated health and life satisfaction than older Poles. The enabling environment, though, is a domain where Ukraine scores better than Poland, with higher social participation and trust and lower isolation. The eight-year period since 2004 marked positive changes in both countries, mainly in self-rated health and life satisfaction as well as in the reduction of poverty in Ukraine. However, despite these changes, the level of wellbeing of older people in Ukraine is still much lower than those in the neighboring country. These results suggest a strong relationship between economic development and the well-being of older persons from a micro perspective, yet points that some areas – namely an enabling environment – are not directly related to macro indicators.

Keywords: population ageing, development, health, survey data, post-communist-countries

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Introduction

Eastern European societies went through significant changes during the 1990s (Hoff, 2008). People were exposed to new socio-economic challenges as a result of the fall of communism, and the opening of a global economy, such as unemployment, poverty, limited access to healthcare, and consumerism (Botev 2012). Demographic changes have been happening alongside the transformation, such as a decline in fertility; an increase in male mortality in certain countries (especially in the Former Soviet Union Countries); and rapid net emigration. These rapid demographic changes and the shock of political, economic and social transformations have led to generational divides (Botev 2012; Hoff 2008). The fall of communism affected younger people differently, as they were able to reorganise themselves relatively easily (to move abroad for a better future, or to delay in starting a family), whereas older people found this far more difficult, and they were considered net losers of the transition (Botev 2012; Hoff 2008).

Political and economic transitions in Central, South-eastern and Eastern Europe resulted in demographic transitions that are manifested by a rapid ageing of their populations. Unprecedented population ageing in Central and Eastern Europe is an unintended side effects of socio-economic transition from communism to capitalism. This ageing process is driven by three factors: improvement in life expectancy, declining fertility, and migration – all of them occurring almost simultaneously (Hoff 2008).

Research outlines (see, Zaidi and Rejniak 2010), how a majority of Central and East European (CEE) countries experienced an impressive economic growth during 2006, matched by a similarly impressive contraction during the 2009 crisis. However, there is a concern that population ageing will undermine future development. The reason is that demographic transition in Central and Eastern Europe is different to that in Western Europe and other parts of the world due to incomplete economic transition (Chawla, Betcherman and Banerij 2007). This uniqueness was summarised by Hoff (2008, p. 22), who stated that “Western Europe became rich before it was growing old – Central and East Europe is growing old before it had the chance to become rich.” As a result of social and economic changes - observed in Central and Eastern Europe - there was an increase in the share of older persons in the population dynamics and an increase in the old-age demographic ratio (UN World Population Prospects 2017).

There are several factors making the life of older people in CEE countries harder than that of older people in Western Europe, including the lack of equivalent social welfare systems, lower starting position (after the breakdown of communism), and sacrifices (in terms of mental well-being, and financial security among others) made during the transformation process to become market-oriented societies; a constantly-changing overall context of growing global competition and rapid population ageing, coupled with the persistence of partly very negative stereotypes about older people (Hoff 2008).

The Madrid International Plan of Action on Ageing (MIPAA), adopted in 2002, represented a major breakthrough in offering a policy framework to support older people. In 15 years, population ageing has become a major public policy concern in countries around the world. However, efforts to measure and track the well-being of older people continue to be hampered by the dearth of appropriate data, particularly in low and middle-income countries. With this study, we aim to fill this gap by proposing an analytical framework to assess the well-being in two countries from the same region, one developing and one in transition of becoming a developed country.

After the collapse of the Soviet Union and communist system, Eastern European countries took diverse paths of political, social and economic transformation (Aberg, Sandberg, 2003) As a result, Eastern European countries are divided into two main blocks, the first 11 countries from the Central East are on a higher level of economic development, measured, by GDP per capita and life expectancy - these are members of the European Union; and the second block is composed mainly of post-Soviet Union and Balkan countries, on a lower level of economic development, and distant from Western Europe in terms of political attachment. This research builds upon a comparative analysis of two case studies, representative of the two blocks: Ukraine and Poland.

Ukraine and Poland are the two biggest countries in Eastern Europe. They share a common history both distant since the majority of Ukraine was part of Poland till end of 18th century, and recent (communist system between 1946 and 1990). Many similarities can be found in the cultures and languages and the total population of each country is around 40 million (UN World Population Prospects).

In the last 30 years, both countries started to part as a result of different paths taken (Aberg, Sandberg, 2003). The two most important indicators of development – GDP per capita and life expectancy at birth – were on a similar level for both countries in 1990 (World Bank database). In 2015, due to a considerable growth of both indicators in Poland and stagnation in Ukraine, the level of development of Ukraine and Poland varied significantly. Poland has a GDP that is six-times higher per capita and boasts a life expectancy that is six years longer than Ukraine (World Bank database)

Table 1. Comparison of GDP per capita and life expectancy for Poland and Ukraine

	1990		2015	
	Poland	Ukraine	Poland	Ukraine
GDP per capita (USD)	1 731	1 570	12 566	2 125
Life expectancy at birth (years)	70,7	70,1	77,5	71,2

Other research also provided evidence of the poor wellbeing of older people in Ukraine. The 12-month prevalence of Major Depressive Episodes among people aged 50 years and over is substantially higher in Ukraine than in other Western-European countries, though the risk factors (history of depression before age 50, poor self-rated health, living alone, being male, role impairments) are similar (Tinte, Bacon, Kostyuchenko, Gutkovich and Bromet 2011).

