



THE GREAT GENERATION OF KAZAKHSTAN:
INSIGHT INTO THE FUTURE

The United Nations Development Programme with participation of the United Nations Population Fund commissioned a group of authors to prepare the National Human Development Report for 2005

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FOREWORD BY MR. DANIAL AKHMETOV PRIME-MINISTER OF THE REPUBLIC OF KAZAKHSTAN

The dynamic market transformation that took place after independence has enabled significant achievements by Kazakhstan's economy and allowed the initiation of large-scale outreach programmes.

Pensions and benefits have been raised and so have wages in the Government-funded sector. In healthcare and education funding has been improved with a set of measures underway to enable systemic changes. Much focus has been on rural development and the State Program of Residential Construction.

President Nazarbaev identified sustainably improving quality and standard of living as a priority to be achieved for the country to become one of the top 50 most competitive countries.

In this regard, the Government is focused on developing mechanisms of targeted social assistance for the poor and disadvantaged groups of the population and further improving the standards of social security and social services.

This National Human Development Report is a wealthy source of information and can be a good starting point for the discussion of issues important for human development.

It should be emphasized how topical and useful the UNDP-commissioned research on the role and needs of the older population is. It is even more important now when Kazakhstan is going through radical social and economic changes and shaping new priorities for the future.

Finally, I would like to thank UNDP and the authors of the 2005 National Human Development Report for Kazakhstan for their good work and express confidence that their future endeavors in Kazakhstan will be a success.



FOREWORD BY MRS. YURIKO SHOJI UN RESIDENT COORDINATOR IN THE REPUBLIC OF KAZAKHSTAN

In recent years the international research community has focused more on human measurements of economic development, which is captured in many strategic, programming and analytical documents of international organizations. Economic development should be translated into more and better choices, potential and capabilities of people. Human development enables poverty alleviation, democratic development and social and political stability in society, which along with other issues are topics of the yearly National Human Development Reports published in Kazakhstan since 1995.

This year, the 60th anniversary of the end of the Second World War and the founding of the United Nations, UNDP in cooperation with UNFPA have prepared the tenth National Human Development Report. The Report analyses population ageing in Kazakhstan from the perspective of human development - a topic not sufficiently studied but crucial for Kazakhstan's further development.

National policy in many countries including Kazakhstan needs to incorporate the issue of ageing and appropriate support mechanisms for older people into the mainstream of social and economic planning. Policies for employment, health, incomes and social care should take account of the needs of older people. Alongside the government, civil society, research and academic institutions, professional organizations, mass media and businesses should be extensively involved in improving the living standards and status of older people. Such organizations' involvement in developing and monitoring targeted programs will facilitate coverage of various spheres of older people's lives, making national policies more effective. Bilateral and multilateral donors must also take account of the contributions and needs of older people as a critical element in poverty reduction.

This Report is based on independent research made by prominent national experts, whose views may not necessarily be those of the Government of the Republic of Kazakhstan or the United Nations. I wish to use this opportunity to extend my deep appreciation to all individuals and organizations that contributed to the development of this document.

I believe that this Report will stimulate a wide national dialogue on the role and status of a great generation from the point of view of human development in Kazakhstan!



FOREWORD BY THE AUTHORS' GROUP

Over the last decades many countries have faced an increase in the proportion of older people in their total populations, which is called population ageing. Global ageing is an unprecedented phenomenon in human history and therefore all situation assessments are based on estimations and projections. However most researchers believe such processes will have serious implications in many fields of life and need to be studied and analyzed, including an analysis from the perspective of the human development implications.

Population ageing is observed in both the CIS neighbor states and developed European countries. The UN experts estimate that the proportion of people aged 65+ will grow in the overall populations of such countries as Austria, Switzerland, Germany, Russia, Ukraine, etc.

Population ageing is a relatively new phenomenon for Kazakhstan. According to the 1999 census, 6.7% of Kazakhstan's populations are people aged 65 and more, which indicates that Kazakhstan is at the threshold of ageing. The fact that Kazakhstan is become a country with a predominant share of older population suggests that policies concerning many issues need to be revised and a common concept of the state policy relating to older people developed.

The authors of the report hope that its content and conclusions will enable a different perspective from which the role of the great generation in Kazakhstan's society can be looked at.

Authors' group

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EXECUTIVE SUMMARY

Today's demographic situation in Kazakhstan is characterized by sustained growth in the proportion of older people in the population, which is part of global population ageing. Population ageing - the increase in the proportion of older people - is caused by a decrease in the total fertility rate and improved life expectancy and has become a predominant worldwide demographic trend. The UN estimates suggest that, by 2050, the world will have around 1.5 billion older people, which is 14.7% of the total global population.

As an important process seriously affecting the future development of many countries and entire regions, population ageing is a focal area for international organisations. The primary international document concerning ageing is the International Plan of Action on Ageing, which guides understanding of ageing and the development of related policies and programmes. This document was approved by the UN General Assembly in 1982 and aims to build capacities of governments and civil societies to address effectively the challenges posed by ageing and to consider the development opportunities of older people. At the Second World Assembly on Ageing held in April 2002 UN member countries adopted a Political Declaration and the Madrid International Plan of Action on Ageing, which went beyond defining ageing policies from a social security perspective and focused on the need to discuss development policies.

Population ageing is a relatively new phenomenon for Kazakhstan and, therefore, has not been assessed or adequately addressed in national policy documents and legislation. At the same time, the proportionately larger older population is beginning to affect the social and economic situation in Kazakhstan.

This report is the first in-depth research into the role and needs of older people from the perspective of human development in Kazakhstan. It analyzes the country's basic social and economic performance indicators and the increased proportion of older people and its implications for the economy, healthcare, pension schemes, and intergenerational relations, including family relations.

The report seeks to analyze the current and future social and economic status of Kazakhstan from the standpoint of population ageing and to identify issues related to human development opportunities.

It also seeks to raise public awareness of the key human development issues in the context of ageing and give recommendations for special programmes/interventions at the national and local levels.

The National Human Development Report consists of introduction, six chapters and conclusions and reviews and analyzes such areas as human development and older people; labor market and employment; healthy ageing and high-quality healthcare, education for all generations; older people's participation in political and social life.

• Human development and older people

Basic human development indicators embrace three main human development components, which are longevity, education and living standards. Each of these components embraces important opportunities. For example, longevity means an opportunity to live a long and healthy life; education means an opportunity to acquire knowledge and communicate; while living standards imply access to resources required for a decent living and the ability to be socially mobile and involved in the life of society. The most recent Global Human Development Report places Kazakhstan 80th in the HDI ranking based on domestically-made estimations of life expectancy (66.2 years), literacy rate (99.5%), enrolment rate (84%) and GDP (PPP USD7,260). The report provides detailed analysis of trends in Kazakhstan's human development since 1990.

Ageing results from demographic indicators changing over a long time, changed reproduction and migration. This process differs between countries, in most of which it is a result of decreased mortality and increased life expectancy. What distinguishes population ageing in Kazakhstan is that it results from two factors: decreases in the fertility rate and a high death rate, especially among men of working age.

The report provides projections of Kazakhstan's population till 2030 based on estimated annual increases/decreases of the population and the age/sex breakdown of the population at the beginning of 2003. The review of the projected age composition of the country's population shows a rise in the proportion of the population aged 65+ to 7.8% in 2005, although by 2010-2015 it will drop to 7.2%. After that the population will be clearly ageing, which will result in an increase to 11.5% in the proportion of older people by 2030. Such projections justify the development of social and economic policies taking into account demographic trends in order to provide for decent maintenance in old age.

• Labor market, income and employment

At the current stage, Kazakhstan's economic and social reforms aim to facilitate social and human development. Decent old age provision is a priority for a people-centered state, which Kazakhstan is. The country has always treated the matter as a priority. The main rationale behind this is that most retirees have only one income source, which is their pension benefit. The pension's purchasing power directly affects the welfare, longevity and quality of life of retired people.

Social policy interventions identified in the State Poverty Reduction Program for 2003-2005 were partly aimed at raising living standards of older people in Kazakhstan. The Program targeted a one third reduction in poverty incidence in 2005 compared with 2002, which was achieved by 2004. Continued interventions to eradicate poverty give Kazakhstani people better chances to live a long and healthy life, access adequate education, par-

ticipate in social life and have sufficient income to meet other socio-cultural needs.

High economic growth rates are having a positive effect on the employment status of Kazakhstan's population. Workers aged 60+ make up 3.5% of all those employed, or 16% of the total population aged 60+, of which 23.5% are men and 11.6% women. Globally, proportions of older workers tend to decrease in the older age groups. In Kazakhstan this is more evident among women.

Older people tend to be employed more in rural rather than urban areas. This is attributable to seasonal agricultural work, which is an additional source of income for rural households and provides additional work for older people. This situation is also associated with limited employment opportunities for young people who tend to migrate to urban areas in search of work. This accounts for a decline in rural population size and an increase in the proportion of older workers in rural areas.

In addition to access to basic socio-economic resources and political freedoms, access to financial services, credit, saving and insurance is one of the most illustrative indicators of human development in society. Kazakhstan's socio-economic policies prioritize support to low-income groups through small enterprise development as one of the most effective approaches and microcredit for individual entrepreneurs as one of the key components. Few older people can access microcredit to better their financial welfare, because individual credit terms are largely unacceptable for them. By ensuring more flexible and softer credit terms for older people, the Government could increase their chances of achieving better living standards.

• Healthy ageing and high-quality healthcare

Health and quality of life are the most prominent problems the older population faces. Morbidity in old age has some specific features such as the diverse and chronic nature of diseases. The top four diseases of old age are:

1. cardio-vascular diseases
2. cerebrovascular disorders, mainly cerebrovascular accidents
3. Locomotive disorders
4. malignant tumors

Older people get sick more, which results in more visits to outpatient facilities: almost twice as many as other age groups. Despite the fact that disease incidence rates grow over time, inpatient care for people older than 60 remains the same, which does not appear to fit reality.

Mortality rates are a major criterion for assessing and characterizing the health status of the population. Death is part of the natural life cycle but in society death has social implications. The crisis of the transition period inevitably affected the health status of Kazakhstani people adversely. From 1995 to the present mortality rates have been high. As in most countries, Kazakhstani men die younger than women. Predominant male versus female mortality rates start in young age groups. For example, at

ages 25-29 the predominance is caused by high mortality caused by accidents, but at older ages by high male mortality caused by cardio-vascular diseases. The data analysis in the report suggests the existence of male **over-mortality** in Kazakhstan.

Lack of gerontologic services, high disease incidence, disability and mortality rates of older people, as well as legal limitations of social guarantees in old age reinforce the need to identify and develop strategies to address ageing-induced problems in Kazakhstan, one of which is a **healthy ageing strategy**.

• Education for all generations

The report looks at education as a key factor contributing to better life quality of older people. Here we should distinguish between the *importance of education* acquired throughout life as a guarantee of decent living in old age and the *importance of education* after officially becoming a retiree when a) further education is important because it allows older people to acquire new knowledge and skills; b) older people's experience gained throughout life and professional qualities gained as a result of life-long learning are used by the educational system, society and family in order to satisfy common needs. In any case, education in the context of ageing is more than bare provision of further education for older people at their request.

After retiring or choosing to retire, any person aged 65+ is entitled to continue to live an economically active and socially useful life. However, the fact that older people are poorly adapted to the market environment and new social relations limits their capacity to participate in different aspects of social life such as satisfying their personal spiritual development needs and engaging in new activities useful for family and society. In this case, older people face the need to further their education, acquire new knowledge, competencies and skills regardless of their existing educational level.

Obviously, older people's involvement in public life and labor activities depends on their activity and interest to respond to new environments by acquiring new skills. However, it does not only depend on the activity and flexibility of older people. Our society traditionally considers the elderly as non-labor resources. This indicates to what extent older people's capacity is important for both individuals and society as a whole. In this context, it becomes increasingly important that society supports its older members. As a public life sphere, education has both formal and informal structural elements that seek to provide educational services to people of all ages, including older people, to the full extent of their learning abilities and preferences.

• Older people in the political and social life of the state

Whether the political and social activity of the population depends on age may be observed in the political and social culture and political socialization embracing the following three components:

- awareness of and interest in politics and public life;
- confidence in political and social institutions;
- political and social participation.

In Kazakhstan older people appear to be fairly interested in politics and public life. They trust political institutions and participate in political life. However, older people confide and participate in civil society less, although they have skills and knowledge that could be widely employed in local communities.

There are no specific social and political characteristics that can be attributed to older people, since they vary depending on the conditions of socialization. In Kazakhstan ageing leads to increasing numbers of people socialized in a different period than today's older people. As a result, people joining the older age group by 2015 will have different political and social behaviors, i.e. they will be more socially and economically active but less involved in political life and less trusting of political institutions.

There are no special government interventions focused on the older age group. Interventions related to older people are either focused on subgroups such as veterans of the Second World War or disabled older people or retirees as a whole by providing special benefits. International and national NGOs, voluntary organisations and associations practice the same. To a large extent indefinite strategies related to older people are associated with the varied interests of different stakeholders and a lack of awareness of the problem in Kazakhstan. Overall, the relative political and social activity of Kazakhstan's older population remains largely underutilized.

• Conclusions and recommendations

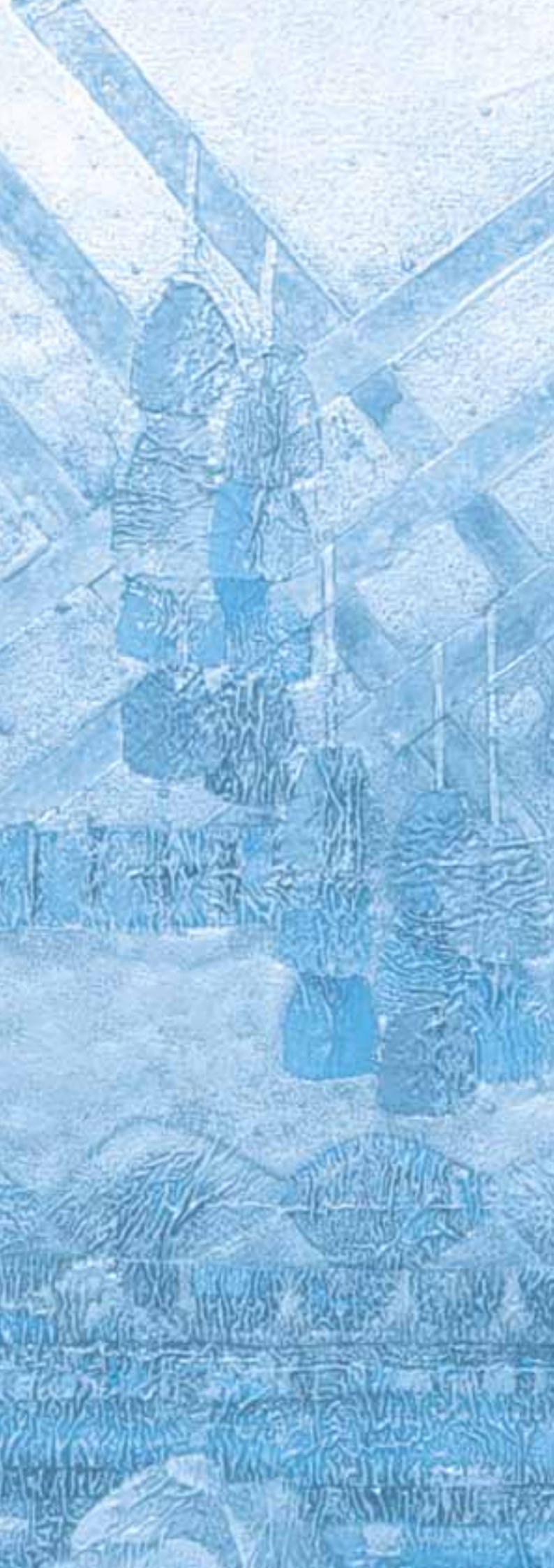
Population ageing presents new challenges and, at the same time, provides new opportunities to improve the lives of some people and establish a new socio-economic and cultural environment. Policies providing for investment in social relations, human resources and the economy can prevent unnecessary dependency in old age or as a result of population ageing. Provided effective investment is made in advance, ageing can be changed from a resource-depleting factor to one that builds human, social, economic and environmental capacity.

In this context, based on review and analysis of population ageing in Kazakhstan, the final section of the report offers the following:

- developing state policies and implementation mechanisms
- creating a legislative framework
- creating infrastructure
- providing information
- institutional development and capacity building for stakeholders.

ACRONYMS

ADB – Asian Development Bank	MDG – Millennium Development Goal
AIDS – Acquired Immunodeficiency Syndrome	MEBP – Ministry of Economy and Budget Planning of the Republic of Kazakhstan
AOC – apartment owners' cooperative	MEC – Ministry of Education and Science of the Republic of Kazakhstan
APK – Agrarian Party of Kazakhstan	MH – Ministry of Health of the Republic of Kazakhstan
CARK – Central Asian Republics and Kazakhstan	MLSP – Ministry of Labor and Social Protection of the Republic of Kazakhstan
CIS – Commonwealth of Independent States	MM – mass media
CPK – Civil Party of Kazakhstan	MSS – medical and social services
CPK – Communist Party of Kazakhstan	NGO – non-governmental organization
CPPK – Communist People's Party of Kazakhstan	NHDR – National Human Development Report
DCK – Democratic Choice of Kazakhstan	PPK – Patriot Party of Kazakhstan
DPK – Democratic Party of Kazakhstan	PPP – purchasing power parity of national currency
EBRD – European Bank for Reconstruction and Development	RK – Republic of Kazakhstan
EU – European Union	RKSA – Republic of Kazakhstan Statistics Agency
GDI – Gender Development Index	SWW – Second World War
GDP – Gross Domestic Product	TFR – total fertility rate
GRP – Gross Regional Product	UGS – ungraded school
HDI – Human Development Index	UN – United Nations
HDR – (Global) Human Development Report	UNDP – United Nations Development Programme
HEI – higher education institution	UNFPA – UN Population Fund
HIV – human immunodeficiency virus	UNICEF – UN Children's Fund
HPI – Human Poverty Index	USSR – Union of Soviet Socialist Republics
ILO – International Labor Organization	VS – vocational school
IOM – International Organization for Migration	WB – World Bank
JSC – joint stock company	WHO – World Health Organization
KCS – knowledge, competencies and skills	
LE – life expectancy	
MA – Ministry of Agriculture of the Republic of Kazakhstan	



INTRODUCTION

POPULATION AGEING IN THE WORLD AND IN KAZAKHSTAN

Population ageing is a challenge many countries now face. Estimates suggest that by 2050 the world's older population will outnumber the young, a situation which some developed and developing countries experienced back in 1998.

Population ageing, which is the increase in the proportion of older people, is caused by a decrease in the total fertility rate and improved life expectancy and has now become the case almost everywhere. Population ageing emerged in France in the late 18th century and then extended over all developed nations. However, the older population has never been growing so rapidly and extensively as it is today.

Researchers of population ageing and related issues take different approaches to defining age groups. N. Sachuk cites data of the WHO European Regional Bureau (1963), which suggests that people aged 60–74 are older people, those aged 75+ are old people, while people aged 90+ are considered long-livers. In 1982 the World Health Organization identified the age of 65 as an indicator of older age, and this is now the indicator recognized in most states.¹

Population ageing impacts various areas such as economic development, savings, tax use and inter-generational transfers. The social impact is on the population's health status, family composition, lifestyles, housing condition and migration. Not only is ageing a demographic phenomenon, it can also determine political processes, i.e. ageing electorate and the issue of representation of interests of different age groups in political life.

Population ageing is accompanied by greater dependency of older people on the economically and socially active population. Poor health, an unstable financial situation and lower competitiveness on the labor market at pre-retirement and retirement age are typical characteristics of the status of most older people in society. Many older people feel poorly adapted and excluded from today's socio-economic environment. Families have been seen to become less responsible for taking care and meeting the needs of their elderly.

Trends in population ageing vary between countries, depending on their economic and social development and existing policies. Analysis of demographic indicators of many European countries shows a consistent trend towards ageing of the population. In 1997 the percentage of older persons in Germany was 15%, while by 2020 this is predicted to increase to 22%. In the UK it was 16% in 1997, but is expected to increase to 21% by 2020. In France 15% of the population was older than 65 in 1997, while this proportion is likely to rise to 19% in 2020. Other western and eastern European countries may be expected to demonstrate similar trends. In 1997 18% of Sweden's population was aged 65+, already one of the highest in Europe, but by 2020 21 per cent² of the population will be over 65 years.

Table №1. Share of population aged 65+ in EU countries (%)

Country	1975	1997	2020 (estimates)
Austria	15	15	19
Belgium	14	16	18
Great Britain	14	16	21
Germany	14	15	22
Greece	13	16	18
Denmark	13	15	20
Spain	11	16	17
Italy	12	16	19
Luxembourg	14	14	20
Netherlands	11	13	19
Portugal	10	15	16
Finland	11	14	22
France	13	15	19
Sweden	15	18	21
For comparison:			
USA	10	12	16
Japan	8	15	21

The population of the Asia-Pacific region, where over a half the entire older population lives, has been ageing rapidly for the last 50 years. The proportion of older people grew from 7% in 1950 to 9.4% in 2000 and is estimated to increase to 15.4% in 2025 and 23.5% in 2050.³ It should be noted that population ageing is more rapid in developing rather than developed countries. Moreover, developing countries will have less time to handle the implications of this process. Today the median age of the world's population is 26 years. The country with the youngest population is Yemen, with a median age of 15 years, and the oldest is Japan, with a median age of 41 years. By 2050, the world median age is expected to have increased by ten years, to 36 years.

The countries of Asia-Pacific can be divided into three groups, by speed of population ageing⁴:

1. Fast population ageing rate (**25% of older people by 2050**) - Hong Kong, China, Thailand, Singapore, Sri Lanka, New Zealand, **Kazakhstan**, Azerbaijan, Georgia and Armenia.
2. Medium population ageing rate (**between 20 and 25% of older people by 2050**) – Mongolia, Malaysia, Vietnam, India, Turkey, Uzbekistan, Tajikistan and Kyrgyzstan.
3. Slow population ageing rate (**20% of older people by 2050**) – Cambodia, Philippines, Pakistan, Bangladesh, the Laos People's Democratic Republic and Turkmenistan.

Kazakhstan has crossed the threshold of population ageing relatively recently. However, this process will be

¹ Breev B.D. About population ageing and depopulation. // SOCIS. - 1998. - N2. - p. 62-63.

² World Economy and International Relations, 1999, № 10.

³ M.Nizamiddin. Population ageing: policy responses to population ageing in Asia and the Pacific http://www.unescap.org/esid/psis/population/popseries/apss158/part1_4.pdf

⁴ World Population Ageing 1950-2050 (United Nations publication) / <http://www.un.org/esa/population/publications/worldageing19502050/index.htm>

come far more rapid very soon. At the beginning of 1999 the proportion of people aged 65 and over was 6.7%, versus 7.4% at the beginning of 2004⁵. Kazakh experts project this figure to grow to 11.5 by 2030.

As an important process seriously affecting the future development of many countries and entire regions, population ageing is a focal area for international organisations. The first international document concerning ageing is the International Plan of Action on Ageing, which guides understanding of ageing and the development of related policies and programmes. This document was approved by the UN General Assembly in 1982 and aims to build capacities of governments and civil societies to address effectively the challenges posed by ageing and to consider the development opportunities of older people. The International Plan contains 62 recommendations to conduct scientific and applied research, collect and analyze data, and covers a number of areas such as social security, income and employment, education, healthcare, family, housing and environment. The UN Principles towards Older People adopted by the General Assembly in 1991 determine universal standards related to the status of older people in five key areas: independence, participation, care needs, self-fulfillment and dignity.

At the Second World Assembly on Ageing held in April 2002 UN member countries adopted a Political Declaration and Madrid International Plan of Action on Ageing, which went beyond defining ageing policies from a social security perspective and focused on the need to discuss development policies. It was recognized that older people were a powerful yet unused resource in society. The document also gave recommendations on how to adjust policies related to the elderly and to build a society for people of all ages.

Demographic changes experienced by different countries, which are caused by population ageing, have a serious effect on economic development and the structure of national expenditure. Most European countries already have a heavy taxation burden, with governments facing opposition to high taxes. Research shows that European population ageing may have an adverse economic effect. Between 2005 and 2035 the able-bodied population of Italy will decrease by 20% and by a further 15% by 2050. A continued decline in the labor force will result in a decline in economic development, unless the employment rate and labor productivity grow proportionately. The number of people depending on each working person will grow. Between 2005 and 2050 the proportion of people aged 65 and over will increase to 44% in Italy, while a 30% decline in the able-bodied population will result in an increase in the proportion of dependents from 32% of the total population in 2005 to 67% in 2050.⁶

The potential support ratio – number of people of working age (between 15 and 64) per each person aged 65+ – will generally decrease twofold, from four to two, approximately.⁷ This ratio underlies social security schemes

and indicates an increasingly high burden on future generations of the labor force.

The social and economic implications of ageing are a prominent topic in the research and socio-political communities of the European Union. In the near future, subsequent generations are projected to be fewer in number than previous generations, while their capacity to provide their ancestors with life commodities will decline. Research by B. Felderer, a demographer of Köln University, suggests that Germany will have to increase significantly pension contributions, which will need to reach 30% of wages by 2030-2035. By that time health insurance will need to be 30% more than in the early 1980s. M. Palmer, a British demographer, states that since population ageing causes an increase in the share of people with lower income, there will be less demand for the products of some industries.⁸

The financial implications of ageing will soon become evident in Australia, Armenia, China, Georgia, New Zealand, Singapore, Russia and some other countries, where a decline in the proportion of the working age population will reduce tax revenues. The number of workers is decreasing relative to the number of retirees, putting more financial pressure on governments to ensure adequate pension schemes. This causes inequality between generations in terms of division of financial burden.

In addition, population ageing causes an increase in public expenditure on healthcare, which, in many countries, has the following rationale: 1) the older population tend to be more exposed to sickness and access healthcare services more; 2) older people tend to spend more on healthcare than young people; 3) families tend to stop playing the role of carers of the elderly, meaning that it is increasingly governments rather than families that pay for healthcare. For example, in Korea the proportion of money transferred by children as an income source for their older parents dropped from 72.4% in 1980 to 56.3% in 1995.

Demographic changes currently occurring cause changes in the relationship between different generations in families, local communities and societies as a whole. At the same time, inter-generational relations are critical to the future development of society. In his message on the International Day of Older Persons of 1 October 2003 UN Secretary-General Kofi Annan said “Every one of us can help build bridges between generations by embracing the skills of older persons, whether in community or family affairs, agriculture or urban entrepreneurship, education, technology or the arts, poverty reduction or peace building. The challenge before us is to bring the invaluable attributes of older people out of obscurity and into step with other instruments of development -- including the work to achieve the Millennium Development Goals, our blueprint for building a better world in the twenty-first century.”

Human development, including that of older people, is closely linked to the Millennium Development Goals (MDGs), which to a large extent determine the devel-

5 Demographic Yearbook of Kazakhstan. 2004. Almaty, 2005. p.20

6 Population ageing will hamper European economies and their budgets at www.inosmi.ru

7 Joseph Alfred Greenblat. Immigration scenarios for ageing Europe // Domestic Notes, №4 2004

8 Demography as a global headache. Press review//Economic review, №12, 2003 <http://www.review.uz/archive/article.asp?y=2003&m=46&id=74>

opment of national social and economic policies. The MDGs focus on eradicating extreme poverty and hunger, achieving universal primary education, promoting gender equality and empowering women, reducing child mortality, improving maternal health, combating HIV & AIDS, ensuring environmental sustainability and establishing global partnership for development.

Pursuing MDG targets contributes to more effective human development. From this perspective, Kazakhstan has to address such issues as short life expectancy, low birth rate, poverty reduction, access to and quality of education for all generations, safe drinking water, removing environmental challenges to health, and protecting vulnerable groups, including the elderly.

Some countries have attempted to look at improving the status of older people holistically. In Russia, the Concept of State Social Policy concerning Elderly People till 2010 was prepared as a follow-up to the Federal Targeted Programme “Older Generation”. The Concept highlights the need to complement current economic and institutional solutions to support the older population with special measures. There have been significant allocations from the national budget to implement this program.

Faster population ageing has become a prominent challenge for China in the 21st century. Having the largest older population in the world, China has been proactive in ensuring adequate living conditions for older people and reducing ageing-induced pressure on the country's social development. In China there are bodies set up within central government and local authorities of different levels to work with the elderly. China has adopted a law protecting the rights and interests of older people. Urban older people can access ageing and medical insurance as well as receive subsistence minimum benefits. In many areas the elderly can access free medical examinations, bus passes and park visits.

European experts suggest two economic tools to address the challenges of population ageing. The first is to increase employment levels among the able-bodied population. At the Lisbon Summit of 2000 EU leaders set a target of increasing, by 2010, the overall employment rate to 70% and the employment rate in the 55-64 age group to 50%. The second tool entails enlarging the economically active population by raising the retirement age. However, this tool was largely unsupported, and last year German policy-makers abstained from increasing the retirement age to 67 years.

Population ageing takes various forms. In most countries it is a result of decreased mortality and increased life expectancy. **What distinguishes population ageing**

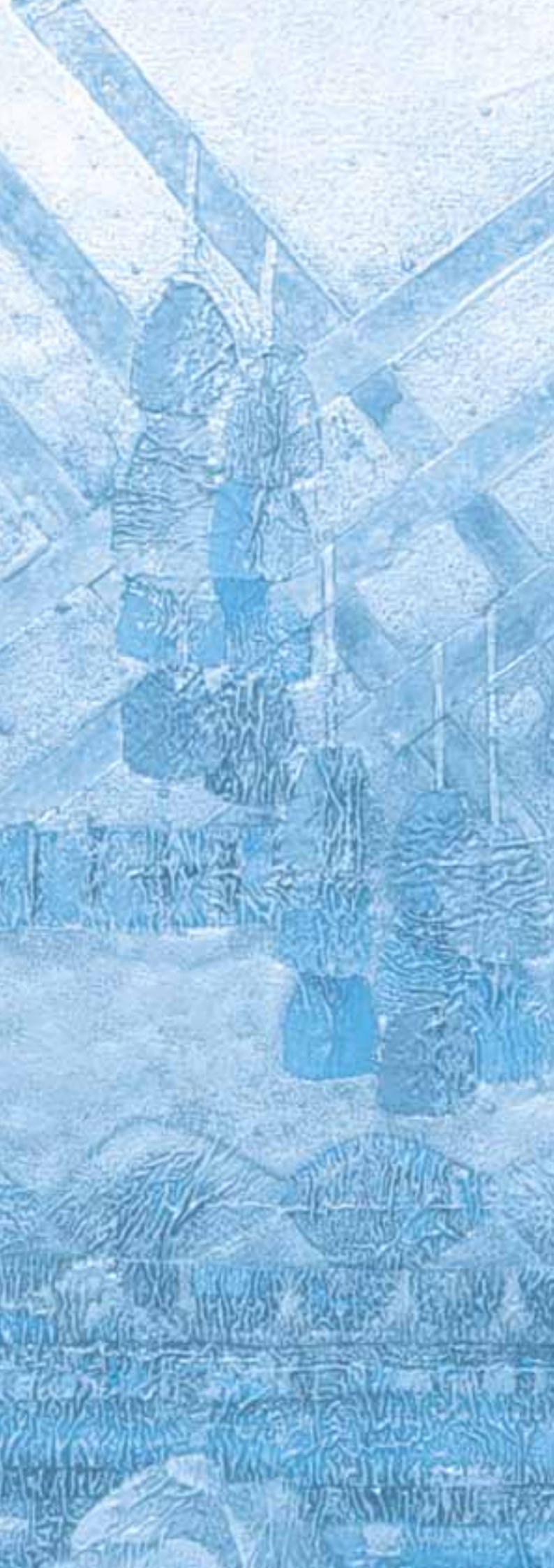
in Kazakhstan is that it results from two factors: decreases in the fertility rate and a high death rate, especially among men of working age. With disparities in male and female life expectancies still significant, the male and female populations continue to be out of balance, particularly in the older age groups.

Population ageing is a relatively new phenomenon for Kazakhstan and, therefore, has not been assessed or adequately addressed in national policy documents and legislation. At the same time, the proportionately larger older population is beginning to affect the social and economic situation in Kazakhstan.

Population ageing poses new challenges and, at the same time, opens new windows to improve the lives of some people and establish a new socio-economic and cultural environment. Policies providing for investment in social relations, human resources and the economy can prevent unnecessary dependency at later stages of human life or as a result of population ageing. Provided effective investment is made in advance, ageing can be changed from a factor depleting resources to a factor building human, social, economic and environmental capacity.

Economic and social implications of population ageing are both a challenge and an opportunity for any society. Some western experts note that an increase in the share of older people as such does not automatically affect the economy in a negative way. This is illustrated by Sweden, where the proportion of people aged 65 and older is the largest in the EU (over 17%) but the economic implications of ageing do not cause much concern. This may be explained by the fact that over decades Sweden was taking action to improve the status of low-income groups, including retirees, i.e. pursued wealth redistribution policies. The result is that income differentials are less profound in Sweden than in other countries.

Kazakhstan is at an early stage of becoming a country with a predominant proportion of older people. A holistic approach should be taken to address the challenges posed by population ageing. This, however, will not be possible without a universal concept of national policies related to older persons. Such policies should combine political, legal, economic, healthcare, social, research, cultural and informational actions aiming to improve the living standards and quality of life of older people, building on social solidarity and developing new attitudes towards ageing as part of the life cycle. It is noteworthy that in addition to the government itself, NGOs, research institutions, professional organisations, mass media and businesses can and should be involved in enhancing the role of older people.



CHAPTER 1

HUMAN DEVELOPMENT IN KAZAKHSTAN AND ITS INDICATORS

1.1. TRENDS IN ECONOMIC DEVELOPMENT AND ALLOCATIONS FROM THE NATIONAL BUDGET TO SOCIAL NEEDS

Although not critical, economic development rates are important for human development. Over 2000-2004 Kazakhstan's average annual economic development rate was 10.4%, which meant that by the end of 2004 Kazakhstan's GDP was 3.6% greater in real terms than in 1990.

Insert 1.1.

Economic development around the globe⁹

The CIS Statistical Committee reports that as well as in Kazakhstan, rapid economic development rates have been observed in Azerbaijan and Armenia at 10.6 and 10.5% respectively. However, GDP per capita in these countries is approximately two times lower than in Kazakhstan.

In such East European countries as Hungary and the Czech Republic economic development rates from 2001-2004 were 3.5 and 2.9% respectively, which means that their annual increase was three times lower than that of Kazakhstan. However, their GDP per capita was US\$13-16,000, which is approximately twice as high as in Kazakhstan.

Russian economic development rates are slightly lower than the target of 7.2%, which would mean a doubling of its GDP from 2000-2010. In 2001-2004 the average annual economic development rate was only 6.8%, which would double GDP by 2011.

China is a rapidly developing economy whose average annual economic development rate was 7.8% during 1997-2000. This allowed China to double its GDP in less than one decade. However, Chinese GDP per capita was PPP US\$5,003 in 2003, which is 25% less than in Kazakhstan.

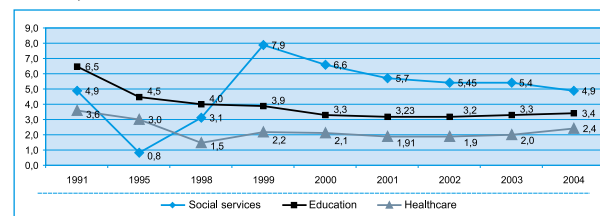
Over the same period the most developed countries, namely Norway and Sweden, enjoyed economic development rates of 1.8% and 2% respectively. The economic development rates of the largest economies, US, Japan and Germany, were 2.5, 1.6 and 0.6% respectively. However, it should be noted that the GDP per capita of most developed countries stands at over PPP US\$30,000, which is 4-5 times more than in Kazakhstan.

Currently, the World Bank classifies Kazakhstan as a middle income country, while *its economic development rates are on average two times faster than those of other middle income countries*. Even without taking account of PPP, which more than doubles GDP, this reinforces the President's message to the people of Kazakhstan of 18 February 2005 saying that "as early as 2010 we will be able to increase our GDP per capita to US\$5,800, which is the current level of countries such as Czech Republic, Hungary, Poland and Malaysia, while by 2015 it will increase to nearly US\$9,000"¹⁰.

Rapid economic development accounts for the 2.2 times increase in budget revenues in 2004 versus 2000, which equates to an average increase of 21.5% per annum¹¹. The average annual inflation rate was 6.9% over the period 2001-2004¹².

Greater budget revenues versus inflation means new challenges can be addressed, such as population ageing, consistent implementation of social support schemes, poverty reduction and sustainable improvement of living standards. At the same time, lower public expenditure versus GDP over the last 10 years (22-26%) compared to 1991 (38%) limits allocations to overall social needs (see Figure 1.1).

Figure 1.1 Allocation from national budget to social needs, 1991-2004



Source: *Living Standards and Poverty in Kazakhstan. Statistical monitoring. Joint publication by the RK Statistics Agency and the UN Theme Group on Poverty Alleviation, Employment and Social Safety. Almaty. 2005. – 296 p. – P.9.*

Of note are the extremely low levels of expenditure on social security and social assistance in 1995, which was only 0.8% of GDP. By 1999 this had grown to 7.9%, in response to a great need for social support. Later, the much improved economic situation of 2000-2004 allowed a gradual reduction in social expenditure to 4.9%.

From 1995-2001 there was a serious cut in public expenditure on education by 1.4 times, from 4.5% to 3.2% of GDP. This increased to 3.4% by 2004 but was still less than the 6-7% of GDP recommended by the Dakar Conference on Education for All and less than the level of a number of developed and developing countries, as well as Eastern Europe and the CIS. Thus in Norway and Sweden public expenditure on education is over double that of Kazakhstan, standing at 6.8 and 7.6% of GDP respectively. The Czech Republic, Hungary and Poland also spend around 1.5 times more on education than Kazakhstan – 4.4, 5.1 and 5.4% respectively. Also, there is higher public expenditure on education as a percentage of GDP in Belarus (6%) and Ukraine (4.2%).

Between 1995 and 1998 Kazakhstan's expenditure on health fell from 3.0 to 1.5% of GDP but, by 2004 had climbed back up to 2.4%, although this is still less than the level of developed countries and some Eastern European and CIS states. In particular, such countries as Germany, Japan, Norway and Sweden spend between 6.2 and 8.1% of their GDP on health, which is 2-3 times more than in Kazakhstan. In Eastern European countries as the Czech Republic, Hungary and Poland public expenditure on health is 6.7, 5.1 and 4.4% respectively, all significantly higher than Kazakhstan. Some CIS states also spend more on health than Kazakhstan. In 2001 public expenditure on health was 4.8% in Belarus, 3.7% in Russia and 2.9% in Ukraine.

Overall, *Kazakhstan's education and health expenditure as a percentage of GDP is 1.5-2 times less than 1991 levels, indicating a need to continue increasing public expenditure in these two major areas of human development*. However, this is hindered by the still *high share*

⁹ Economies of the Commonwealth Countries in 2004. Express report. CIS Statistical Committee. January 2005.