The different path taken by Post-Soviet societies after the collapse of communism may have influenced the health of their citizens. Countries who chose democracy, have better health, and those who took a trajectory towards autocracy still face mortality problems. Cockerham, Hinote, Cockerham, and Abbott, (2006) suggest that lifestyle is connected to political ideology: respondents who are against restoring communism have a healthier lifestyle. Specifically, in Ukraine older people are more likely (than other age groups) to trust political institutions, but are less positive towards democracy (Johnson, 2005), though these results were based on surveys from 1993 and 1998.

Post-Soviet Union and Eastern European countries are unique in terms of relationships between subjective wellbeing and age. This relationship is commonly U-shaped, with the lowest levels of wellbeing at ages 45-54, but in post-Soviet Union countries, wellbeing is decreasing with age – older people have lower scores than middle-aged or younger groups (Stephoe, Deaton, and Stone, 2015). Other research shows additional deficits of growing old in Eastern Europe societies - older people in Eastern Europe have higher levels of loneliness compared to Western Europe societies (Giervald, Dykstra, and Schenk, 2012).

During the 90s, economic changes in Ukraine had seriously affected its older persons with regards to several dimensions of well-being, such as income provision, health status, living arrangements, and accessibility to medical and social services. This situation undermined intergenerational relations (older people receiving less assistance from their children and relatives) and it was accompanied by a reduction in state support for older people (Bezrukov, Foigt, 2001). The period between the end of the 20th and the beginning of the 21st century was marked by some decline in poverty and inequalities in Ukraine, but households with older persons were worse off in terms of consumption (Bruek, Danzer, Muravyev, and Weisshaar, 2010). Poland is currently facing similar demographic challenges as other Eastern Europe countries, with low fertility and a growing share of older citizens, yet older people can still enjoy relatively good material conditions and general wellbeing somewhere between post-Soviet Union states and Western Europe (Mucha, Krzyzowski, 2010; Hoff, Perek-Bialas, 2008),

This paper builds a picture of wellbeing of older people in Ukraine and Poland from a micro-perspective. It shows country-specific detailed analyses with a focus on three priority directions of the MIPAA: older persons and development, advancing health and wellbeing in older age, and ensuring enabling and supportive environments.

Methodology

To assess the wellbeing of older persons in Ukraine and compare it to other Eastern-European countries on a higher level of economic development, we used under-utilised micro-data from large household surveys. Countries of Eastern Europe are not currently part of large international projects to collect data with a focus on older people, such as the Survey of Health, Ageing and Retirement in Europe (SHARE), or the World Health Organisation's Study on global AGEing and adult health (SAGE). Therefore, the best source for micro data covering Ukraine and Poland is the European Social Survey (ESS).

The ESS is designed to monitor changes in attitudes and values across Europe, across such themes as media usage, social trust, politics, subjective wellbeing, human values, socio-demographics, and other topics. The ESS consists of two parts: the core section, covering the same topics in every wave, and the rotating section, with different topics every wave. The survey is based on a representative, random sample of all citizens aged 15 and over, residing within private households in each country, regardless of their nationality, citizenship or language. Data are collected via face-to-face interviews, and fieldwork is carried out at least one month within the four months between September and December of the survey year. The ESS is carried out every two years, with 2002 having been the first wave. There are 36 participating countries, but some only participate in selected waves. Ukraine participated in five rounds of the ESS, in 2004, 2006, 2008, 2010, and 2012; and Poland in all rounds since 2002. Unfortunately, Ukraine did not take part in recent ESS rounds 2014 and 2016, therefore the last available data are from 2012.³ The effective sample size for Ukraine and is presented in table 2.

Table 2. Sample sizes

	Ukraine				Poland			
	2012		2004		2012		2004	
	n	%	n	%	n	%	n	%
Total 15years & over	2,178		2,030		1,898		1,716	
Total 60 years & over	705	100.0	711	100.0	506	100.0	315	100.0
Women	440	62.4	457	64.3	297	58.7	187	59.4
Man	265	37.6	254	35.7	209	41.3	128	40.6
60-69 years	381	54.0	380	53.4	268	53.0	157	49.8

³ More on European Social Survey can be found on the survey's website: <http://www.europeansocialsurvey.org/about/>

70 years & over	324	46.0	331	46.6	238	47.0	158	50.2
Urban	481	68.2	237	33.3	277	54.7	168	53.3
Rural	223	31.6	470	66.1	229	45.3	146	46.3

To assess the wellbeing of older persons, we first use descriptive analysis, comparing 14 indicators grouped into three domains: older persons and development (four indicators), health and well-being in older age (five indicators), and enabling and supportive environments (five indicators). There are few analytical frameworks for assessing the wellbeing of older persons, with the Active Ageing Index being the most commonly used (Zaidi et al., 2013). In this study we applied the general concept of the AAI and used most of the indicators featured in this framework (such as the employment activity, mental wellbeing, and social participation), however this was adjusted to the MIPAA domains and to data availability. In the second step, we applied logistic regression to examine the probability of social exclusion based on one indicator from each domain (two from the health and wellbeing domains).

Results

The results are presented in three blocks reflecting three areas of the MIPAA: older people and development, health and wellbeing, and enabling environment. The main part of the results features a descriptive analysis of the indicators from the area, with attention paid to the absolute level of the indicator, differences between Poland and Ukraine, and the trends for the period 2004 – 2012. This analysis was supplemented by examining the probability of social exclusion in each of the areas, using logistic regression for one - the main indicator from the area - together with other some demographic and socio-economic characteristics of the respondents as predictors.

Older persons and development

The majority of older persons in both Ukraine and Poland relied on a pension as their main source of income. Wages and salaries were the second most important sources of income, with other sources being far less important. Older Ukrainians were less secure, though, than older people in Poland: in 2012 close to 70 per cent of them could enjoy pension income in old age, and in Poland – almost 80 per cent. More than 30 per cent of the older population in Ukraine depended on income from work - mainly employment - but also self-employment and farming. The situation worsened compared to 2004: the share of older people living on a pension as a main source of income dropped by five percentage points and more people live on wages and salaries, and income from self-employment. The share of pension income in Poland also decreased, but this change was not significant (on 0.05 level).

Table 3. Main source of income in the household

	Ukraine		Poland	
	2004	2012	2004	2012
Pension	74.9	69.0	81.4	79.8
Wages and salaries	20.3	21.5	12.2	12.9
Self-employment	0.6	4.8	2.4	1.7
Farming	3.6	3.0	0.9	0.7
Other sources	0.2	0.7	0.4	1.0
Refusal	0.4	1.1	0.8	0.6

Individual income in the ESS is available on a relative level, therefore it was possible to analyse the share of older people in the top 30 per cent, mid 40 per cent and bottom 30 per cent of the income distribution. The great majority of older populations in both countries were located in the mid or bottom parts of the distribution. In 2012, only six per cent of older people in Ukraine belonged to the richest 30 per cent of the population, whilst in Poland, this was 11 per cent. Hence older people in Ukraine were in a worse situation than the same group in Poland taking into account their position versus that of the total population.

The financial situation of older persons in Ukraine improved between 2008 and 2012. The share of the bottom 30 per cent of the income distribution decreased by seven percentage points at the expense of a middle 40 per cent, whereas the percentage of the richest 30 per cent remained stable. The situation in Poland went in the opposite direction, with a growing share of the poorest group and declining share of the richest.

Table 4. Individual income by groups⁴

	Ukraine		Poland	
	2008	2012	2008	2012
Bottom 30%	50.8	43.4	29.5	36.3
Mid 40%	31.8	39.9	38.6	36.0
Top 30%	5.4	5.9	18.2	11.1
Refusal / no answer	12.0	10.9	13.7	16.7

⁴ Income data for 2006 and 2004 were omitted from the dataset due to problems with data collection

Materialistic well-being can be subjective. In the case of older people in Ukraine, this evaluation is very negative. In 2012 most older people rated their financial situation as “difficult” or “very difficult”. Only 18 per cent could cope or live comfortably on their current income. The difference to the situation of older people in Poland is tremendous, with 55 per cent of elder Poles evaluating their financial situation as “coping or living comfortably”. The situation in Ukraine worsened between 2004 and 2012 – the share of people in relatively good situations (coping or living comfortably) decreased and those in very difficult financial situations increased. On the other hand, the subjective evaluation in Poland improved, therefore the gap in subjective living conditions between the two countries has widened.

Table 5. Subjective evaluation of financial situation of the household

	Ukraine		Poland	
	2004	2012	2004	2012
Very difficult	29.2	34.1	8.0	4.5
Difficult	49.3	46.8	42.0	39.6
Coping or better	20.3	18.0	49.7	55.1
Don't know	1.2	1.2	0.3	0.8

In 2012, the majority of older people in Ukraine reported not being economically active and close to 80 per cent of them were retired. Between 2004 and 2012 the share of retired persons decreased by more than 10 percentage points, which is in line with the results for pensions as a main income source. The structure of the older population by employment activity was similar to that of Poland, where slightly more persons were retired. In both the Ukraine and Poland, more older people worked in 2012 compared to 2004. Hence, Ukraine does not differ from Poland in terms of employment activity of older persons.

Table 6. Employment status (main activity in last seven days)

	Ukraine		Poland	
	2004	2012	2004	2012
Paid work	6.4	9.0	1.8	8.1
Unemployment	0.2	0.5	0.7	0.7
Retirement	90.4	79.8	90.5	83.8
Housework	2.3	6.6	4.5	6.0
Other (non-active)	0.7	4.0	1.7	1.4

Health and wellbeing in older age

The health status of older people in Ukraine is notably deficient, as documented by low life expectancy. Subjective perception of health confirms the objective data. More Ukrainians negatively evaluated their health (38 per cent as bad or very bad) than positively (11 per cent assessed it as good or very good). Approximately half of the older respondents assessed their health as “fair” (which is in the middle of the scale: 1-very good, 5 – very bad). These scores are significantly lower than the results for Poland, where in 2012 close to 27 per cent of older people felt that they were in good and very good health and almost 25 per cent in bad or very bad.

In both countries, subjective evaluations of health improved between 2004 and 2012, yet the difference was maintained. The share of older people in good health increased by almost 6 percentage points in Ukraine, and by almost 10 percentage points in Poland. At the same time, the percentage of people in bad health decreased in both countries. However, in 2012 in Ukraine, the rate of persons in bad health still exceeded more than three times the rate of people in good health.