¹⁰ President's Message to the People of Kazakhstan of 18 February 2005

¹¹ Brief Statistical Yearbook of Kazakhstan. Statistical digest / Edited by K.R.Abdiev. – Almaty, 2005. – 216p. – P.175.

¹² Ibid. – P.184.

of the shadow economy in GDP, which stood at 21% in 2004 according to the RK Statistics Agency. It should also be noted that in 2004 over one third (34.2%¹³) of economic entities remained unprofitable, further limiting budget revenues.

The following threats to sustainable human development in Kazakhstan are worth noting.

Firstly, the nearly five-fold gap between agricultural and industrial price rises (by 22,200 and 101,200 times respectively) in 2004 versus 1990 results in *less agricultural versus industrial gross value added*. This mostly affects the economic and social development of agricultural areas. Therefore, a timely intervention would be a set of measures to developed Kazakhstan's agricultural complex as well as production and social infrastructure in rural areas.

Secondly, the *growing extraction-based nature of Kazakhstan's economy* should be noted. In 1990 the share of the oil and gas sector in total GDP was only 0.5%, but had reached 14.3% by 2003. The oil and gas sector now accounts for 36% of industrial production, 39% of construction, 11% of transport and 3.2% of real estate transactions. This increasing dominance of the oil and gas sector may threaten the country's economic security and hinder sustainable economic development.

1.2. HUMAN DEVELOPMENT INDICATORS FOR DIFFERENT AGE GROUPS

The UN-developed calculation methodology for the human development index (HDI) and human poverty index (HPI) does not include disaggregation by age (*see Technical Notes*). However, individual basic indicators of the integral indicators only cover specific age groups. For example, the HDI's enrolment rate is a ratio of all students enrolled in education among the population aged 5-24. The same applies to such indicators as "the proportion of young people aged 16 not enrolled in education" and "unemployment rate" used to calculate HPI for Kazakhstan. The household survey of living standards also provides data about age and gender-specific poverty incidence in Kazakhstan.

1.2.1. HUMAN POVERTY INDEX (HPI)

Despite a more than two-fold reduction in income poverty incidence from 1998-2004, Kazakhstan's human poverty index has not improved substantially. This can be attributed to the fact that other basic indicators fall more slowly than income poverty incidence.

Proportion of people not surviving to age 60. As before, in 2004 over 30% of Kazakhstan's population did not survive to age 60 (*see table 1.1 in Annex 1*). This can be attributed to low life expectancy at birth, which was 66.2 years in 2004. The proportion of people not surviving to age 60 has fallen slightly, from 33% in 1998 to 30.3% in 2004.

Regionally, the proportions of people not surviving to age 60 differ by around 10%. The highest proportion was registered in Karagandy where 37.8% and 36.1% of people did not survive to age 60 in 1998 and 2004 respectively. Even in the cities of Astana and Almaty nearly a quarter of the population still does not survive to 60 years of age.

Proportion of young people aged 16 not enrolled in education. This indicator fell to 1.1% for the 2004/2005 academic year (*see table 1.2 in Annex 1*) compared to 10.8% in the 1999 census. This demonstrates considerably improving general secondary enrolment. However, regional disparities in proportions of young people aged 16 not enrolled in education still vary markedly between 0 and 12% in 2004/2005 and between 4.9 and 16.2% in 1998/1999.

The relatively high proportions of 16-year-olds not enrolled in education in Akmola and Almaty oblasts may be associated with proximity to Astana and Almaty, nationally important cities, where the number of enrolled students significantly exceeds the number on the current register. The relatively high proportions in other oblasts can be attributed to inadequate registration of population in the whole country.

Proportion of people with income (spent on consumption) below the subsistence minimum. According to the RK Statistics Agency 34.5% and 16.1% of Kazakhstan's population had income below the subsistence minimum in 1995¹⁴ and 2004 respectively (*see table 1.3 in Annex 1*). Regional disparities in this indicator are quite significant. *Until 2004 the worst affected were all southern oblasts as well as Atyrau and Manghistaу oblasts where this indicator exceeded 35% in 1999 and 25% in subsequent years.* In 2004 poverty incidence declined rapidly in all oblasts. Only in four oblasts - Atyrau, Kyzylorda, South Kazakhstan and Manghistaу - did it exceed 20%.

Unemployment rate. By 2004 this indicator had declined to 8.4%, which is the level observed in many market economies, while it was as high as 13.5%¹⁵ in 1999 (*see table 1.4 in Annex 1*). Regional unemployment rates ranged between 8-15% in 1998 and 7-10% in 2004.

Human poverty index. Kazakhstan's HPI¹⁶ based on the above data shows that in 2004 20.1% of the population were poor from the perspective of human development, compared with 26.2% in 1999 (*see table 1.5 in Annex 1*). Atyrau oblast was one of the three most affected over the whole review period. Zhambyl and Manghistaу oblasts were among three with the lowest HPI three times. In 2004, in addition to Atyrau oblast, Akmola and Karagandy oblasts had the lowest HPIs.

The least affected were the cities of Astana and Almaty whose HPIs were less than 17% in 2002-2003. However,

14 Regional poverty incidence values for 1998 cannot be compared to values for the subsequent years because the food basket changed in 1999.

15 Before 2001 the RK Statistics Agency calculated unemployment rate using the labor force balance. Since 2004 it has been based on the findings of an employment/unemployment survey of 21,000 households.

16 UNDP uses a special methodology to calculate the Human Poverty Index, which is the cube root of the arithmetic mean of cubical indicators on which it is built.

13 Сводные основные показатели производственно-финансовой деятельности предприятий (организаций) за 2004 год. – Алматы: Агентство РК по статистике, 15.06.2005.

in 2004 Almaty's HPI rose again to 18.1%. Other oblasts' HPIs for 2004 varied between 18.9% in Almaty oblast and 21.6% in Kostanai oblast.

What is the poverty profile for individual human development problems disaggregated by age group?

Demographic tables of **mortality rates show that the mortality rate of people of working age is high in Kazakhstan**¹⁷. This is exemplified by *41% of men and 17.1% of women aged 20 not surviving to age 60. One in four men and one in ten women aged 50 do not survive to age 60 (see table 1.1).*

Table 1.1. Proportion of people not surviving to age 60 by sex and age, 2003 (%)

	aged 0	aged 20	aged 30	aged 40	aged 50
men	43,1	41,0	38,7	34,4	25,0
women	19,2	17,1	16,0	14,2	10,3

Source: calculated by the author using data provided by the RK Statistics Agency. Demographic Yearbook of Kazakhstan. 2004. Almaty, 2005. - 336p. - p.192-197.

The 1999 census showed notably reduced access to general secondary education. For example, 13% of young people aged 20-24 (15.9% of males and 10% of females) had only basic or primary education versus 8.7% in 1989. In the 25-29 age group, 10.5% of people had only basic or primary education, versus 7.6% in 1989. At the same time, the **proportion of young people with general secondary education fell** from 55.1% to 50.3% in the 20-24 age group, including 53.5% of males and 47.1% of females and from 48.8% to 44.2% in the 25-29 age group, including 48.9% of males and 39.6% of females¹⁸.

Thus, in 1999 almost two thirds of young people aged 20-24, and over half of those aged 25-29 did not have further education - seriously harming their employment opportunities. Five years after the census, access to education had improved markedly, but young people's access to further education is still an issue to be addressed (see Chapter 5).

As per the proportion of population of different age groups with income spent on consumption below the subsistence minimum, *household surveys held in 2004 show that families with children are the most disadvantaged*, while the *least disadvantaged are households of older age groups without children*. Thus, in 2004 33.1% of the poor population were children aged 0-14 who accounted for 22.9% of all surveyed households. Only 4.8% of the poor population were people aged 65+, accounting for 8.9% of all surveyed households¹⁹ (see table 1.6 in Annex 1).

Resulting from a prevalence of boys in the 0-14 age group, children aged 0-14 account, respectively, for 34.7% and 31.8% of the male and female populations with incomes below the subsistence minimum. The re-

verse is the case for those aged 65+, among whom 3.3% of men and 6.1% of women are poor.

Employment and unemployment surveys conducted among households show that **young people are mostly affected** by unemployment because they lack *professional education and work experience*. Thus, in 2004 while the overall unemployment rate was 8.4%, the rate among 16-19 year olds was 18.4%, 12.7% in the 20-24 age group, and only 4.2% among people aged 60-64. The unemployment rates for people with basic, general secondary and incomplete higher education were 11.2%, 10.7% and 11.1% respectively²⁰.

1.2.2. HUMAN DEVELOPMENT INDEX

According to UNDP's Global Human Development Report, Kazakhstan and other CIS countries have gone through two phases of human development. The first phase (1990-1995) was characterized by dramatic declines in the main human development indicators, sending Kazakhstan down from 54th to 93rd in the world HDI ranking. During the second phase (1995-2003) the human development indicators slowly recovered, raising Kazakhstan to 80th²¹ in the HDI rank. This, however, is still lower than its 1990 position. The same trend can also be observed for other CIS countries.

The trends in absolute HDI figures provided in Global Human Development Reports cannot be compared because calculation methodologies have been changing. Below are the HDI indicators for Kazakhstan re-calculated using the methodology described in the most recent Global Human Development Report (see table 1.2).

Table 1.2. Kazakhstan's Human Development Index, 1990-2004

Показатели	1990	1995	2004	1995 к 1990	2004 к 1995
Life expectancy (LE) at birth, years ¹⁾	68,1	63,5	66,2	-4,6	+2,7
Literacy rate, % ¹⁾	97,7	98,7	99,5	+1,0	+0,8
Enrolment ratio, % ¹⁾	80,0	73,0	84,0	+7,0	+11,0
GDP per capita, USD at PPP ²⁾	6283	4508	7260	-1776	+2752
Life expectancy index ²⁾	0,718	0,642	0,686	-0,077	+0,044
Education index ²⁾	0,918	0,901	0,943	-0,017	+0,042
Income index ²⁾	0,691	0,636	0,715	-0,055	+0,079
HDI ²⁾	0,776	0,726	0,782	-0,050	+0,056

Source: ¹⁾ data provided by the RK Statistics Agency; ²⁾ calculated by the author

20 Основные индикаторы рынка труда в Республике Казахстан за 2004 год: Справочник / Серия 13. Занятость населения и оплата труда. - Алматы: Агентство РК по статистике, 2005. - 248 с. - С.104.

21 It should be underlined that in its Global Human Development Report 2005 UNDP significantly reduced estimated life expectancy at birth for the CIS compared to the previous report (by 0.8 - 5.2 years). Internationally compared infant mortality rates are supposed to be much higher in the CIS compared to values registered using the old methodology. Kazakhstan's estimated life expectancy fell by 3 years. Our estimates suggest that in Kazakhstan infant mortality registered according to the WHO methodology is no more than 1.5-1.7 times higher than that registered using the old methodology, which results in a reduction in life expectancy by approximately one year.

17 Demographic Yearbook of Kazakhstan. 2004. Almaty, 2005. - 336p. - p.192-197.

18 Population of Kazakhstan by educational level. Results of the 1999 census. Statistical digest / Edited by A. Smailov. - Almaty, 2000. - 230p. - P.28-29; data for 1989 was calculated using data written on pages 8-25.

19 Living Standards in Kazakhstan. Statistical digest. - Almaty, 2005. - 174p. - P.72-73.

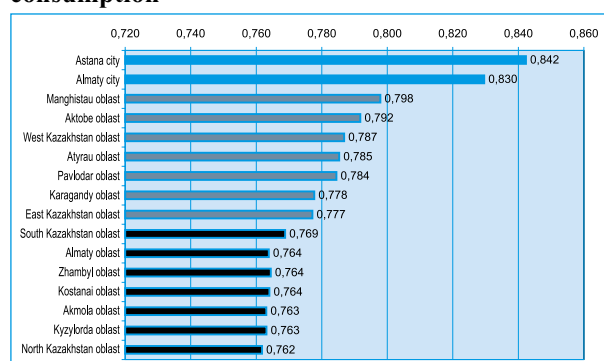
The table clearly shows that between 1990 and 1995 Kazakhstan's HDI fell by 0.050. 52% of this reduction was associated with a decrease in life expectancy, 37% with a reduction in GDP per capita and 11% with falling enrolment.

From 1996-2004 Kazakhstan's HDI grew by 0.056, of which 48% was associated with an increase in GDP per capita, 27% with a rise in life expectancy and 25% with an 11% increase in enrolment.

Despite the gradual growth of HDI, regional disparities in HDI have intensified. In 1990 the highest regional HDI was 7% more than the lowest regional HDI, but by 2004 this difference had reached as much as 20% (see table 1.7 in Annex 1). This can be accounted for by sustained regional disparities in GDP per capita, which amounted to 12.1 times in 2004. The respective indices of GDP per capita differ by 0.416 (see table 1.8 in Annex 1).

Regional disparities in income per capita spent on consumption are less – 2.9 times in 2004. As a result, regional income indices differ only by 0.178 (see table 1.9 in Annex 1). Consequently, less differentiation is observed in regional HDIs built on incomes spent on consumption (see table 1.10 in Annex 1 and Figure 1.2).

Figure 1.2. Regional HDIs built on incomes spent on consumption



Source: data provided by the RK Statistics Agency; calculated by the author

A review of HDIs disaggregated by year shows that regional human development was lowest mainly in 1995-1996. In more recent years the HDI groupings of Kazakhstan's regions are as follows:

- 1) *Regions with relatively high human development* (cities of Astana and Almaty) whose HDIs have stood at over 0.8 for the last three years
- 2) *Regions with human development at the average national level* (Aktobe, Atyrau, East Kazakhstan, West Kazakhstan, Karagandy, Manghistau and Pavlodar oblasts) whose HDIs vary between 0.777 and 0.798
- 3) *Regions with human development slightly less than the average national level* (Akmola, Almaty, Zhambyl, Kostanai, Kyzylorda, North Kazakhstan and South Kazakhstan oblasts) whose HDIs are below 0.77

Table 1.11 in Annex 1 demonstrates the basic human development indicators and their indices, disaggregated by region in 2004. The highest regional disparities are ob-

served in incomes spent on consumption (by 2.9 times), accounting for a 27.3% disparity in GDP indices. Life expectancy and education indices also differ quite notably, by 11.8% and 12.3% respectively.

Variations in the basic human development indicators disaggregated by region affected regional HDIs differently (see table 1.12 in Annex 1). For example, when a downward trend was observed in all HDIs, reduced life expectancy accounted for 67% and 60% of the HDI decrease for Karagandy and Pavlodar oblasts respectively. Meanwhile, it was a reduction in GDP per capita that accounted for 74% and 76% of the HDI decrease for Zhambyl and Manghistau oblasts. When an upward trend was observed in all HDIs, in Atyrau and Manghistau oblasts 78% and 80% of the increase was associated with greater GDPs per capita, whereas in East Kazakhstan oblast longer life expectancy accounted for 40% of the HDI increase.

1.2.3. GENDER-RELATED DEVELOPMENT INDEX (GDI)

Over the period 1999-2004 gender disparities in life expectancy increased markedly, as women's life expectancy rose by 1 year while men could only expect to live a 0.3 of a year longer. (see table 1.13 in Annex 1).

At the same time, the proportion of economically active women grew by 1.4%, while gender disparities in wages, i.e. female to male wage ratio, also increased by 5.9%. In this context, with an increase in GDP per capita by PPP USD2,967 GDP per woman proportional to female wages only increased by PPP USD2,059.

These figures are included in the values of indices of individual human development components and HDI for the entire population and disaggregated by gender, illustrating an increase in all human development indicators for both genders over two years. At the same time, there are growing gender disparities in all human development components (see table 1.14 in Annex 1).

Thus, gender disparities in terms of access to education grew from 10 to 17 in favor of women, while gender disparities in income increased by 6 in favor of men, totaling 99 in 2004. Overall, gender disparities in HDI rose from 0.032 to 0.035. At the same time, women continued to fall further behind in terms of GDP per capita, while men lost more ground in terms of life expectancy and access to education, resulting in a higher overall HDI value for women.

Disparity in female and male HDIs results in the fact that HDI calculated for both genders using a special formula including gender disparities, i.e. the gender-related index or GDI, emerges lower than the overall HDI calculated for both genders without taking into account gender disparities (see table 1. in Annex 1).

Gender disparities in access to education are barely notable in the respective indices, which differed by 1 in 1999-2000 and did not differ at all for 2001-2004. However, growing gender disparities in life expectancy and GDP caused growing divergence in the respective indi-

ces, whether adjusted or unadjusted by gender, by 0.001 for each factor and resulted in a 1 point increase in the gap between HDI and GDI.

In summary, *there are notable gender disparities in the two human development components of HDI - life expectancy at birth and GDP - which are captured as a decrease in the respective indices.*

Furthermore, gender disparities in ageing seriously affect overall human development in Kazakhstan.

Thus, in recent years the age of first marriage has been rising. From 1999-2003 male and female ages of first marriages rose from 26 to 26.7 and 23.2 and 23.7 years respectively²². At the same time, it is from the age of 26 and upwards that women start to prevail in number over men. At the beginning of 2003 the ratio of men to women aged 26 and 30 was 992 and 977 per 1,000 respectively²³.

The male mortality rate is much higher than that of women, leading to a faster decreasing male population. The lowest ratio is observed at age 3, when boys' mortality rate is 12% higher than that of girls. In the subsequent age groups the ratio, however, surges. As a result, the mortality rate of young men aged 17 and 26 is two and three times as high as mortality rate of young women of the same ages respectively²⁴.

As a result of such differences between male and female mortality rates, by the age of marriage there is a relative shortage of men. The 1999 Census reports that 14.1% of people aged 30-34 have never been married²⁵. Male 'over' mortality means that almost one in five (19.1%)²⁶ of 30-year-old men in Kazakhstan do not survive to age 50, increasing the number of widows and fatherless children. This in turn results in lower family incomes and reduced opportunities to access education, which increases the risk of unemployment. Eventually, opportunities for the human development of wives and children also decline in other areas such as healthcare, housing, etc.

Gender disparities in mortality account for there being over 25% more women than men in the first older age groups, i.e. at age 65, versus 26.1% prevalence in 2003, while in the 80+ age group there are only 348 men per 1,000 women.

1.3. POPULATION BY AGE GROUP AND THEIR SOCIAL AND DEMOGRAPHIC STATUS: TRENDS AND PROSPECTS

In recent years the age composition of Kazakhstan's population has been changing rapidly, characterized by an ageing of the population. The UN defines a nation with 7% of the total population aged 65 and older as 'ageing'. Kazakhstan crossed this threshold relatively

recently: at the beginning of 1999 the proportion of older people was 6.7%, while by the beginning of 2004 it had reached 7.4%²⁷.

To some extent, this situation can be attributed to the clear-cut variations in the age composition of the population. At the beginning of 1999 the population pyramid had an upward wave in the proportion of people aged 56-63²⁸ associated with increased birth rates in the years before the Second World War. This resulted in the increased proportion of people aged 65+ over the last five years. However, after that there was a downward wave associated with the decline in the birth rate during the Second World War. Such ups and downs rotate approximately every 25 years. How large will Kazakhstan's population be and what age composition will it have? Is the current population ageing temporary?

To answer this question demographic estimation can be made building on the demographic capacity trends observed over recent years, as well as demographic development targets. Before making estimations, potential trends in the following indicators should be assessed:

- total fertility rate;
- male and female life expectancies at birth;
- external migration balance.

Total fertility rate (TFR)²⁹ was only 1.80 in 1999, but by 2003 had risen to 2.03³⁰. The value for 2004 is estimated at 2.21 and 2.32 for 2005. These increases are associated with a considerably improved socio-economic situation and state support to mother and child welfare initiatives.

Resulting from benefits for the care of children under one year which the state will start to provide as of 1 July 2006, age-specific fertility rates³¹ are estimated to grow by 7% in 2006, which will result in a rise in the total fertility rate up to 2.49, last observed in 1993. Age-specific fertility rates will increase by a further 5% in 2007, 3% in 2008 and 1% in 2009, resulting in a rise in the total fertility rate to 2.72³², which is back up to the 1991 level (see table 1.16 in Annex 1).

It is expected that measures the Government is taking will help maintain this total fertility rate until 2015, when, following the world-wide downward trend in birth rates, it will decrease by 1% each year, reaching a value of 2.36 by 2030, which is close to the 1994 level of 2.40.

22 Demographic Yearbook of Kazakhstan. 2004. Almaty, 2005. - 336p. - p.114.

23 Calculated using data from Demographic Yearbook of Kazakhstan. 2004. Almaty, 2005. - 336p. - p.28, 33.

24 Calculated using data from Demographic Yearbook of Kazakhstan. 2004. Almaty, 2005. - 336p. - p.194, 196.

25 1999 population census. RK Statistics Agency.

26 Calculated using the table of life expectancy for 2003: Demographic Yearbook of Kazakhstan. 2004. Almaty, 2005. - 336p. - p.194-197.

27 Demographic Yearbook of Kazakhstan. 2004. Almaty, 2005. - 336p. - p.20

28 Demographic Yearbook of Kazakhstan. 2004. Almaty, 2005. - 336p. - p.22 and p.317.

29 Total fertility rate shows the number of children that would be born to each woman throughout the entire child-bearing age, which is 15-49. The total fertility rate is built on the birth rates for women of all ages within the child-bearing age group.

30 Demographic Yearbook of Kazakhstan. 2004. Almaty, 2005. - 336p. - p.105

31 Age-specific birth rate is a ratio of births by women of an age group to the average annual number of women of this age group.

32 By estimating an increase in the aggregate birth rate it is a likely value to be set as a target of demographic development that is being estimated rather than trends in the rate.

In Kazakhstan **life expectancy (LE)**³³ at birth reached its maximum value of 70.5 years in 1987, while the lowest life expectancy of 63.5% was observed in 1995. By 2003 life expectancy at birth had grown back to 65.8 years³⁴. In 2004 the RK Statistics Agency estimated life expectancy at birth to be 66.2 years. UNDP reports that in 42 countries life expectancy at birth is over 75 years, while in Japan it stands at 82 years³⁵. The following values of life expectancy at birth may be targeted by Kazakhstan: 70 years by 2015, 72.5 years by 2020 and 75.7 years by 2030³⁶.

Such an increase in life expectancy may be achieved through a 1.5-4% decrease in the mortality rate (see table 1.17 in Annex 1). This takes into account the considerable gender disparity in life expectancy, which stood at 11 years in 2003. Therefore, the calculations are built on more rapidly declining male (2-4%) versus female (1.5-3%) mortality in order to bring Kazakhstan's gender disparity in life expectancy to the more "natural" level of 5 years.

During the period 1968-2003, i.e. for 36 years, Kazakhstan had a negative net **external migration balance**³⁷, which averaged 114,000 people per year between 1975 and 1991, when the USSR collapsed. It then surged to a net out-migration of over 500,000 people in 1994, including unregistered statistical cards. After that it gradually fell to reach a net outflow figure of 8,300 people in 2003³⁸. The year 2004 was the first time in 36 years that a positive external migration balance had been observed in Kazakhstan, reaching, according to specified annual data, 2,800 people. Statistics Agency estimates suggest that the external migration balance reached +16,200 between January and July 2005.

In our opinion, Kazakhstan's population emigration potential has been exhausted. A gradual rise in the positive external migration balance can be expected because of:

- the continuing state policy to support oralmans' return to Kazakhstan;
- an emerging flow of people who emigrated during the transition period now returning to Kazakhstan (the Statistics Agency reports that from 1990-2003 the total negative external migration balance was more than 3 million people)
- continuing improvement in the socio-economic and political situation, combined with low population density and abundant natural resources, making Kazakhstan an attractive destination for

labor migration and then residence for people from neighboring countries.

The positive external migration balance has been estimated to be at least 1 per thousand, or 15,100 people in 2005. This balance is expected to grow by 0.1 per thousand annually and reach 3.5 per thousand by 2030. Building on this figure and a population of 20 million people the external migration balance will amount to 70,000 people.

Table 1.18 in Annex 1 illustrates Kazakhstan's **projected population size until 2030** based on the above estimated annual increase/decrease of the population and the age/sex breakdown of the population at the beginning of 2003.

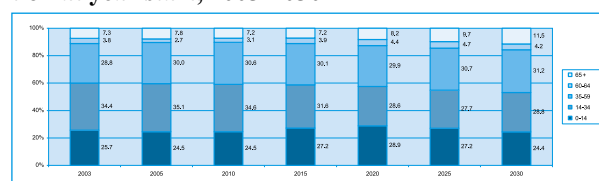
Projections suggest that Kazakhstan's population will increase by more than 1 million people every five years and will total to 20.9 million people by the beginning of 2030. Faster decreases in male mortality will mean that by 2030 there will be 945 men per 1,000 women compared with 929 men per 1,000 women in recent years.

As early as 2006 the number of births is expected to be more than 300,000 newborns and will exceed this level over the entire period under review, to peak at 378,900 newborns in 2015. The total birth rate will peak at 23.0 per thousand in 2010 and will then gradually decline to 16.0 per thousand by 2030.

The number of deaths will gradually grow to 156,800 people by 2010, largely accountable to an increase in the proportion of people aged 65 and over. During the following 10 years the number of deaths will decrease to 147,200 people in 2020, as a result of a notable decline in the mortality rate during that period. Subsequently, the number of deaths will increase again to reach 160,600 in 2030, due to population ageing. There will be a sustained downward trend in the total mortality rate, which will decrease to 7.6 per thousand in 2025 and then broadly remain constant.

Review of the projected age composition of the country's population shows a rise in the proportion of population aged 65+ to 7.8% in 2005, while by 2010-2015 it will drop to 7.2%. Subsequently, the population will be clearly ageing, resulting in an increase in the proportion of older people to 11.5% of the population by 2030 (see Figure 1.3).

Figure 1.3. Age composition of Kazakhstan's population at year start, 2003-2030



Source: data provided by the RK Statistics Agency; calculated by the author

The proportion of under-15 children will rise from 24.5% in 2005 to 28.9% in 2020 and will then gradually fall to 24.4% by 2030.

The age dependency ratio³⁹ will significantly increase by 1.3 times between 2005 and 2025 (from 536 to 713) and

39 Age dependency ratio is calculated per 1,000 people as a ratio of people of non-working age to people of working age. Our calculations are based on the ratio of people under age15 and people aged 60+ to people aged 15-59.

33 Life expectancy is the number of years a person would live if prevailing patterns of age-specific mortality rates were to stay the same. Life expectancy is calculated using mortality rates.

34 Demographic Yearbook of Kazakhstan. 2004. Almaty, 2005. - 336p. - p.106.

35 UNDP. 2005. Human Development Report 2005. New York: Oxford University Press.

36 In this case we are targeting rather than projecting life expectancy as is done, for example, in the UN MDGs. Targeting lower values means that Kazakhstan is not targeting to achieve the level of life expectancy at birth already achieved in 42 countries, even in 25 years.

37 External migration balance is a difference between those coming for permanent residence and those leaving the country.

38 Demographic time series prepared by the RK Statistics Agency.

will then decrease to 668 because of the falling proportion of children under 15 (see table 1.19 in Annex 1).

Before 2020 an increase in the proportion of children aged 0-14 and after 2020 an increase in the share of people aged 60+ will be the main factors accounting for a sharp increase in the age dependency ratio after 2010. *Such estimates justify the continuing policy of state support to maternal and child health initiatives and a social security system guaranteeing decent maintenance in old age.*

CONCLUSION

Data for 2000-2004 suggests that Kazakhstan is a dynamically developing economy, allowing it to address current and future challenges, in particular population ageing, and ensure that human capacities are developed and poverty reduced.

Two threats related to changes in the economic structure should be emphasized: 1) an over four-fold reduction in the share of agriculture in GDP compared to 1990 affects rural regions, requiring a continued *set of measures to develop Kazakhstan's agricultural complex as well as production and social infrastructure in rural areas* 2) the growing extraction-based nature of the economy of Kazakhstan, which *hinders the country's economic security and sustainable economic development.*

Education and health expenditure as a percentage of GDP is 1.5-2 times less than the level of 1991 or the levels observed in developed countries and a number of transition economies. This sets a target of *continuing to increase public expenditure in these two major areas of human development.*

Expected population ageing after 2015 and a rise in the age dependency ratio after 2010 necessitate a *continued policy of state support to maternal and child health initiatives and a social security system guaranteeing decent maintenance in old age.*

Death rates of people of working age are high in Kazakhstan. Male 'over'-mortality means that almost one in five (19.1%) 30-year-old men do not survive to age 50,

which increases the number of widows and fatherless children. This, in return, results in low family income and shrinking opportunities to access education, which increases the risk of unemployment. Eventually, opportunities for the human development of wives and children decline in other areas such as healthcare and housing.

Despite the gradual rise of HDI for the whole country, regional disparities have increased. This results from regional disparities in GRP per capita, which reached 12.1 times in 2004, and in income spent on consumption (2.9 times).

There are remarkable gender disparities in two key components of Kazakhstan's human development - life expectancy at birth and income. Such disparities become evident from a reduction in the respective indices.

If Kazakhstan is to become a country with a high level of human development, clear targets must be set. Some of these have already been articulated in the Millennium Development Goals, to be achieved by 2015. At the same time, other targets related to the main human development indicators should be revised and determined to be achieved by 2030.

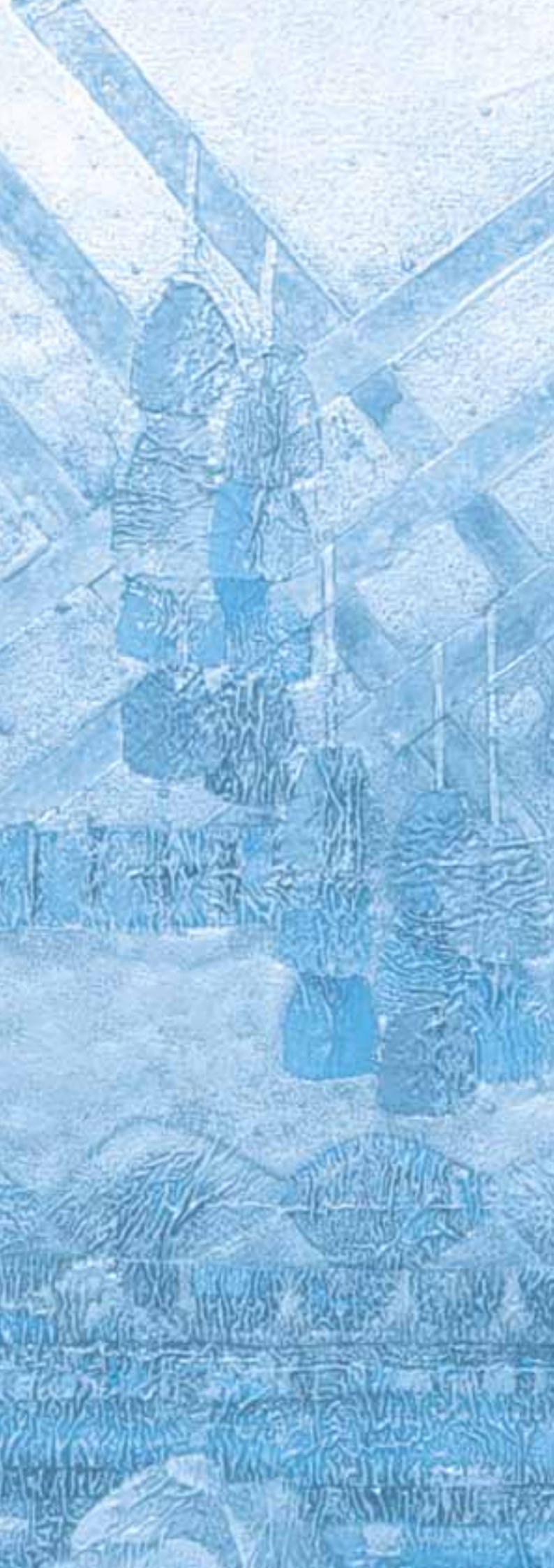
It is believed that the following human development targets should be prioritized:

re-establish, by 2015, life expectancy at birth at the peak level of 70.5 years observed in 1987, with 72.5 years to be achieved by 2020 and 75.5 years by 2030;

increase, by 2015, the gross enrolment rate up to 100% with the interim value of 92% to be achieved by 2010;

increase, by 2015, GDP per capita to PPP USD16,000-17,000 and to USD40,000 by 2030. To achieve this, the average annual GDP growth will have to be at least 8.5% by 2010, 7.5% from 2011-2020 and 5.5% between 2021-2030.

Step-by-step progress towards these targets, coupled with progress towards the MDGs, will allow Kazakhstan to become a country with a high level of human development as early as 2010.



CHAPTER 2

POVERTY AND INCOME OF OLDER PEOPLE

2.1. POVERTY PROFILES AND FACTORS

Being a satellite to an economic system, poverty has always existed in all countries regardless of their level of economic development. Not only does it affect living standards but also the social and political lives of societies and in many cases precipitates crime and social conflict. As a consequence, poverty reduction is a target to be achieved by the whole world.

In a wide sense, poverty is understood to be the social and economic status of households or people when their relatively limited financial, material and other resources are insufficient to meet their physiological, material and spiritual needs.

“Absolute poverty” is defined as the inability to meet physiological and minimum social needs. The term “relative poverty” is used when material resources are insufficient to provide for a person’s life according to the standards of a given country. The term “subjective poverty” is applied to subjective assessments of material wealth and attribution to the category of the poor.

When assessing poverty incidence, many countries use an income or consumption based approach, which narrows the whole concept of poverty. A person may be wealthy but may not be able to live a long and healthy life or may stay illiterate or have poor education or may have no access to important political decision-making affecting his/her life. Building on the above, world practice uses three perspectives from which poverty is viewed, which are:

- the perspective of income (or consumption);
- the perspective of basic needs;
- the perspective of human development.

The main factor leading to poverty is the loss of stable income. The causes of poverty are mainly those related to employment, such as loss of paid work, no pay for the work done or insufficient income caused by a lack of skills required on the competitive labor market.

Macroeconomic measures and policies can affect the status of households in three main aspects: changing demand for labor demonstrated in changing wages as the main income source for households; drastically reduced social transfers enabling a balance between market-determined income and households’ consumption; changing relative prices affecting the composition of the food basket and households’ spending capacity.

Employment, age and place of residence become major risk factors.

1. *Employment* – households where the head is unemployed or economically inactive are at a higher risk of poverty than other people. Unemployment correlates with the level of education. People with only primary education are at higher risk of poverty compared to people with secondary or higher levels of education.
2. *Age* – in most countries children and older people are at higher risk of poverty. The more children a household has, the higher its relative risk of pov-

erty. The more dependents and unemployed able-bodied adults a family has, the higher its risk of experiencing poverty.

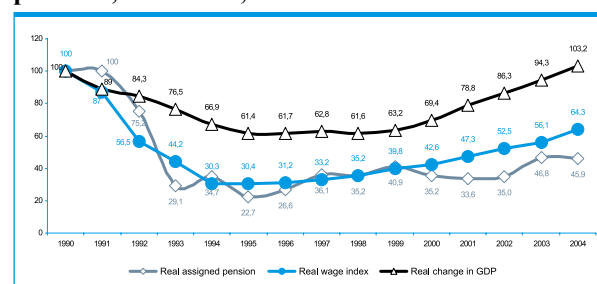
3. *Place of residence* – in most countries rural people are at higher risk of poverty compared with the urban population.

Poverty is considered to mean limited resources for human development. A person should not be limited in meeting his/her basic needs in food, clothing and shelter. Poverty eradication increases the chances of living a long and healthy life, access to adequate education, participation in social life and having sufficient income to meet other socio-cultural needs.

Before 1992 the social phenomenon known as extreme poverty, did not exist in Kazakhstan, especially among older people.

The shift to a market economy occurred against a background of deepening economic crisis, which negatively affected economic performance and the living standards of the population.

Figure 2.1. Real change in GDP, wages and assigned pensions, 1991-2004, % of 1990



Source: RK Statistics Agency

Throughout 1991-1995 production of goods and services was contracting. By 1995, real GDP had decreased by 38.6% versus 1990 levels, real wages by 69.9%, assigned pensions by 77.3% and construction investments by some 84.1%.

Along with the shrinking production of goods and services the country was affected by hyperinflation, which was only brought under control in 1996. The inflation rate of 1995 versus 1990 grew by 29,605 times. In real terms, average monthly wages depreciated by 3.2 times and average monthly pensions by 5 times between 1990 and 1995.

Poverty in Kazakhstan was characterized by unemployment and low and widely varying incomes among the population.

Reduced monetary income of the majority of the population resulted in the social polarization of society, which was affected by material disparities and the gap between income of the richest 10% and poorest 10% of the population. From the late 1990s onwards, the economy started to develop positively and poverty incidence gradually began to fall, from 34.5% in 1999 to 12.2% in 2004, while, income inequality leveled off. Poverty depth decreased by almost 5 times and poverty severity by 7 times.

Table 2.1. Income inequality in Kazakhstan

	Proportion of people with income below		Poverty depth	Poverty severity	Gini coefficient by 20% groups of population
	subsistence minimum	food basket cost			
1999	34,5	14,5	13,7	5,5	0,332
2000	31,8	11,7	10,3	4,0	0,307
2001	28,4	11,7	7,8	3,1	0,322
2002	24,2	8,9	6,1	2,2	0,312
2003	19,8	6,3	4,6	1,6	0,300
2004	16,1	4,3	3,3	1,0	0,291

Source: *Living Standards and Poverty in Kazakhstan. Statistical monitoring. Almaty, 2005*

According to an annual sample survey of households conducted by the RK Statistics Agency, the following groups constitute Kazakhstan's poor i.e. those with income below the subsistence minimum:

- Children under 14 – 33%;
- Adolescents and young people aged 15-19 – 13%;
- Older people and retirees – 6.7%.

Low aggregate income of the majority of people stands out as an important cause of poverty in Kazakhstan. The characteristic of Kazakhstan's poverty is that it affects both the employed and unemployed.

According to international practice a poverty line - income of US\$1.08 a day at purchasing power parity

Insert 2.1

Social services for the elderly in Europe

In the last 15-20 years in Europe there has been an increase in solidarity ideology, with activities known as “community development”. This area of social work involves wide participation of residents in solving of their own problems on the basis of mutual help and cooperation. Resources of community development are the elderly people, who have qualifications, life experience and, most importantly, time. It is generally accepted that even the best boarding schools or institutions cannot replace the family and home. On this basis there was a re-evaluation of the role of family, neighbors and local community as the basic social resources. Mixed structures of social policy began to be developed, in every country based on their own historical and cultural traditions.

In Sweden in the early 1990s, economic recession brought a significant fall in expenditure on social needs and led to the following approaches being adopted:

- optimization of resource usage, production of a large number of services in one unit of expenditures;
- use of resources only to provide essential needs of the elderly;
- allocation of resources between groups of population and various aspects of social policy.

Increased effectiveness of services for the elderly in Sweden is achieved by adopting a less universal, more focused provision of services. If customers do not need certain services or need a completely different service, then the government can save money for those who really need them.