Table 7. Self-rated health

	Ukraine		Poland	
	2004	2012	2004	2012
Good and very good	5.6	11.4	17.3	26.9
Fair	46.5	50.3	44.2	48.1
Bad	38.1	31.1	27.2	20.4
Very bad	9.8	6.6	11.1	4.5
Don't know	0.0	0.7	0.3	0.1

Questions on mental wellbeing were included only in two waves of the ESS: 2006 and 2012. In 2012 more than half of older people in Ukraine experienced symptoms of depression, and only 43 per cent never had such feelings. The presence of depressive feelings is more frequent among older people in Poland, where more than 61 per cent of them experienced such feelings at times. The difference, however, consists of less frequent depressive symptoms, and the share of persons feeling depressed most of the time is similar in both countries.

The situation between 2006 and 2012 improved significantly in both countries – in 2006 close to 30 per cent in Ukraine and 27 per cent in Poland experienced depressive feelings most of the time, whereas six years later this value fell to 19 per cent and 20 per cent respectively. Nevertheless, the improvement was stronger in Ukraine.

Table 8. Frequency of feeling depressed last week

	Ukraine		Poland	
	2006	2012	2006	2012
Never or almost never	31.6	43.1	30.5	38.1
Some of the time	30.3	34.4	40.1	41.7
Most of the time or all the time	29.8	18.9	27.4	19.6
Don't know	8.3	3.7	2.1	0.6

The perception of control over one's own life is important for preserving dignity and identity. In 2012 most of the older population (59 per cent) in Ukraine felt that they were free to decide for themselves how to live their life. The perception of lack of control affected 14 per cent of older people. The results for Poland were much better – almost 80 per cent of older people felt that they can decide how to live their life and only eight per cent have problems with control over their own life.

Between 2006 and 2012 the percentage of older persons having control over their own life increased in both countries, with a large increase in those who strongly agreed that they are free to decide, and a slight decrease of the share of persons claiming to have no freedom to decide their own life.

Table 9. I feel I am free to decide for myself how to live my life

	Ukraine		Poland	
	2006	2012	2006	2012
Agree strongly	19.8	27.7	16.5	26.5
Agree	34.9	31.4	57.5	52.3
Neither agree nor disagree	22.8	24.3	12.2	12.7
Disagree	19.0	14.0	10.8	8.1
Don't know	3.5	2.5	3.0	0.5

The perception of life as valuable and worthwhile is another dimension of mental wellbeing. A majority of older Ukrainians (54 per cent) felt that their life is valuable and worthwhile (judged by the sum of answers "agree strongly" and "agree"), but in Poland the same opinion was shared by more than 78 per cent of persons and only four per cent expressed feelings of life being not valuable and worthwhile.

A slight deterioration can be observed within the dimension of mental well-being in Ukraine, as seen by a decrease in percentage of those who strongly agree and an increase of those who disagree, that their life is valuable. At the same time improvements were noted for Poland: the share of older persons who felt their life is valuable and worthwhile increased by almost four percentage points, but those who strongly agreed increased by one percentage point.

Table 10. I feel that what I do in my life is valuable and worthwhile

	Ukraine		Poland	
	2006	2012	2006	2012
Agree strongly	21.9	17.7	9.4	19.2
Agree	33.5	36.1	64.3	59.2
Neither agree nor disagree	29.7	30.1	14.3	14.1
Disagree	8.1	11.3	5.7	4.2
Don't know	6.7	4.8	6.2	3.2

Life satisfaction is a cognitive element of subjective wellbeing and it is perceived as an indicator of overall wellbeing of a person. In 2012 close to one fourth of older people in Ukraine were satisfied with their life (at least seven on an 11-point scale). Almost 44 per cent of older persons were not satisfied, including 20 per cent who very dissatisfied (scores 0, 1 or 2 with 0 being the lowest). Polish older citizens are far more satisfied with life: close to two-thirds of them were satisfied (using the same scale), and only 13 per cent were dissatisfied. Between 2004 and 2012, improvement in life satisfaction was observed in both countries, yet this change was more notable in Poland, with an increase of those satisfied by 20 percentage points in Poland and by 10 percentage points in Ukraine.

Table 11. Life satisfaction

	Ukraine		Poland	
	2004	2012	2004	2012
Satisfied (7-10)	15.5	24.1	43.5	64.2
Neither satisfied nor dissatisfied (5-6)	29.5	30.5	27.7	22.3
Dissatisfied (3-4)	30.8	24.0	14.7	9.7
Very dissatisfied (0-2)	22.7	19.9	13.1	3.2

Do not know	1.6	1.5	1.0	0.7
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Enabling and supportive environments

The most commonly-used indicator of participation in social life is frequency of meeting other people. In Ukraine, twenty-seven per cent of older people participated in social meetings at least once a week and more than one third only once a month or less often. A slight decrease of frequency was noted between 2004 and 2012 as the share of those meeting others once a week dropped by three percentage points.

Older people in Ukraine participated in social life significantly more frequently than people of the same age in Poland. More than 25% of older Ukrainians participated in meetings once a week or more often, and 13 per cent met other people at least once a week in Poland. A decreasing share of persons having frequent contact with others was noted for both countries.

Table 12. Frequency of meeting friends, relatives or colleagues

	Ukraine		Poland	
	2004	2012	2004	2012
Once a month or less often	33.9	34.3	48.9	50.2
2-4 times a month	34.5	35.6	33.9	36.9
Once a week or more often	30.3	27.0	16.3	12.9
Do not know	1.4	3.0	0.9	0.2

Trusting others is an element of social capital and it fosters social participation. In 2012, close to 48 per cent of older people declared low trust (scores 0-4 on a 10-point scale) in Ukraine, and the rest reported moderate and high trust. In Poland, the percentage of persons with low trust was slightly higher, and the ones reporting a high level of trust were lower than in Ukraine.

The level of trust remained quite stable in Ukraine between 2004 and 2012, though it increased considerably in Poland (high trust +10 percentage points, low trust – 10 percentage points). This suggests, that in 2004 the level of trust in Ukraine was much higher than in Poland, but after eight years we observed a convergence in trust level.

Table 13: Trust in people

	Ukraine		Poland	
	2004	2012	2004	2012
Very low trust (0-1)	17.0	20.1	26.3	20.7
Low trust (2-4)	31.6	27.8	36.7	32.1
Moderate trust (5-6)	27.8	27.9	24.4	29.7
High trust to other people (7-10)	22.7	23.1	11.1	16.3
Do not know	0.9	1.2	1.5	1.2

Living arrangements were measured by number of persons in the household, and by an objective indicator of social participation (supplementary to the subjective measure of frequency of meetings). In Ukraine, most of the elderly lived with somebody else; in 2012 only 20 per cent had no one to share everyday life with. In Poland, more older citizens face loneliness. The changes between 2004 and 2012 went in opposite directions, the share of single households decreased in Ukraine and increased in Poland.

Table 14: Household size

	Ukraine		Poland	
	2004	2012	2004	2012
Single household	24.2	19.6	21.5	24.0
Two persons	43.0	46.9	40.2	45.7
Three persons	15.5	15.7	16.7	11.6
Four and more	17.4	17.8	21.7	18.6

The abuse of older people is another dimension of the environment. In 2012, in both countries close to 10 per cent of older people experienced burglary or assault in the previous five years. This share decreased in both countries, at a faster pace in the Ukraine.

Apart from experiencing violence, subjective evaluations could show other dimensions of safety. Despite similar experiences, both countries differ significantly in terms of self-perceived safety. In Ukraine, the proportion of older persons feeling safe (very safe + safe) was lower than those feeling unsafe, and in Poland, considerably more people felt safe (74 per cent) than unsafe (21 per cent). Between 2004 and 2012, the perception of safety slightly

deteriorated in Ukraine and improved in Poland, increasing the difference between older people in the two analysed countries.

Table 15: Being a victim and subjective perception of safety

	Ukraine		Poland	
	2004	2012	2004	2012
Being a victim of a burglary/ assault in the last 5 years	17.1	9.8	13.9	10.0
Feeling safe walking alone after dark				
Very safe	11.7	8.7	13.8	18.8
Safe	32.3	33.7	41.7	55.2
Unsafe	39.3	34.0	32.6	17.6
Very unsafe	11.5	15.1	6.9	3.7
Do not know	5.2	8.5	5.0	4.7

The great majority of older persons did not feel discriminated against (for any reason). The share of older persons perceiving themselves as members of a discriminated group was four per cent in 2012 in both countries. The changes between 2004 and 2012 in the perception of discrimination took different paths as in Ukraine we observed an increase of discrimination feelings and in Poland, a decrease.

Table 16: Perception of being a member of a discriminated group

	Ukraine		Poland	
	2004	2012	2004	2012
Yes	1.6	3.9	6.8	4.4
No	93.4	92.5	90.5	94.0
Do not know	5.0	3.6	2.8	1.6

Probability of social exclusion in old age

For assessment of which groups of older people are more vulnerable, we have selected four variables from all three areas as proxies of wellbeing: household income, self-rated health, life satisfaction and social participation. The objective of the analyses was to identify excluded

groups, therefore we focused on negative aspects of the afore-mentioned variables and coded them as follows:

- Poverty: bottom 20 per cent of income distribution as “1”, other as “0”;
- Bad self-rated health: bad (4) and very bad (5) health evaluation as “1”, other as “0”;
- Dissatisfaction with life: scores from 0 (very dissatisfied) to 5 in Poland and from 0 to 3 in Ukraine as “1”, other as “0”. Different coding in both countries was the result of the distribution of the variable as we aimed to achieve at least 100 cases for the dependent variable.
- Low social participation: the frequency of meeting with other people once a month or less often coded as “1” and other as “0”.

To assess the probability of social exclusion in old age we used logistic regression with four well-being indicators as independent variables and 8 or 9 covariates describing demographic and social and economic attributes of respondents.

Socio-economic variables are the best predictors of being in poverty with an R^2 of 0.28 in Poland and 0.37 in Ukraine. In case of other wellbeing indicators, they have less explanatory power.