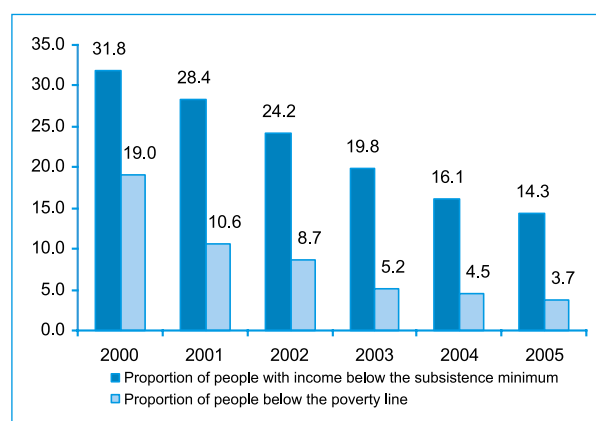
In Great Britain during the period of prevalence of state welfare, social groups were formed in order to solve problems that the government could not solve adequately. Increasing needs and poverty among pensioners led to the creation of such non-profit organizations as Age Concern, Help Age, Cinderella Services. This growing role of the voluntary sector was supported by the government and an actual transfer of social services to local communities took place. Communities became responsible for providing services to the elderly. Meanwhile, the government, from being the main provider of services for the elderly has become more like an agent, coordinating the actions of other service providers.

In France, serving the elderly is based on an increase of in-family resources, municipal social services and non-governmental/non-commercial organizations. Decentralization and delegation of authority to the regions and municipalities began in 1982. Prefectures of regions or city administrations can subsidize the activities of small and medium non-governmental enterprises and organize enterprises to serve the population. Thus, communities must create institutions to serve the elderly. At the same time, the majority of services are provided by city administrations, private sector organizations and NGO/NCOs.

All services focus on support in a family setting, since institutions are now seen as places of social isolation. In particular, families are provided with special aid to take care of their elders. This either compensates for lost wages of the family member who takes care of the elderly, or allows the family to hire a nurse. Delivery of food to homes is widely developed, as is the help of special social workers in taking care of the elderly family members, cleaning, renovating and modernizing apartments.

* Irina Grigoryeva. *SOCIAL SERVICES FOR THE ELDERLY AND COMMUNITY DEVELOPMENT: IS WESTERN EXPERIENCE APPLICABLE IN RUSSIA?* <http://www.strana-oz.ru/?numid=24&article=1069>

(PPP) of national currency to the US dollar - is used to determine poverty incidence.

Figure 2.2

Source: RK Statistics Agency

According to the World Bank, a poverty line of US\$2.15 per day is more reasonable for Central Asia. In Kazakhstan the Law “On Subsistence Minimum” of 1999 specifies that the poverty line shall be determined by the subsistence minimum. In 2000-2004 the poverty line stood at PPP US\$3.5-3.7. This makes the Kazakhstan subsistence minimum similar to the poverty line used for international poverty comparisons of transition economies.

2.2. REGIONAL DISPARITIES IN POVERTY IN KAZAKHSTAN

In Kazakhstan poverty incidence varies notably from region to region (*Table 2.2*).

Table 2.2. Regions by proportion of poor people

Poverty incidence (proportion of poor people out of total population of region)	Region
Low (1.1-2.8%)	Cities of Astana and Almaty
Middle (14-18.3%)	Kostanai, North Kazakhstan , Almaty, Akmola, Aktobe, East Kazakhstan, West Kazakhstan, Karagandy and Pavlodar oblasts
High (21-29.1%)	Atyrau, Manghistau, Zhambyl, South Kazakhstan and Kyzylorda oblasts

Source: RK Statistics Agency

In 2004 the lowest poverty incidence was observed in the cities of Astana and Almaty where the proportions of people with income below the subsistence minimum were 1.1% and 2.8% respectively.

The highest poverty incidence was in Atyrau oblast (29.1%) which also had the highest GRP per capita and average wage. High poverty incidence (26-21%) is also observed in Manghistau and South Kazakhstan oblasts.

In Kazakhstan a important factor determining poverty status is a person's place of residence. Economic reforms have had varying effects on different economic sectors and as a consequence, on different oblasts depending on their production specialization. This particularly the case for agriculture, with its inefficient production and low incomes.

The southern agricultural oblasts have traditionally had high poverty indicators. Another factor hindering the living standards of the population of these areas is the size of the informal economy, which promotes unreported income generated by households.

In western oblasts such as Atyrau and Manghistau industrial production makes up over half of GRP. However, the local population often remains uninvolved in the production of high income in the oil and gas sector, leading to high poverty incidence among the local people of these oblasts.

Regional disparities in poverty incidence are also associated with their poorly developed labor markets that fail to ensure adequate employment of the population.

In Kazakhstan poverty is more prevalent in rural than urban areas. Over recent years rural versus urban poverty incidence has increased from 1.9 times in 2001 (38.5% and 20% respectively) to 2.9 times in 2003 (30.9% and 10.8% respectively) and stood at 2.7 times in 2004.

In 2004 urban poverty incidence was highest in Kyzylorda (21.4%), Atyrau (20.6%), Zhambyl (14.6%) and South Kazakhstan (17.0%) oblasts. The highest rural poverty incidence was registered in Manghistau (47.0%), Atyrau (41.8%), Kyzylorda (35.7%) and Karagandy (38.9%) oblasts.

2.3. POVERTY IN OLDER AGE

The older population includes retirees employed in different economic sectors and therefore generating additional income. Thus, it would be reasonable to expect that this group will be less affected by poverty. However, while this group is less affected by extreme poverty – experienced by the poorest 20% of the population – they are more likely than the rest of the population to be in the second poorest 20% group. Also, this group is more likely to have an income at the subsistence minimum level. Employed retirees are much less affected by poverty.

A real reduction in benefits, pensions in particular, has affected the elderly's living standards and made their poverty deeper. This has mostly affected very old people without property and the physically unfit, unable to benefit from labor activity. They required personal care which the government was unable to ensure to the full. The proportion of such older people is estimated at 5-7% of the total older population.

Table 2.3. Breakdown of older people in surveyed households by sex and income spent on consumption, 2003 (%)

	People with income spent on consumption:	
	above subsistence minimum	below subsistence minimum
Total population	100,0	100,0
of which people aged:		
60–64	4,8	2,3
65 and older	10,6	4,4
women	100,0	100,0
of which people aged:		
60–64	5,6	2,6
65 and older	13,0	5,6
men	100,0	100,0
of which people aged:		
60–64	3,8	2,0
65 and older	7,6	3,1

Source: Major Labor Market Indicators. 2004.

From 1996-2004 the ratio of subsistence minimum to minimum pension was minor. At the same time, both indicators exceed the poverty line determined by the World Bank more than two-fold. The average assigned pension for civilians is only slightly more than the subsistence minimum and the minimum pension. This means that up until 2005 nearly all retirees were receiving benefits, in the form of pensions, close to the subsistence minimum.

The average pension was lower than the subsistence minimum until and including 1998, while in the subsequent two years it was slightly more than subsistence level. The proportion of older people in the total poor population varied from 53% to 40% during 1996-2000.

In 2004, the average monthly pension amounted to 8,628 tenge, while the subsistence minimum was 5,427 tenge. However, with a higher poverty line many retirees are at risk of living in poverty.

The food basket accounts for 70% of the subsistence minimum calculated in Kazakhstan, while the cost of non-foods and services is statistically fixed at 30%. However, utilities and costs of various services have increased significantly due to privatizations since independence. This has pushed Kazakhstan's older people much closer to the poverty line. A more accurate and objective analysis of the subsistence minimum would allow identification of a wider range of people, including retirees, who need targeted assistance. An adjusted subsistence minimum used to assign and calculate all benefits, including pensions, would better capture the real expenditure of the population.

Table 2.4. Ratio of wages and pensions to subsistence minimum, 2000-2004, tenge

Показатели	2000	2001	2002	2003	2004
Subsistence minimum (SM)	4007	4596	4761	5128	5427
Proportion of people with income below the subsistence minimum, %	31,8	28,4	24,2	19,8	16,1
Average monthly nominal wage	14374	17303	20323	23128	28329
Ratio of average monthly nominal wage to SM	3,6	3,8	4,3	4,5	5,2
Minimum pension	3500	4000	4336	5500	5800
Ratio of minimum pension to SM	0,9	0,9	0,9	1,07	1,14
Average pension	4462	4947	5818	8198	8628
Ratio of average pension to SM	1,1	1,1	1,2	1,6	1,6

Source: *Living Standards and Poverty in Kazakhstan. Statistical monitoring. Almaty, 2005*

However, it is not wholly reasonable to treat government-provided monetary pensions as the key characteristic of older people's living standards. It should be taken into account that throughout their lives many older people were buying possessions and property, which, in the new context, became important economic providers in their daily lives.

According to the patriarchy practiced by oriental nations, living and working together are vital for the family system. In addition, there is a culture of looking to the extended family for support of older members. In Kazakh families it was traditional that the younger son would live and take care of the older parents after older siblings had separated from the parental family and had their own families. At the same time, all children were supposed to contribute to the elderly parents' maintenance. Until the last decade "composite" families where parents lived with their children's families were common among Kazakh families.

In Kazakh families the older parents were responsible for raising their grandchildren, which is a tradition still observed in rural families where young families live with their parents. This can be partially attributed to a higher unemployment rate in rural areas where the majority of young families survive on small farm businesses and their older parents' pensions. Parent's pensions are most often the main monetary income source for such families.

Greater migration of rural young people to urban areas has resulted in many young urban families choosing to leave their children to be raised by their grandparents residing in rural areas while providing some maintenance. However, in recent decades the number of "simple" families where children live separately from their older parents has increased significantly. This makes it more difficult for the older generation to survive and creates a generation gap.

In general, the tradition of taking care of older parents is still alive in most families, maintaining inter-generational ties. Children take care of their parents both socially and financially, while parents help to raise grandchildren by looking after them, which is especially important when young mothers have to go back to work after maternity leave in order to earn family income along with young fathers.

Since 2000 Kazakhstan's economy has been developing fast. In this context poverty alleviation has become one of the priorities for the Government, which has taken the following steps:

- Microcredit program underway;
- National Fund to support low-income people set up;
- Programme to fight poverty and unemployment in Kazakhstan for 2000-2002 adopted and implemented;
- Law "On State Targeted Social Assistance" adopted;
- with assistance from the Asian Development Bank and UNDP State Poverty Reduction Strategy for 2003-2005 adopted in 2002.

Eradication of extreme poverty enables better access to education of better quality, better health status, with reduced child and maternal mortality rates, as well as lower disease incidence rates and an improved environmental situation.

State social policy is an important tool to reduce poverty. The increase in pensions in 2005 should contribute to an improved economic situation for the older population. However, rural older people's living standards remain low. This can be attributed to dilapidated rural infrastructure, lack of social institutions, lack of safe drinking water and other issues needing to be addressed to improve rural living standards. In addition, many rural retirees have to use their pensions to support unemployed family members.

Social policy interventions identified in the State Poverty Reduction Programme for 2003-2005 in order to improve the living standards of the older population target increased pensions, with partial differentiation, and better healthcare. The Programme aimed at a one third reduction in poverty incidence in 2005 compared to 2002, which was achieved in 2004. From 2001-2004 the proportion of people with income spent on consumption below the subsistence minimum fell from 28.4% in 2001 to 16.1% in 2004.

The Program identified the following key poverty reduction interventions:

- improving the employment status of the population;
- creating economic and legislative frameworks to develop entrepreneurship, competitiveness and factory production. This will promote better production of goods and services, reduced production costs and improved remuneration;
- substantially increasing pensions and targeted benefits for disadvantaged groups.

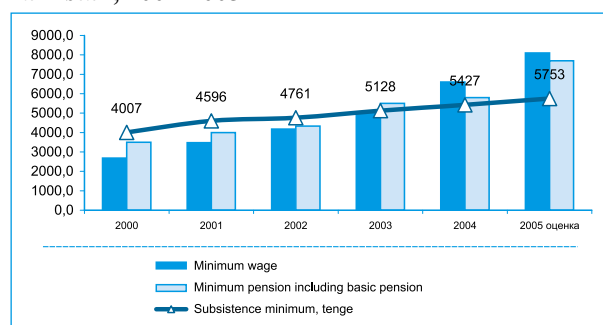
As of 1 July 2005 certain achievements can be identified. For example, in 2001 the minimum wage and minimum pension were 80% and 90% of the subsistence minimum respectively. However, by 2004 both had grown above this level. (Figure 2.3)

As per the President's Message to the People of Kazakhstan "On the way to fast economic, social and political enhancement" the minimum wage and pension were set at 9,200 tenge as of 1 July 2005. This equals US\$70.70 at the official exchange rate, or US\$2.40 or PPP US\$7.30 per day.

As of 1 July 2005 the minimum wage and pension, including basic pension, exceed the subsistence minimum by nearly 60%.

The main indicators of socio-economic development for 2001-2005 therefore demonstrate positive trends in economic development and the welfare of the population.

Figure 2.3. Main indicators of poverty status in Kazakhstan, 2001-2005



Source: RK Statistics Agency

Meanwhile, improved production of goods and services and achievement of macroeconomic balance have enabled adequately improved welfare of the Kazakhstan population.

In 2005 GDP per capita will be 3,338.5 tenge, which is 2.7 times more than in 2000. Real income will grow by 43.5%, real wages by 65.7%, minimum pension by 2,700 tenge or 1.8 times and average pension by 2.1 times.

The proportion of the population with income below the subsistence minimum will be 14.3% in 2005, compared with 31.8% in 2000.

The gap between incomes of the poorest and richest 10%, which stood at 11.9 times in 2000, has fallen to 7.5 times in 2005 - a value close to those registered in many developed countries.

2.4. GENDER AND AGE DIMENSIONS OF POVERTY. VULNERABILITY OF OLDER PEOPLE.

Kazakhstan's current economic and social reforms aim to facilitate social and human development, including social comfort and equality.

Equal rights and the freedom of all people to be free from gender discrimination were first declared in the UN Charter of 1945 and is currently considered as a means of achieving gender partnership for development. The Fourth UN World Women's Conference held in Beijing in 1995 resulted in the gender equality concept, underlining the need to restructure societies and gender relations in order to establish a real and equal gender partnership in all spheres of life.

Insert 2.2

In Kazakhstan men and women can equally access education. Therefore, there is no need to target to achieve gender equality at any level of education. In Kazakhstan gender inequality is observed mainly in political and economical aspects.⁴⁰

Reforms taken in nearly all economic and social sectors have resulted in significant disparities in the status of men and women on the labor market, as well as income and living standards disparities. Another factor contributing to this situation was the unequal access of men and women to financial and credit resources and property, including land and real estate tenure.

The after-effects of the transition deepened gender inequality in political, economic and social spheres, which can be attributed to:

- the status of men and women in the economy, on the labor market and socio-labor relations;
- access to financial resources, property and power;
- involvement of women and men in national decision making;
- division of family income and time resources.

Women lag behind men in all of the above areas.

According to census data, although men are much less educated than women, they prevail in the overall proportion of workers employed in different sectors. Thus, in 1995–1999 women only accounted for 45.6–47.0% of employees nationwide.

Gender disparities in remuneration have become more tangible over the last decade. In the early 1990s nationwide statistics reported that the average woman's wage only amounted to 70% of the average man's, and by 2004 this inequality had increased further, to 61.7%.

This situation is associated with the fact that women are more concentrated in low-paid sectors and that men hold better remunerated positions within sectors by economic activities. Thus, in 2003 the female to male wage ratio was 67.9% in the industrial sector, 61.4% in the financial sector, 76.1% in public administration and 84.6% in education. In the more 'feminized' sectors such as education, health and agriculture, with lower remuneration, gender wage disparities are less pronounced.

Table 2.5. Wages of men and women workers, 1999-2003, tenge

	1999	2000	2001	2002	2003	2004
Average monthly nominal wage, total, including:	11864	14374	17303	20323	23128	28329
men	14304	17603	21511	24847	28476	34648
women	9485	10819	12635	15340	17304	21445
Female to male wage ratio (%)	66,3	61,5	58,7	61,7	60,8	61,9

Source: *Women and Men of Kazakhstan. Brief statistical book. Almaty, 2005*

Regional differences also affect gender disparities. The highest gender disparities in income are observed in oblasts with the highest GRP produced through extraction industries. In West Kazakhstan oblast average female wages amount to 46.5% of male wages, while in Atyrau and Manghistau oblasts this indicator is 47.2% and 47% respectively.

As per male and female poverty status, at the beginning of the second millennium one in three Kazakhstani men (33.2%) had income below the subsistence minimum, while nearly half the country's women (44.9%) had incomes at this level.

Factors causing gender disparities in remuneration include:

- disproportional and deflected distribution of female workers in different sectors resulting in concentration of female labor in low-paid sectors;
- occupational segregation, meaning disparities in remuneration of women and men workers employed in the same sector because women perform duties or hold positions requiring lower qualifications and because women have limited access to leadership positions;
- a two-sector employment model is developing in Kazakhstan resulting in women being forced into the secondary sector.

These factors often make women more vulnerable in terms of income.

Gender disparities in employment and income add to gender disparities in pension security, thus putting older women at a greater risk of poverty. Approximately 70% of older women are poor. All retirees are at high risk of poverty. However, female retirees are at greater risk of poverty because most of them become lonely in old age due men's shorter life expectancy: female life expectancy at birth was 72.5 years in 2004, which is 11 years more than for men. In 1990 the gap between female and male life expectancies was lower, at 9.5 years. This indicates serious and growing gender disparities in mortality rates.

Unequal distribution and access of men and women to economic resources are still unresolved issues for Kazakhstan. Employment in social production, adequate remuneration of female workers and a better framework to reduce disparities in pension savings of men and women and to support economically and socially the entire older

population are all issues to be addressed by state economic and social development programs.

Regarding gender equality, the government has identified four priority policy areas:

- political empowerment;
- economic advancement;
- improvement of women's and family health;
- eradication of violence against women.

The National Commission for Family and Women's Affairs under the President of Kazakhstan was established and is operational in Kazakhstan. The Commission coordinates the implementation of a National Plan for Improving Women's Status to promote increased involvement of women in the socio-political life of the country, stimulate women's NGOs working to advocate for families, women and children and support female entrepreneurship.

2.5. PENSION COVERAGE FOR HUMAN DEVELOPMENT

As the population ages, pension coverage becomes of particular importance. Decent old age provision is a priority for a people-centered state, which Kazakhstan is. The country has always treated the matter as a priority, while in recent years it has become a matter of national importance. The main rationale behind this is that most retirees have only one income source - their pension. Therefore the pension's purchasing power directly affects the welfare, longevity and quality of life of the retired population.

In the initial stages of independence Kazakhstan had the legacy of Soviet pension schemes based on the solidarity of pension assignment and payment. The pension amount was calculated at 50% of the wage and varied in proportion to the work record and wages for five consecutive years out of the last ten years of work. Compared to other countries, the retirement age was quite early. For example, women and men could retire at age 55 and 60 respectively, while some groups such as military personnel, mothers of large families, residents of the Semipalatinsk polygon or other ecologically depressed areas, workers employed in hazardous industries or labor conditions, etc., could retire even earlier. However, the crisis of the 'perestroika' period which affected Kazakhstan in the mid-1990s, drove all social provision, including the pension system, to the brink of collapse. This affected the living standards of the majority of Kazakhstan's population - above all retired and disabled people whose benefits were cut to a minimum and were not sufficient for even minimum needs. *This was also the period when the inadequacy of the pension distribution system, based on the 'solidarity' of generations in the context of emerging population ageing became apparent.*

In Kazakhstan, pension coverage issues were comprehensively addressed through pension reforms, according to which, starting from 1 January 1998 all those employed and those reaching working age were to be part

of a saving rather than solidarity based pension scheme. The Chilean pension system was used as a model. Kazakhstan was the first CIS country to initiate such swift and radical reforms to its pension assignment and payment arrangements.

As a result of these pension reforms, the following three pension schemes have been in place in Kazakhstan for nearly 8 years:

- a completely solidarity-based scheme for which people who retired before 1 January 1998, are eligible;
- combined schemes for which retirees whose pensions were assigned after 1 January 1998 or are being assigned at the present time, are eligible;
- a savings-based scheme for which those without a work record or whose work record was less than 6 months as of 1 January 1998, are eligible.

As the population ages, the first two schemes will fade away and eventually be completely replaced by the savings-based scheme.

The reforms affected people already retired at the time it was initiated, for whom it was mainly beneficial because outstanding pension accounts were closed in early 1998 using a loan provided by the World Bank. In addition, a new law "On Pension Coverage in Kazakhstan" provided anticipatory readjustment of assigned pensions to take place on an annual basis to compensate for inflation. According to the law solidarity pensions are adjusted and the minimum pension amount increased.

Nevertheless, the reforms had some negative implications. For example, pensions were now paid a month later rather than a month in advance, as was the requirement of the previous law.

In the 1990s and the initial years of pension reforms, readjustment of pensions resulted in a leveling off of pensions paid to those who retired before the reforms, meaning that the pensions received did not fully take into account work record, specialization, position held or wage used for pension calculation.

One of the implications of inadequate pension coverage was that the Program to Combat Poverty and Unemployment for 2000-2002 identified retirees as the principal and largest (1.8 million) group of the population that was most disadvantaged. In 2003 in order to assess more fairly how retirees contribute to the economy and to differentiate and increase pensions, a special methodology was used to re-calculate pensions, depending on the sector of the economy pensioners had work in and the ratio of their wages to the average wage paid in that sector. This ensured an over 40% increase in average pensions, which rose from 5,818 to 8,198 tenge at 2003 year end.

As a follow-up to the President's Message to the People of Kazakhstan "On the way to fast economic, social and political enhancement", additional pension payments amounting to 3,000 tenge per month were effected for all retirees as of 1 July 2005. This measure allowed the minimum pension to be fixed at 9,200 tenge per month,

while the average pension is estimated at 12,000 tenge per month.

Pension re-calculation and adjustment allowed almost all retirees to move out of the category of the poor because their income exceeded both the poverty line and the subsistence minimum two-fold. Only retirees with dependents such as unemployed children or grandchildren remained among the poor, receiving targeted state assistance: there were 3,693 such people as of 1 June 2005, most in rural areas.

Insert 2.3.

In cooperation with NGO Moldir, the Almaty Department of Employment and Social Programming undertook a poll to collect ideas on how to improve the status of older people. Most responding retirees noted that not only was it important for older people to secure state support but also to get involved in social life and use their life experience in raising the young generation. Some older people reported improvements in their living standards and saw financial security or good pensions as an important strategy to solve their problems. Poll results indicate three main issues for pensioners: poor health, low income and loneliness.

At the beginning of 2005 there were 1.6 million pension recipients in Kazakhstan, of which 97.4% were old age pension recipients, only 1.9% had incomplete work records, while the remainder had adequate work records. The regional breakdown of pension recipients shows some regional disparities. The highest average nominal pensions were registered in Almaty (10,067 tenge), Astana (9,618 tenge) and Manghistau oblast (9,182 tenge). The highest average wages were also registered in these regions. The lowest pensions were registered in South Kazakhstan (7,549 tenge) and Zhambyl (7,861 tenge) oblasts. The real pension indices based on pension purchasing power were also highest in Almaty (100.4%), Astana (100.3%) and Atyrau (99.8%).

To compensate for the high costs of goods and services the Almaty city Akim agreed an allowance to be paid out of the city budget to all retirees not receiving special state benefits, effective as of 1999 in Almaty city. This allowance amounts to 50% of the calculation index and is considered an addition, for which war veterans also became eligible as of 2005.

Nevertheless, and despite these re-calculations and increases, average pensions still do not exceed 35% of average wages. However, ILO Convention 102 fixes the income replacement value of pensions between 40-45% and 75% of the average wage.

The savings-based pension schemes, replacing the solidarity-based scheme, must become a pension source for insurance holders to be paid from contributions accrued on personal accounts and dividends gained by investing pension funds in assets through management companies. Unlike solidarity and distribution based schemes which are sensitive to demographic changes and wages on the labor market, the effectiveness of the savings-based scheme depends on capital markets, and in particular interest rates and inflation estimations, as well as effective financial institutions.

The main elements of the pension reforms were as follows:

- retirement age raised;
- requirements for pension assignment made stricter;
- more extensive work record required for solidarity-based entitlement;
- terms for bonus pension coverage reduced;
- mandatory insurance contributions fixed at 10% of wages;
- State Savings Pension Fund created;
- private pension funds stimulated;
- benefits such as disability benefits, survival benefits, etc. qualified as benefits to be paid out of the pension scheme.

Many of these measures were not well-received in society, especially removing early retirement arrangements of many groups of workers and raising the retirement age by three years for both men and women. This fixed female and male retirement at ages 58 and 63 years respectively. These arrangements were made effective as of 1 January 1998 and progressively throughout the following 3 years, becoming fully effective as of 1 July 2001. At the same time, economic development, reduced unemployment and more new jobs contributed to changing attitudes among the working population towards the raised retirement age. Trends observed in the employment arena indicate a growing number of working retirees. The current unemployment rate for people aged 60-64 stands at 4.2%, compared with the national unemployment rate of 8.4%. Employers now have a new headache related to the dismissal of workers of retirement age, since the Law “On Labor in Kazakhstan” does not provide for administration-initiated dismissal of workers upon reaching retirement age. In 2004, overall life expectancy stood at 66.2 years, 2.7 years more than in 1995, and this upward trend is predicted to continue for the next 15 years (see Chapter Two). Therefore, the number of working retirees is likely to continue growing.

Increased life expectancy, a growing number of working retirees and a low pension to wage ratio form the background for a further rise in the retirement age. This is likely to affect women in particular, who currently retire 5 years earlier than men, while having lower wages than men. In 2004 men’s and women’s wages averaged 34,613 and 21,362 tenge respectively, with a female to male wage ratio of 1.62. Meanwhile, many women take unpaid childcare leave of up to 3 years, according to the Law “On Labor in Kazakhstan”. Moreover, current and predicted female life expectancy remains significantly greater than for men. The female to male life expectancy ratio appears to be falling, but very slowly. Therefore, women are likely to have much lower pension savings compared to men and will, consequently, have lower pensions to be paid from the savings-based pension scheme, which will completely replace the solidarity based scheme by the end 2030, as estimated by the Ministry of Labor and Social Protection. A simple calculation shows that with a wage of US\$300 per month

and 25 years of employment, a woman will receive a monthly pension worth no more than US\$35 for a period of 19 years. In contrast, with a wage of US\$350 earned for 35 years a man will have a pension of at least US\$45 for the same period after retirement.

Pension savings are also problematic for other groups, including:

- self-employed people such as kiosk workers, drivers using their own vehicles, freelance consultants, etc. Many of these are contractors and do not have any legal labor relations with their employers;
- Farmers and family members employed on their farms;
- People with no formal income, such as the unemployed, housewives, mothers of large families, NGO volunteers, etc.;
- Students studying for a long period of time and not working;
- Workers whose employers fail to pay pension contributions either in full or regularly;
- People whose pension contributions were inaccurately calculated.

Unfortunately, there are no official statistics on the proportion or number of people not participating in savings-based pension schemes. In this context, future pensions to be paid to these groups will be a real burden for taxpayers, who will have to pay social taxes to provide for targeted benefits and other social assistance benefits. The government will pay such benefits in the long term as the population not participating in the savings-based pension scheme gets older.

Nearly all of the above-listed groups make no contributions to savings funds. Most of them simply evade such payments, although they have individual social codes and are aware of the mandatory nature of pension contributions. They will eventually get out of the savings-based pension scheme and will only receive basic pensions when they retire, as specified in the pension law. In addition to basic pensions, people with employment records dated before 1 January 1998 will get pensions from the solidarity based scheme, proportionate to their employment record.

Sustainable and profitable pension savings funds are an important factor in ensuring effective pension security. As the population ages, more people will be entitled to both pension schemes, while their welfare will depend on the effectiveness of pension funds and pension savings investments.

As of 1 March 2005, there was 1 state and 12 private pension savings funds, with 72 branches and 73 representative offices operating in Kazakhstan. People are free to choose to deposit their pension savings in any one of these. There are 7.1 million mandatory pension depositors, which is 97% of the employed population. However, less than a half of them make pension contributions on a regular basis. At the same time, 30,000 people are

voluntary contributors and around 3,000 depositors are voluntary professional pension contributors.

As well as being reliable, pension funds must also be profitable, which depends on a number of factors, including fund management effectiveness. It is most important for pension savings funds to invest pension assets effectively. There must be reliable pension asset use tools, since future dividends will be built on both the amount of contributions and the economic situation, effectiveness of pension funds and companies managing pension assets. The mechanism of pension contributions should be further developed. Moreover, current customers of pension funds are mainly working people. However, as the solidarity scheme is replaced by the savings scheme and the population gets older and life expectancy grows, this situation will change and may affect returns on pension funds.

At present, the government amends the pension law on a regular basis and the above indicated limits may be revised in the future.

Lack of official statistics makes it difficult to determine average, highest and lowest pension savings. However, it is known that there are significant disparities in pension amounts accumulated by different scheme participants of the same age. Such amounts are built on nominal wages, regularity of contribution and effectiveness of the pension fund chosen. As the population ages, such disparities are likely to grow.

When retired, citizens of Kazakhstan can apply for a solidarity-based pension based on their employment record and withdraw the accrued pension savings. During the initial period of the savings-based pension scheme, the accrued savings were paid all at once, since amounts were small. This strengthened public confidence in the new pension scheme. Today, retirees entitled to pensions receive pre-tax 100,000 or after-tax 95,000 tenge annually for as many years as savings allow. In this context, retirees with pension savings are in a better position than retirees with an earlier assigned pension because 7,900 tenge resulting from 95,000 tenge divided by 12 months is a good pension supplement. With an estimated pension of 12,000 tenge, aggregate pensions can be as high as 20,000 tenge per month, which is over 3.5 times more than the subsistence minimum. Participants of the savings-based pension scheme have more chance of receiving pension supplements, since the supplement period and amounts grow as wages increase. Therefore, pension supplements will be bigger than assigned pensions. It is expected that in future the supplement payment will be paid on a monthly rather than one-off basis, based on the estimated survival rate. Much is being done in this area and the situation may well change in future.

It should also be noted that people reaching retirement age now and in the near future without any pension savings are and will remain more disadvantaged than those with pension savings. Even those among them with small pension savings, for example, 200,000 tenge, which is worth two annual tranches, will be affected by the lack of pension benefits as early as two years after retirement. In the long run, as the population gets older and workers

with increasingly insignificant employment records registered during the solidarity system retire, **disparities in pensions will grow**. In this context, there will be greater disparities in the pensions paid out of the savings-based scheme with fairly level pensions paid out of the solidarity-based scheme.

Insert 2.4.

“Kazakhstan is a beacon for other CIS states, since it pioneered the pension reform and, accordingly, can be a model of a smooth shift from a solidarity to a savings based pension scheme. At the same time, pension funds should be looked at in the long run, since current contributors with a median age of 40 will retire in about 20 years. It is only then that we will be able to assess the success of Kazakhstan’s savings-based pension scheme”.

Chris de Coning, regional director, ABN AMRO Asset Management for Central and Eastern Europe (as reported by Kazakhstan Today)

In recent years employers have started to make pension contributions for their employees. This trend will develop further as the economy and social partnerships develop and attitudes towards the professional capacity of each employee evolve. Professional pension schemes established within individual entities or sectors, as well as personal pension savings deposited in pension funds and insurance companies constitute the so-called non-state pensions sector.

When concluding collective agreements and/or other employer’s documents, many large entities provide for one-time benefits to be paid to employees who are about to retire. For example, the collective agreements of JSC Kazakhtelecom provide for a one-time benefit equivalent to three average monthly wages on retirement of the employee. JSC Kazakhstan Temir Zholy has decided to allow engine drivers and assistant engine drivers to retire at age 59 with pensions to be provided by the JSC. Some other organizations such as JSC Bakhus provide quarterly benefits worth 3,000 tenge and food packages to be given to retiring employees.

Thus, meeting the needs of future retirees is challenging both at the level of individual pension savings companies and the state pension scheme as a whole. The majority of people consider pension deductions as some form of extra tax. Therefore, people with no formal labor ties are not eager to become “engaged” in pension schemes. On the other hand, effective management of pension savings and the stability of the pension scheme will affect the majority of working people and all citizens eventually. This may cause additional challenges as the population ages.

CONCLUSIONS

Poverty can be reduced by facilitating both the development of the country as a whole and the self-fulfillment of each person. Tackling poverty entails a number of factors, such as sustainable economic growth, better employment opportunities, effective social policies, sound public administration and developed democratic institutions. In order to reduce poverty it is essential to develop and implement national poverty reduction strategies that take into account, first and foremost, the interests of the poor - many of whom are older people.

In the future the prevalence of older people compared to other age groups will also affect the consumer market in terms of provision of food and non-food products for older people. At the same time, it should be born in mind that older people's financial resources are limited and that the commodity market will need to be developed in a particular way in order to meet the needs of the elderly. However, provided the correct market research strategies are used, this situation can have benefits. Such economic sectors as light and food industries should cater for an older age demand.

Infrastructure tailored to the needs of older people should be developed and made more user-friendly, although this will require considerable investment. Also, systems should be put in place to encourage employees of local municipal organizations to provide home care services for lonely older people such as buying food, cleaning and basic medical assistance.

Population ageing necessitates better solidarity and savings based pension schemes. Pensions paid out of the solidarity based scheme should be raised in proportion to increasing consumer prices.

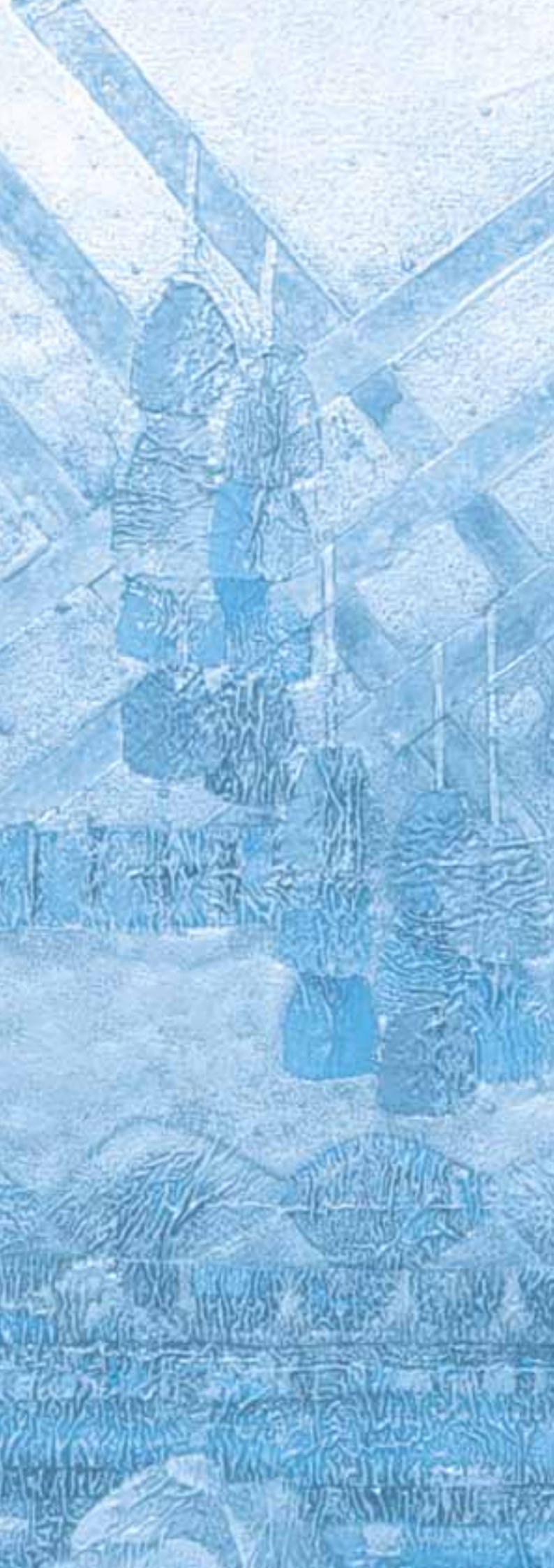
In order to protect pension savings, pension asset investment tools should be used more widely and the financial sustainability and reliability of entities constituting the savings based pension scheme ensured.

The pension annuity market should be developed to encourage married couples to purchase annuities, which will entail monthly payments worth at least the minimum pension to be paid from the savings-based pension scheme.

Currently, the government is considering increasing the tax-free pension to a minimum pension and providing state funding of mandatory pension contributions for female workers on maternity or under-three childcare leave.

Regarding voluntary savings-based pensions, voluntary and professional pension schemes should be encouraged and voluntary professional pension contributions made to workers, including those of government-funded organizations, whose professions are on the Register of Professions.

It is expected that the government will remain the principal source of funding for social security schemes and ensuring timely and adequate social benefits. This will change gradually as the government withdraws and mechanisms of social insurance are made more effective. Meanwhile, growing differentiation of pensions and the need for preventative measures to ensure social stability should be emphasized.



CHAPTER 3

LABOR MARKET, EM- PLOYMENT AND OLDER PEOPLE

3.1. LABOR MARKET AND GENDER DIMENSIONS OF EMPLOYMENT

As mentioned in the previous chapter, employment is one of the major causes of poverty. Poverty and labor are closely interlinked because labor is the main source of income for people.

Transition to a market economy caused some significant changes on the labor market both within sectors and in terms of labor status.

In 1995-1999 the proportion of the employed population was declined steadily, while since 2000 it has been increasing consistently. Overall, over the last decade the employment rate reached 91.6%, marking a 9.6% increase and totaling 7.2 million employed people in 2004, which is 630,300 more than in 1995. The economic activity rate - the ratio of economically active population to the overall population - was 69.9%. This means that only 70% of the population were economically active and 30% inactive. In the overall economically active population women accounted for 3.8 million people (49%).

Table 3.1 Main labor market indicators in Kazakhstan

	2001	2002	2003	2004
Economically active population, thousands	7479,1	7399,7	7657,3	7840,6
Economic activity rate, %	70,2	70,1	70,0	69,9
Employed population, thousands	6698,8	6708,9	6985,2	7181,8
Employment rate, %	89,6	90,7	91,2	91,6
Economically inactive population, thousands	3175,8	3155,3	3278,6	3383,4
Economic inactivity rate, %	29,8	29,9	30,0	30,1
Economically inactive population because of retirement, thousands	1584,2	1565,6	1461,9	1425,1
Proportion of retired people out of economically inactive population, %	49,9	49,6	44,6	42,1

Source: Republic of Kazakhstan: 2005 (brief statistical reference). Almaty, 2005

The employed population is relatively young. The median age of employed people is 37 years, i.e. people at ages 25-34 accounted for the bulk of the employed population (29.15%), while young people aged 15-24 made up 16% of those in employment. One in three employed people had secondary and higher education, while one in four had vocational education.

The larger proportion of the economically inactive population consists of retirees (42.1%) and full-time students (37.2%) as well as disabled people (7.4%) and homemakers (5.2%). Women and youths aged 16-29 remain the most vulnerable groups on the labor market.