In both countries, being in poverty was related to household size, education and place of living. Living in 2-person and 3-person households significantly reduces the probability of being poor (versus living in a single household). However, we ought to note, that poverty in the ESS is measured using household income, therefore it is obvious that living in a not-single household results in higher income than living in single household. Due to pre-coding of income variable (ten deciles), we were not able to calculate income per capita, hence the focus of our analyses was on other predictors. In both countries, having secondary or higher education reduced the probability of being poor (87 per cent lower probability in Poland, 49 per cent lower probability in Ukraine). On the contrary, living in rural areas (versus living in cities) increase this probability: 112 per cent higher in Poland and 102 per cent higher in Ukraine. An additional predictor in Poland was other marital status (neither married not widowed), which increased the probability of being poor. In Ukraine, unique predictors were: being female, retired or not working (versus working), and being widowed. All of these increased the probability of living in poverty.

Table 17: Relationship between relative poverty and characteristic of older people – results of logistic regression.

	Poland				Ukraine			
	Odds Ratio	Std Err.	95% confid. interval		Odds Ratio	Std Err.	95% confid. interval	
Gender (ref. male)								
female	1.387	0.410	0.777	2.476	2.096**	0.503	1.310	3.356
Age (ref. 60-69 years old)								
70 years and over	0.598	0.178	0.334	1.070	1.059	0.240	0.680	1.651
Education level (ref. primary)								
vocational	0.894	0.295	0.468	1.707	1.039	0.308	0.581	1.858
secondary or higher	0.131***	0.049	0.063	0.274	0.514*	0.148	0.293	0.904
Employment (ref. working)								
not working	1.628	1.224	0.373	7.107	5.365**	3.207	1.663	17.311
retired	1.064	0.666	0.312	3.628	6.757***	3.362	2.549	17.916
Place of living (ref. big city)								
small/medium town	1.493	0.565	0.711	3.133	1.361	0.361	0.809	2.290
rural area	2.122*	0.789	1.023	4.399	2.015*	0.556	1.173	3.460
Marital status (ref. married)								
widowed	1.981	0.881	0.828	4.738	2.537**	0.871	1.294	4.974
other	3.350*	1.837	1.144	9.815	1.570	0.630	0.715	3.447
Household size (ref. single hh)								

2 persons	0.186***	0.087	0.074	0.464	0.089***	0.033	0.043	0.186
3+ persons	0.091***	0.075	0.018	0.461	0.049***	0.025	0.018	0.134
Children living at home (ref. yes)								
no	1.239	0.794	0.353	4.354	0.754	0.285	0.359	1.579
constant	0.724				0,268			
Chi² (DF)	152.51 (13)				351.6 (13)			
Pseudo R²	0.2813				0.3742			
N	501				685			

*p < .05. ** p < .01. ***p < .001.

The probability of having bad self-rated health is less explained by demographic and socio-economic variables than poverty. Yet, we can find similarities between the two countries as in the case of poverty. Older persons having secondary or higher education have lower probabilities of low evaluation of health, by 46 per cent in Poland and by 52 per cent in Ukraine. A higher probability of bad self-rated health was found in retired persons. In Ukraine, most especially women, those aged 70 years and over who were also not working had a higher chance of having low self-rated health. The place of living, marital status and income had no influence on self-rated health.

Table 18: Relationship between self-rated health and characteristics of older people – results of logistic regression

	Poland				Ukraine			
	Odds Ratio	Std Err.	95% confid. interval		Odds Ratio	Std Err.	95% confid. interval	
Gender (ref. male)								
female	0.876	0.219	0.537	1.429	1.599*	0.323	1.077	2.376
Age (ref. 60-69 years old)								
70 years and over	1.147	0.283	0.708	1.859	2.409***	0.440	1.684	3.447
Education level (ref. primary)								
vocational	0.823	0.239	0.466	1.455	0.627	0.151	0.391	1.004
secondary or higher	0.542*	0.166	0.297	0.987	0.483**	0.113	0.305	0.764
Employment (ref. working)								
not working	6.653	7.466	0.738	60.002	7.440**	4.563	2.237	24.750
retired	10.727*	11.099	1.412	81.513	6.845***	3.748	2.341	20.018
Place of living (ref. big city)								
small/medium town	1.008	0.303	0.559	1.817	1.187	0.257	0.776	1.815
rural area	1.134	0.344	0.625	2.056	0.699	0.160	0.447	1.094
Marital status (ref. married)								
widowed	1.205	0.443	0.586	2.478	1.826	0.570	0.991	3.367
other	1.005	0.498	0.381	2.652	1.082	0.394	0.530	2.210
Household size (ref. single hh)								
2 persons	0.573	0.238	0.254	1.293	1.431	0.487	0.734	2.788
3+ persons	0.695	0.507	0.166	2.907	0.655	0.317	0.254	1.693
Children living at home (ref. yes)								
no	0.849	0.466	0.289	2.492	1.154	0.388	0.596	2.232
Household income deciles (ref. bottom 20%)								
mid 30%	0.860	0.261	0.474	1.559	0.942	0.226	0.588	1.506
top 50%	0.583	0.232	0.267	1.273	0.782	0.264	0.403	1.516

refusal	0.850	0.306	0.419	1.723	1.244	0.499	0.567	2.732
constant	0.075				0.057			
Chi² (DF)	43.8 (16)				130.5 (16)			
Pseudo R²	0.0785				0.1400			
N	501				685			

*p < .05. ** p < .01. ***p < .001.

The indicator of low life satisfaction was the only one measured differently in both countries. Dissatisfaction with life was specified in Ukraine as a score between 0 and 3 on a 10-point scale, and accounted for 35 per cent of the sample. In Poland, life satisfaction was evaluated significantly better than in Ukraine, low life satisfaction was defined with scores between 0 and 5, and accounted for 25 per cent of the sample.

The probability of being dissatisfied with life in Ukraine, only related to place of living. Persons living in rural areas had 38 per cent lower probability of being dissatisfied than people living in big cities. All other predictors were insignificant. In Poland, persons having high income and those in the oldest age group had lower probability of being dissatisfied with life. Surprisingly, people with secondary or higher education accounted for more than 90 per cent higher probability of being dissatisfied than people with primary education.

Table 19: Relationship between life satisfaction and characteristic of older people – results of logistic regression.

	Poland				Ukraine			
	Odds Ratio	Std Err.	95% confid. interval		Odds Ratio	Std Err.	95% confid. interval	
Gender (ref. male)								
female	0.777	0.181	0.492	1.227	0.827	0.158	0.569	1.202
Age (ref. 60-69 years old)								
70 years and over	0.613*	0.145	0.385	0.976	1.324	0.238	0.931	1.882
Education level (ref. primary)								
vocational	1.327	0.393	0.743	2.372	1.125	0.262	0.713	1.777

secondary or higher	1.908*	0.561	1.073	3.394	0.838	0.191	0.536	1.311
Employment (ref. working)								
not working	2.204	1.206	0.754	6.443	1.635	0.705	0.703	3.809
retired	1.458	0.598	0.653	3.259	1.448	0.495	0.741	2.831
Place of living (ref. big city)								
small/medium town	0.786	0.210	0.467	1.327	0.792	0.162	0.531	1.181
rural area	0.644	0.181	0.372	1.116	0.617*	0.134	0.403	0.946
Marital status (ref. married)								
widowed	1.557	0.554	0.775	3.128	1.591	0.469	0.892	2.837
other	1.757	0.775	0.740	4.173	1.587	0.539	0.816	3.087
Household size (ref. single hh)								
2 persons	1.043	0.409	0.486	2.251	1.594	0.512	0.850	2.990
3+ persons	1.473	1.002	0.388	5.588	1.305	0.600	0.530	3.214
Children living at home (ref. yes)								
no	1.280	0.639	0.481	3.408	1.190	0.378	0.639	2.219
Household income deciles (ref. bottom 20%)								
mid 30%	0.662	0.197	0.370	1.187	0.856	0.195	0.547	1.337
top 50%	0.452*	0.166	0.220	0.928	0.721	0.226	0.390	1.333
refusal	0.346**	0.132	0.164	0.730	0.540	0.215	0.247	1.179
constant	0.355				0.295			
Chi² (DF)	31.8 (16)				42846 (16)			
Pseudo R²	0.0536				0.0237			
N	501				685			

*p < .05. ** p < .01. ***p < .001.

Low social participation is less explained by demographic and socio-economic variables than other wellbeing indicators used in this study. In Poland the only significant predictor of

having a low frequency of socialising was education: older people with vocational education had 60 per cent lower probability of low frequency of contacts than those with primary education. If we expand the significance level to 0.1, people with secondary education and a high income had lower probability of low social participation; and people with another marital status (neither married nor widowed) had a higher probability of low social participation. In Ukraine, none of the variables were significant to a 0.5 level, but expanding to a 0.1 level reveals that old age (70 years and over) is connected to lower probabilities of low social participation.

Table 20: Relationship between frequency of social participation and characteristic of older people – results of logistic regression.

	Poland				Ukraine			
	Odds Ratio	Std Err.	95% confid. interval		Odds Ratio	Std Err.	95% confid. interval	
Gender (ref. male)								
female	0.901	0.208	0.572	1.417	0.964	0.215	0.623	1.192
Age (ref. 60-69 years old)								
70 years and over	1.420	0.325	0.906	2.223	1.514	0.322	0.998	2.298
Education level (ref. primary)								
vocational	0.398**	0.118	0.223	0.710	0.691	0.188	0.406	1.177
secondary or higher	0.617	0.172	0.357	1.067	0.763	0.197	0.460	1.266
Employment (ref. working)								
not working	0.819	0.462	0.272	2.471	0.854	0.422	0.324	2.249
retired	1.016	0.421	0.451	2.291	0.919	0.346	0.439	1.922
Place of living (ref. big city)								
small/medium town	1.548	0.421	0.909	2.638	0.904	0.216	0.566	1.932
rural area	0.916	0.261	0.524	1.603	0.831	0.212	0.505	1.369
Marital status (ref. married)								
widowed	1.683	0.572	0.864	3.278	1.038	0.347	0.538	2.000
other	2.209	0.987	0.920	5.302	1.039	0.413	0.476	2.265
Household size (ref. single hh)								

2 persons	1.261	0.492	0.587	2.708	1.143	0.422	0.555	2.355
3+ persons	1.413	0.932	0.388	5.144	0.906	0.482	0.320	2.568
Children living at home (ref. yes)								
no	0.666	0.317	0.262	1.695	0.818	0.296	0.403	1.661
Household income deciles (ref. bottom 20%)								
mid 30%	0.788	0.233	0.442	1.407	1.114	0.297	0.661	1.879
top 50%	0.777	0.282	0.382	1.584	0.906	0.336	0.439	1.873
refusal	0.519	0.186	0.257	1.049	1.027	0.447	0.437	2.409
constant								
	0,555				0.343			
Chi² (DF)								
	40.1 (16)				42896 (16)			
Pseudo R²								
	0.0645				0.0144			
N								
	501				685			

*p < .05. ** p < .01. ***p < .001.