Self-employment is common in Kazakhstan, with a steadily growing proportion of self-employed. In 1995 hired employees accounted for 83.4% and self-employed people for 16.6% of the employed population, but by 2004 these proportions had changed to 62.2% and 37.8% respectively.

This trend poses a risk of increasing social disadvantage because the self-employed are usually not part of the social security scheme or social funds, either as users or contributors.

Insert 3.1

Self-employment means employment in which remuneration directly depends on income generated through production of goods and services where personal consumption is considered part of the income.

According to the International Classification of Employment Status, the self-employed fall into the following three categories:

Employers are individuals running a business or otherwise engaged in entrepreneurship with one or more hired employees.

Self-employed people are individuals working either independently or with one or more partners and engaged in activity on a self-employment basis without hiring employees for permanent employment.

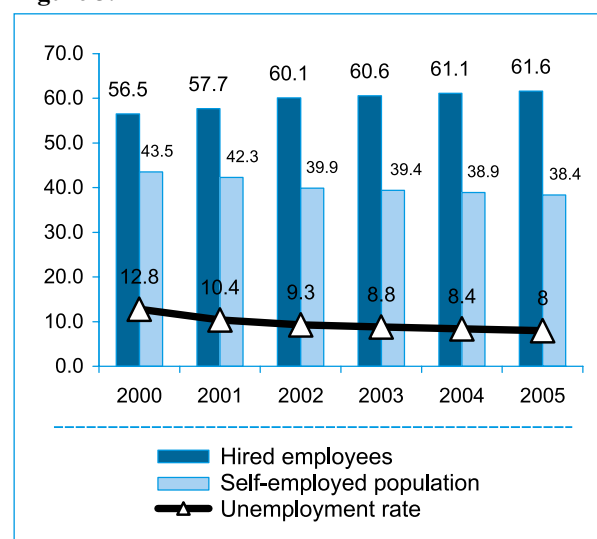
Unpaid family workers are individuals who generally are employed in an enterprise (or household) managed by a relative, and are not paid.

Members of production cooperatives are individuals who are members of a labor cooperative engaged in entrepreneurial activities.

There are more self-employed women than men. In 2004 self-employed women accounted for 42.3% of female workers, while self-employed men made up 36.8% of male workers. The rural employed population exceeds the urban by over 2 times. Self-employed women account for 59.2% and 25.3% of rural and urban female workers, while self-employed men for 51.5% and 22.8% of rural and urban male workers, respectively. Self-employed women tend to work in such sectors as clothes and food sales, public catering and agriculture.

Women have less access to resources required for business activities, therefore they are mostly employed in small businesses, often in the informal sector which does not generate as much income as generated by men, who are more engaged in large and profitable businesses.

Figure 3.1



Source: RK Statistics Agency

The limited access of women to capital, financial resources and information has largely affected rural women: only 10% of farms in Kazakhstan are headed by women, who own only 2.9% of agricultural land resources and these

are less productive in terms of capacity, size and location, due to women's limited access to loan and credit resources. Rural women do not have liquid property to be used as collateral, making it more difficult for them to set up farms and making their businesses less effective as compared with those of men.

The economic capabilities of women and men are also largely determined by *professional gender segregation*.

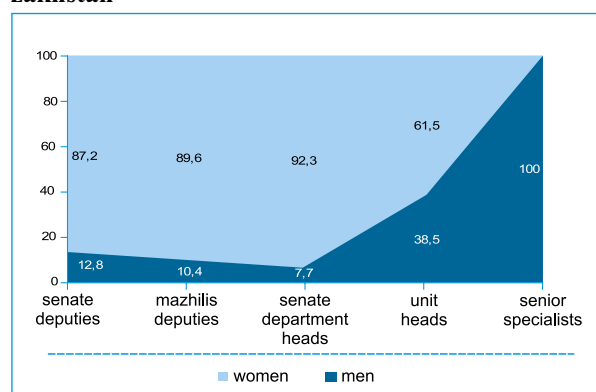
Horizontal professional segregation refers to uneven distribution of men and women within sectors and occupations. The majority a female workers are employed in low-paid sectors such as education (75.3% of the total), healthcare and social services (79.2%), hotels and restaurants (68.8%). In contrast, most male workers are employed in public administration (77.4)%, construction (82.7%), manufacturing (69.1%), electricity, gas and water production and distribution (72.3%) and real estate (60.8%).

The gender imbalance in employment, quality of jobs, labor conditions, professional careers, income and social security has, to a large extent, been a result of direct foreign investment in Kazakhstan's economy. Thus, 46% of resources were invested in the oil and gas sector which traditionally employs more men, with only 10% invested in industries, half of which was invested in metallurgy. Thus, a male workforce predominates in sectors with highest income-generation potential, while such sectors as light and food industries, which tend to employ women, are less profitable and tend to develop at a slower rate.

Rapid development of extraction, the real estate sector and financial markets has been more advantageous, first of all, for men in terms of new jobs and better income, while the status of women on the labor market has remained almost unchanged. Women's access to economic resources is still limited.

Vertical segregation means unequal hierarchical distribution of women and men. In Kazakhstan this is demonstrated by the fact that men account for 76% of senior officials and their deputies in local authorities. Women are more represented in middle management and there are far fewer women than men holding senior positions. Thus, the proportion of parliamentary seats held by women is only 9.6%. This places Kazakhstan 85 out of 128 in the world, which is lower than the average indicator for both European countries and African, Asian and Pacific countries. In the context of democracy, more or less equal representation of women and men in government authorities and in parliament in particular helps to lobby and find adequate solutions to many issues concerned with gender inequality.

Figure 3.2. Men and women in the Parliament of Kazakhstan



data provided by the Inter-parliamentary Union, April 2005.
Visit <http://www.ipu.org>

Kazakhstan still has much to do to ensure equal rights for men and women in terms of social participation. In particular, greater representation of women in public administration would help to better address many gender-related social and economic concerns of different population groups.

Table 3.2. Population by economic activity status and age, numbers of people

	Total	Economic activity status				
		Economically active	Including of which			Economically inactive
			Employed	Looking for another or additional job	Unemployed	
Total population	11223954	7840554	7181755	540607	658799	3383400
Including people aged						
60–64	438112	150565	144294	2471	6271	287547
65–69	506277	81272	81272	–	–	425005
70 and older	627177	26302	26302	–	–	600875
Men						
60–64	175572	89079	84251	2442	4828	86493
65–69	212586	41482	41482	–	–	171104
70 and older	197928	11790	11790	–	–	186138
women						
60–64	262540	61486	60043	29	1443	201054
65–69	293691	39790	39790	–	–	253901
70 and older	429249	14512	14512	–	–	414737

Source: Statistical Yearbook of Kazakhstan, Almaty, 2005

Feminization of employment, i.e. increasing the proportion of employed women, tends to result in women being relegated to low-paid, unproductive and unstable jobs. The processes of female integration and marginalization go hand in hand. A cheap and mobile female workforce is perceived as a natural and expanding resource. Less income for and social achievements of women is determined by the fact that by having babies and therefore leaving the labor market for certain periods of time, young women lose their qualifications and skills and miss promotion opportunities.

3.2 EMPLOYMENT OF OLDER PEOPLE IN KAZAKHSTAN

In 2004 the share of people aged 60+ in the overall population aged over 15 was 14%, with 11% and 16.6% of them being men and women respectively. People aged 60 and older accounted for 3.5% of the employed population, including 3.7% men and 3.2% women.

The share of employed older people in the overall population aged 60+ was 16.%. Some 23.5% of older men and 11.6% of older women in the overall male and female populations aged 60+ were employed.

Over half (54.7%) of people aged 60 and more are economically active (Figure 3.2). The female economic activity rate is 23.4% in the age group of 60-64, 13.5% at ages 65-69 and 3.4% at ages 70+. The male economic activity rate is higher in all age groups. Thus, 50.7% of men aged 60-64 are economically active, 19.5% at ages 65-69 and 6% at ages 70+. There are fewer older women than men employed in public production. Both female and male employment rates decrease in the older age groups.

Insert 3.2.

Employment in retirement

In different countries of the world factors motivating retirees to continue working are studied to define the forms of social security aimed at meeting the needs of older people. In developing countries retirees keep working mainly because their pension benefits do not meet their basic needs, while in a developed country like the USA, for example, the number of either women or men aged over 65 who keep working has increased in recent years. Moreover, the USA is planning to increase the retirement age to 67 by 2020. This decision will be implemented over 25 years, as the US government believes that social change should be gradual.

Motivation aimed at successful working activity and social recognition very often becomes more powerful at retirement age. Therefore, career guidance, professional retraining and seeking a job for people at preretirement age should be included in social services for the elderly. Such services will help to slow down ageing rates, maintain workforce size and restore the working capacity of the elderly.

** Irina Grigoryeva. SOCIAL SERVICES FOR THE ELDERLY AND COMMUNITY DEVELOPMENT: IS WESTERN EXPERIENCE APPLICABLE IN RUSSIA? <http://www.strana-oz.ru/?numid=24&article=1069>*

Despite the fact that the percentage of employed older women versus men is lower, the numbers of employed older women and men differ insignificantly, due to the fact that in the older age groups women outnumber men by 1.5 times.

The share of the employed rural population aged 65+ fell from 2.8% in 2002 to 2.0% in 2004. Urban people of this

age group are less economically active, at 2.2% in 2002 and 1.1% in 2004.

The greatest proportion of employed older people in Kazakhstan is registered in Karagandy oblast: 20,100 people in 2002 and 12,300 people in 2004, which was 3.6% and 2.2% of the total oblast population respectively. In Kostanai oblast there were 11,900 and 8,500 employed older people in 2002 and 2004 accounting for 4.6% and 3.1% of the overall oblast population.

The proportion of employed older people declined most noticeably in Almaty, from 10,200 people (2.0%) in 2002 to 2,100 people (0.4%) in 2004⁴¹.

Against a background of a falling share of employed older population throughout Kazakhstan, it is noteworthy that the only oblast where the proportion of employed older people has been increasing, although only slightly, is North Kazakhstan – 4,400 people in 2002 (3.7%) rising to 4,600 (4.0%) in 2004.

Rural employment in old age is higher than that of the urban elderly due to seasonal agricultural activity that provides extra income for agricultural households and ensures extra employment in old age. In rural areas job opportunities for the young are limited and many young people move to towns and cities seeking work, thus reducing the rural population and increasing the share of the elderly in the rural workforce.

Working in public households and on personal land plots brings some income that helps compensate for low pension benefits provided to the rural elderly. Certain differences between the pension benefits of rural and urban retirees may be attributed to the fact that pension amounts are calculated according to payment for the work done by the rural population and this is less than urban wages.

The level of poverty in urban areas is lower than in rural areas, which can be attributed to higher incomes and better education of the urban population. Urban retirees are generally better educated and have more opportunities to find jobs that do not require physical strength but rely more on knowledge and skills.

3.3. ECONOMICALLY ACTIVE POPULATION AND INVOLVEMENT OF THE RETIRED POPULATION IN ECONOMIC DEVELOPMENT IN THE CIS

Improvement in socio-economic spheres over recent years in most CIS countries has helped create a better situation on the labor market, with unemployment rates starting to decline while vacancy and employment rates started to increase between 2003 and 2004.

In 2004 the economically active population (employed and unemployed) in CIS in general was estimated to be 128 million people, while the economic activity rate in these countries was approximately 50%, which compares well with the economic activity rates of Austria, Great Britain, Germany, Canada, USA, Japan and other developed countries.

⁴¹ Economic activity of Kazakhstani population by region. 1995-2004. Statistical book. Almaty, 2005.

The number of **non-hired workers** (employers and other self-employed people) in Kazakhstan changed little from the 37.6% recorded in 2003 to 37.5 of the total employed recorded in 2004, while in Moldova it changed from 32.5% to 32.2%, in Russia from 6.5% to 7%, and in the Ukraine from 12% in 2002 to 12.4% in 2003. The percentage between retirees and the able-bodied population and economically active population in CIS countries is shown in Table 3.3. In most countries the number of retirees decreased by 1-5% against the employed population. In Belarus it did not change, while in Azerbaijan and Armenia it increased by 1% and 11% respectively.

In 2003 in Kazakhstan the ratio of retirees to able-bodied population totaled 17.6% and 24% compared with the economically active population, which is considerably lower than in such countries as Russia, Ukraine, Belarus and higher than in Azerbaijan, Kyrgyzstan and Tajikistan.

A considerable number of retirees continue to work. For example, in accordance with a survey by the Russian State Statistical Committee at the end of 2002, 4.1 million retirees (14% of total retirees or 6% of those involved in economy) were still working; besides, 445,000 retirees (or 1.5% of all retirees) were seeking a job. According to surveys of the workforce in Ukraine in 2002 retirees made up 7.7% of the employed population aged 15-70, with another 13,000 retirees seeking work.

3.4 EMPLOYMENT OF OLDER PEOPLE IN THE WORLD

Certain features of employment in old age vary slightly in different countries of the world. In virtually all countries the elderly make up a minority of the economically employed. Their share in the total employed varies between 1% and 7% (An ageing world: 2003. International population reports). The second common feature is the age of the employed elderly – they retire at the retirement age and the older they are the less their role in the active population. The third feature common for all countries is that the level of participation of elderly men is higher than that of elderly women.

Interesting disparities in the level of employment in old age are discovered when surveying the development rates of the countries. Thus, the employment level of the elderly population varies by country: it is lower in the developed compared with the developing world. In some developed countries only 2% of men aged 65 and over are involved in the labor market, while in some developing countries more than a half of the elderly men are economically active (An aging world: 2003. International population reports). Considerable differences in the activity levels of labor resources on a global scale are connected with public welfare: countries with high Gross Domestic Product have lower levels of participation of the elderly in the work force. In developed countries the elderly may plan for a decent life by making pension contributions and relying on the system for social insurance, while in poorer countries these systems, due to their weak development, often fail to provide a decent life for the elderly who have to stay on the labor market longer to get extra income.

In developing countries the elderly population - the majority of whom are women - make up the main share of the poor population who receive little care and external financial support. These countries have small institutional and economic resources to meet the elderly's needs and there is a need to establish economic and social policies to meet these needs.

These are the reasons for the considerable decline in elderly men's employment level in developed countries: social insurance improvements and changes in production organization, as well as the nature of employment as new technologies are introduced meaning that some elderly people prefer to retire rather than try to learn new skills. In countries with high unemployment, formal and informal pressure on the elderly to leave to make way for younger and more promising staff may be an additional reason for leaving the labor market.

As mentioned earlier, elderly employment in Kazakhstan is not as high as that of developing countries but significantly higher than in developed countries. In Kazakhstan there is a trend that is common for all countries: falling employment levels of the older population in older age groups, while this trend is even more evident among women.

3.5 THE INFORMAL ECONOMY AND INCOME IN OLD AGE

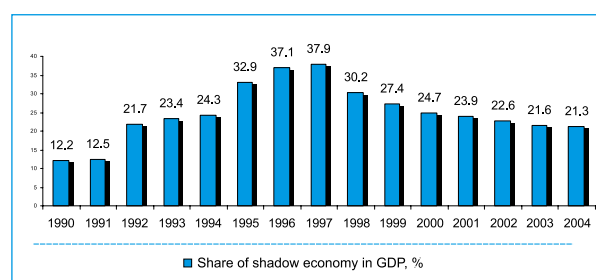
The economic crisis of the 1990s in Kazakhstan caused dismissals and the shutdown of most enterprises and negatively affected the living conditions of the majority of the population. Pension and social benefits did not meet even basic needs of the elderly and other groups covered by the social security system.

People who lost their permanent jobs, the elderly and groups entitled to social benefits allocated from the state budget suffered dramatically: until 1998 the average pension was lower than the subsistence minimum. That amount increased slightly over the next two years and became a bit higher than the subsistence minimum. Between 1996 and 2000 the proportion of the elderly varied between 53% and 40% of the total poor population.

A considerable proportion of the population - a half of which was the elderly - became involved in the production and sale of articles and services that were manufactured in households or informal enterprises, including illegal articles.

In 1999 the self-employed made up 45.1% of the total able-bodied population. Growth of the able-bodied population that remained uninvolved in the organized economy led to an expansion of the informal or 'shadow' economy.

Figure 3.3. Trends in the share of informal economy in GDP, Kazakhstan, 1990-2004, % of GDP



Source: RK Statistics Agency

In 1997 the share of the informal economic sector made up no less than 37.9% of Gross Domestic Product, having increased three times in comparison with 1990. It has since declined to a figure of 21% in 2004 – still a fifth of economic activity.

Insert 3.3.

Informal sector entities are entities owned by households or non-corporate entities owned by households that produce goods and services without a legal identity of their own.

The informal economic sector is defined as a combination of small economic units and economic activity taken by household entities and individuals. Such terms as “informal”, “shadow” and “noncontrolled” economy are often interpreted as the same but they are not identical. Any non-registered and subsequently non-taxable economic activity, including a criminal one (smuggling, drug sale, prostitution etc) and non-registered activity of large and middle sized entities is referred to as the shadow economy. The informal sector includes the self-employed population and those hired by entities of the informal sector or private individuals. However, the informal sector does not include people engaged in prohibited activities or unregistered people working for entities of the formal sector.

The proportion of the self-employed population increased four times from 1991 to 1995 and totaled 1,085,000 people. In 1995 the unemployment rate (estimated regardless of the self-employed population) stood at 11%. In general, between 1991 and 1995 27.7% of the economically active population was working outside organized production. This caused progressive growth of poverty and the production of goods and services in household conditions.

As state pension provision for the elderly deteriorated the elderly started to manufacture articles on farmland and smallholdings, to let their apartments, to sell home-made articles and articles manufactured in the uncontrolled economic sector, including the common sale of spirits, food, tobacco and garments.

Labor resources for non-organized business constituted nationals who had lost their jobs in the organized economy and had shifted to self-employment, plus the elderly, whose pensions below the value of the consumer basket. Shifting to self-employment as an attempt to survive in a poor labor market mainly involves working in the informal economy, which rarely corresponds to the education level and qualifications of the worker. Subsequently, involvement in the informal economy is accompanied by considerable social risks.

When describing the life of the elderly in Kazakhstan during the economic crisis and significant decline of payments it is worth noting that due to the mentality of the younger Kazakhs and others their elderly parents were generally taken care of.

After the economic crisis period the employment rate started to increase and poverty to decline due to development of small entrepreneurship (Figure 3.4.). During times of tough macroeconomic policies the poverty situation had started to get worse. It affected the living con-

ditions of the rural population, retirees and other socially disadvantaged groups in the most negative way.

It would be wrong to accept pension benefits provided by the state as the sole living standard of the elderly of Kazakhstan. Throughout their lives these people acquired personal assets and real estate that in the new economic conditions became important factors in the retirees' everyday economic security.

The majority of the elderly had their own accommodation or lived with their employed children. Moreover, most urban retirees had country land plots and orchards.

Healthcare and transportation in cities and towns was provided to the elderly for free or at a discount.

In rural areas most retirees were in charge of their families and had their own houses, livestock, poultry, plots of land adjacent to houses, agricultural tools and vehicles.

Another group of the elderly who did not have country land plots or land adjacent to houses and who lived in apartments on their own had to adapt to the crisis period. Many started to live in the same apartment and to let their free apartments or to sell their apartments for offices and small enterprises.

3.6 CREDIT POLICIES: OPPORTUNITIES FOR THE ELDERLY

Access to financial services like credit, saving and insurance, along with access to the main socio-economic resources and political freedom is one of the main indicators of a society's development.

Development of financial institutions and their conditions often involves limited access of low-income groups to these services due to minor or no guarantees ensuring credit and interest repayments.

Widespread access to financial services and their provision to the low-income population is the most powerful tool for eradicating poverty by expanding opportunities for each member of society and thus reducing the vulnerability of all marginal groups.

In terms of socio-economic development the Kazakhstan government has described assistance to the low-income population as the priority target. One of the most efficient methods in achieving this is development of small enterprises and one of the key components is the availability of microcredit for individual entrepreneurs.

Creation and development of the system providing credit to the population started with adoption of the law on Banks and Bank Activity in the mid-90s, while development of microfinancing was promoted after adoption of the law on Credit Enterprises and Microcredit Organizations.

The need to overcome most of the economic problems faced during the transition period brought significant growth in the use of microcredit by households, and

by 2004 there were 50,600 credit recipients. Development of these financial services is possible as enterprises of the formal and informal economic sector, households and the unemployed may become its clients. However the above figure equals only 2% of the poor population and more active development of these financial services is clearly necessary.

Microcrediting is an efficient instrument for enterprise development, particularly for women. Women are faced with more problems when opening or extending their own business due to their traditional social roles such as maternity and housekeeping. At the same time their high level of education and sense of responsibility means that they demonstrate a higher level of credit repayment than men.

In spite of active participation of associations to support women and development of female entrepreneurship, women's participation in credits is still insufficient.

Individual credit rules provide for an average interest rate varying from 3 to 7%, collection of rates fixed under Figurey, credit repayment security or guarantees made by third parties.

Not all elderly people may apply for microcrediting to solve their economic problems because the conditions on which individual credits are granted may not be acceptable to them. By establishing more flexible and preferential credit conditions for the elderly the government may extend opportunities for the elderly to improve their own living conditions.

Extension of opportunities and improvement of credit conditions for elderly households could promote improvement of living conditions. Creation of such conditions for the solution of economic household problems when two or three generations live together, besides improvement of the elderly's living conditions, could strengthen family relations as a whole and could promote further development of intergenerational relations by economic confirmation of the importance of intergenerational values.

3.7 MIGRATION PROCESSES

Migration processes and their different aspects are important in terms of the ageing process:

- the capacity for socio-political and economic adaptation of elderly immigrants and pressure on the socio-political and economic system of the country;
- the demographic and professional structure of the migrating population and changes in the size of the able-bodied population caused by migration processes.

Two aspects are noteworthy: emigration/immigration of the elderly from/to Kazakhstan and the ageing of migrants.

In the 1990s Kazakhstan faced problems common for all post-Soviet transition countries: high unemployment rate, absence of perspectives for job placement and a high emigration rate. From 1991, when Kaza-

khstan was declared independent and at the starting point of the market economy, a high migration rate became one of the country's defining socio-political and economic issues.

Some 1,209,814 people emigrated from Kazakhstan between 1995 and 2005. According to surveys, the main reason for emigration was economic crisis, national policy and ethnocultural reasons⁴². Most significant losses of population from emigration were detected in northern Kazakhstan where the majority of the population came from Russia, Ukraine and Belarus. The influence of the ethnic factor on migration process can still be seen today (see table 3.4).

Table 3.4. International migrants by ethnic origin (people)

	Migration balance		Immigrants		Emigrants	
	2004	2003	2004	2003	2004	2003
All ethnic groups	+3381	-9062	69166	65308	65785	74370
Of which:						
Kazakhs	+44338	+34599	47779	39001	3441	4402
Russians	-26708	-26132	12528	15182	39236	41314
Ukrainians	-3772	-3940	1397	1823	5169	5763
Uzbeks	+631	+795	853	1100	222	305
Tatars	-603	-622	829	1006	1432	1628
Germans	-10916	-14629	903	1110	11819	15739
Uigurs	+158	+192	224	239	66	47
Other ethnic groups	+227	+566	4594	5717	4367	5151
Ethnicity not specified	+26	+109	59	130	33	21

Source: data provided by the RK Statistics Agency.

In the 1990s poor social policy, particularly in pension provision and healthcare, was an important factor that influenced migration of the elderly from Kazakhstan. The ageing structure of emigration over the last 6 years is shown in Table 3.2. As a rule, the able-bodied population made up the major share of emigrants (63-65%) but since 1999 the share of emigrants aged over 65 increased from 6.9% in 1999 to 9.4% in 2004, the majority of whom were parents of emigrants of working age who had left earlier and found a job abroad.

Table 3.5. Emigrants and immigrants by age (people)

Age (years)	1999	2000	2001	2002	2003	2004
immigrants						
0-15	7 194	10 676	10 308	10 689	12 472	13 851
16-62 (57)*	29 480	32 707	39 096	43 645	48 666	50 167
63 (58)* and older	4 646	4 059	4 144	3 877	4 437	4 301
emigrants						
0-15	34 322	28 426	25 120	20 053	11 866	10 108
16-62 (57)*	111 190	105 902	97 038	84 863	52 991	47 050
63 (58)* and older	11 346	21 421	19 552	15 307	9 033	8 372
balance						
0-15	-26 284	-17 750	-14 812	-9 364	+606	+3 743
16-62 (57)*	-81 555	-73 195	-57 942	-41 218	-4 316	+3 117
63 (58)* and older	-17 788	-17 362	-15 408	-11 430	-4 596	-4 071

* female age in brackets

Source: data provided by the RK Statistics Agency

In recent years external migration has changed dramatically. In 1998 the emigration rate started to decline stead-

42 Lebedeva N.M. New Russian Diaspora. Socio-psychological profile. - M., 1995. Migration and New Diasporas in the Post-Soviet States / Edited by V.A. Tishkov. Moscow, 1996; Migration of Russian-Speaking Population from Central Asia: causes, implications and prospects / Edited by G. Vitkovskaya. Moscow: Moscow Carnegie Center, 1996.

ily. Besides, in 1998 the number of immigrants started to increase. Currently there appears to be a sustained trend to eradicate the gap between emigration and immigration rates and by 2004 the migration balance had become positive (Table 3.6.).

Table 3.6. External migration, Kazakhstan, 1999-2004 (people)

year	immigrants	emigrants	migration balance
1999	41320	164947	-123627
2000	47442	155749	-108307
2001	53548	141710	-88162
2002	58211	120223	-62012
2003	65584	73890	-8306
2004	68319	65530	+2789

Source: data provided by the RK Statistics Agency

Dynamic economic reforms and favorable economic conditions (including high oil prices) have helped stimulate immigration: higher wages than in neighboring countries is a significant economic incentive for immigration to Kazakhstan. The employment rate, different job opportunities and dynamic development of the labor market are also important factors. A more favorable economic climate, more developed market infrastructure, a liberal international migration policy and a more attractive labor market all lead to economic rather than ethnic factors becoming the more significant drivers for migration and the size of the able-bodied population increases as a result. Thus, in 2004 73.4% of immigrants and 71.9% of emigrants were people of working age.

Current migration processes in Kazakhstan may be divided as follows:

- emigration and immigration of ethnic Kazakhs (including Oralmans);
- emigration and immigration of other ethnic groups (including workforce migration);
- in-country migration;
- re-emigration;
- transit of migrants;
- illegal migration (including human trafficking).

The above groups inevitably include the elderly, although the majority of migrants are people of working age. As ageing of immigrants becomes an important issue, attention should be paid to the structure of people aged 40-50: the majority of these people are working migrants.

Oralmans and working migrants coming from neighboring countries are most affected⁴³.

Although the Law on *Oralmans* arriving under immigration quota states that the government shall allocate funds to purchase accommodation and lump-sum benefits⁴⁴, Oralman point out that they are poorly advised of how to move to Kazakhstan and how to be included in

the quota - as there are no written criteria it is difficult for them to evaluate their chances. As a rule, Oralman move from poor countries and need different support: healthcare, accommodation, language, qualifications etc. Usually Oralman are predominantly the young and the elderly. The majority of them move from Uzbekistan, Mongolia and Russia, with a minority from Kyrgyzstan, China, Tajikistan and Turkmenistan. Owing to rich kindred relations they tend to have relatives abroad, most of whom are elderly as they are less mobile. It is expected that Oralman will be eager to bring their elderly relatives to Kazakhstan. Before moving to Kazakhstan, Oralman have generally lived in rural areas.

Most of *labor migrants* from neighboring countries are migrants with non-regulated status and therefore suffer from being exploited by employers or the authorities. The majority of immigrants are older than Oralman, with two-thirds aged 25-54. Usually, before moving to Kazakhstan immigrants have lived in urban areas. Demand for immigrants is largely due to the fact that between 1991 and 2003, 2.9 million people (20% of the population) left Kazakhstan and 65% of them were the able-bodied⁴⁵. As a large number of highly-qualified people left the country a hole was left in the labor market, with a shortage of qualified people to work in industry, education and some other fields. Workforce migration to Kazakhstan is also stimulated by economic problems in Kyrgyzstan and Uzbekistan and post-war consequences in Tajikistan. Immigration can be divided into two unequal flows:

- legal arrival of expatriates;
- unregulated workforce migration.

The second of these labor flows is far greater than the first. 11,800 immigrants are licensed while unregulated workforce immigration is estimated to involve from 200,000 to 500,000 people⁴⁶.

In-country migrants are mainly people aged 25-39 (43.5%) and 15-24 (30.6%). In-country migration in Kazakhstan has two main reasons:

- general pattern of extension of modern economic sectors (industry, municipal construction, services) at the cost of traditional (agricultural) sectors where labor productivity is low and therefore poorly paid;
- great mobility of the urban population and their readiness for external migration.

The main reason for migration from rural to urban areas is income inequality and subsequently the majority of in-country migrants are able-bodied people. Due to the introduction of new agricultural technologies, reduced agricultural employment and demand for rural labor will become the main reasons for in-country migration. Currently, more than 35% of the able-bodied population are

43 Refer to: Migrants in the new capital of Kazakhstan. Almaty: International Organization for Migration Kazakhstan, 2005. P. 5-6.

44 Governmental Decree #1194 "On Approving Statement on Target Use of National Allocations for Oralman" of 18 August 1999 (as amended on 28 February 2004).

45 Sadovskaya E.Yu. Labor Migration in Central Asia: Causes and Socio-Economic Implications // Migration in Central Asia: Challenges and Prospects. Almaty: Dyke Press, 2005. P. 19. Also see: Sadovskaya E.Yu. Migration in Kazakhstan at the Turn of 21st Century: New Trends and Prospects. Almaty, 2001.

46 Sadovskaya E.Yu. Labor Migration in Central Asia: Today's Trends. Almaty, 2004.

employed in agriculture, forestry and fisheries⁴⁷ although wages in this sector are the lowest⁴⁸ and there would appear to be considerable potential for more in-country migration. The most attractive places for rural migrants are Astana, Almaty and oblast centers.

The high mobility of the urban population and their readiness for external migration are the main reasons for decreases in the urban population from 1991 – 57.3% to 1999 – 56% despite a considerable flow of the rural population into urban areas. This situation started to change due to the declining of intensity of international migration from 1999, and by 2004 urban areas made up 56.7% of the country's population.

Re-emigrants are mainly people who left Kazakhstan for Russia in the 1990s but who have returned in the 2000s. As a rule, in Russia they lived in the cities of Siberia and Central Russia. They emigrated from Kazakhstan as they wanted to change their economic and social status. Their reasons for returning are a combination of factors depending on professional and social status. As a rule, well-educated people managed to solve their socio-economic issues but still indicate problems of psychological adaptation. Less-educated people faced persistent socio-economic problems including employment and accommodation.

Transit of migrants via Kazakhstan is done mainly by people coming from the countries of Central Asia, Afghanistan, China, Pakistan, Sri Lanka and other countries of South-East Asia to Russia and the West. As a rule, this is an illegal flow that is accompanied by corruption and criminal cases.

Establishment of migration networks will affect migration processes as well. Migration networks facilitate migration, reduce expenses and related risks. Migration networks are of great importance for the not able-bodied population, providing a vital support system. The creation of migration networks will increase the elderly's migration dramatically.

Migrants' adaptation and socialization opportunities should be considered when studying migration in terms of ageing. This issue is related to such migrants' groups as Oralman, immigrants and in-country migrants. In terms of adaptation and socialization, political, economic and cultural aspects should also be kept in mind.

Political adaptation includes interest and direct involvement of migrants in the political life of the country. As the main migration stimulus for all groups is economic, their interest in the political life of the country is unlikely to be high. Thus, among migrants living in the capital, Astana, just 50.7% are interested in the political life of the country. Immigrants are less interested in political life (28.3%), although this index is higher among in-country migrants (59.6%) and Oralman (63.8%)⁴⁹. The high level of interest in political life among Oralman may be at-

tributed to the patriotic feelings that made them return to Kazakhstan.

Of course the **economic adaptation** of migrants is more important in terms of ageing. Regular wages, job type and wage size may serve as its indicators. As a rule Oralman are less well economically adapted. A large number of unemployed, housewives and retirees can be found among in the Oralman population and the welfare of most Oralman after arriving in Kazakhstan gets worse. A considerable part (around 11%) of Oralman refer to themselves as low-income groups when comparing their situation to that before their move to Kazakhstan⁵⁰. Pension contributions are important for economic adaptation but unfortunately the majority of immigrants do not make such payments.

Cultural adaptation and integration of migrants varies among different migrant groups. The main barriers to the adaptation of in-country migrants are obstacles of everyday life, while for immigrants and Oralman the main problems involve language (not sufficient speaking skills in Kazakh and/or Russian) and cultural barriers.

CONCLUSIONS

The growth of the elderly population may burden the financial system of the country. This may be explained in part by the assumption that the elderly make minor contributions to economic development. However, many elderly do work and it is worth studying their participation in public production and the specifics of the elderly, as this may give a clearer picture of their contributions to the economy. This information may be useful for planning economic development and development of pension provision.

The economic activity rate of the rural elderly population is higher than that of the urban elderly. The apparently higher level of involvement of the rural elderly may be due mainly to seasonal agriculture: in rural areas elderly women and men have more opportunities to get involved during certain periods in agriculture and on income-generating land plots, while the youth have migrated to urban areas seeking work.

When studying different aspects of economic security of the elderly's income it may be reported that city residents have more opportunities to get extra income in comparison with the rural population or town residents. However, prices for goods and services in these areas are not the same. Although the subsistence minimum has different values in different areas, this value is closely connected with prevailing consumer prices and accommodation terms.

These are the **economic aspects** of employment of the elderly:

- income additional to pension benefits that provides increased income in rural or urban areas;
- financial independence from the family and expansion of consumer supply;

47 Economic Activity of Kazakhstan Population. Statistical reference, 1991-2003. - Almaty: RK Statistics Agency, 2003. In developed countries 3-4% of all employed people are employed in agriculture (3.2% in Great Britain, 3.43% in the USA, and 4.39% in Canada).

48 Remuneration in Kazakhstan. Statistical reference, 1993-2002. Almaty: RK Statistics Agency, 2004.

49 Migrants in the new capital of Kazakhstan. Almaty: International Organization for Migration Kazakhstan, 2005. P. 69-70.

50 Migrants in the new capital of Kazakhstan. Almaty: International Organization for Migration Kazakhstan, 2005. P. 89.

- assistance to relatives and family (particular for the rural elderly);
- shifting of elderly workers to less functionally important positions, taking into account their professional mobility.

These are the **social aspects** of the elderly's employment:

- education level (particularly of the urban elderly) that they built up throughout their lives and that allows this group to take part in public production;
- good state of health for involvement in activities that do not require physical pressure;
- accumulating scientific potential that allow employees, especially those involved in education and scientific research, to be in demand in this field where the wage is not sufficient to attract the young generation;
- involvement of the elderly in such fields as education, science and trade – work that does not require physical stress, unlike much industrial production.

Involvement of the elderly (in most cases the elderly were forced to find a job) reflects positive sides of this phenomenon. As mentioned earlier, this phenomenon is widespread worldwide and therefore to some extent should be deemed a usual phenomenon. However it is worth mentioning its negative and positives effects.

Firstly, in some countries with high poverty rates and low-incomes, the elderly are forced to find work due to adverse economic conditions and an undeveloped government role in social and economic provision for those in old age.

Secondly, employment of the elderly depends on the situation on the labor market and labor resources, which are in turn defined by the demographic development of the country. A shortage of labor resources, particularly of the able-bodied population, promotes involvement of the elderly in production and a more continuous presence on the labor market, for example by increasing the retirement age.

Thirdly, employment of the elderly may be seen as a positive phenomenon, leading to less burden on the able-bodied population. Also, with high economic development rates and efficient policy against poverty, retirees may have incomes higher than the poverty threshold and their involvement in production provides opportunities to gain extra income to ensure more favorable living conditions and psychological satisfaction from awareness of their working activity.

Migration processes that are affected by economic and ethnocultural conditions and government policy are connected with ageing of the population. Over the last five years a combination of economic factors have become the main migration drivers. This means the majority of migrants are able-bodied. Migration of the elderly may be affected by their desire to move to be with their relatives and for better social pension guarantees.

Opportunities for the socio-political and economic adaptation of the elderly in Kazakhstan are fewer than for adaptation of young migrants. The elderly are conduits for traditional cultural elements and this may cause certain conflicts.



CHAPTER 4

HEALTHY AGEING: HEALTHCARE AND SOCIAL SECURITY

The population structure of Kazakhstan has undergone considerable changes resulting from peculiarities of reproduction and migration processes during the transition period. Ageing structure has affected all other demographic indicators, in particular mortality and fertility rates.

Analysis of new trends in the age structure of Kazakhstan indicates that the country is already at the threshold of ageing. Considering these processes, a number of factors linked with health issues, organization of healthcare and social protection for older people in Kazakhstan become of special interest.

Ageing brings to the fore issues of old age provision as people become more economically, socially and psychologically vulnerable and have significantly weakened internal and external protection against risks. One of the main risk factors affecting ageing negatively is the lack of legal and social protection of older people and a deteriorating quality of life. Among the most important indications of older people's quality of life is their physical health, as measured by morbidity, longevity and mortality rates⁵¹.

4.1. HEALTH OF OLDER PEOPLE IN KAZAKHSTAN

4.1.1. MORBIDITY

A series of in-depth epidemiological surveys focusing on the issue of health of the elderly have been conducted over a number of years. The surveys covered different periods and regions of Kazakhstan and investigated a number of pathologies.

One complex medical check-up that determines, to a certain degree, the health status of the older population of Kazakhstan is a large-scale inspection of the whole adult population conducted as part of the Year of Health in 2002 and lasting up to today⁵².

In 2002, 611,285 people aged 60+ were examined (14% of the total sample). The results revealed that 25% of all those diagnosed were older people.

A sustainable growth in diagnosed pathology among older people resulted from improved healthcare and follow-up care. According to the results of 2004, 48% of sick people out of all those examined were people aged 60+, of whom 91.6% were sick. The pathology level for 10,000 examined of this particular age group is 1.7 times

higher in comparison with the average national figure (9,157.5 0/0 and 5,419 0/0 respectively).

Blood diseases account for 3,952 0/0 prevailing in the sickness pattern, while musculoskeletal system diseases comprise 1,0410/0 exceeding the average national figure by 2.6 and 2 times respectively and digestive apparatus diseases (1018,50/0) by 1.4 times. Respiratory apparatus diseases comprised 804.7 0/0, eye and appendages of eye diseases – 577.9 0/0.

Either the level of revealed pathology or its structure is a result of the burden of diseases acquired in childhood or at working age. It is significant that sickness rates among the elderly remain high and are caused by the limited availability of professional medical services.

Unfortunately, Kazakhstan does not have official statistics of sickness registration of the elderly. Recently, databases have appeared registering the number of people suffering from socially important diseases such as cancer, tuberculosis and diabetes. These diseases serve as a basis for assessing the health status of older people.