Discussion

The analyses of older people's wellbeing presented in this paper were based on the European Social Survey for waves 2004 and 2012. The assessment included 14 indicators in three domains, which built the picture of older populations in two countries. A great majority of people aged 60 years and over in Poland and Ukraine are retired and depend on a pension as their main source of income. However, the share of people living on a pension decreased in 2012, implying that the source of income has become more diverse since the MIPAA.

The financial situation of older people is inferior to that of the total population of the country, yet it is better in Poland with less people in the bottom 30 per cent of income distribution. Relative poverty among older people dropped in Ukraine, but increased in Poland between 2008 and 2012. Despite objective changes, subjective evaluations of one's own financial situation decreased in Ukraine, and increased in Poland. Subjective health evaluations confirmed worse health of older citizens in Ukraine than in Poland. The share of people in good and bad health was similar in Poland, whereas in Ukraine three times as many people were in bad than in good health. Self-rated health has improved in both countries since 2004. Mental wellbeing scores were also better in Poland, especially in feeling free to decided how to live one's life, and perception of life as valuable, with similar level of depressive feelings.

The level of mental wellbeing improved in both countries between 2004 and 2012. Similar situations were observed in the life satisfaction indicator: a better level for Poland with improvement in both countries.

Social participation and generalised trust were higher in Ukraine than in Poland – the highest share of older people in Ukraine met once a week or more often with other people, and the highest share had a high level of trust. Both indicators were stable in Ukraine, while in Poland social participation dropped and trust level increased between 2004 and 2012. Living arrangements have also changed in different directions: more single households in Poland and less in Ukraine during the same period. The level of self-perceived discrimination was similar in both countries, and self-perceived safety better in Poland. Both indicators decreased in Ukraine and improved in Poland.

In summary, for 8 out of 14 indicators, wellbeing of older people in Poland was higher than in Ukraine, and in the next three indicators both countries were found to have similar levels. In only three indicators the situation was better in Ukraine: frequency of meeting with friends, trust of people, and living arrangements (less older people living in single households). All of them represented an enabling environment domain and this is the only domain where the Ukrainian score did not deviate from the results of Poland. In two other domains, older people and development, and health and wellbeing, older people in Poland enjoyed a higher level of material wellbeing, self-rated health, mental wellbeing and life satisfaction. The biggest difference was in favour of Poland and observed for subjective evaluations: self-rated health, life satisfaction, and evaluation of financial situations. Older people in Ukraine were found to have a much worse subjective perception of their quality of life.

During the 12 years after 2004, changes in the wellbeing level were diverse, with a positive trend more visible in Poland, where nine indicators increased and four decreased. At the same time, in Ukraine, six indicators increased, but five decreased. In both countries one could observe an improvement in health and wellbeing, whereas the picture in older people and development and enabling environment was more diverse. In Ukraine, deterioration was observed for subjective financial evaluations, self-perceived safety, and perception of discrimination.

The analyses of predictors of social exclusion have found three universal and several country-specific predictors. Having primary education, and living in rural areas, increase the probability of being in poverty, and bad self-rated health. Secondary or higher education is a strong factor protecting from poverty in Poland, and it decreases chances of having bad self-rated health by half in both countries. Rural areas - as a place of residence - double the chance of poverty in old age in both countries. Retirement means several (6-8) times higher probability of bad self-rated health compared to older citizens in employment. Country-specific characteristics included the oldest citizens (70+) of Poland having a lower probability of being dissatisfied with life; and being a woman in Ukraine increases the probability of

living in poverty and having bad self-rated health. The probability of living in poverty and (to a lesser extent) having bad self-rated health, can be explained by socio-economic characteristics of respondents, but low social participation could be explained by other factors (such as personality or life-course experience).

Concluding remarks

Between 2004 and 2012 Ukraine and Poland saw a marked improvement of important economic and social macro indicators. During that period, GDP per capita increased in Ukraine by 180 per cent and by almost 100 per cent in Poland (World Bank data). Life expectancy also improved: by five per cent (3.2 years) in Ukraine and by three per cent (1.9 year) in Poland. Life expectancy at 60 increased even more, by eight per cent in Ukraine and by six per cent in Poland. Despite faster improvement in Ukraine, the difference to its neighbour is still significant. In 2012 Poland had more than three times higher GDP per capita (Ukraine 3.8 k USD, Poland 13.1 k USD) and the gap in life expectancy is still meaningful: at birth it is that of six years, and at 60 it is at three years for the total population (WHO Global Health Observatory).⁵

The micro perspective confirms the macro overview, showing a significant difference between Ukraine and Poland despite improvements in both countries; it also gives a broader picture of wellbeing. Despite a lower level in 2004, wellbeing in the Ukraine did not converge to Poland's level. The gap is especially visible in the areas of material conditions, self-rated health, mental wellbeing, life satisfaction and self-perceived safety. The only areas where the Ukraine stands out are social participation, trust and living arrangements.

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⁵ Data retrieved from: http://www.who.int/gho/mortality_burden_disease/life_tables/en/

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