We have analyzed a register of cancer patients for 2002-2004. Over the period the number of malignant tumors grew by 21.5% (from 89,129 to 113,596 cases), including among people aged 60+ by 27.7% (from 35,424 to 49,009). In 2004 43.1% of those suffering from malignant tumors were people aged 60 or more.

There was a high growth rate in the number of malignant tumors in South Kazakhstan (37.8% in total and 46.2% among those aged 60+), Almaty (31.8% and 36.1%), Ak-tobe (28,6% and 36,6%), Zhambyl (27.9% and 33.5%), Akmola (27.9% and 38.1%), and Kyzylorda oblasts (27% and 30.9%). These figures should be broken down by certain forms of malignant tumors on the one hand, while on the other, these tendencies may be associated with better detection and cancer registration in these oblasts.

Nevertheless, Karagandy and East Kazakhstan oblasts (12.9%) have the highest cancer prevalence (15% of the national figure), both being industrial centers, and Almaty city, with 10.5% of the total, being a large megapolis.

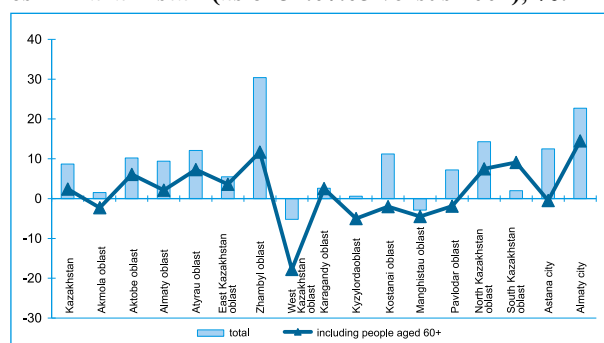
The urban population suffers (2.7 times) more from malignant tumors compared with the rural people. This indicator is 3.2 times higher among people aged 60+. Though, due to the fact that cancer clinics are based in cities, the urban population has more access to high-quality detection services. According to the National Register of people diagnosed with tuberculosis, morbidity levels among the urban population are 1.2 times higher than in rural areas. In 2004-2005 there was an increase in tuberculosis prevalence from 284,610 cases to 311,650 cases, or by 8.7%. Among people aged 60+ these indicators equaled 14,932 and 15,295 cases (2.4% more) (Figure 4.1). The most considerable increase over the reviewed period was registered in Zhambyl oblast (30.4% in total and 11.7% among people 60+) and Almaty (22.7% and 14.5%).

51 Shabalin V.N. Social basis for effective healthcare management for the older people in Russia.

Isiginov K. Issues of healthy ageing provision for the elderly. Materials of the IV annual International scientific and practical conference "Modern aspects of public healthcare", Almaty, 28-29 September, 2005 r., p.44-46.

52 Principal results of medical examination, dynamic survey and sanitation of population of the republic of Kazakhstan aged 18 and older. Astana 2002. Report for the government, 156 p.
Principal results of medical examination, dynamic survey and sanitation of rural population of the Republic of Kazakhstan aged 18 and older. Astana 2004. Report for the government, 16 p.
Principal results of medical examination, dynamic survey and sanitation of rural population of the Republic of Kazakhstan aged 18 and older. Astana 2004. Report for the government, 39 p.

Figure 4.1. Trends in the number of tuberculosis cases in Kazakhstan (as of 31.07.05 versus 2004), %.



Source: Demographic Yearbook Almaty, 2005, P. 154

Prevalence rates are highest in South Kazakhstan oblast (10% of the national figure), East Kazakhstan oblast (9.2%), Almaty oblast (8.3%), Zhambyl oblast (8%), which is associated with higher population density in these oblasts. In East Kazakhstan oblast this is caused by high rates of respiratory diseases, which are among the principal causes of tuberculosis.

The number of people suffering from active tuberculosis increased considerably. Over the reviewed period this indicator grew by 5.7%. Among people aged 60+ the number of those diagnosed with active tuberculosis increased by 4.8% from 5,221 to 5,487 cases). The highest growth rates among people aged 60+ are registered in Almaty city (19.6% in total and 16.8% among people aged 60+), Manghistau (12.2% and 13.7%), Aktobe (7.4% and 10.6%), North Kazakhstan (7.7% and 9.3%) and Atyrau oblast (4.6% and 8.9%).

Review of the register of people diagnosed with diabetes shows that in 2004 60.4% of all those registered were aged 60 or more. Over 2002-2004 the number of people suffering from diabetes grew by 16%, of which 11.6% were people aged 60+. The highest numbers of people on the follow-up care list are in Manghistau oblast (35.4% in total and 23.8% among people aged 60+), Kyzylorda oblast (24.6% and 26.4%), Almaty oblast (24% and 15.4%) and South Kazakhstan oblast (22.4% and 20.7%).

In urban areas diabetes prevalence is 3.7 times higher than in rural areas, while among people aged 60+ it is 4.1 times higher.

Thus, the review demonstrates high morbidity rates among older people, which exceed the average national figure by 1.7 times. The number of socially significant diseases also grew markedly. Over the last three years there has been a 17.7% increase in the number of people suffering from malignant tumors, and an 11.6% increase in diabetes rates. Over the last 18 months TB prevalence has increased by 2.5%, and active TB prevalence by 4.8%.

Average annual growth in the proportion of people diagnosed with malignant tumors is 9%, diabetes, 2% and active diabetes, 4%.

Meanwhile, despite these trends, healthcare and social security provision remain unchanged, and the health status of older people may be further deteriorating.

Estimations lead to forecast growth in cancer pathologies by 30%, tuberculosis by 20% and diabetes by 16% by 2010.

4.1.2 MORTALITY AND ITS CAUSES

Mortality rates are important indicators for assessing the health status of the population. Although death is part of the natural lifecycle it has social implications that fall under two large groups: endogenous (caused by the human organism's inner development) and exogenous (linked with environmental impact).

Comparison of mortality dynamics across countries with similar development histories shows that besides the inevitable negative effects of the transition period, Kazakhstan's high mortality rate is caused by the early stages of ageing followed by mass migration during the most difficult period in the history of the country. Deaths of older parents of emigrants have contributed to high death rates, and this is confirmed by statistics on separate ethnic groups. The ethnic breakdown of deaths per 1,000 people in 2003 was as follows: 6.50 Kazakhs, 15.48 Russians, 23.87 Ukrainians, 6.03 Uzbeks, 10.9 Germans, 15.04 Tatars, 6.07 Uigurs, 22.24 Byelorussians, 3.48 Turks.⁵³

Over 2000-2004 the overall mortality ratio was 10.10/000. According to the Statistics Agency of Kazakhstan the total number of deaths equaled 152,250 of which 57.4% were people aged 60+, i.e. 87,376 deaths.

Mortality is affected by a number of social, economic and biological factors. The most important biological factors are connected with ageing. In this respect, the highest death rates are among people aged 65+ and urban death rates are significantly greater than rural. (See Table 4.1).

Table 4.1 Mortality rate per 1,000 people by gender and age, 2003

Age	Total	Including		Total	Male		Total	Female	
		Urban	Rural		Urban	Rural		Urban	Rural
Total population	10,41	11,79	8,82	12,15	14,26	9,56	8,81	9,62	7,68
60-64	29,52	31,35	28,88	44,72	50,07	37,80	18,71	19,03	18,32
65-69	40,90	41,83	39,46	59,90	64,56	53,49	27,64	27,19	28,39
70-74	60,17	60,96	58,84	84,86	68,60	79,28	45,63	45,87	45,19
75-79	84,12	85,29	82,03	111,31	114,45	106,28	72,25	73,29	70,28
80-84	125,58	126,46	124,07	153,36	156,58	148,22	116,34	116,77	115,61
85+	242,35	248,04	234,02	265,75	262,81	270,54	236,41	244,08	225,47

In Kazakhstan the male mortality rate exceeds the female rate, starting at a young age. For example, at ages 15-19 the male mortality rate is twice as high and at 25-29 three times as high. This is mainly caused by accidents, but at older ages higher male mortality is due primarily to cardio-vascular diseases. Data analysis in the report suggests the existence of male over-mortality in Kazakhstan. (see Annex, table 4.5)⁵⁴.

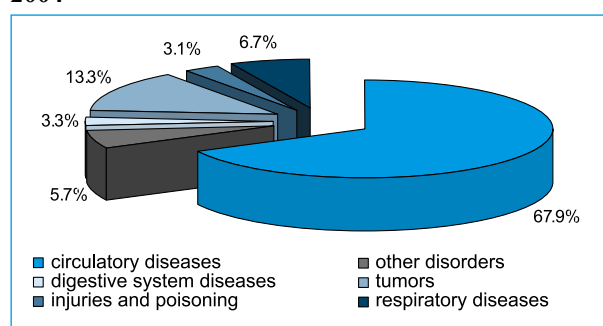
Male over-mortality has biological and social causes. Among factors adversely affecting male mortality are working conditions of men employed in hazardous jobs

⁵³ Demographic Yearbook, Almaty, 2005, p. 154

⁵⁴ Demographic Yearbook of Statistics Agency of Kazakhstan, 2005.

and risky behavior such as smoking, drinking and drug abuse. Nationwide, both rural and urban male over-mortality exceeds 1. The disparity is particularly great among those of working age. At present, male over-mortality tends to be increasing in more economically developed countries. However, when the discrepancy in years of life expectancy among different age groups becomes dangerous and results in loss of years that could potentially be lived, the problem becomes urgent. Analysis of mortality structure by cause is a challenging task. Reasons for mortality are closely interrelated with labor conditions, lifestyle, level of healthcare, and the general level of social and economic development. In the structure of Kazakhstan's mortality, circulatory diseases make up 67%, tumors 13.3%, respiratory diseases 5.7% and digestive system diseases 3.3%. (Figure 4.1).

Figure 4.2. Causes of death of population aged 60+, 2004



Source: Committee for Quality of Medical services under the Ministry of Health

Thus, the current mortality rate is still high. This is caused, in addition to other factors, by ageing, i.e. an increase in the proportion of older people whose mortality rates are higher than among the general population.

4.2. HEALTHY AGEING AND ITS SOCIAL, ECONOMIC AND ENVIRONMENTAL DIMENSIONS IN KAZAKHSTAN

Research into ageing in the 21st century, a project developed by UNDP, considers ageing one of the top priorities. Global life expectancy at birth is increasing. Therefore, ensuring that additional years of life are healthy, active and productive becomes of particular importance.

Also, healthy ageing is a focus of the European "Healthy Cities" initiative. This is part of a WHO project bringing together more than 600 cities and 30 national networks in both developed and developing countries. In Kazakhstan "Healthy Cities" was launched in 2002. The National Center for the Promotion of Healthy Lifestyles administers the project in 10 cities of Kazakhstan.

An important characteristic of population age structure is **longevity**, which is understood to be surviving to the age of 90 or more. Longevity depends on 1) social and economic factors like financial welfare, lifestyles, quality of culture and healthcare, living standards and labor conditions; 2) genetic background; 3) ecology. As of early 2004, 1.46 of each 100 individuals surviving to old age were long-livers, including 1.27 in urban areas and 1.8 in rural areas. There are more female long-livers than male.

4.2.1. SOCIAL DIMENSIONS

Social conditions of the elderly are determined, first of all, by their health status, environment and social welfare.

Survey findings⁵⁵ show that 42% of people aged 60+ live with a spouse, 22% live alone and 36% live either with children or with grandchildren. Older people are mostly concerned with their health problems (49%) and financial issues (43%). Surveys have indicated that 75% of individuals aged 60+ have chronic pathologies and 54.8% have regular medical check-ups, although 47% are not aware of their right to free medical services⁵⁶.

The social support of family and friends is of special importance in old age. Surveys show that at the age of 60-64, some 85% of respondents do not need social and homecare assistance while by the age of 80 only 40-45% can claim the same. Even those living with family mention that their relatives are busy at work and therefore unable to provide the required care for their older members.

4.2.2. OLDER PEOPLE'S LIFESTYLES

Findings of a 1998 national survey into lifestyles of the population showed that 22% of older people smoke, with a further 37.2% using alcohol. Regionally, the North (51.3%), East (43.5%) and South (42.3%) regions have the highest rates of alcohol use⁵⁷.

The scale of stressful situations is large, most taking place within families (77.7%), with the North having the highest indicator (47.1%).

Only 9% of older people do some type of sport regularly and the level of older people's awareness of disease prevention remains low (41.2%). They receive information from television (37%), medical workers (24.9%) and relatives (14%). Some 44.5% of people aged 60+ say they are ready to change their lifestyles in order to maintain their health.

4.2. ECONOMIC DIMENSIONS

Economic factors play a significant role in healthy ageing, for example by determining living standards and healthcare expenditure. According to surveys conducted in Kazakhstan in 2002, 64% of people aged 60+ apply for medical care more than once a year. The key reason behind this is ineffective treatment and unaffordable medications (58.1%)^{58,59}.

55 Abzalova R.A. New approaches to defining old age. Social aspects of working with older clients by family doctors. Community-based healthcare and its management. 33, 2004. p.33-37.

56 Survey on availability and quality of medical services. Astana-Almaty, 2002. Report for the government. 64 p.

57 Akanov A.A., Tulebayev K.A., Ayzhanov G.B., Zhakeshbayev N.A. Dynamics of healthy lifestyles promotion in Kazakhstan, Almaty, 2002, 177 p.

58 Survey on availability and quality of medical services. Astana-Almaty, 2002. Report for the government. 64 p.

59 Shoranov M.E., Kasymalieva R.A., Balabayev T.F., Elamanova S.H. Comparative analyses of medical expenditure of different age groups of Kazakhstan. Materials of the IV annual International Science and Practical Conference "Modern Aspects of public health care", Almaty, 28-29 September, 2005, p.152-154.

However, the 2005 State Program of Health Protection Reform and Development for 2005-2010 includes provision of medication for socially significant diseases for free or at reduced prices.

4.2.4. ECOLOGICAL DIMENSION

Poor environmental conditions undermine the health of the elderly. The most significant factors are water and air pollution, as well as desertification. In many oblasts the population has limited access to safe potable water. About 50 % of the population consumes drinking water that is not in compliance with mineralization and hardness requirements. Neither does the quality of water comply with biological standards. The annual fall in the average national indicator of water provision has reached 3-5%. Vast areas of Kazakhstan are affected by nuclear polygons and space-craft launches. The result of nuclear explosions carried out at the Semipalatinsk Nuclear Testing Ground is that half a million people have been irradiated and 2 million hectares of farmland exposed to radioactive contamination⁶⁰.

According to the Concept of Environmental Security of Kazakhstan for 2004-2015 approved by Presidential Decree #1241 of 3 December 2003, "Aralsk and Semipalatinsk regions are declared ecological disaster areas", where natural eco-systems, flora and fauna have deteriorated and an unfavorable environmental situation significantly harms the health status of the population. Ecological disaster areas are dangerous for the internal security of the country.

4.3. ACCESS TO HEALTHCARE

According to the Kazakhstan Statistics Agency, in 2004 there were 1042 hospitals, 18,200 polyclinics and 4,900 midwife stations serving all population groups, including the elderly. There were 36.3 doctors and 77.6 paramedical personnel per 10,000 people.⁶¹

4.3.1. OUTPATIENT SERVICES

A special survey was conducted in Almaty in 2004 to identify how often older people access medical services. The review of visits to 3 large polyclinics showed that the total number of visits totaled 598,983, of which visits by people aged 60+ equaled 166,729, i.e. 28%. Given that people aged 60+ account for 13% of the local population, it is clear that older people access medical institutions twice as often as other groups.

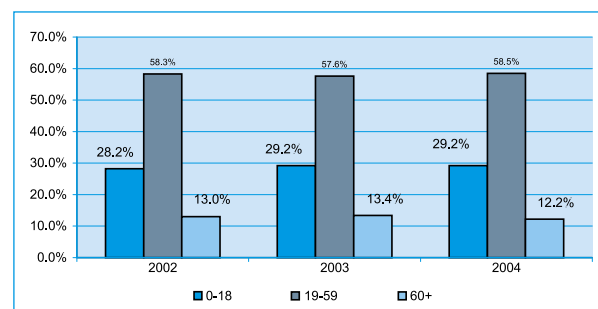
Analysis of the morbidity prevalence registered in the surveyed polyclinics shows that 65,164 out of 132,168 cases were people aged 60+, i.e. 49.3%.

4.3.2. HOSPITAL CARE FOR OLDER PEOPLE

According to the Committee for Quality of Medical Services under the Ministry of Health, in 2002 1,552,886

patients received hospital treatment, including 203,282 people aged 60+, i.e. 13%; in 2003 there were 1,906,470 patients, including 256,124 people aged 60+ (i.e. 13.4%); in 2004 of 1,558,481 patients 190,615 (or 12.2%) were older people. (Figure 4.8)

Figure 4.3. Hospitalized patients by age, Kazakhstan, 2002-2004.

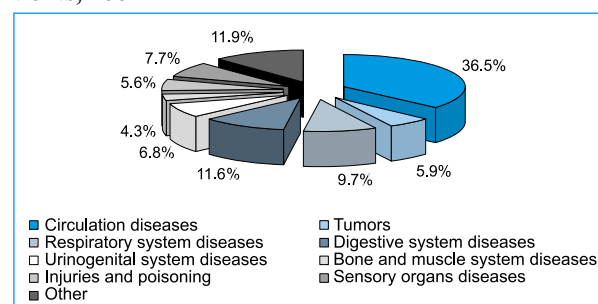


Source: Committee for Quality of Medical services under the Ministry of Health

Consequently, 13% of hospital patients annually are people aged 60+.

Figure 4.2 illustrates key causes of hospital treatment of people aged 60+.

Figure 4.4. Causes of hospital treatment of older patients, 2004



Source: Committee for Quality of Medical services under the Ministry of Health

As can be seen from the data above, one third of the older population received hospital treatment for circulatory diseases, and a tenth for digestive or respiratory system diseases.

Regarding age groups and different types of diseases, older people access hospitals to treat blood system diseases in 42.7% of cases, sensory organ diseases – 30.7% and tumors – 28.4%.

A survey conducted in 2002 illustrated that one in three respondents of older age was hospitalized because of chronic disease. One third of these rated the quality of hospital medical care as good.

Thus, review of healthcare provision and access reveals that of all age groups people aged 60+ access outpatient services twice as often as others. Some 50% of the population registered in health centers are people aged 60+. At the same time, access to hospital treatment because of chronic diseases among the elderly is much lower (annual average 13%) compared with other age groups (children 28%, adult population 58%).

There therefore appears to be somewhat inadequate medical provision for the older population who have rather limited access to high quality healthcare. However, the

⁶⁰ Program of poverty reduction in Kazakhstan 2003-2005, approved by the government of Kazakhstan, dated 26 March 2003, # 296.

⁶¹ Brief statistical annual book of Kazakhstan for 2005 /edited by K.S. Abdiev/ – Almaty, 2005 – 216 p.

State Program of Healthcare Reform and Development for 2005-2010 provides for a shift in focus from hospital treatment to outpatient services, better disease prevention and promotion of healthy lifestyles among all categories of the population.

4.4. SPECIAL MEDICAL CARE FOR OLDER PEOPLE IN KAZAKHSTAN

In the Soviet Union issues and research into gerontology and geriatrics were coordinated by the Scientific and Experimental Institute of Gerontology in Kiev. The collapse of the Soviet Union led to a complete stop of all the systematic research on gerontology and geriatrics in most CIS countries, including Kazakhstan. Nowadays there is neither a special system of gerontology assistance in Kazakhstan, nor any research institutions/departments or training for gerontologists. However, the current context indicates a need to create state gerontology services. Planning of scientific research should embrace the study of pathogenic mechanisms of premature ageing and the main ailments of old age, as well as elaboration of means and methods to detect, prevent and treat them. Scientifically-grounded standards of medical and social services for the elderly are also necessary.

Almaty has the most developed palliative care services, with its Republican Hospital for disabled veterans.

In 1999 the Almaty City hospice with a capacity of 70 beds was established and by 2004 had 1,548 patients. Patients were mainly (65.5%) people aged 60+. Among treated cases were blood system disorders (81.8%), and tumors (17%). In 2004 171 people died in hospices, of which 92.7% deaths were caused by malignant tumors and 7.6% by circulatory diseases.

Insert 4.1.

International experience in providing medical-social help to the elderly.

“The model of geriatric help” were called department of integrated home care. Effective prophylactic medicine delivered to homes can reduce considerably the need for hospitalization and institutionalization among the elderly.

In USA professional home help services for the elderly are provided by certified home help agencies, which can be private or non-profit. Financing of their activities comes from two federal programs – Medicare and Medicaid. Agencies carry out medical and rehabilitation programs, including qualified care, physiotherapy, speech and work-therapy, consultations with social workers, psychologists, dieticians, etc. Home based hospitals are also organized.

One of the forms of long-term medical help are houses of sisterly care. In USA there are more than 18,000 of these houses, each with 80 places on average. About 75% of these are private, commercial, about 15% are private non-profit financed by ethnic, religious and charity organizations. The non-commercial sector provides more than half (56%) of the medical services at local level. Volunteers play a key role in the medical and social activities of home help agencies for the elderly on a community level.

The Japanese government, among all social welfare issues, pays most attention to *creation of a good standard of living for the elderly*. This is connected to the number of this constantly growing category in Japan, which by 2025 will reach 5.2 million in comparison to 2 million in 1993.

In 1986 a law to stabilize the hiring people of middle-aged people was ratified. As a result, elderly people in Japan not only earn money, but also remain within their system of familiar social connections. Since they often need to change their professions, special re-training centers are being created.

In 1989 the Japanese government adopted “the golden plan” – a 10-year strategy to improve medical services and increase the well-being of elderly people. This aims to create a system of services for people of this age at home e.g. special stations providing medical help for the elderly at home were created and building home-stays with a full range of services.

This plan, enhanced and amended in 1994 is called “the new golden plan” and provides an increasing number of services for the elderly. In particular, by 1999 the number of people benefiting from these services at home was increased to 170,000, in comparison to 31,500 in 1989. A research center focusing on development of a complex system of support provision for the elderly was also created.

In accordance with the government strategy of turning Japan into a “superstate of living standards”, on the basis of its achievements by 2025 it is planned to increase expenditure on social welfare up to 28.5–32.5% of national income.

A nursing center with a capacity of 100 beds was set up in 1992. In 2004 900 patients underwent treatment following strokes, ischemic heart disease, encephalopathy, etc. The Almaty City Development Plan also includes the construction of a second nursing center with a capacity of 200 beds.

Hospices also operate in Karaganda, Semipalatinsk, Ust-Kamenogorsk and Pavlodar.

Currently, the State Program of Healthcare Reform and Development for 2005-2010 provides for “improvement of rehabilitation and palliative care, including establishment of hospices and a nursing center” (p.47 of the Plan of Action for implementation the State Program, Government Decree # 1050 of 13.10.04).

4.5. OLDER PEOPLE AND DISABILITY

An urgent problem of contemporary society that was the focus of attention at the Second UN World Assembly on Ageing in Madrid on 2 April 2002 was disability among older people.

According to WHO statistics disabled people account for about 10% of the world population, most of whom are older people. The number of disabled people varies from country to country. In China, for example, there are 60 million disabled people, which is about 5% of the population. In Russia 6% of the population are officially registered as disabled, while in the USA 19% of the population are registered disabled.

According to the RK Ministry of Labor and Social Protection, as of 1 January 2005 Kazakhstan had 413,600 disabled people, which is 3% of the population.

Over the last 13 years about 51,500 people have been diagnosed with disability annually. Between 1992 and 2004 the number of people recognized as disabled among the adult population reduced almost twofold.

Analysis of the number of registered disabled people in Kazakhstan illustrates a downward trend of almost 30% over the period 1999-2004. In addition, there is an irregular downward trend in primary disability among the working age and older populations. Primary disability detection rates are falling at a greater rate in the retirement age group: from 8,100 to 4,100 cases over the period (Figure 4.3). In 1999 retirees accounted for 16.3% of people diagnosed with primary disability, with the other 83.7% being people of working age. By 2004 retirees accounted for only one tenth of those diagnosed with primary disability. This trend is not caused by a reduction in the proportion of disabled older people, but by a reduction in the number of retirees referred by health institutions to register their disability: according to the government decree of 24 August 2000 “any age-related changes are not sufficient to diagnose a disability”.

Figure 4.5. Primary disability by age

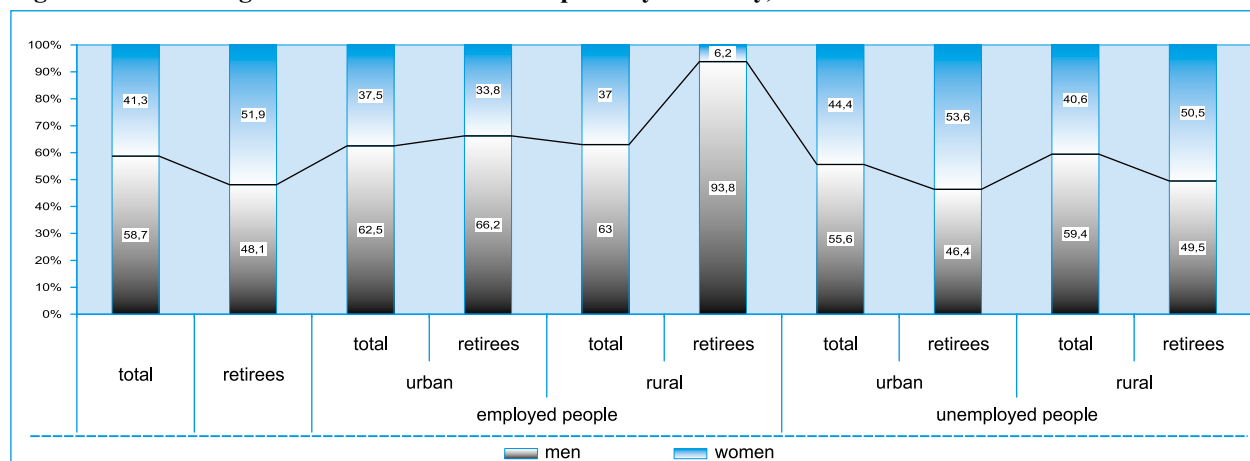


Source: RK Statistics Agency

Following the adoption of Resolution of the Statistics Agency of 20 October 2004, a new detailed statistical reporting form #7 “Report of medical and social assessment departments under the Ministry of Labor and Social Protection” was introduced. This allowed review of the disability status of older people and retirees, i.e. women aged 58+ and men aged 63+.

In 2004, 42,825 people were ‘diagnosed’ with disabilities. Out of 35,808 registered with a primary disability, 11% (4,071 people) were retirees. There were more urban versus rural people among those registered with a

Figure 4.4. Percentages of men and women with primary disability, 2004



Source: RK Statistics Agency

primary disability. At the same time, registration of a primary disability for older people varied depending on place of residence. Among people diagnosed with a primary disability, 73% were urban residents (2,980 people) while 27% (1,091 people) lived in rural areas. This is associated with the fact that qualified medical and social services are more readily available in urban areas. Rural and urban ratios of people diagnosed with disability at retirement versus working age also differ. In urban areas retirees account for 14% of disabled people, while a further 86% are of the working age population. In rural areas older people make up only 8% of those diagnosed with a primary disability.

Not all disabled older people have permanent registration of their disability. One in four of such people, of which 711 and 305 are urban and rural residents respectively, will have to be assessed again after a certain period. This is one of the characteristics of the new approach in accordance with regulatory and legal documents on medical assessment of retired people. Previously, retirement age was the criterion for identifying a disability category, without need for re-assessment.

In older age women are more vulnerable in terms of disability, due to gender disparities in life expectancy and resistance to disease, as well as lifelong gender inequality⁶². The gender distribution of people registered with a primary disability, including older people, by place of residence and employment status is illustrated in Figure 4.4

Among all registered disabled, the male to female ratio is 3 to 2 (58.7% versus 41.3%). Men prevail even in older age and also among disabled workers, especially among the rural population, where men make up 93.8%, whereas in urban areas men account for 66.2% of older people with a disability. Gender imbalance becomes less evident in the group of unemployed people diagnosed with a disability, as well as among retired people, where men and women are equal in number.

Analysis of the breakdown of people diagnosed with primary disability by disability category reveals considerable variation between working and retired people.

62 Older people and disability. Report of the Commission of Social Development of the Second World Assembly on Ageing. Madrid, 2 April 2002.

Older people tend to be diagnosed with the most severe primary disabilities, accounting for about 95% (sum of disability categories I and II), while disabilities of people of working age account for 68% of severity. There are more rural than urban people diagnosed with the most severe disabilities (category 1), at 34% and 30% respectively.

Ecological factors lying behind primary disabilities are becoming a more obvious and urgent problem. This is relevant to the general population and older people in particular. Disabilities caused by ecological disasters following nuclear testing at Semipalatinsk and shrinking of the Aral Sea are the second and third most significant causes of disability, which clearly indicates that such environmental factors have serious human health impacts. This also results in higher disability detection rates in Kazakhstan, especially for older people.

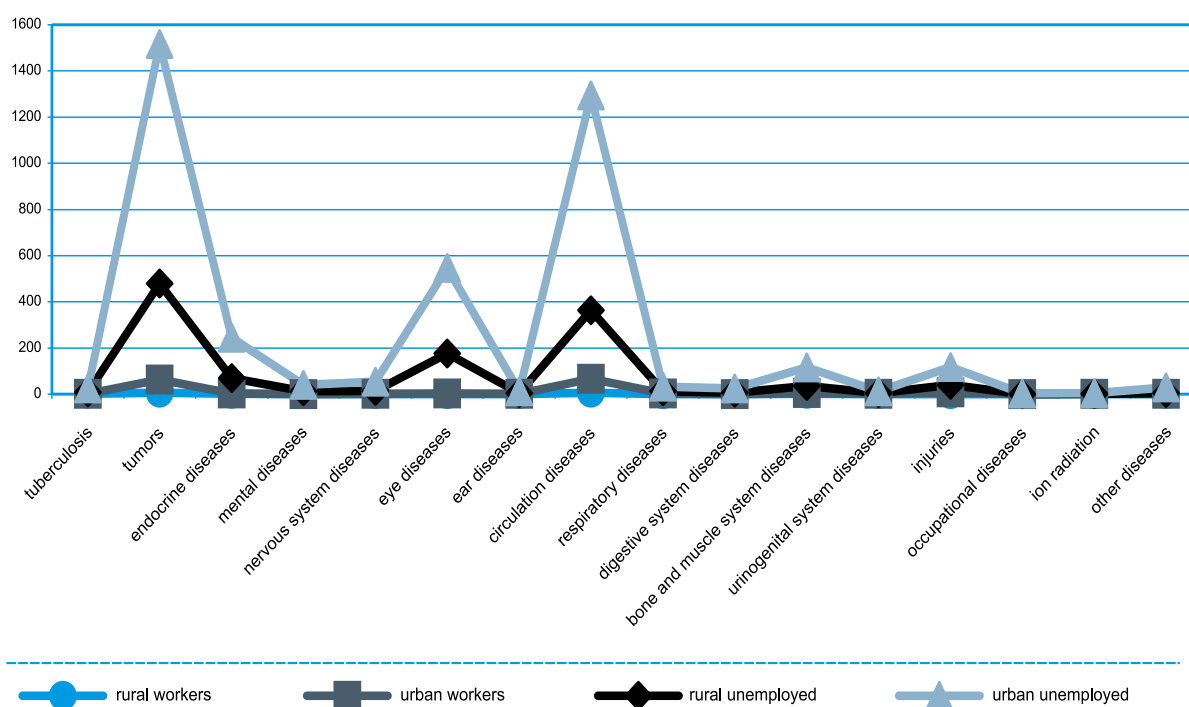
The distribution of people diagnosed with primary disability according to the International Disorder Classification illustrates that the main causes of adult disability, regardless of place of residence, are circulatory disorders. Cardiovascular system disorders are second in importance, with injuries third. Some specific features characterize older people in this context. According to 2004 statistics, retired people in either rural or urban locations mostly suffer from malignant tumors, cardiovascular disorders, eye and eye appendage diseases and endocrine system disorders. See Figure 4.5

The international community is becoming increasingly convinced that full social participation is of the highest importance in today's world. This is also justified by new indicators of social development assessing the social

maturity of a nation. One of these is the human development index embracing three main human development components, which are longevity, education and living standards, according to the Concept of Human Development of the Nobel Laureate Amartya Sen⁶³. Although in the context of human development the disability issue was not addressed, these three indicators show that disabled people are the most vulnerable and disadvantaged group. This, according to the author, predetermines the need for further research in this area. It may also prove reasonable to include disability indices in the list of human development indices as an indicator most negatively influencing the combined index, i.e. human development index. Social vulnerability of the disabled as a specific population segment could be traced in all social indicators. Disability is one of the determining mechanisms of social differentiation of mortality. Numerous studies of social disparities in mortality illustrate higher mortality rates among vulnerable groups, especially at pre-retirement age. According to Komarov U.M. and his co-authors, life expectancy of the able-bodied and disabled population is different twofold: 72.3 versus 31.6 years respectively⁶⁴. Mortality research also illustrates a "protective" function of good education and marital status. From the point of view of marital status, most disabled people are single, divorced or never married. Their educational level is also comparatively low.

According to the "Poverty Reduction Program in the Republic of Kazakhstan for 2003-2005" approved by government decree of 26 March 2006, in Kazakhstan poor people are mostly represented by socially vulnerable people, including lonely older people, people with disabilities and others. Lonely older people have to address

Figure 4.7. Older people diagnosed with primary disability by main cause of disability



Source: RK Statistics Agency

63 Sen A. "Development as Capability Expansion." In: Journal of Development Planning. 1989. No.19

64 Komarov Yu.M., Ermakov S.P., Ivanova A.E. and others. Life expectancy of Russian people adjusted by disability: trends, regional dimensions, main causes of decline. M., 1997. 82 p.

increasing utility costs, medical and other services. Older people are at a greater risk of poverty, which is caused by their limited opportunities. In the context of limited employment opportunities, the issue of employment of disabled people becomes of the greatest urgency. Pensions and disability benefits are always at a minimum, by default.

Disabled older people make up the greater half of the total disabled sector and are the most disadvantaged group in Kazakhstan by all social indicators, including basic indicators of human development. Every third older individual diagnosed with a primary disability in 2004 usually has the most severe disability (category one) and is in constant need of care.

Socially significant disorders are the main cause of disability for the elderly. According to the register of people with primary disability, in 2004 there were four main types of causes of disability in old age: malignant tumors, cardiovascular disorders, eye diseases and diabetes.

The government should better address the problems faced by older people, especially disabled older people, as they are clearly the most disadvantaged group.

4.6. INTEGRATED MEDICAL AND SOCIAL SERVICES

The legislative framework for medical and social services consists of Laws On Pension Provision in the Republic of Kazakhstan of 20 June 1997, On State Social Disability Benefits for the loss of bread-winner and for age standards of 16 June 1997, On Special State Benefits in the Republic of Kazakhstan of 5 April 1999, On Amendments to several legal acts of the Republic of Kazakhstan on social assistance to Second World War veterans, disabled people, benefit recipients for the loss of bread-winner, of 31 December 2004.

The transition to a market economy has initiated changes in the system of social security and determined a shift from a completely unitary system of social protection to

a mixed one. The Concept of social security system of the Republic of Kazakhstan approved by the government on 27 June 2001 offers a model system of social protection, including elements of both solidarity and targeted systems of mandatory and voluntary insurance.

On 25 April 2003 the Law on Mandatory Social Insurance was adopted. Its article 21, p.5 states that “as soon as an individual reaches the age that entitles him to pension benefits, social compensations for loss of capability discontinue”. The law became effective on 1 January 2005.

The Law On Mandatory Insurance of Civil Liability of Employer Against Disablement of Employee While On Duty was adopted on 7 February 2005 and has been in force since 1 July 2005.

Table 4.2 demonstrates some consequences of these laws after they were adopted in the course of reforms of the social security system in Kazakhstan.

Phase one: allocation of benefits from the budget for all citizens equally (depending on social risks).




Phase two: provision of all formal sector employees with additional benefits from a mandatory civil liability system until retirement age or discontinuance of basis for insurance payments.

Phase three: in case of disablement or loss of breadwinner caused by occupational disease, additional social aid is provided until the end of the basis for insurance payments.

The legislative framework for the existing medical and social protection system is made up of laws On Public Health Protection in Kazakhstan of 19 May 1997, On Public Healthcare System of 4 June 2003, On Social Protection of Disabled People for 2002-2005, State Program of Healthcare Reform and Development in the Republic of Kazakhstan of 13 September 2004.

Kazakhstani legislation defines integrated medical and social care as one of the types of public medical services (p.1 article 15 of the law on Public Health Protection in Kaza-

Table 4.2

CURRENT ARRANGEMENTS		NEW ARRANGEMENTS	
State disability benefits (republican budget)	State disability benefits (republican budget)		1 level Basic level
	Mandatory social insurance of workers (3% of social tax)		2 level Payments done from Social Insurance Fund
	Employer liability insurance (mandatory insurance of employees by employers)		3 level Payments done by insurance companies
Special benefits replacing privileges (local budgets)	Special benefits replacing privileges (local budgets)		
Housing benefits (to be paid if utilities costs exceed 30% of the overall household's income)	Housing benefits (to be paid if utilities costs exceed 30% of the overall household's income)		

khstan of 19 May 1997). According to page 5 article 15 of the law, medical and social care embraces a set of steps on the creation and development of a network of small-scale social organizations, benefit provision, providing employers with medical recommendations regarding their staff and organization of a rational regime of labor and nutrition. Medical and social assistance are provided for people suffering from socially significant diseases and diseases dangerous for society, with free or reduced price medical treatment. Socially significant diseases are pathologies common for the elderly such as cancers, mental disorders, diabetes, cardiac arrest, the post-surgery state of vital organs, tuberculosis, etc.

Orthopedic assistance is an important area of medical and social assistance and the rehabilitation of older and disabled people. Today orthopedic support is provided in accordance with the "Regulations of provision of orthopedic and technical compensatory aid for disabled people" approved by government decree of 20 July 2005. All disabled people, including the elderly should be provided with prosthetic and orthopedic devices for free or at reduced price. There are three orthopedic centers in Kazakhstan, located in Almaty, Petropavlovsk and Semipalatinsk, all financed from the national budget. Some 30,000 people are registered in these orthopedic centers, as people requiring prosthetic and orthopedic devices. Over 16,000 disabled people received orthopedic aid in 2004, versus over 15,000, including older people, in 2003.

Measures are also being taken to improve provision of audio and optical devices for people with hearing and vision disorders. There are 94,000 people suffering from hearing disorders who need audio devices and audio aid. There are a further 18,000 people with visual disorders who need optical devices.

Sanatorium-and-spa treatment is an integral part of medical, social and rehabilitation aid for older and disabled people in Kazakhstan. Some 51.6 million tenge in 2003, 70.8 million in 2004, increasing to 125.4 million in 2005 was provided from the state budget for sanatorium-and-spa treatment for veterans and disabled people. In 2003 2,000 and in 2004 2,500 veterans and disabled people enjoyed sanatorium-and-spa treatment. The republican boarding house for war and labor veterans "Ardager", under the Ministry of Labor and Social Protection, is situated in Almaty.

The government decree of 20 July 2005 approves a "List of medical indications sufficient for provision of disabled people with walking aids". Local budgets are able to provide disabled and older people with special walking devices. In 2002, 910 items were purchased, increasing to 950 in 2003, and 1,798 wheelchairs of various specifications in 2004.

There are 79 residential internats serving as medical and social institutions in Kazakhstan, 35 of them nursing houses for the elderly and disabled, housing more than 18,000 people on full state provision. There are also various private boarding houses. According to a decision of the mayor of Almaty City of 1 April 2002 a social boarding house for single retirees, disabled people, and lonely older couples was opened in Almaty.

One important type of social service is home care, which is provided by 334 social service departments and 6 Regional Centers, taking care of more than 35,000 single older people. USAID (through the American International Health Alliance, AIHA) is currently implementing a community-based primary healthcare project in sites across Kazakhstan. Within the framework of this project the Family Group Practice "Demeu" was set up in Astana in 2000. "Demeu" is the first center in CIS to integrate medical and social assistance, including assistance to vulnerable population groups and the elderly. One of the performance indicators of this project is a 31% reduction in emergency calls over a period of three years. Improved quality of medical services is seen in better health indicators of the serviced population and illustrates the need to replicate this model nationwide. Consequently, as of 2004, similar projects have been established in Semipalatinsk and Uralsk, while another two are planned to be based in Kokshetau and Almaty.

The Ministry of Labor and Social Security of Kazakhstan has elaborated a draft of the "Disabled people rehabilitation program for 2006-2008", which includes reorganization of the network of social services for older and disabled people, structural and transitional reform of these organizations, elaboration of state standards of social services, creation of a network of small-capacity internats and boarding houses, construction and reconstruction of existing boarding houses in Almaty and Astana and other oblasts, the building of a hospice in Kostanai oblast, etc.

Laws "On social protection of victims of the Aral disaster" of 30 June 1992, "On social protection of victims of nuclear tests at Semipalatinsk nuclear testing ground" of 18 December 1992 provide the legislative framework for the provision of social and environmental protection of the population.

Various NGOs function effectively in many regions of Kazakhstan, assisting medical workers in providing medical and social care to vulnerable groups. The following public unions of disabled people are among those active in Kazakhstan: Kazakh Society of people with hearing disabilities; Kazakh association of people with vision disabilities; Association of Afghanistan war veterans; Voluntary association of disabled people of Kazakhstan; Association of disabled women "Shyrak"; "Namys" NGO of disabled people with higher education; Asian society for disabled people's rights "Zhan". Recently, the public fund "Employment assistance and social protection of the poor" was created. One of its main projects is called "Zabota"⁶⁵ aiming to support retired and disabled people in need and other vulnerable population groups.

However, it should be noted that many legal acts are purely declarative and do not have sufficient financial backup to allow effective and comprehensive implementation.

In conclusion, two agencies are the main actors in providing medical and social aid for disabled and older people. These are the Ministry of Health and the Ministry of Labor and Social Protection, which integrate medical and social care for older and disabled people. Among other actors are NGOs and voluntary organizations.

65 Zabota project's web-site www.zabota.kz

CONCLUSIONS

Analysis of the above data indicates profound problems in the health status of Kazakhstan's older population, which is the main reason behind disabilities and mortality. Circulatory diseases, musculoskeletal system disorders, digestive disorders, respiratory system diseases, eye and eye appendage diseases top the breakdown of chronic pathologies.

High morbidity rates among the population aged 60+ determine their need to access outpatient facilities twice as often as the general population. Regardless of the annual growth of the morbidity ratio, hospital services for those aged over 60 remain unchanged and do not meet older people's need for medical care.

There are no specific gerontology services provided in Kazakhstan and no training is available for gerontologists. Also, there are no official statistics on morbidity rates among older people and their access to medical facilities.

Older disabled people comprise the majority of disabled people and are the most vulnerable people by all social indicators, including basic human development indicators.

The problem of ageing, affecting all forms of state and society performance at this stage of economic and social reform, presents a number of serious challenges for Kazakhstan as it seeks to achieve sustainable human development for all citizens. The lack of gerontology services, high morbidity and mortality rates among the elderly, legal restrictions on social guarantees in old age - such as difficulties identifying categories of disability or the extent of overall incapacity - prove the timeliness of raising the issue of ageing in Kazakhstan and the search for better solutions, one of which is the strategy of healthy ageing.



CHAPTER 5

EDUCATION FOR ALL GENERATIONS

5.1 AGEING IN THE CONTEXT OF EDUCATION IN KAZAKHSTAN

The process of ageing of the population of Kazakhstan as an issue for research is also new from the educational point of view, since their correlation has not been fully researched neither by pedagogical nor any other social sciences. The magnitude of considering ageing within the context of education is confirmed by data analysis of Kazakhstan's national 1999 census.⁶⁶

In this chapter, data on the population in the 65-69 age range was used to analyze the structure of the population by age and level of education. The majority of the population of this age has only received primary education (40.6%). Some 19.3% of the elderly have basic general education and 14.8% have completed general secondary education. Also, 11.3% of people aged 65 have secondary vocational education, while people with higher vocational education make up only 8.5%. Therefore, in the current economic situation, if they wish to continue to work, the majority of people aged 65-69 are vulnerable in terms of amount of pension they receive, because of inadequate levels of education. This situation is especially pronounced in rural areas. Hence, the proportion of urban elderly with higher vocational education is higher, at 10.9% than the 4.6% in rural areas. In villages, 49.2% of the elderly population has only primary education, whereas in the cities the figure is 35.4%.⁶⁷

The importance of higher education as a factor contributing to employment is demonstrated by the breakdown of employed population by level of education and age. To illustrate this, data related to older people ages 65-72 has been analyzed indicating that, indeed, the bulk of employed people of this age group have higher professional education (33.5%), primary (18.9%) and vocational education. In urban areas there are more employed people aged 65-72 with higher education (43.0%), while in rural areas with primary education (32.3%)⁶⁸.

The same tendency occurs in figures of age and employment ratio to levels of education, taking into account gender differences. There are more men aged 65-69 (11.0%), with higher education, than women of the same age (6.8%). In general, women of this age group are disadvantaged compared to men at all levels of education, except primary. There are more women with primary education (42.2%) than men (38.3%). Therefore, elderly women are more vulnerable than men, and this is reflected in employment figures. There are more employed men in urban and rural areas. At the same time, the employed population of both genders with higher vocational education prevails in urban areas, at 47.1% and 36.7% respectively. On the other hand, in rural areas the number of employed people includes - of both genders - mainly those with primary education (28.8% men, 39.6% women)⁶⁹.

66 Education of the Republic of Kazakhstan / Edited by A.A.Smailov. – Almaty: Statistics Agency, 2002.

67 Education of the Republic of Kazakhstan / Edited by A.A.Smailov. – Almaty: Statistics Agency, 2002 pp 8-12.

68 Education of the Republic of Kazakhstan / Edited by A.A.Smailov. – Almaty: Statistics Agency, 2002 p. 23.

69 Education of the Republic of Kazakhstan / Edited by A.A.Smailov. – Almaty: Statistics Agency, 2002. pp 24-25.

Insert 5.1.

THE ELDERLY: VITALLY IMPORTANT RESOURCES

James Shabel – Vice-president of the Corporation for National Services, Washington D.C.

In the last four decades the number of USA residents over 65 years old has doubled, and it is expected that by 2030 the number will double once more. Present-day pensioners see that after retirement they have time, energy and willingness to dedicate themselves to voluntary activities, which they had so little time for while they were working. They enter organizations such as Elderly National Corps, which covers more than half a million citizens of an older age.

The Corps that is a part of the Corporation for National Services has 24,000 “adopted” grandmothers and grandfathers who spend 20 hours a week in prisons, juvenile houses, classrooms, shelters for the homeless and other places helping children who became victims of domestic violence and negligence from parents and taking care of mistreated babies and disabled children. About 13,000 “elderly helpers” help other lonely elderly people. Other elderly volunteers work with students, build houses, patrol the neighborhoods and deliver food to those who are bedridden...

For example, 5 demonstration projects under title of “Corps of the Wise” conducted by the Corporation for National Services encourage elderly citizens not only to become coaches in schools, but also participate in pedagogical work with students after classes, organize parents for creation of a “Parent – Teacher – Student” association and participate in work of local schools in a new way....

Using the potential of 50 million of elderly people can give a lot to building a better society for all Americans.

This data indicates the need to consider education as one of the main factors in improving the quality of elderly people's lives. The importance of education gained throughout the life of every elderly person and the importance of education after gaining official status of a pensioner, should both be emphasized. In the latter case the problem of education might take various forms: demand for additional education from elderly people in order to broaden their skills and knowledge; demand for the life experience and professional qualities of elderly people, as a result of education throughout their lives, by a system of education, society, family and in order to meet mutually beneficial needs. In any case, the question of education in the context of population ageing is far wider than simple provision of additional educational services for elderly people according to their requests.

To what extent can education, as a system and as a process, react positively to the ageing process in Kazakhstan? What is the meaning of education in terms of value and results in the lives of the elderly? What is the role of education in involving the elderly in active social life and in prolonging their fruitful labor activity? The search for answers to these questions indicates the importance of education for elderly people, the availability of education and demand for education from the elderly.

5.2 IMPORTANCE OF EDUCATION FOR OLDER PEOPLE

It is worthwhile to begin the examination of the education problem in the context of population ageing in Kazakhstan with a question: to what extent is education

necessary for the older generation? This question is connected to the importance of education in the life of an individual in his/her middle age, both during his/her active working life and after retirement.

The importance of education for those aged 65+ is obvious, especially since not all of them are sufficiently protected from social needs at this age. Thus, according to data of the Statistical Agency, in 2001, out of 10.4% of unemployed 2.6% consisted of people aged 65-69. In the past four years this number is likely to have increased due to the 50% of the unemployed who were aged 60-64 in 2001. At the same time, there are more unemployed men of these ages than women, both in cities and villages.

Unemployment, both as a negative stage in the life of an individual and as a social phenomenon, to a certain extent depends on the education level of the unemployed population. Thus, analysis of the unemployed population by level of education, shows that people with higher education make up the smallest proportion of the unemployed. According to the RK Statistical Agency, in 2001, among the population with higher education, only 6.1% were unemployed. In the population as a whole, those with only general primary or secondary education are most likely to be unemployed. This tendency is also observed when examining the unemployment problem on the basis of gender and place of residence.⁷⁰

The importance of education for the elderly is confirmed by data on economic activities of the population. The activities of an individual are aimed towards inclusion in the category of paid wage laborers or the self-employed. A category of employers taken for data analysis is a member of a production cooperative or unpaid family worker, and is economically more profitable and prestigious than a wage laborer. Thus, analysis of data on employment and education status for 2001 shows that employers, as one of the kinds of self-employed workers, are usually people with higher and unfinished higher education (39.9%). This is particularly pronounced in urban areas (48.7%). However, in rural areas the picture is slightly different. In villages employers with primary, basic, secondary general education (41.4%) prevail over employers with higher and unfinished higher education (28.7%), as well as employers with secondary vocational education (29.8%). In rural areas in general, the economically active are people with finished or unfinished secondary general education. They tend to occupy themselves with independent work on an individual basis (79.2%), personal smallholdings (80.8%) in comparison with workers of other levels of education within the frameworks of each category.⁷¹

This phenomenon is connected to rural lifestyles where economically profitable activities are those related to farming, where physical strength and specific skills are more important than knowledge of specialized professional fields. However, it is worth noting that the quality of all kinds of individual work and economic

profit would be higher if economically active villagers adopted new technologies and methods of work that would allow not only producing for themselves, but also improving society's quality of life.

Thus, any person aged 65 or more has the right to continue both an economically active and socially beneficial life, after becoming a pensioner. However, insufficient adaptability of the elderly to the market system, as well as to forming new relationships in society create difficulties in mobilization of their potential for expressing themselves in various areas of social life, both as satisfaction of personal needs in spiritual development and as organization of new kinds of activities that benefit family and society. In this case elderly people need to supplement their education, to gain new knowledge and skills regardless of their level of education. Consequently, the question arising is: "How important is it to create conditions for educating the elderly if there are so few of them?"

The necessity to provide the elderly people with conditions for realization of their rights for education is proved by the Statistical Agency on the following parameters: calculations of population's life expectancies; dynamics of the number of elderly people aged 65 or more in the overall population; data on decreases in population mortality.

Analysis of life expectancy for 2005, provided by the Statistical Agency, shows that the expected remaining lifetime of men at the age of 65 is 10.73 years, and for women 14.72 years. At the time it is worth considering data on the numbers of men reaching the age of 75 (22,764 men), women reaching the age of 75 (51,856 women) and the age of 80 (36,246 women). Correlation of these numbers shows that of currently living men aged 65, only 4.5% will reach the age of 75 and among women of this age, just 4.7% will reach the age of 75, with 3.2% reaching the age of 80. These data prove the possible growth of the elderly, whose majority of economic activity during old age is observed between 65 and 75 years. This conclusion on the possible growth of the older population is confirmed by actual figures and forecasts of future population numbers by age.

The next argument, regarding the necessity of providing the elderly with conditions for realization of their rights for education, is data on decreases in mortality. Thus, in 2004-2005 a decrease of mortality was observed at an annual rate of 1%. It is presumed that this positive tendency will continue. According to forecasts of Y. K. Shokamanova, possible decreases in mortality in 2005-2006 will equal 2.0% in men and 1.5% in women.

Thus, increases in the number of the middle aged, their social position and level of education prove the importance of concentrating society's attention on them. This attention should focus on support of the elderly in terms of adaptation to new ways of life and prolongation of their economic and socially beneficial activities.

As a result the elderly are likely to need to gain new skills of an applied character. It is possible that the elderly do not realize this necessity, which is revealed in

70 Education of the Republic of Kazakhstan / Edited by A.A.Smailov.
– Almaty: Statistics Agency, 2002, p. 33

71 Education of the Republic of Kazakhstan / Edited by A.A.Smailov.
– Almaty: Statistics Agency, 2002, pp.31-32

their apparent lack of motivation to use supplementary educational services. However, society must initiate the process of broadening the functional possibilities of the elderly and create conditions to satisfy their need for supplementary education in order to gain important life skills. This function must be carried out by area of education through formal and informal means.

5.3 ACCESS OF OLDER PEOPLE TO EDUCATION

Undoubtedly, involvement of elderly people in an active social life and in work activities depends on level of activity of the elderly themselves, on their willingness to react to new situations through gaining new practical skills. However, sometimes the activity and flexibility of an elderly person is not enough. Traditionally, our society has seen the elderly as a non-labor resource. This is important both to the individual and to the society as a whole. As the result, society's responsibility for creation of conditions to provide the elderly with moral support becomes topical. Education has both formal and informal elements, which are meant to provide educational services to people of all ages including the older population, according to their educational abilities and desires.

Considering the real level of education, every elderly person has the right to use the services of formal education, from evening schools to after-college training. They are also entitled to use systems of informal education, provided by centers, associations, unions, NGOs, etc.

Theoretically, provision of education services to elderly people can be executed via a third channel as well, close interdependence of which with the previous two is seen in real life. Every person gains vital knowledge and skills not only through formal and informal means of education. Formation of an individual throughout his/her whole life is also influenced by the informal information environment, which can be called "The School of Life". This refers to the street, neighbors, mass media, friends, relatives, etc. Consideration of hidden functions of informal information flow in the process of gaining vital practical skills by the elderly, helps to view it as one of the forms of education.

The significance of this form of education is heightened in conditions of market relations within the society, when the well-being of every individual depends on his/her level of activity, motivation to gain new practical skills and readiness for change.

It should be noted that all three forms of education in practice overlap with one another. However, of all three forms of education, formal education has the most purposeful and systematic structure. Information education in Kazakhstan, still at a formative stage, does not yet have a clearly defined structure. Informal education as an uncontrollable process cannot and should not have strictly regulated structure and contents. While not excluding the possibility of using the potential of the two other forms of education, we will examine the availability of education to the elderly in more detail. Thus, what is the situation in Kazakhstan in terms of providing

formal educational services to the population aged of 65 and older?

The structure of the education system in Kazakhstan is open and provides opportunities to elderly people to get and supplement their education as needed, within the limits of the formal education system. At general secondary education level, evening schools are available to the elderly. The significance of evening schools, as a means of formal education, is indicated by 1999 census data. Theoretically, not only 40.6% of the population at the age of 65-69 could use these services, but also 3.6% of people without primary education who could read and write. Nevertheless, their number drastically decreased in 1999, to 31 evening schools, in comparison with the 1991-1992 academic year when there were 226 such schools. More recently these have gradually increased in number and by the 2004-2005 academic year their overall number stood at 75 evening schools.

Also, the system of primary vocational education does not appear to be topical for elderly people. In the 2000-2001 academic year only 8 people aged 46 and older studied within the system, and in 2001 there were just 16 people enrolled.⁷² It is worth noting that primary vocational education is available to the elderly in all regions of the Republic, despite the fact that the number of vocational-technical schools decreased from 471 in the early 1990s to 285 in 1999, while in the past few years their number has reached only 296.

A slightly different picture appears related to the system of secondary professional education. There has been growth in the number of colleges in Kazakhstan. In 1991 there were only 244 colleges but by 2001 this number had increased by 74. Out of these 318 colleges 44 were located in Almaty and 38 in East Kazakhstan oblast. Other colleges were in South Kazakhstan (28), Pavlodar (27), Karagandy (24) oblasts. Atyrau and West Kazakhstan oblasts had the fewest, with nine colleges each⁷³. An increase in the number of colleges has been observed in subsequent years also. According to the statistical yearbook of Kazakhstan in 2004 their number had reached 357 in the 2002-2003 academic year⁷⁴. In general, all regions of Kazakhstan have colleges – a testimony to the availability of this level of education for the elderly, if they are willing and financially able to enroll. However, there has been little growth in number of students in colleges aged 46 and older. In the academic year 1995-1996 college students aged 46 and older constituted just 0.86% (1233 people) of the overall number of students. Five years later in the 2001-2002 academic year students of this age constituted 1.11% (2282) of the overall number of students (196,239)⁷⁵.

72 Education of the Republic of Kazakhstan / Edited by A.A.Smailov. – Almaty: Statistics Agency, 2002, pp.84-85

73 Education of the Republic of Kazakhstan / Under edit. A.A.Smailov. – Almaty: Statistical Agency, 2002, p.86

74 Statistical Yearbook of Kazakhstan / Edited by K.S. Abdiev – Almaty, 2004. – P. 104.

75 Education of the Republic of Kazakhstan / Under edit. A.A.Smailov. – Almaty: Statistical Agency, 2002, pp.90-100

Insert 5.2.**Historical perspectives on education for the elderly people**

1. In Japan special courses for the elderly were started in the 1960s. Organizations acting within the Japanese system of enlightenment provided various programs, from communal problems to educating women and mothers during childcare. In 1965 the government entrusted local authorities to develop a system of further education for the elderly. From 1980 this system became established.

2. In Denmark and Sweden national universities provide educational services for the elderly. In Denmark there are special universities for pensioners, with finance from private persons, ministries and local authorities.

3. In Great Britain in 1983 the Society of the Third Age was created. In 1995 it united 266 universities on England, Wales, Scotland and Northern Ireland.

The separate local groups of the University of the Third Age are autonomous. "Education" here is understood in the broadest possible way. It includes physical training, as well as social activities, aiming to improve quality of life of the elderly. Attention is paid to group education and innovation.

The British University of the Third Age functions without any constant financial support, meaning students must be ready to solve the problems of their institution independently.

4. In USA the concept of educating the elderly has been called 'elderhostel'. It was developed by Martin Knowlton who was inspired by the atmosphere of the community he came across at European tourist bases. His idea is based on transferring this unique atmosphere to the environment of elderly people, in order to show them new opportunities of rational and productive life in the community. A well-planned program uniting education, travel and adventure – in the opinion of Knowlton – could involve the elderly in education and support the process of personal development. This is a form of vacation, during which participants meet new people, see new places and receive new knowledge. Courses are taught by staff of universities. The first program took place in summer of 1975 at the University of New Hampshire. During the 17 years of elderhostel's existence over 170,000 people have participated in it.

Over the last two years, growth in the number of college students aged 40-plus has been observed. According to the Statistical Agency the number of college students aged 40-plus constituted 3170 people in the 2003-2004 academic year. Distribution of college students of this age group by oblast in the 2004-2005 academic year shows the leading places to be Pavlodar (497), Aktobe (338) and Karagandy (398) oblasts. The smallest number of students of this age was in Atyrau oblast, with just 31 people enrolled (see Appendix 1).

The same tendency can be seen for institutes of higher education and universities, where the number of students aged 40 or more is increasing noticeably. For comparison, in the academic year 1999-2000 there were 2,586 40+ university students, but by academic year 2001-2002 their number had increased more than three times, to 8416⁷⁶.

The greatest number of students aged 40 and older occurred in academic years 2003-2004 (13,461 students) and 2004-2005 (17246). The number of students in universities age 40 and older by oblasts is shown in Appendix 2. Therefore, receiving higher education remains prestigious for all age groups. Almost all high school graduates aspire to receive higher education, despite the fact that number of universities is smaller. Data from Kazakhstan's census years 1959, 1970, 1979, 1989 showed that the majority of people enrolled in higher education were men. However, the 1999 census showed a greater number of women than men enrolled in higher education, both within overall population and in the city – village context. This is due to the increasing number of universities across Kazakhstan and the wider availability of higher education in all regions. In 1991 Kazakhstan had only 61 universities but by 2001 this number had tripled to 185. At the same time, non-state universities began to appear and their number has increased significantly: in 2003-2004 Kazakhstan had 134 non-state universities.

Opportunities for formal postgraduate education are illustrated by the number of post-graduate Masters/Doctoral programs available. The number of post-graduate places at institutes of scientific research and universities has increased from 83 candidates in 1991, to 121 candidates in 38 departments by 1999 and 124 candidates in 41 departments by 2001. From 1991 to 2001 the number of doctoral studies/programs increased from 8 to 53 departments⁷⁷. However, the growing number of such programs in subsequent years has hardly influenced the willingness of those aged 65+ to occupy themselves in academia and gain scientific degrees, except for those elderly people who are conducting their own scientific work. The majority of the older population does not use the services of post-graduate education. The reason for their low demand for this level of education are not age restrictions – which do not exist in Kazakhstan – but the nature of old/middle age, which appears not to allow people to occupy themselves fully in a scientific career and enter intellectual activities to a full extent.

Thus, in general all levels of formal education have opportunities for the elderly to receive supplementary education or earn a degree in a second major. However, the extent to which the elderly use such opportunities will depend on a number of factors, especially those linked with their financial situation, as well as motivation and perception of studying, all of which currently tend to restrain the elderly from using educational services. For example, the student must cover fully or partly the cost of study at secondary professional or higher education institutions – whether state or private. Similarly, only students who have received grants or loans can study at university for free and the elderly generally do not know their rights or insufficiently use the right to receive grants and financial aid. The prevailing perception therefore is that they will have to pay for their own education

76 Education of the Republic of Kazakhstan / Under edit. A.A.Smailov.
– Almaty: Statistical Agency, 2002, p. 121

77 Education of the Republic of Kazakhstan / Under edit. A.A.Smailov.
– Almaty: Statistical Agency, 2002, pp. 124,135

if they decide to go to college or university. Therefore, the real problem is not so much one of access to education for elderly people, but rather a lack of preparedness to continue their studies in the formal education system.

Another aspect is the demand for education among older people. This, as for any age group, depends on the motivation to study. The nature of motivation to study changes depending on the peculiarities of the age stages of personality development (Leontyev. A.N.). Naturally, motivation for studies in old age is different from motivation of younger students, since it is a dynamic process conditioned by other incentives, purposes and circumstances. Thus, younger students tend to have an insatiable need for learning (Bozhovich L.I.). At older ages however, this need for learning depends on accumulated life experience, the level of education, as well as material and spiritual values. The present-day 65+ population was confident in their future, since they have lived the majority of their economically active lives within the framework of Soviet ideology and a planned economy. Having received education “for life” within a knowledge-centered education system, they have found it difficult to adapt to new market conditions and most have not accumulated enough resources for a comfortable retirement. This largely explains their inability and/or reluctance to realize the importance and relevance - for themselves and for society - of lifelong education. This all contributes to lack of demand for education among present-day elderly people. However, it is not impossible that in the near future forthcoming older generations will seek various educational services, as society changes and new perceptions and needs emerge.

As discussed, many elderly people do not see the need for relearning or supplementary education late in life. The psychology of this kind of person is important in this issue. People who carry out narrowly specialized functions tend not to see themselves or their work in the wider picture. This phenomenon manifests itself as an inability and/or reluctance of the elderly to engage in independent work activities in order to preserve existing living standards for themselves and their families. Therefore, an emerging problem is the quality of education at all levels and its compliance with contemporary requirements and its responsiveness to the demands of the labor market. However, the level of representation of the elderly in education remains unknown and requires more research.

It should be noted that there are 3,500 registered NGOs in Kazakhstan in the education sector, one third of which are active⁷⁸. Within the framework of social projects carried out by these NGOs, the issue of adult education is considered to a varying extent, but education of the elderly has yet to be considered separately.

For example, the activities of education centers of local communities (ECLC) are developing within the framework of projects of the Educational Forum of Central Asian Republics and Kazakhstan (CARK). During its few years of existence these centers have accumulated

considerable experience in educating adults, directing them towards improving the quality of their lives. The flexibility and multi-functionality of these centers allows them to fulfill their mission to educate adults and develop society⁷⁹. However, the centers have not specifically addressed the issue of educating those aged 65 and over. This indicates a need to identify and systematize the issue of education in the context of the ageing of Kazakhstan’s population.

5.4. EDUCATION AND AGEING

The interdependence of the ageing process and education can be seen from different perspectives. One important aspect is the *influence of the ageing process on the education sphere* from the point of view of *generation succession* in the sense of preserving and passing on accumulated positive experiences and learning. This issue is topical and significant in all areas of social life. However, it can have peculiarities in one sphere or another, depending on the influence of various external and internal factors. Thus, within the education sphere itself we can see the prevalence of workers at pre-pension and pension age, especially in the system of school education. These phenomena are most pronounced in village schools. A survey among teachers of more than 50 small village schools in seven oblasts of Kazakhstan in 2001 is illustrative. Among 476 respondents the majority were teachers aged 40–48 (32.2%), many of whom are by now approaching retirement age. Also, only 13.7% of teachers work in small village schools for 3 to 5 years⁸⁰. The reason for the current situation in small village schools is related to decreased living standards in rural areas; decrease of teacher’s prestige; low salaries of teachers; lack of interest among young professionals to work in village schools and population out-migration. All these are due to socio-economic changes in society, strongly felt in the 1990s in rural areas.

With the ageing of the education workforce, as with any sector, the usual solution is to raise a new generation to replace those retiring. This is the visible and most familiar part of the problem. However, from the point of view of society and the education system itself, those dropping out of the system are pedagogues-pensioners who have officially finished their labor activities. This issue is personal: the opportunity to use their professional potential and to have an active social life as bearers of unique life experience, and has never been considered at government level. The process of sharing spiritual values and social experience with the younger generation occurs spontaneously, occasionally in implicit form. The education sector must itself be interested in using the potential not only of retired teachers, but also of other older people, in a mutually beneficial way.

As a result, examination of education as a factor in providing conditions for using the potential of the elderly through their involvement in active social life and in

78 National Plan of Action on Education for All in the Republic of Kazakhstan – Almaty, 2003, p. 64

79 Report on the 2nd Session of the Educational Forum in Central Asia and Kazakhstan – Bishkek, Kyrgyzstan, 2003, p. 24

80 National Plan of Action on Education for All in the Republic of Kazakhstan – Almaty, 2003, p. 14

productive work activities is topical and urgent. At this stage, we should examine education from two aspects.

Firstly, education should create a favorable environment for adaptation of the elderly to the new realities of living after retirement and an appropriate educational environment if they are willing to acquire new practical skills in order to engage in new labor activities. This means providing the elderly various types of educational services of formal and informal character. This system structure is sometimes known as ‘university of the third age’.

Secondly, education is a means for developing readiness among elderly people for work and active social life through acquiring important skills throughout their lives. This means that the contents of education at all levels should prepare all generations, including the elderly, for labor and social activities for the benefit of their country. Thus, three key aspects of the interrelation between education and the ageing process emerge:

- role of the elderly in carrying out succession of generation in terms of preserving and sharing spiritual values and social experience;
- potential of the elderly as bearers of professional experience of organizing labor activities for broadening opportunities of the country’s labor forces;
- involvement of the elderly in active social life for dealing with issues within their communities.

This analysis allows us to concretize possible problems within the system itself, solutions of which can lessen the risks of alienation of the older population, and may increase their motivation for an active life.

Three groups of issues connected to the educational structure and contents of education, the organization of teaching and managing of the educational process of the elderly are worth highlighting.

First group of issues:

- flexibility of the structure of formal education to satisfy educational needs of the elderly;
- acceptability of the structure of informal educational services for the elderly;
- availability of levels of formal education and supplementary educational services for the elderly.

Second group of issues:

- orientation of course contents towards developing skills and competencies that are relevant for the elderly for an economically active life, participation in family and society, providing voluntary services, self-expression in arts;
- course for the elderly, providing for their involvement in active social life through creation and solution of projects;
- in universities, absence of departments for the preparation of specialists who will study problems of ageing and form policies of research, administration of the solution process.

Third group of issues:

- structures to coordinate procedures to identify and satisfy educational needs;
- sufficient marketing services for supplementary education for the elderly.

Measures taken to address these issues will help create an integrated and functioning system of education for the elderly, which will allow the educational sphere to react appropriately and promptly to the ageing process.

Education of the elderly, as a component of the continuing education system, was traditionally part of education for adults. Considering differences in the status of the elderly at the age of 65 and older, it seems more appropriate to study education of the elderly as a distinct element of the continuing education system. This step to understanding of the education system for the elderly is shown by new interpretation of the “continuing education” concept, in which special emphasis is placed on *lifelong* education.

5.5 EDUCATION AS A FACTOR IN BUILDING OLDER PEOPLE'S CAPACITY

Education as a whole, as a system of *values, process and result must help to create suitable conditions* for elderly people in terms of fulfilling their wishes and aspirations to enhance their life experience and educational level. The starting point for this must be the attractiveness of educational initiatives for the elderly. Benefits to individuals, including to elderly people, bring benefits to society as a whole. In this context, education acts as a medium between society and elderly people.

For studying this interrelation and making decisions accordingly, the basis is the life, professional and social experience of the elderly population. Within the framework of these interrelations, *education acts as a factor in the development of the potential of the elderly*. As was noted above, there are three aspects of the interrelation of education with the population ageing process, which should be explored in order to identify certain steps for their solution.

In examining the role of the elderly in carrying out the succession of generations attention should focus our on two points:

- the value of education in formation and development of a person as an individual throughout the entire life of the elderly. Every person, using the opportunities of education realizes his/her intellectual and spiritual potential for his/her own benefit and reaches the top of his/her own understanding of the meaning of life;
- the value of an elderly person as an individual, with certain unique life experiences. Social experience, gained by everyone at different stages of development, which manifests itself in personal and professional qualities, becomes of value not only for the person, but also for society as a whole.

These two points clearly present education as a factor for social progress and the development of humanity.

This understanding of the elderly must serve as the basis for using their potential opportunities not only for providing financial support, but also for improving their quality of life in general. At the same time, by improving living standards through satisfying various social and cultural needs, the elderly interact with different social groups, bringing benefits to society as a whole.

Social and labor activity of the elderly as whole will benefit sustainable development of various spheres of society, as well as strengthen the structure of civil society. What may prevent this from happening? In general, the absence of mobility in changing conditions and effectively responding to an existing situation after official retirement or ageing. In turn, this is related to lack of a broader range of skills, for example communication, information search and analysis, group working, writing projects and problem-solving. Such competencies have generally not been developed at the various stages of education throughout the entire life. What are the reasons for this?

The current population aged 65 and older has secondary and vocational education of various levels, usually gained in the 1960s when the main goal of education was to form the personality and provide a certain educational level for the society and labor market of that time. Educationalists of the time addressed the questions of *what* and *how* to teach.⁸¹

In deciding what to teach, the contents of education were identified. At each educational level this was presented as a description of the system of scientific knowledge, abilities and skills (KAS) by scientific fields.

In addressing how to teach, a methodology was created, aiming to pass prepared educational information from teacher to students. This knowledge-centered methodology, still used today, established the basis for the intellectual potential of today's elderly, largely determining their level of activity. The elderly therefore generally have enough narrowly specialized knowledge, but have difficulty using, multiplying and restructuring it for their own benefit in changing conditions after retirement: focusing on accumulating quantitative knowledge throughout the entire period of education is not conducive to creativity. For the elderly person who strives to not only preserve but enhance their level of prosperity, the entire life and work becomes art. Here we should remember L.N. Kogan, who pointed out that a person is a cultural value himself and "the most important part of this value is his creative ability"⁸². Subject knowledge is necessary but sufficient for creativity. A person also needs the knowledge of means and actions for their use in real life for solving essential life problems. The aggregate of these actions forms abilities and skills of a wider spectrum, now known as competencies. These transform knowledge, abilities and skills from "dead capital" into a functioning, animated state.

The process of transformation of traditional knowledge-centered into competency-oriented education can be observed in present-day conditions. In Kazakhstan it has been recorded in major documents outlining educational policy⁸³. The principal difference is that the contents of education will be structured based on expected outcomes, presented in a form of a system of goals formulated on a note of competency.

These new guidelines in reforming the system of continuing education help to identify an approach to structuring the contents of education for all generations, including the elderly, starting from expected outcomes. The desired outcomes are a list of competencies required for procedural organization of educational basis of any level, and in the case of education for the elderly, for contents of a supplementary course. In other words, an expected outcome is a predictable goal, on which the contents of both educational levels and separate courses are based. Therefore, the initial points in organizing education are not the contents themselves, but a list of competencies defined by examining the demands of the labor market and the educational needs of the elderly.

Thus, the system of formal education should provide a flexible response to the evolving needs of the elderly. However, this is only part of the problem. Passivity of the elderly is connected not only to inflexibility of the educational system, but also to the contents and means of receiving basic education at previous stages of life.

Educational content, from schools to universities, acquired during "education for life" often loses its importance for the person at an older age. This knowledge may not be sufficient for the elderly for activities in completely new situations, which manifests itself in the inertness of their behavior, passivity and inflexibility. It is therefore necessary to change fundamentally the approach to structuring the content of all levels of formal education. The labor market and social participation of the elderly of the future will depend on this change, as they face the inevitable stage of their lives – old age. From the position of contemporary elderly people, this approach will help to structure the contents of educational services by regulating the correlation between goals and results.

Thus, education is a major factor in forming and developing the spiritual and intellectual potential of any person throughout his/her entire life and facilitating a comfortable, dignified retirement. In terms of the problem of education in the context of population ageing, education for all generations is essential. Proactive measures of a long-term character are required to improve the quality of education for all generations, with a certain measure directed to the elderly specifically.

At this stage in Kazakhstan a set of measures on the preparation and introduction of a new model of education is being implemented. The model is outcome-oriented, as a condition for improving the quality of all levels of education. In particular, in school education, the introduction of a 12-year education model is planned

81 Ungraded schools: problems and perspectives – Almaty, 2002.

82 Development of adult education. Actual data. Ministry of Enlightenment and Sciences of Sweden, p.78. www.regerinden.se

83 1) Concept of education development in Republic of Kazakhstan till 2015,
2) State program on education development in Republic of Kazakhstan for 2005-2010

in 2008. It is based on a competency approach first formulated in the Concept of Education Development until 2015 in RK and recorded in a State Program of education development for 2005-2010. This document highlights the development of other levels of education as well. The conceptual bases of education development in Kazakhstan, adopted at this stage, helps to expand work of an organized, relevant and administrative character, which is directed not only toward the quality of education for all generations but also towards the problem of education for those aged 65 and older. Thus, in order for Kazakhstan's education to support the development of the elderly it is necessary to take actions towards the following:

- society's realization of the importance of education for the elderly as a factor for mutual enrichment with material and spiritual value both on individual and societal levels;
- reinforcing government attention for supporting prolongation of their economic and social activities;
- society's and government's realization of their responsibilities for creating conditions for establishing equal opportunities for the elderly to receive supplementary education;
- creating conditions for organizing education for the elderly.

These goals may act as strategic guidelines for creating functioning of systems of education for the elderly and allow an action plan to be drawn up.

Considering the opportunity of examining the philosophy of educating the elderly as an independent scientific problem, use of the following practice-oriented steps is recommended:

1. Development of a conceptual basis and normative-legal basis of education for the elderly where functions of the system must be outlined in aspects of:

- education for their adaptation to a market economy and globalization
- education for sharing of accumulated social experience with younger generations;
- education for their development and readiness to participate in economic and social activities.

2. Creation of an integrated system of education for the elderly through:

- improvement of mechanisms to introduce supplementary educational services into the structure of formal education;
- managing structures of information on educational services and their coordination;
- creation and implementation of a series of projects using the potential of informal education for the elderly as conditions for developing their motivation towards learning and active participation in social life.

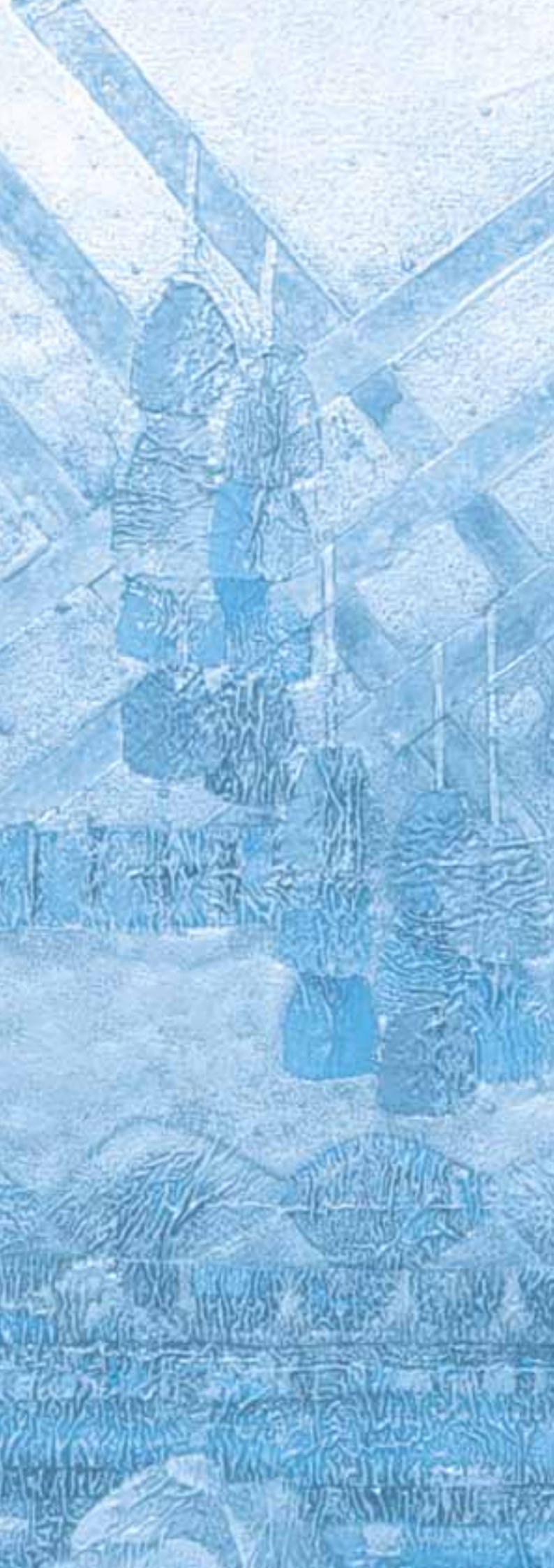
3. Creation of an educational structure in universities (self-learning or extracurricular courses) preparing specialists for researching various aspects of the ageing process, forming policies and administering ageing-related problem-solving, coordinating procedures of identification and satisfaction of educational needs of elderly people.

4. Development of approaches to identifying the system of anticipated results as a base for developing various educational courses for the elderly.

5. Development of technologies for educating the elderly, focused on interactivity of the education process and providing study in streams, groups or individually, using possibilities for distance learning.

6. Organization of project competition and their introduction within frameworks of informal education, popularizing values of education of the elderly from the perspectives of: value of education in formation of an individual and value of an individual as a bearer of unique life experience.

7. Organization of project competition and their introduction within frameworks of informal education, directed towards involvement of the elderly in social activities and solving community problems; sharing experience of the elderly in self-expression in art and organization of various activities that bring not only material but also a spiritual input into lives of family and society.



CHAPTER 6

ELDERLY PEOPLE IN THE POLITICAL AND SOCIAL LIFE OF THE COUNTRY

The extent to which age may influence the level of political and social activity of the population can be documented in the nature of political and social culture and the specifics of political socialization, which include the following components:

- awareness of and interest in politics and social life;
- trust in political and social institutions;
- political and social participation⁸⁴.

The last of these is the key factor. In Kazakhstan, the most vivid political and social participation of citizens is expressed in:

- party identification and membership of political parties;
- activity within public organizations;
- electoral preferences.

The political socialization of the general population of present-day elderly citizens of Kazakhstan took place in the Soviet Union in late 1930s – 1950s, i.e. a period when the Soviet system strived to maintain the loyalty of society by demonstrating material achievements and satisfying consumer interests. Formed at that time, cultural-political norms and stereotypes of behavior resulted from adaptation to demands of the system. Population ageing in Kazakhstan today means an increase in the number of people who have gone through socialization in different times and therefore have different political and social behavioral values.

6.1 AGE-SPECIFIC INDICATORS OF POLITICAL AND SOCIAL ACTIVITY OF THE POPULATION

Political awareness and interest in politics. Kazakhstan's elderly are usually politicized, willing to discuss political events with family members, friends and neighbors. The majority of elderly people regularly read newspapers, listen to informational programs on the radio, watch news on TV: constant interest in political life is claimed by about 57% of elderly respondents⁸⁵. Elderly people often state that political issues concern and affect them personally.

Unlike representatives of the older generation, people aged 40-50 show fewer signs of political interest. They often think that their personal well-being is connected with political events happening in the country and abroad. The important factor is that people of this age are actively involved in the economic life of the country.

Trust in political and social institutions. The present day older population of Kazakhstan regard political institu-

tions with considerable trust in comparison with people of middle and younger age. Often their discontent is caused by specific individuals – representatives of a political institution, but not the institution itself (Majilis, government, court, police, local authorities). This ambivalent perception of the situation causes considerable uncertainty in evaluation of the acting regime. According to data of "COMCON-2 Eurasia"⁸⁶, the majority of respondents who were unsure whether or not the results of Majilis elections were falsified, were people aged 65 and older (38.5%). At the same time, elderly people take an optimistic position on the effectiveness of Majilis' work – 66.7% of them think that its work will give positive results. Even more optimistic is attitude towards Majilis among respondents at 18-34 age range, 70% of whom consider its work to be positive. However, the majority of those who will be elderly by 2015 were considerably more pessimistic, with only about 55% considering Majilis' potential as positive.

The elderly have much lower levels of trust towards reforms, such as modification of the pensions and privileges systems. Elderly people view critically reforms conducted since independence. However, this negative attitude is caused not by the idea of reform, but by their methods of implementation. Most discontent is caused by the results of social policy, with 53.6% of elderly people expressing dissatisfaction with their lives⁸⁷. The idea of reform itself is more widely supported by the urban rather than rural population.

Present-day elderly people have little or no experience of working with effective public associations and organizations. Organizations of this kind (e.g. labor unions) that existed in Soviet Union, were, as a rule, viewed negatively: it was thought that their activities were aimed at supporting their respective organizers and not giving anything to their rank and file members. This perception is often transferred to present-day public associations and organizations working in Kazakhstan, for example the "Pokolenie" movement and Central Council of Organization of Veterans of Republic of Kazakhstan⁸⁸, which mostly play little more than an allocation-registration role.

On the whole, trust in public associations and organizations among elderly people is considerably lower than their trust in political institutions.

Thus, the political culture of the elderly appears not to be a highly ideologized one with strong socialist or communist values. Although the older generation for the most part idealizes the period before the start of political and economic transformations of the mid-1980s, these preferences are motivated both by ideology (social justice, equality, equal access to benefits such as quality health-care and education) and by material benefits such as low stable prices, merited pension and social privileges.

84 Almond A.G., Verba S. The Civic Culture: Political Attitudes and Democracy in Five Nations. Boston, 1963.

85 Results of sociological research conducted by the department of politology and ethno-sociology, Institute of Philosophy and Politology of the Ministry of Education and Science of the Republic of Kazakhstan, within frameworks of project "Perspectives of forming civil society in Kazakhstan in contents of transforming of political system and political culture" (partly published in "Institutional and socio-cultural prerequisites of civil society in Kazakhstan// Problems of formation of civil society in Kazakhstan. Almaty: Publishing centre of the Institute of Philosophy and Politology of Ministry of Education and Science of the Republic of Kazakhstan, 2002, pp 5-11). Further – Project "Perspectives of formation of civil society in Kazakhstan."

86 Attitude of the population to passed elections to Mazhilis Parliament of the Republic of Kazakhstan. Almaty: COMCON-2 Eurasia, 2004.

87 Project "Perspectives of formation of civil society in Kazakhstan".

88 See, for example, evaluation of work of Central Council of Veterans' Organization in the Republic of Kazakhstan: Analytical review of discussion club "Polyton" On problems of veterans of WW2// <http://www.club.kz/index.php?mod=analitics&submod=self&article=278> (retrieved on 29.04.2005).

Insert 6.1.**Movement of social protection for pensioners “Pokolenie” (Generation), Republican movement of pensioners**

The organization was officially registered on November 24, 1992. Chair – Savostina Irina Alekseevna. The main goal – social protection of pensioners during the transition period, lobbying their interests, cooperation in providing pensioners with medical supplies and services. Methods include appearance in mass media and protest campaigns against violations of pensioners' rights. In May 1998 “Pokolenie” appealed to pensioners to hold peaceful meetings on central squares of the cities of Kazakhstan on the 30th of every month, in order to attract attention to their situation. The movement calls on pensioners to vote in elections and referendums and to act as voluntary observers during polls. Currently Pokolenie is supported by about 2 million elderly people and there is no upper limit on membership. It has several dozen activists working in Almaty and branches in other regions.

The purposes and values of people entering the older generation by 2015, whose socialization happened much later, will change. Unlike the current older generation, only a minority of 40-50 year olds express their trust in existing political institutions. They are more likely to approve of the ideas of liberal-democracy and market changes in the country. Thus, loyalty to the idea of reform is combined with distrust towards acting political institutions, and a sense that everything is made “kind of wrong” – among this age group dissatisfaction with life was already expressed by about 67 per cent. Such distrust spreads not only to acting politicians, but also to the institutionalized system. The contemporary population of Kazakhstan at the age of 45-50 has a more positive experience of work with public associations and organizations, has skills for effective protection of their interests (especially economical) exactly through these structures rather than through political structures. Thus, regarding this perspective the elderly are likely to develop more trust towards public associations and organizations. People aged 40-50 also have a rich and positive experience with NGOs (national and international), which may help them in future to solve their economic and social problems more effectively.

Political and social participation. One of the distinct features of politico-cultural norms of present-day elderly people in Kazakhstan is their tendency towards active political and social participation⁸⁹. Of the possible forms of political participation we can highlight the following:

- conventional participation (voting);
- non-conventional participation (meetings, demonstrations, protest campaigns)⁹⁰.

Usually, the older generation is more inclined towards conventional participation, with elderly people inclined to express themselves as “active electorate”, thinking that meetings and protest campaigns are not effective ways of struggle⁹¹. Voting is part of their way of life, a habit acquired during primary political socialization.

Thus, according to “COMCON-2 Eurasia”⁹², the share of the population that participated in the Majilis elections, increased with age, with 71.8% of over 65s voting. Participation of persons aged 55-64 was nearly the same, at 73.8%. Among those who will make up the majority of the older generation in the next 30 years, electoral participation rates decrease significantly: 56.6% of people aged 45-54 and 52.4% of people in the 35-40 age group.

Moreover, voting more often attracts those who lack the resources needed for more “expensive” forms of political participation, such as membership of political parties. In conditions of Kazakhstan today the only exception to this is the organized part of the elderly population (e.g. “Pokolenie” movement). A high level of conventional political participation is seen among elderly people even if they only weakly believe in the possibility of real influence on decision-making. This shows the peculiarities of motivation for participating: the action itself is important, not necessarily its content. However, some sociological research⁹³ shows that a considerable part (43%) of the contemporary older population is convinced that collective action of the population can lead to the reversal or change of bad decisions of the authorities. Among 40-50 year olds only 32% of respondents believe this to be the case.

What are the features of electoral participation of the elderly?

Usually, it is thought that pro-communist forces have high popularity among the elderly and undoubtedly there are some grounds for this opinion. By supporting communists in elections, the elderly strive to express their protest against methods of reform in Kazakhstan. In the minds of elderly citizens the Communist Party is associated with political power, since during its era their lives were more stable and successful - about 71% of elderly people think that in Soviet times there was more justice than now⁹⁴. At the same time the ideological motives for supporting the communists often fades to the background, giving space to expectations from the government of well-planned and purposeful socio-economic policy towards the elderly people, instead of one-off campaigns (paternalistic model). Evaluating the real electorate of the current Communist Party of Kazakhstan is difficult as at the last election (Majilis election of 2004) the party formed a coalition with the party Democratic Choice of Kazakhstan. Presumably, the electorate of the Communists is about 16% of people aged 65 and over.

Gradually, the place of the Communist Party, among the priorities of the elderly, is being taken by pro-government parties. On the one hand, these reproduce the paternalistic model of interaction with the older generation. On the other hand, to a greater or lesser degree they represent stability. Thus, the electorate of the “Otan” party includes 11% of all elderly people, “Asar” – 15% and block “Aist” – 20%.

89 Bahry D., Way L. Citizen Activism in the Russian Transition// Post-Soviet Affairs. 1994. Vol. 10.

90 Political Action: Mass Participation in Five Western Democracies. Beverly Hills, 1979; Miller E.N. Aggressive Political Participation. Princeton, 1979.

91 Bahry D., Way L. Citizen Activism in the Russian Transition// Post-Soviet Affairs. 1994. Vol. 10.

92 Attitude of the population to passed elections to Majilis of the Parliament of Republic of Kazakhstan, Almaty, COMCON-2 Eurasia, 2004.

93 Project “Perspectives of formation of civil society in Kazakhstan”.

94 Ibid.

In general, the political views of elderly people in Kazakhstan are of a moderately centrist character (see. Table 6.1).

Table 6.1. Socio-demographic characteristics of electorate of leading political parties, 2004, by age, % of supporters of each party (block, union)⁹⁵

Age	Otan	Asar	Ak Zhol	AIST (block)	CPK and DCK (union)
18–24	12,50	19,32	21,05	9,09	8,11
25–36	20,00	25,00	19,08	12,73	13,51
35–44	24,79	15,91	26,32	21,82	18,92
45–54	17,71	13,64	11,84	23,64	27,03
55–64	13,96	10,80	9,87	12,73	16,22
Above 65	11,04	15,34	11,84	20,00	16,22

Any assessment of changes in electoral trends with regard to population ageing must consider both the current political preferences of people aged 40–50 and the effectiveness of economic and political reforms conducted in Kazakhstan.

Considerably lower is organized social participation among the elderly. Sociological data shows that the elderly practically do not participate in work of NGOs: trust of civil associations and NGOs was expressed by only 25% of elderly respondents, and open distrust by 43%⁹⁶). Reasons for mistrust of public associations and organizations were mentioned above. Meanwhile, the elderly tend to participate actively in the resolution of concrete social issues, for example related to their own dacha (summer house) or local KSK (housing association). Also, temporary initiative groups may be formed and then disintegrate as the goal is achieved. Since elderly people have rich life experience and practical skills in their work, they could spread their experience and knowledge among children through various neighborhood and interest clubs. This is a topical issue, as unplanned children's leisure time is the primary cause of juvenile delinquency and drug abuse. This kind of activity, therefore, could satisfy the elderly's need for socialization without being a burden on their health.

Present-day 40–50 year olds will also change their preferences as they reach old age. On the whole, people aged 40–50 are more passive politically than the elderly. Political apathy is, on one hand, a result of low loyalty typical for the political culture of this age group. The ineffectiveness of the system decreases willingness to support it in “conventional” ways, e.g. voting at elections. On the other hand, political apathy is also related to the active involvement of 40–50 year olds in the economic processes and need to “make ends meet”.

6.2 ANALYSIS OF PROGRAMS OF POLITICAL PARTIES FROM THE PERSPECTIVE OF OLDER PEOPLE'S INVOLVEMENT

The high level of political participation among the elderly, must, in terms of political theory, be an indication

of adequate electoral policy of Kazakhstan's political parties. However, if in the West political parties usually appear to be based on defined group interests, in Kazakhstan their creation may be associated with aspects of social structure. The previous social system was destroyed rapidly, while new social structures and corresponding groups and layers do not form as quickly as reformers might wish.

The amorphous and atomized nature of contemporary Kazakhstan society, as well as the uncertainty, ambiguity and mobility of new social groups and layers considerably slows down the formation of a social basis of party structures. Partly due to this, political parties in Kazakhstan do not conduct focused electoral policies, including one oriented towards the elderly.

To prove this hypothesis research was conducted on the programs of political parties of Kazakhstan based on content analysis. As the main category of analysis, ideas were taken, which characterized political, economic and social problems. This allowed definition of the priorities of party positioning, aimed at attracting potential supporters from among the elderly.

Most Kazakhstan parties pronounce themselves as parties of the people. Therefore, their social base is blurred and relying on certain social groups as part of positioning of political parties, cannot serve as a defining criterion for parties' identification of the elderly.

Similar difficulties occur in relation to goals and values that are defined in party program documentation. The goals of parties APK, CNPK, CPK and DCK propose moving towards a society of freedom and social justice, with a society of equal opportunities. Strengthening and development of state systems is the goal of CPK, DPK, Auyl. Parties as Ak Zhol, Rukhaniyat, Otan and Asar have defined as their goals the building of a democratic state and society. As such, in their various formulations practically all political parties support the ‘democratic’ development of the Republic. Thus, in accordance with their manifestos all Kazakhstan's parties can be described as parties with a democratic orientation. The same picture appears in terms of defining values. Often, in the programs of Kazakhstan's parties values such as independence, democracy, freedom, justice and solidarity are mentioned. Thus, Ak Zhol mentions independence, democracy, freedom and fairness. DPK – freedom, law, fairness and consent. Otan – freedom, fairness, solidarity, equity and brotherhood. Asar – prosperity, freedom, fairness and solidarity. Auyl – freedom, fairness and solidarity. However, exactly these values are the basis of socio-democratic values.

In these conditions of parties' ambiguous expression of ideological preferences, conventional classifications “left – center – right” do not work in Kazakhstan. We can only speak of ideological orientation of a very narrow circle of parties and this undoubtedly hinders electoral choice. In conditions of ambiguity, ideological distinctions between political parties play an important role for the elderly in particular, who have preserved their ideological preferences for Marxist-Leninist theory (i.e. identifying themselves with

⁹⁵ Elections of 2004 in Kazakhstan: step by step. Monographic collection. Under edition of G.T.Ileuova, D.R.Ashimbayeva, Almaty, “Credo”, 2004. p. 280

⁹⁶ Project “Perspectives of formation of civil society in Kazakhstan”.

CNPK and CPK). At the same time, liberal ideas have rooted themselves with, first of all, those social groups that managed to learn the new rules of the game and adapt themselves to new conditions. Present-day elderly people of Kazakhstan, in general do not belong to this group of the electorate. However, no doubt that situation will change with the ageing of younger generations – when the basic mass of elderly people will consist of present-day 40-50 year olds, who have accepted or adapted to liberal-democratic values and behaviors.

Party programs in general are structured by sections that correspond to basic spheres of vital activities of society: political, economic and social. The contents of these program sections allow the electorate to evaluate the positions and priorities of parties.

Analysis of political positioning of parties allows three groups to be defined:

- CPK, CNPK, DCK (rapid transition to concrete and far-reaching reform of the political system);
- Ak Zhol, PPK, Auyl (gradual reform of political systems);
- Otan, CPK, APK, Asar, Rukhaniyat, DPK (support for the existing order, with slight changes in the political sphere).

Often however, the practical actions of the parties not only do not prove, but on the contrary seem to refute the priorities expressed in the programs. This further hinders the process of party identification for the electorate, including elderly people. One of the factors within the structure of political dispositions for the elderly can be contrasting the image of the acting authorities and the society. In this sense, the most attractive for them would appear to be the programs of opposition parties: DCK, CPK, CNPK, Ak Zhol.

The greatest attention to economic issues was given in the programs of APK and Auyl, for whom a significant focus is agricultural and rural development. To a lesser degree, economic issues are touched upon in the programs of other parties. At the same time, the programs of most parties have sections on the necessity of increasing the role of the state in regulating the economy, as well as the need to liberalize and diversify the economy. Since elderly people are generally less actively involved in the economic process, when identifying political preferences economic aspects of party programs can only be significant in conjunction with social priorities. This is also explained by the fact that realization of some liberal projects not only failed to improve living standards, but also caused negative social consequences. Therefore, most older people support a secure, powerful state, social welfare and guarantees.

The social aspects of party programs are the most relevant for the elderly electorate, since they touch upon their everyday interests. Almost all parties pay attention to the social expectations of the elderly in their programs. (See Table 6.2.)

Table 6. 2. Positioning of social expectations of pensioners in program documents of political parties of Kazakhstan⁹⁷

№	Party	Меры, направленные на осуществление социальных ожиданий пенсионеров
1	APK	N/A
2	CPK	Amount of pension payments is defined not by the date of retirement, but a person's seniority. We assume the possibility of returning to the question of pension provision for workers of hard (list 2) and severely hard (list 1) professions. If regarding list 1 there was some compromise in the form of state aid, list 2 was left without proper attention. We suggest introducing special aid to workers, included in list 2, who have reached the age of 48 (women) and 53 (men), who worked in these professions for 20 years or more.
3	Ak Zhol	Special attention must be given to pensioners, providing a system of pension provision that consists of: aid by age given to every citizen who has reached retirement age, regardless of previous labor activities or pension savings; pension payments from solidarity and/or obligatory saving systems; pension payments from voluntary pension savings
4	DCK	Party will strive to achieve improved levels of social protection to certain groups on low incomes – pensioners, mothers with many children, disabled. Double, as a minimum, the amount of pensions and social aid. Return to the previous retirement ages of 60 years for men, 55 for women.
5	DPK	Adapt existing legislation to the interests of socially vulnerable groups (unemployed, pensioners, disabled). Create control over transparency and legitimacy of state organs during entitlement and payment of addressed social aid.
6	Auyl	Strengthening social protection of pensioners.
7	CNPK	Fully restore the social sphere: supported retirement. Actively support veteran organizations.
8	CPK	Struggle for protection of women, children, elderly and family as a whole.
9	PPK	Improving the life of pensioners. Conducting indexing of pensions and aid for disabled and other needy citizens.
10	Rukhaniyat	Directing budget expenditures towards increasing the amount and timely payments of pensions, aid, grants, salaries to state workers, calculated from the amount of minimum living wage.
11	Otan	Addressed help to socially vulnerable groups – people in need, pensioners. Creation of dignified life for elderly people by means of guaranteed social, medical and everyday services, supportive atmosphere for their treatment with respect.
12	Asar	Creating conditions of dignified life of elderly people.

Thus, analysis of the manifestos of Kazakhstan's main political parties leads to a conclusion that practically all parties aspire to use the political activity of the elderly in their own interests. However, at the same time parties do not have focused policies, including those oriented towards the elderly. As the 40-50 year age group approach pension age, and are oriented not only to the social consequences of political and economic changes, but also on the mechanism itself, this position of political parties will not be sufficient and may lead to greater political alienation of forthcoming older generations.

⁹⁷ Guide to programs of political parties of Republic of Kazakhstan, Almaty, "Litan", 2004; Bulukbayev Y.O., Chebortayev A.E. Political parties of Kazakhstan, 2004, Directory, Almaty "Complex" printing house, 2004

6.3 NATIONAL AND INTERNATIONAL NGOS AND DONORS FROM THE PERSPECTIVE OF OLDER PEOPLE'S INVOLVEMENT

Main NGOs/donors in Kazakhstan can be divided into five groups:

- (1) donors of UN system;
- (2) international financial institutions;
- (3) state-donors and their donor programs;
- (4) international non-governmental organizations;
- (5) national non-governmental organizations.

Analysis of distribution of free (grant) donor help by sectors by the international community shows that one priority area of cooperation is administration (democratic and rights reforms, institution and capacity building, policy advice) which accounts for 47% of the total amount. Second by amount is support for economic reforms (41%). Seven percent is allocated to environmental protection, 3% to poverty reduction and 1% to gender issues⁹⁸.

A slightly different picture emerges in relation to aid in the form of loans. Here, the priority directions are economic reform (49%), management support (39%), poverty reduction (9%) and environmental protection (3%)⁹⁹.

In the *first group* of donors, institutions and programs working within the framework of the UN are emphasized. Donors of the UN system cooperate with Kazakhstan within four strategic priority areas:

- public security and human development;
- management (reforms on central and local levels, reforms of the police);
- democratization and enhancement of participation (support for the development of gender programs, programs on human rights, support to NGOs and civil society);
- environmental protection.

In the *second group* of donors are the World Bank, EBRD, ADB and IDB. Issues of ageing are touched upon indirectly by these donors, in relation to issues such as healthcare and pension reforms, social protection, support for non-extractive industries and small and medium entrepreneurship, analysis of poverty problems.

In the *third group* are the following state donors: in particular EU member countries and USA.

Among the *fourth group* are donors working on the territory of Kazakhstan, such as International Fund to Save the Aral Sea, Conrad Adenauer Fund, Soros-Kazakhstan, Friedrich Ebert Fund, Eurasia and others. These organizations do not have special programs focused on work with the elderly, but do realize projects indirectly connected with problems of the elderly, or conduct one-off campaigns supporting the elderly. For example, in 2004 Zhambyl oblast's public association "Center for Justice" received a grant from Soros-Kazakhstan for improving the quality of decisions made on authority level (executive and legislative) with consideration of citizens' opinions - especially pensioners - by organizing a dialogue between pensioners and political parties, in

order to increase the level of trust towards the government and improving pensioners' well-being.

Volunteer programs providing help to the elderly in need are relatively well-developed. The idea of volunteering is actively used not only by public organizations and funds, but also by government structures. For example, in summer of 2005 in Taldykorgan, with a grant from the Almaty Oblast Akim, a project named "Developing the volunteer movement among the youth for social support of the needy" began implementation. Its goal is to provide single elderly citizens, veterans of labor and WW2 with legal, social, psychological and humanitarian help. University and vocational school students and unemployed youth participate in realization of the project.

Thus, it appears that none of the international organizations/donors directly support the elderly in Kazakhstan. Indirect support does occur, however, through poverty reduction and gender initiatives, for example. This may be explained by the fact that donors' and international organizations' programs are primarily aimed at the economically active population.

The fifth group is national NGOs. Significant among these are organizations whose goal is either direct work with the elderly, for example the Central Council of Organization of Veterans of the Republic of Kazakhstan, local councils of war veterans and pensioners, "Pokolenie", public association "Ardager". Others work indirectly to solve problems of certain social, economic or environmental issues (e.g. public association "Baspana", Association of victims of political repression, etc). Social support and charity help for the elderly - primarily pensioners - is also provided by labor unions. In this situation, charity help usually happens for Victory Day and Day of the Elderly.

Unfortunately, recording the level of participation of the elderly people in the work of NGOs is not possible due to an absence of relevant statistics.

6.4 GOVERNMENTAL AGENCIES FROM THE PERSPECTIVE OF OLDER PEOPLE'S INVOLVEMENT

In general, Kazakhstan lacks a targeted state policy towards older people, and a corresponding legislative and institutional basis that would unite state actions both on national and regional levels.

This is mostly due to the fact that in Kazakhstan age differences among the population are not highlighted, although to some extent youth is an exception. Attention is put mostly on other criteria such as form of employment and ability to work, financial well-being, certain group or individual achievements. Based on these criteria the older population falls into such groups as pensioners, disabled workers, veterans of WW2 and others. This approach seems to be relatively justified, although it conceals substantial peculiarities and needs of the elderly. In relation to the groups mentioned, a relatively full legislative base is formed, which includes such documents as:

- Law "On pension provision in the Republic of Kazakhstan" (12.06.97)

⁹⁸ Assistance to Kazakhstan. Almaty: UNDP, 2003. P. 19.

⁹⁹ Ibid P. 19-20.

- Law “On state addressed social help” (17.07.2001)
- Program on poverty reduction in the Republic of Kazakhstan for 2003-2005
- Decree of the President of the Republic of Kazakhstan, on validity of law, “On privileges and social protection of participants and disabled from WW2 and persons connected to them (28.04.95, with further amendments).

As with any list of legislative acts, the existing model in Kazakhstan is not perfect and has faced serious criticism. Practical realization of this model is criticized as well, as it is burdened with bureaucratic obstacles and corruption, which cause the elderly to feel injustice and deceit from the state bodies. However, in general this legislative base is a necessary foundation for further work.

A major problem is that there is no strategy of systemic work with the various elderly groups, which could be directed both to improvement of their living standards and using of their social, cultural and political potential. Thus, Kazakhstan lacks statistical data on the political and social participation of elderly people. There are some one-off campaigns for reform and improvement of the well-being of certain groups of elderly people such as war veterans and the disabled. One key issue is a lack of recording of interests and processes of socialization of elderly people migrating to Kazakhstan from other countries.

The distinguishing feature of the current approach to issues of the elderly at the higher political level is concreteness and pragmatism. Positions stated in the Address of the President of Kazakhstan to the people of 2005¹⁰⁰, which directly concerned the older generation are targeted firstly towards dignified provision of life for the most vulnerable members of society” and assumes a program of deepening of social reforms to form a system of providing dignified retirement. In practice, this program involves increases in the minimum pension at the expense of additional base pension payments, i.e. firstly, has socio-economic character.

Other political and cultural interests of the elderly are not mentioned separately, but are considered as a whole concerning citizens of Kazakhstan in a program of political reforms, which are directed to “further democratization of Kazakhstan in accordance with the traditions and principals of Western democracies and experience of leading states of South-East Asia, with traditions of our multi-national and multi-faith society”¹⁰¹.

This program assumes:

- use of the potential of the acting Constitution, concrete use of rights provided in the Constitution
- reform of executive power, directed towards its decentralization, regulation and increase of its effectiveness
- strengthening authority/prestige of legislative power
- development of institutions of the court system and strengthening of legislative protection of citizens’ rights

- development of institutions of civil society.

It is also assumed that this program will be based on dialogue with the entire society.

At regional level, policy of the executive authority in relation to elderly people is usually of a situational character and is linked to certain significant dates and holidays. Thus, in practically all oblasts of Kazakhstan on the 1st of October the Day of the Elder is now celebrated. Within the framework of this day there are free films and retro-concerts, holiday lunches and teas, and some material support for the elderly. At the same time local akimats actively cooperate with entrepreneurs. As a rule, large enterprises quite actively support their veterans.

Insert 6.2.

From address of Akim of Pavlodar city N. Chmykh to heads of enterprises, entrepreneurs, all residents of Pavlodar.

Annually 1st of October in our city became a tradition to hold the Day of the Elderly Person, in order to help citizens of older age, who happened to be below the line of poverty in our economically tough times. I am asking you to have mercy, humanity and compassion, give charity help to pensioners, disabled, people in need of not only social support, but also attention and care from society. I express hope that you will take the problems of the older generation with a sense of deep understanding.

CONCLUSIONS

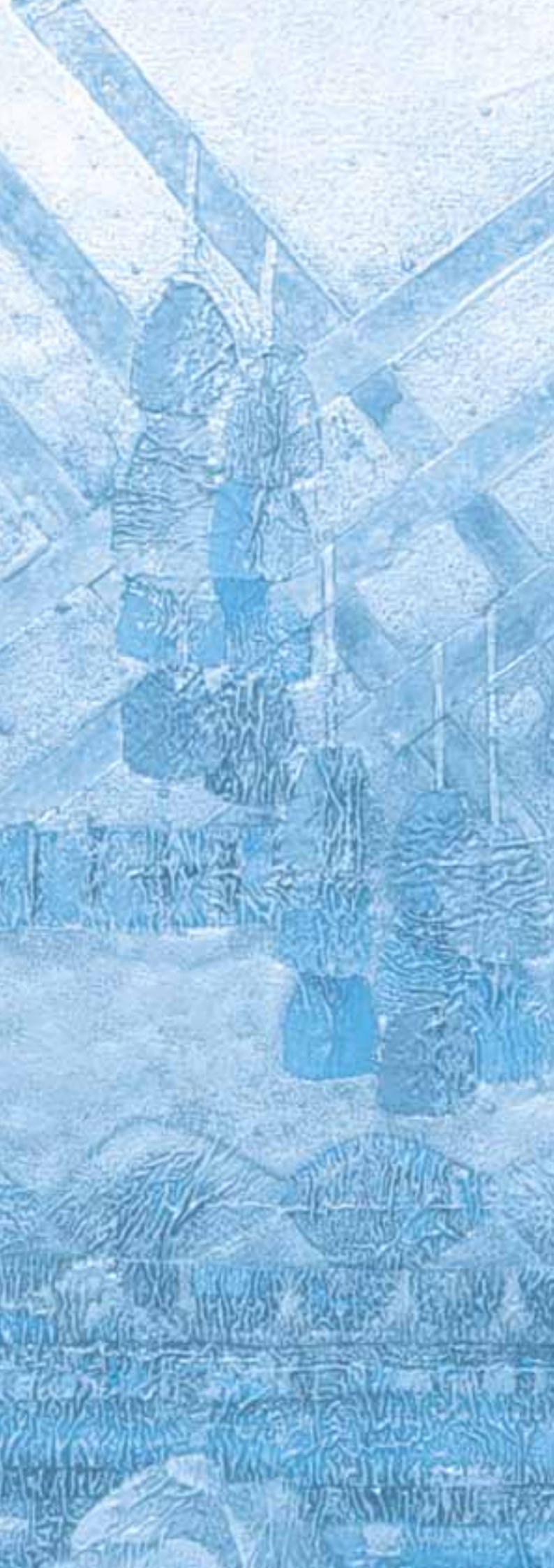
Present-day elderly people of Kazakhstan are characterized by sufficiently high level of interest in politics and social life. They typically display a high level of trust in political institutions, and participate in political activity. Their trust and involvement in civil society is considerably lower, although elderly people possess skills and knowledge that can be actively used by local communities.

The social and political peculiarities of elderly people are not uniform and can change depending on conditions of socialization. Population ageing in Kazakhstan will soon lead to an increase in those elderly who experienced socialization in other times than present-day elderly people. Therefore, people who will enter older age by 2015 will have different political and social behavioral characteristics, which are likely to include considerably less participation and trust in political institutions, and higher levels of social and economic activity.

At government level there are few decisions that are focused on the elderly. Measures related to elderly people are directed either at their specific subgroups (veterans of WW2, disabled), or at pensioners in general (certain social privileges). A similar approach is typical of international and national NGOs, public organizations and associations. In many respects, the absence of a strategy in relation to the elderly is explained by conflicts of interest of various sections of society, as well as by lack of urgency around this issue in Kazakhstan. In general, there remains relatively little demand for the high level of political and social activity of the elderly population of Kazakhstan.

¹⁰⁰ Address of the President of Republic of Kazakhstan to the people of Kazakhstan: Kazakhstan on a way to rapid economic, social and political modernization// Kazakhstanskaya Pravda 12.02.05

¹⁰¹ Ibid



CONCLUSIONS

AND RECOMMENDATIONS

The projected rapid ageing of Kazakhstan's population after 2015 necessitates action both on the part of the government and civil society to implement the Madrid International Plan of Action on Ageing.

When planning such actions, the following characteristics of population ageing in Kazakhstan should be borne in mind:

- the deteriorating physical, mental and emotional health of older people demonstrated by growing disease incidence, disability and mortality rates;
- the growing dependency of senior people on the economically and socially active population and declining competitive advantage of people at (pre)retirement age on the labor market;
- the limited social participation and poor access of older people to community benefits and services and growing maladjustment and social exclusion of the elderly;
- older people's disorientation in today's socio-cultural context, difficult social communication and lower levels of families' responsibility in taking care and meeting the needs of their older members.

Ageing and vulnerability of older people necessitate a common concept of national policies and social attitudes related to the elderly to make their social environment more vibrant, improve their social and economic security, facilitate their intellectual and cultural fulfillment and promote their active social participation. It should also be remembered that issues relating to population ageing should be addressed as part of overall human development challenges.

Therefore, this should result in:

- better protected rights and interests of older people;
- improved social and economic security of the elderly through enhanced social security schemes;
- a network of institutions providing essential services for seniors;
- better social and economic adjustment of older people and enhanced social communication;
- improved coordination of government authorities and agencies as well as non-governmental organizations working with the elderly.

1. DEVELOPING NATIONAL POLICIES AND IMPLEMENTATION MECHANISMS

Due to age-related factors, older people often have difficulty adjusting to the changing social and economic environment and require guaranteed support on the part of the government in many spheres. Therefore, Kazakhstan's social policy should focus on facilitating improved living standards and quality of life for older people and ensuring their active social participation through

better legal protection, networks of social and medical services and provision of targeted assistance.

There is a need for a special state program to:

- improve and enhance the network of institutions and agencies providing vitally important social services to older people such as gerontology centers, respite services, mobile social services, integrated medical and social care centers, hospices, collective guardian boards and support clubs for older people;
- build the capacities of healthcare agencies servicing older people, hospitals for veterans, as well as integrated medical and social services and hospices;
- fine-tune the savings-based pension scheme and use more widely pension asset investment tools, further develop those entities constituting the savings based pension scheme and encourage voluntary and professional pension schemes;
- enhance targeted social and financial assistance and services;
- support NGOs working to protect the rights and interests of older people and providing services for them;
- promote better social and economic adjustment and social communication of the elderly by involving social sector organizations and NGOs, as well as providing opportunities for older people's continuous education;
- support older people's enthusiasm and integration into today's context through their involvement in NGO activities and appropriate labor activity;
- ensure better access for older people to cultural, educational, awareness-raising, advisory and recreational opportunities and modern information technologies;
- support studies into the most challenging areas of social protection of the older generation.

The program is justified by Kazakhstan's economic performance indicators which confirm that Kazakhstan is a dynamically developing economy. High economic development rates enable an effective response to the threats and challenges Kazakhstan is or will be facing, in particular in terms of population ageing, thus contributing to poverty reduction and development of its human potential.

In addition to initiatives directly focusing on older people, action should be taken to address ageing in general, for example by:

- increasing public expenditure on education and health;
- sustaining national policies related to mother and child support;
- establishing a social security scheme to guarantee decent maintenance in old age.

2. DEVELOPING A LEGISLATIVE FRAMEWORK

Population ageing and measures to improve older people's living standards and quality of life require an adequate legislative framework. Since ageing has not yet been recognized as a significant factor affecting the country's socio-economic and political situation, it has not been addressed in any legal acts. Therefore, normative and legal documents produced and used by organizations and agencies working with older people should be properly filed and indexed. Such organizations and agencies include social services, gerontology centers, respite services, integrated medical and social care institutions, hospices and NGOs.

There are no special government initiatives focusing on the older age group. The measures taken to improve the quality of life of older people do not take a common approach. They are mainly aimed at reforming the benefits scheme and improving the financial welfare of individual groups of older people such as war veterans and those with disabilities. Therefore, new legal acts should be tailored to the needs and interests of all older people.

When taking legislative and management decisions, the following should be included:

- fixed procedures that cannot be affected by individual bureaucratic decisions;
- mechanisms ensuring the transparency of state authorities working with older people through cooperation with both supervisory authorities and civil society.

Of utmost importance is the development of a legislative basis which can facilitate the meaningful participation of older people in the decision-making that affects their lives.

3. DEVELOPING INFRASTRUCTURE

Clearly, the government is not able to solve all problems related to ageing. It can, however, ensure an environment conducive to the development of the older population and operation of NGOs by, first of all, developing the required and supportive infrastructure.

This is particularly relevant in the healthcare sector where special gerontology, medical and social services can be set up to provide medical and social care for the elderly and develop rehabilitation, palliative and social services. Demand for gerontologists and general practitioners should be taken into account when identifying priorities in the education sector.

Another task in building infrastructure for older people is to promote a system where local authorities provide services for lonely older people. Local authorities should be able to provide lonely and low-income older people with boarding accommodation where essential services are provided and comfort ensured. The establishment of private boarding houses for older people and special subsidized shops for the elderly with financial constraints should be encouraged. Also, it is important that daycare facilities and crisis and rehabilitation centers for older people are in operation.

The third and arguably most important measure in building infrastructure for older people concerns local communities supporting the elderly and involving them in different non-governmental associations. In this respect, the government should develop a set of measures to support families and local communities to take care of senior people and integrate them into local communities.

4. BUILDING A DATABASE

In order to analyze ageing holistically, with all its socio-economic implications and actions to improve living standards of the elderly, the following is required:

- research in key issues related to population ageing and the status of older people;
- monitoring and sampling of social, economic and demographic surveys and surveys of financial and housing conditions of older people;
- pilot projects in key areas of social protection for older people.

Coherent international and national conferences, symposiums and workshops can help draw public attention to ageing and the status of older people and serve as an incentive for further topical research and exchanges.

The age group of 64+ should be singled out, with a breakdown by gender and place of residence, including collection and analysis of statistics, particularly related to the following categories:

- older people's economic status;
- older people's political and social participation;
- morbidity rates and frequency of older people's visits to medical facilities.

To analyze population ageing in a holistic and systematic way, a set of respective indicators should be developed and the database enhanced both through official statistics and regular thematic research to be conducted by various research agencies and NGOs. Such studies should focus on:

- labor activity;
- psychological factors of ageing;
- inter-generational communication;
- monitoring of the observance of older people's consumer rights;
- oversight of medical facilities and healthcare;
- monitoring of access to public transport and other means of transportation.

Mass media should play a key role to:

- promote public awareness of ageing issues and promote international principles and standards of decent maintenance in old age;
- raise public awareness of programs and projects that involve older people.

5. INSTITUTIONAL DEVELOPMENT AND CAPACITY-BUILDING OF STAKEHOLDERS

Alongside the government, such civil society organizations as NGOs, research and academic institutions, professional organizations, mass media and businesses should be extensively involved in improving the living standards and status of older people. Such organizations' involvement in developing and monitoring targeted programs will facilitate coverage of various spheres of older people's lives, making national policies more effective and ensuring transparent and accountable programming. By directly involving older people, NGO activities will be more focused and targeted, while their effectiveness will be easier to track.

It is vital to promote cooperation between the government, NGOs and local communities, international organizations, private sector and specialized institutions and encourage more joint initiatives to help elderly people. In this respect, international organizations may help by:

- including older people's concerns in their strategies and programs and helping to address them;
- improving ageing-related cooperation between various international organizations and national NGOs.

There is a clear need to set up a national advisory board on ageing to promote cooperation between the government, local authorities, NGOs, international organizations, private sector and local communities.

Ageing-related concerns affect the lives of a variety of population groups and are not always considered priorities to be addressed. Therefore, there should be public debates on ageing in order to harmonize the interests of all parties concerned. A grant program may be set up to fund NGOs' work in advocacy, service provision and the promotion of social integration of the older generation.

6. PROMOTING THE ROLE OF FAMILIES

The government and the NGO sector should encourage and support older people to live with their families through a variety of economic incentives such as reduced utility costs, public transportation and healthcare benefits. As a mechanism to support families taking care of their older members, it makes sense not to include older members' pensions in the aggregate household income used to calculate targeted social benefits and average income per household member. This would lead to improvement in older people's living standards, reduce their economic vulnerability and promote their role as family members.

Another tool to improve elderly people's living standards is to improve access of households with older members to credit resources and provide better terms of credit for them. Such measures to support households economically and financially where two or three generations live together would improve both older people's living standards and promote the role of families as a whole, enhancing inter-generational communication through economic acknowledgement of the need for and importance of inter-generational values.

Such economic incentives will promote the value of each older person as an individual with unique life experiences. Correspondingly, older people would be more involved in raising their grandchildren, thus promoting communication between older and younger generations and helping to identify an optimum combination of national traditions and contemporary reality.

GLOSSARY

Age-specific mortality rates – unlike total mortality rates these define the death rate for different age-specific groups. If calculated for different age-specific groups then the final combination of indices will be too high to be used as a criterion of the state of health.

Agreement for pension annuity – an insurance agreement that states that an insurer (a pension recipient) shall transfer to an insurance company an accumulative pension amount while an insurance company shall pay a pension to the insurer (pension recipient) during their whole life or for certain periods.

Assets coefficient reflects the ratio of average incomes of the groups that are being compared within a range of distribution in the tenth and first decile group.

Average life expectancy at birth – average number of years a newborn infant would live if prevailing patterns of age-specific mortality rates at the time of birth were to stay the same throughout the child's life.

Average monthly assigned pension (benefit) – the correlation between the total monthly assigned pensions (benefits) paid to all pensioners (pension recipients) that are registered with labor and social protection authorities and their number (at year end).

Competency – the capacity to integrate acquired knowledge and skills to solve problems and matters in certain circumstances.

Consumer price index (inflation) – describes changes over time in the general level of prices of goods and services purchased by the population for personal consumption. The consumer price index is calculated using a database compiled from two sources: data on price changes collected and registered at trade places specially designated in this regard and in places where services are rendered; documents stating the output of investigation of a household, especially actual consumer expenses borne by the population during the preceding year.

Creation of equal opportunities – a process in which such general systems of society as physical and cultural opportunities, accommodation and vehicles, social services and healthcare, access to education and work, cultural and social life including sport and recreation become available to the whole population. A World Program supporting the disabled.

Custodian bank – a bank that fixes and records rights for securities, custody of documentary securities and recording of clients' accounts.

Disability – any restriction or absence (as a result of a deficiency) of a capacity to carry out any activity in the manner or within the framework that is deemed as 'normal' for a human being. Loss or restriction of a capacity to take part in the life of society in the same manner as others due to social and outside barriers.

Disabled person – a person who became disabled due to physical, mental or sensory deficiencies that can be permanent or temporary, inherited or acquired. A person

officially defined as disabled in a document issued by the relevant state authority to confirm that he/she is disabled.

Economically active population (workforce) – part of population of working age. Includes all those actively engaged in all kinds of economic activity, as well as unemployed people.

Economically inactive population – persons not of working age who are not engaged or unemployed during the period concerned.

Electoral behavior – a combination of actions of nationals at local, regional or nationwide elections and their participation in referendums. Forms of electoral behavior may include protest election, vote against all candidates, conformist vote for a party or a leader who is supported by the majority of the electorate etc.

Electorate – citizens able to vote at parliamentary, presidential or municipal elections.

Emigrants – nationals of the Republic of Kazakhstan who are leaving for another country for permanent residence.

Employed population – all people of a certain age who can be defined as hired or independent workers

Ensuring equal opportunities – a process where different systems of a society and environment like labor activity and information become available to the whole population, especially to include the disabled. Includes standard rules to ensure equal opportunities for the disabled.

Expected educational output – the expected target of an education process defined as specific education outputs: knowledge, skills, competencies.

Formal education – a hierarchically structured education system that mainly takes into account age-specific stages of individuals' development and that includes all education levels from primary school to post-graduate education.

Further education – an educating process that is applied at different levels of the education system in addition to masters programs to meet population's needs.

Disease incidence – 1) a summary of new diseases not registered anywhere before that were first detected among the population during the year concerned - total of first detected disease incidence, based on statistical documents with positive diagnosis confirmed. 2) the number of new cases of the disease among certain groups during the period concerned.

Gross Domestic Product – an important indicator of national accounts describing the final output of the economic activity of a country at production stage, defined as the total gross value added of the sectors.

Healthcare – actions taken by legal entities and private individuals in certain circumstances, in the order and on the terms fixed in the applicable law in favor of private

individuals: preventive treatment, medical examination, diagnostics, medical treatment and recovery (rehabilitation) due to diseases or other health disorders, pregnancy and childbirth;

Hired (paid) workers – persons employed under a hire agreement that provides for payment (remuneration) in the form of wage, premium, bonus etc. or by barter.

Immigrant – a foreigner or a person who is not a national who has moved to the Republic of Kazakhstan for permanent or temporary residence.

Incapacity – loss or restriction of capacity to take part in the life of society in the same manner as others.

Individual social code – a permanent individual code given to a national and to persons entitled to pension provision in accordance with this law.

Informal education – an education process based on collection of information, knowledge and skills in everyday life e.g. communication, reading, visits to cultural centers.

Informal education – a purposeful and systematic education process conducted outside the formal education system.

Investment income – money received from investment in saving pension fund assets.

Labor migration – movement of persons from their own country to another to find work.

Life expectancy at birth – the average number of years a person is expected to live on condition that the death rate remains the same as in the year when the index was defined.

Medical and social assessment – a process in which a person is defined and accepted as disabled (determination of disability category) that is based on a complex assessment of his/her health status, the extent of restriction and need for social support.

Medical rehabilitation – a system of actions aimed at prevention of development of pathological processes that may lead to temporary or permanent loss of working capacity and at quick and efficient return of the sick and disabled to work and society.

Migrants with nonregulated status – persons located in a foreign country who do not fully comply with the terms and requirements regarding entrance, residence or economic activity established by the government of that country.

Migration – permanent or temporary, voluntary or mandatory mobilization of private individuals from one country to another and within a country.

Migration network – a network of interpersonal relationships where migrants communicate with their families and their countrymen living abroad. Network relationships cover information exchange, financial support, assistance in finding a job and other forms of support.

Non-governmental organizations (NGOs) – open non-profit public organizations that are not restricted by

profession peculiarities and do not strive for power in governmental authorities.

Nongovernmental sector of social services – entities rendering social services to disadvantaged groups, the activity of which is based on ownership forms not related to the state or municipal authorities and that may unite private individuals engaged in private social activity.

Oralman immigration quota – number of oralman families who are allowed to move to Kazakhstan and entitled to benefits and concessions in accordance with the migration law of Kazakhstan.

Oralmans – foreigners or persons who are not nationals and who were permanent residents of other countries when Kazakhstan was declared a sovereign country and who moved to Kazakhstan for permanent residence.

Over-mortality (premature death) – from the point of view of human development indices theory this term is interpreted as mortality of the population below 85 years old – the natural limit of a human longevity.

Pension savings – money of an contributor (recipient) accumulating on his/her personal pension account that includes voluntary pension contributions and voluntary professional pension contributions, investment income, penalties, miscellaneous payments to be made in accordance with agreements, this Law and applicable laws of the Republic of Kazakhstan.

Poverty – a socio-economic phenomenon where certain groups are faced with obstacles when meeting their priority physiological needs related to fulfillment of their right for life and who have no opportunity to take part in the life of society within the framework of rights fixed in the constitution.

Purchasing power parity (PPP) – number of national currency units required to purchase a certain standard combination of goods and services that can be purchased with one unit in a baseline country. PPP for the goods basket is determined by weighing of the PPP on each good in this basket, taking into account expenses for certain goods used as balances.

Quantile population groups – division of the population into equal parts regardless of other properties. Decile and quintile division - 10 and 20% - groups are most frequently referred to.

Real wage index – a relative indicator describing changes in nominal wages taking into account price changes during the reporting period in comparison with the baseline period. It describes the purchasing capacity of the nominal wage.

Re-emigration – movement of a person who, after having returned to his/her country of departure, again emigrates.

Rehabilitation – a process to bring a person's condition after disease or injury as close as possible back to that preceding the disease or injury.

Savings-based pension fund – a legal entity that collects pension contributions and makes pension payments

and that deals with management of pension assets in the order established by the applicable law of the Republic of Kazakhstan.

Self-employment – employment where the remuneration rate depends directly on income from production of goods and services (where personal consumption is deemed as a part of the income). The international classification of employment (employment status) defines the following self-employed workers: employers, self-employed workers, unpaid family workers, members of manufacturers' cooperatives.

Social care – a combination of social services, medical-social, social-economic, social-everyday, social-psychological, social-educating and other kinds of support to a person by state and nongovernmental authorities, particularly in times of difficulty.

Social protection of disabled people – a system of social and legal actions guaranteed by the government providing conditions for the disabled to overcome restrictions and aimed at creation of equal opportunities for the disabled to take part in the life of society.

Social rehabilitation – a combination of programs and actions aimed at the rehabilitation of social functions of an individual and of his/her social and psychological status in a society.

Social services – companies and entities regardless of their ownership forms that render social-everyday, social-medical, psychological-educating, social-legal services and social and financial support.

Socialization – a person's acquisition of social experience, including a system of social and political roles. This process occurs in the family, kindergartens, schools, labor and other teams. In socialization, such personal properties like individuality and self-awareness are developed.

Special care – support provided by doctors in outpatient departments and hospitals equipped to provide special care.

Subsistence minimum – minimum income per person, equal to the value of the minimum consumer basket.

Unemployment rate – percentage of the economically active population out of work.

Voluntary pension scheme contributor – a private individual or a legal entity that at its own cost contributes to pension funds in favor of a recipient in accordance with an agreement for pension provision by voluntary pension contributions.

Mandatory pension scheme contributor – a private individual or a legal entity that has signed an agreement for pension provision by mandatory pension contributions and that opened an individual pension account in a savings pension fund.

In-country migration – temporary or permanent and seasonal mobilization of private individuals in the Republic of Kazakhstan.

Volunteering – voluntary charitable activity aimed at resolution of a range of social problems such as illiteracy, unemployment, hunger, homelessness.

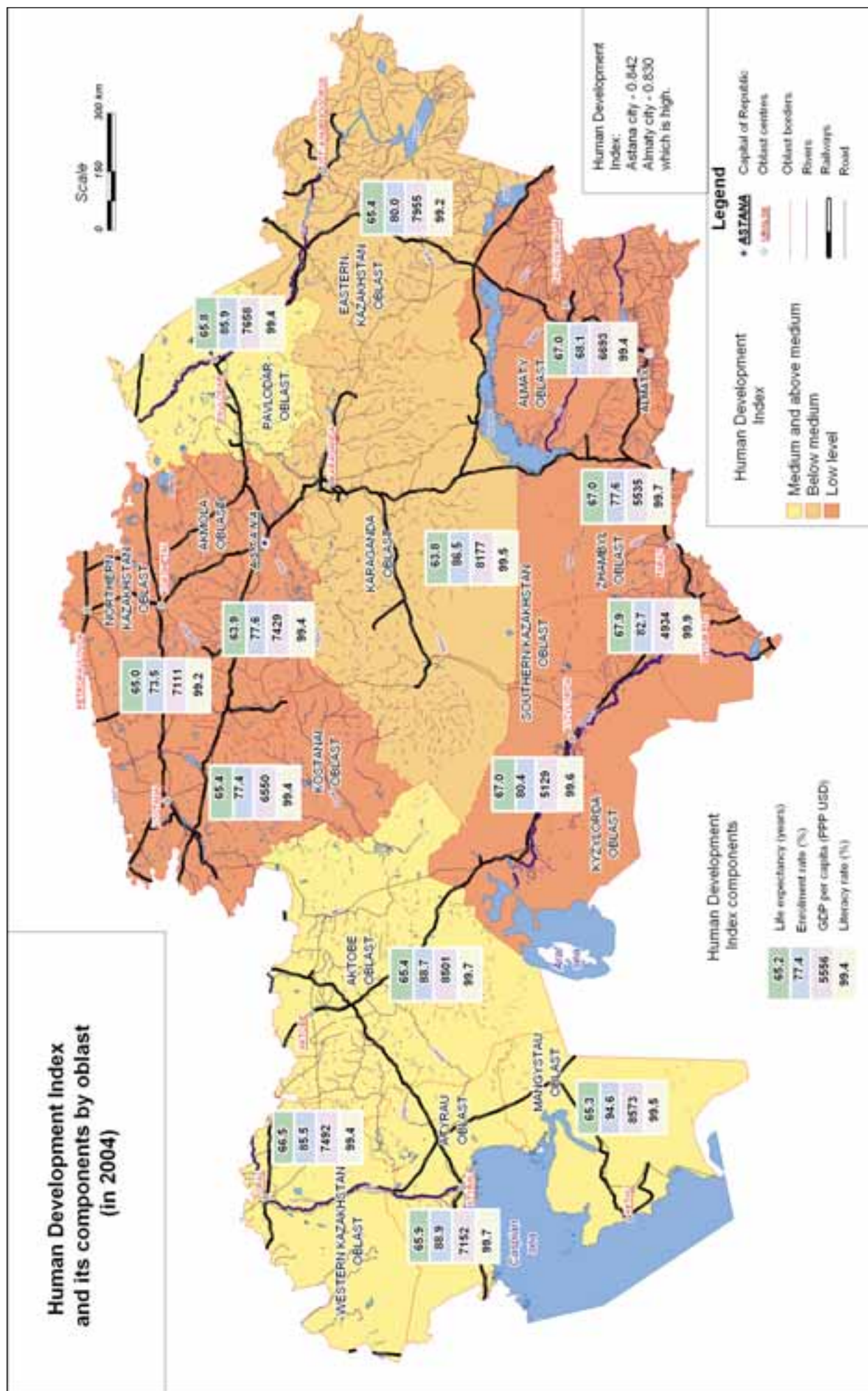
Geriatric services – an integrated system of medical, psychological and social-everyday support to the older population.

Gerontology – a science studying the ageing process and its separate aspects (physiological, psychological, social, medical, hygienic and economic).

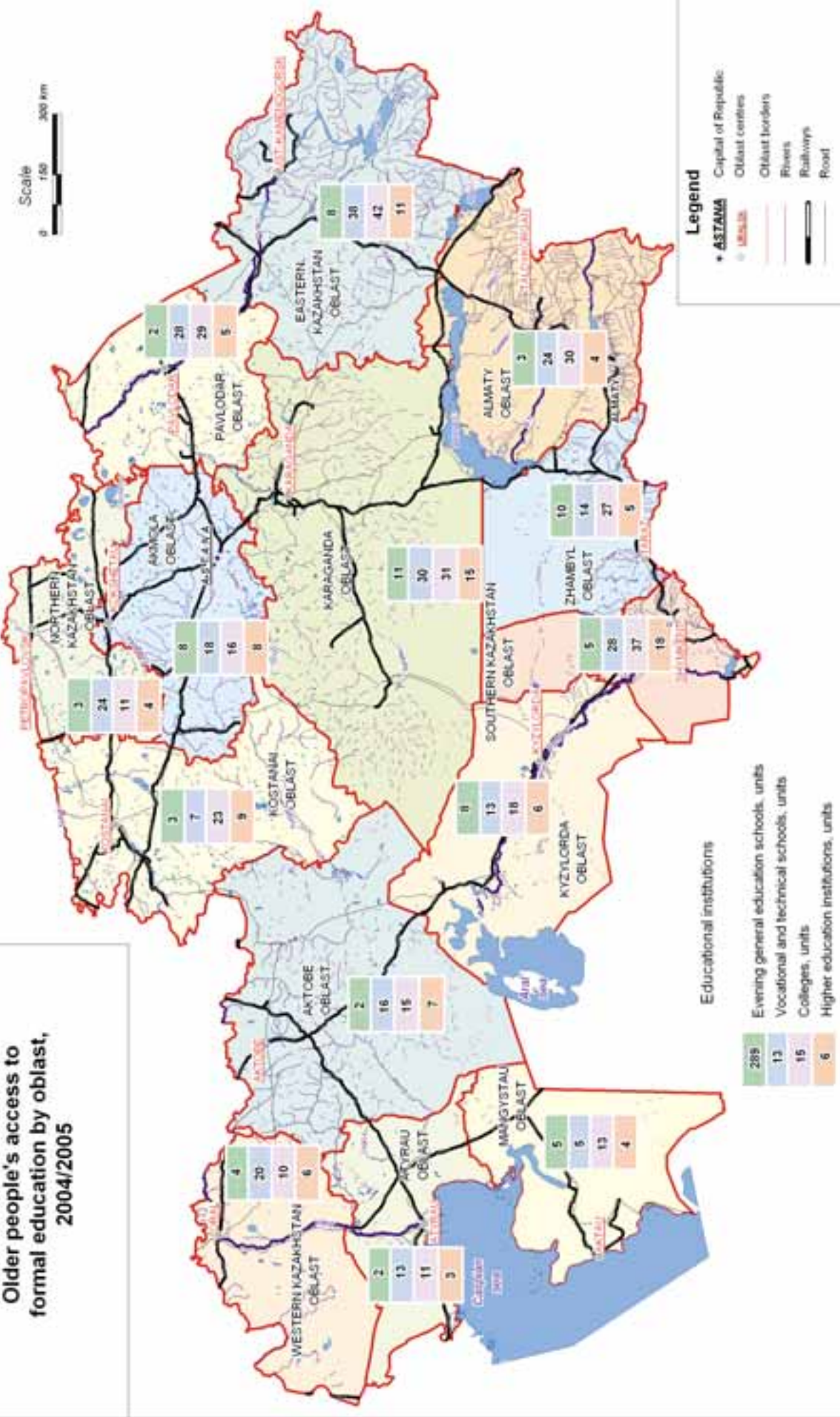
Grant – money allocated by a private fund or government for financial support of any activity corresponding to the mission chosen by a grantee.

Clinical examination – a method of medical and preventive care of certain groups registered as those who have to be examined, their observation at an early stage of disease development, timely medical and preventive actions to preserve their health, and environmental recovery.

Voluntary pension contributions – money paid voluntarily by contributors to saving pension funds in favor of a recipient in the order stated in the applicable law of the Republic of Kazakhstan and in accordance with an agreement for pension provision by voluntary pension contributions.

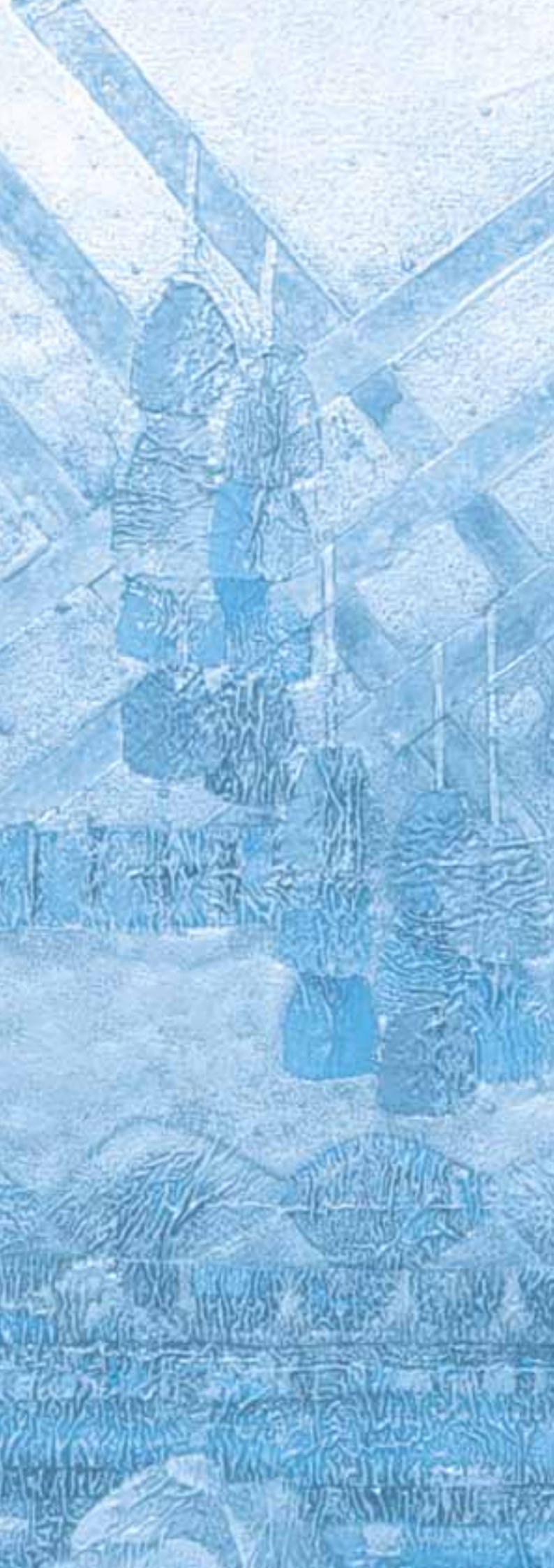
Human Development Index
and its components by oblast
(in 2004)

Older people's access to formal education by oblast, 2004/2005



Source: Republic of Kazakhstan Statistics Agency





ANNEXES

ANNEX 1

TECHNICAL NOTES

1. Integral human development indicators

In 1987 the UN Development Planning Committee decided to review the human cost of structural changes as a topic for its report for 1988. The findings of surveys conducted as part of a report by a group of experts headed by *M. Ul-Haka* were part of a draft report “Human development: the forgotten measurement of development strategy” by *K. Griffin*. Later, Griffin, in cooperation with John Knight published their works in a special edition of the *Journal of Development Planning*¹⁰² in 1989 and re-published them as a book in 1990¹⁰³. This served as the foundation for a conceptual approach to human development.

Theories by *Amartya Sen (Sen A.)*, the Nobel prize winner in economics, who published his “Development as Capability Expansion”¹⁰⁴ in 1989 had a powerful impact on the contemporary concept of human development. Sen did not consider development as improving financial or economic welfare, but rather as expansion of human “capabilities”, i.e. ability to live a long and healthy life, have access to knowledge, be able to be more active, etc. At the same time, increased capability was associated with greater choices. Thus, the human development concept identified human development and greater choices rather than greater GNP as an economic development target.

The conceptual approach to human development (also translated as *development of human potential*) elaborated by a group of UNDP experts was first published in the first *Global Human Development Report 1990*¹⁰⁵ where human development was defined as “expansion of human choices and achieved welfare”. Income is only one of such choices. Equally important are health, education, environment and freedom of action and speech. The report provided a new tool to measure socio-economic progress: the human development index (HDI) which combines life expectancy, adult level of education and income.

This definition of human development pre-determines a wide and complex set of statistical indicators allowing assessment and review of human development. All statistical indicators capturing human development may be grouped as follows:

1. Integral indicators of general assessment of human development.
2. Basic indicators capturing the main components of integral assessment of human development.
3. Other indicators capturing other dimensions of human development.

102 Griffin K. and Knight J. (eds). 1989. “Human Development in the 1980s and Beyond.” In: *Journal of Development Planning*. No. 19 (Special edition).

103 Griffin K. and Knight J. (eds). 1990. “Human Development and the International Development Strategy for the 1990s”. London: Macmillan.

104 Sen A. 1989. “Development as Capability Expansion.” In: *Journal of Development Planning*. No.19.

105 UNDP. 1990. *Human Development Report 1990*. New York: Oxford University Press.

2. Basic and integral human development indicators

Basic human development indicators capture three main dimensions of human development, which are *longevity, education and living standards*. Each of these human development dimensions captures a number of important human capabilities. Thus, longevity means capability to live a long and healthy life, education – to acquire knowledge, communicate and participate in public life, living standards – to have access to resources required for a decent living, live a healthy life, be territorially and socially mobile, participate in public life, etc.

A set of indicators calculated on a regular basis and comparable across nearly all countries of the world is used to measure these three human development components. An increase in the value of basic indicators suggests better capabilities in the respective human development dimension.

Indicators capturing longevity. *Live expectancy at birth* is used to measure **longevity**. A shorter term is often used – life expectancy. It is one of the most common indicators in international statistics, which is calculated based on so-called “mortality rates”.

Life expectancy at birth – the number of years a newborn would live, provided death rates for each age remain the same as in the birth year throughout the entire life of the newborn.

These indicators can be both gender-aggregated and gender-disaggregated.

In addition, *proportions of the population not surviving to a certain age* are used to calculate the human poverty indices and to capture deprivation in the ability to live a long and healthy life.

The under-five mortality rate and maternal mortality rate are additionally used for developing and developed countries respectively.

Indicators capturing education

Education is measured by the literacy rate among the 15+ population and the enrolment ratio.

Literacy is the ability to both read and write, with understanding, a short statement related to the person’s everyday life.

For developing countries, literacy is the most significant indicator of education. Therefore, it is given twice the weighting as the enrolment ratio when calculating the HDI.

Global Human Development Reports before 1995 used, instead of the enrolment ratio, *average duration of learning* calculated for the population aged 25 and more. Since the 1995 Report, however, this indicator was replaced by the enrolment ratio.

The enrolment ratio is the number of students enrolled in primary, secondary and tertiary levels of education, as a percentage of the population aged 5-24.

It should be remembered that different levels of education impact human capabilities differently. Therefore, Anand and Sen suggested complementing the common education indicators with those specific for individual levels of education, so as to use *enrolment in secondary and tertiary education* for developing and developed countries respectively.

Indicators capturing living standards

Unlike the previous two dimensions, *this human development dimension only identifies human capabilities* rather than determining their use. This means that it is only a means of enlarging the capability to choose but not the choice as such.

The high-quality assessment of the living standards should include many factors determining development and fulfillment of human capabilities, such as personal income, income distribution between different population groups, accrued property, access to land and credit resources, infrastructure and access to public commodities such as healthcare, education, transport, utilities, etc., individual lifestyles, family size and composition, commodities produced by households, environmental and climatic conditions etc.

Since it is difficult to select a *direct* indicator, an *indirect* indicator – *Gross Domestic Product (GDP) per capita* – is used to assess financial welfare. For inter-country comparisons, GDP per capita should be converted into real GDP per capita in USD using purchasing parity power (PPP) of national currency relative to US dollars.

PPP is understood to be the number of national currency units required to purchase an identical basket of goods and services that can be bought for US\$1 in the USA.

Countries comprising different groups depending on their level of economic development can be compared using complementary indicators, allowing to more objectively differentiate countries within one group depending on their financial welfare. Thus, for the least developed countries *real GDP per capita* is a relatively adequate tool to capture access to resources required for a decent living. For developing countries, it makes sense to complement it with the *proportion of people with income below the poverty line*, which captures poverty incidence, which is more common for the less developed countries. For developed countries, these two indicators should be complemented with *income inequality indicator*¹⁰⁶:

$$Y = (1 - G) * Y^r,$$

where G – Gini coefficient;

Y^r – real GDP per capita.

When countries have the same real GDP per capita, the Gini coefficient allows differentiation of countries by living standards.

3. The Human Development Index (HDI)

The Human Development Index is calculated as an arithmetic average value of three other indices: life expectancy, education and GDP. The education index is calculated using the indices of literacy (two thirds weighting) and access to education (one third).

Four indicators are used to calculate these indices. The accepted ranges of these indicators lie within the following limits:

Indicator	Minimum value	Maximum value
Life expectancy at birth, years	25	85
Adult literacy rate, %	0	100
Combined gross enrolment ratio, %	0	100
GDP per capita, PPP USD	100	40000

Based on these indicators, the following formula is used to calculate all indices apart from the GDP index:

$$I = \frac{\text{actual value of } x_i - \text{minimum value of } x_i}{\text{maximum value of } x_i - \text{minimum value of } x_i}$$

When building the GDP index, a different formula is used. The formula uses a decimal logarithm of GDP per capita in numerator and denominator:

$$I = \frac{\log_{10}(\text{actual value of } x_i) - \log_{10}(\text{minimum value } x_i)}{\log_{10}(\text{maximum value of } x_i) - \log_{10}(\text{minimum value of } x_i)}$$

Kazakhstan, which had the following main indicators in 2004, can be used to illustrate the calculation of the human development index:

Indicator	Value
Life expectancy at birth, years	66,2
Adult literacy rate, %	99,5
Combined gross enrolment ratio, %	84
GDP per capita, PPP USD	7260

Hence, according to the above formula, the life expectancy index will be 0.682:

$$(66.2 - 25) / (85 - 25) = 41.2 / 60 = 0.687.$$

The adult literacy index will be 0.995:

$$(99.5 - 0) / (100 - 0) = 0.995.$$

The overall education index will be 0.943, when the enrolment ratio is used worth 84%:

$$(0.995 * 2 + 0.840) / 3 = 0.943.$$

If calculated by the above formula the GDP index will be:

$$(\log(7260) - \log(100)) / (\log(40000) - \log(100)) = (8.890 - 4.605) / (10.597 - 4.605) = 4.285 / 5.991 = 0.715$$

The human development index based on these three indices will be 0.782:

$$(0.687 + 0.943 + 0.715) / 3 = 0.782.$$

4. The Gender-related Development Index (GDI)

The gender-related development index uses the same indicators as the HDI. They differ in that for GDI average

106 Anand S., Sen A. Human Development Index: Methodology and Measurement // Background Paper for Human Development Report 1993. - New York: UNDP, 1992.

values of each country's indices (life expectancy, education and GDP) are adjusted by the gap between male and female attainment. In order to make this adjustment, a weighting formula is used. This formula is based on the quality of the average power function to depend on the exponent of the mean (*majority median rule*).

S. Anand and A. Sen suggested the following formula to calculate gender-adjusted indices¹⁰⁷:

$$I = [d_f \times I_f^{1-n} + d_m \times I_m^{1-n}]^{1/(1-n)},$$

where d_f and d_m are, respectively, proportions of women and men in the overall population;

I_f and I_m are indices relative for women and men;

$(1-n)$ is the exponent of the average.

When different values of n (exponent of the $1-n$ mean) are used, different types of median emerge:

$n = 0$ – arithmetic median;

$n = 1$ – geometric median;

$n = 2$ – harmonic median, etc.

The more the accepted exponent differs from the exponent of arithmetic median, the more significantly this affects the reduction of the average indicator. All Global Human Development Reports use the parameter of weighting n fixed at 2 (“moderate deviation toward inequality”). The result is a harmonious middling of indicators of female and male attainment.

The GDI is also corrected in terms of maximum and minimum life expectancies considering that women generally live longer than men. Thus, maximum female life expectancy is fixed at 87.5 years and minimum at 27.5 years, for males 82.5 and 22.5 years respectively.

The equally-distributed life expectancy index (using the parameter of weighting $n = 2$) is calculated by the formula:

$$I = \left(\frac{d_f}{I_{fle}} + \frac{d_m}{I_{mle}} \right)^{-1}$$

where d_f and d_m are, respectively, proportions of women and men in the overall population;

I_{fle} and I_{mle} are female and male life expectancy indices.

The equally-distributed education and income indices are calculated similarly. The summary human development index adjusted for gender is an arithmetic mean of the three equally distributed indices.

Calculation of an income index adjusted for gender is more complicated. It is expected that incomes generated in the country are distributed between men and women in proportion to their wages. Two types of data are used when the proportion of women and men with earned income are calculated: ratio of average wages of women to average wages of men and percentages of women and men in the economically active population aged 15 and older. When data about the ratio of average wages

of women and men are not available, a weighted mean ratio of 75% for all countries that have data on wages is used.

The proportion of wages for females (S_f) is calculated by the formula:

$$S_f = d_{caf} \times I_{isf} / (d_{caf} \times I_{isf} + d_{cam}),$$

where d_{caf} and d_{cam} are the proportions of women and men in the total economically active population;

I_{isf} is the index of the average female wages relative to average male wages.

Taking into account the age and gender composition of the population we can calculate incomes (GDP) per one woman and one man:

$$GDP_f = GDP \times S_f / d_f,$$

$$GDP_m = GDP \times (1 - S_f) / d_m,$$

where GDP , GDP_f , GDP_m are GDP per capita, per one woman and one man.

5. The Gender Empowerment Measure (GEM)

The gender empowerment measure (GEM) is built on indicators calculated specifically to measure the relative political and economic participation of women and men.

The first two indicators are used to capture economic participation and decision-making power through women's and men's percentages of positions as senior officials and managers and women's and men's percentages of professional and technical positions. Since the proportions of positions of each of these categories are different in the overall population, indices are calculated individually for each category and then summed.

The third indicator, which is women's and men's percentages of parliamentary seats, has been selected to capture political participation and decision-making power.

For each of these three dimensions, an equally distributed equivalent percentage (EDEP) is calculated, as a population-weighted average, according to the following general formula:

$$EDEP = \left(\frac{d_f}{d_{fi}} + \frac{d_m}{d_{mi}} \right)^{-1}$$

where d_f and d_m are, respectively, female and male population shares;

d_{fi} and d_{mi} are, respectively, earned incomes of women and men by each of the three indicators.

Then these indicators are indexed by dividing the EDEP by 50 %.

The income index is used as an indicator capturing the ability to manage economic resources. This index is calculated using the GDI methodology. The income index can be PPP US\$40,000 maximum and PPP US\$10,000.

Finally, equally weighted indices for each of these dimensions - economic participation and decision-making power, political participation and decision-making power,

107 Anand S., Sen A. Human Development Index: Methodology and Measurement // Background Paper for Human Development Report 1993. - New York: UNDP, 1992.

er and the ability to manage economic resources – give the combined GEM.

6. The Human Poverty Index (HPI)

Depending on the socio-economic conditions of individual countries, different indicators can be included in the Human Poverty Index (HPI). In the Global Human Development Report for 1997 the Human Poverty Index suggested for developing countries (HPI-1) reflects all three dimensions of human life that are included in the HDI – namely a long and healthy life, knowledge and a decent standard of living:

$$\text{HPI-1} = [1/3(P_1^n + P_2^n + P_3^n)]^m,$$

where P_1 – percentage of population not surviving to age 40,

P_2 – adult literacy rate,

P_3 – average of population without sustainable access to safe water and healthcare and under-five children under-weight for their age.

Considering the completely different social and economic conditions in developed industrial countries, UNDP in its Global Human Development Report 1999, suggested a different formula to measure poverty (HPI-2) of the populations in these countries:

$$\text{HPI-2} = [1/4(P_1^n + P_2^n + P_3^n + P_4^n)]^m,$$

where P_1 – percentage of population not surviving to age 60,

P_2 – percentage of adults lacking functional literacy skills,

P_3 – percentage of population with income below 50% of median adjusted income in the country, i.e. income in the middle of the income distribution line,

P_4 – percentage of the economically active population unemployed for 12 months or more.

The following formula for calculation of HPI has been adopted (as of National Human Development Report 1999) for Kazakhstan:

$$\text{HPI} = [1/4(P_1^n + P_2^n + P_3^n + P_4^n)]^m,$$

where P_1 – percentage of population not surviving to age 60,

P_2 – percentage of young people aged 16 not enrolled in schooling,

P_3 – percentage of population with income below the subsistence minimum,

P_4 – unemployment rate.

Illustrating using calculation of Kazakhstan's HPI for 2003. The baseline data are $P_1 = 30.3\%$, $P_2 = 3\%$, $P_3 = 19.8\%$, $P_4 = 8.8\%$.

Using the above formula, Kazakhstan's HPI for 2003 will be 20.9%, which suggests that over one fifth of the country's population is disadvantaged (deprived in terms of human development) by the selected four indicators.

7. Kazakhstan's HDI by region

The human development index can be improved if disaggregated. The overall index of a country can mask the fact that different groups of the country's population may have different levels of human development whether by region, gender or settlement (urban or rural).

When calculating regional HDI, the main problem is the choice of an indicator most adequately reflecting access of the population to resources. At the country level, GDP per capita serves this purpose according to the UNDP methodology. Gross Regional Product (GRP) calculated by the manufacturing method is used instead of GDP for regional HDIs. Use of this indicator when computing the HDI is the most vulnerable point in regional HDI measurement methodology since high proportions of export-oriented sectors in GDP may produce a picture of token economic welfare of the region's population.

Taking into account critiques about using per capita GRP as an indicator describing the population's access to resources for decent living standards, the GDP index has also been used when gathering data and calculating regional HDIs for national human development reports.

It should be noted that per capita GRP and the national level of monetary incomes differed by 2.9 – 3.5 times in 1993–2003 for three main reasons. *Firstly*, monetary incomes of the surveyed households contain a systemic mistake connected to their underestimation: macro level underestimation ranged from one fourth to one third of declared monetary incomes. *Secondly*, GRP contains in-kind incomes of the population accounting for up to a quarter of monetary incomes and cost estimates of individual commodities that households already own. These include, for example, the relative cost of living in owned housing. *Thirdly*, in terms of consumptive use, GRP includes incomes used both for consumption and savings. *In addition*, it is worth noting that summary GYP by oblasts (GRP) does not equal GDP relative to GYP when not distributed by regions.

Exchange of per capita monetary incomes into USD at PPP will lead to underestimation of access to resources. Therefore, to ensure that the results are the same at the national level per capita, monetary incomes exchanged into USD through PPP are multiplied by a coefficient equal to the ratio of per capita GDP to per capita monetary incomes. This coefficient is used to correct regional per capita monetary incomes, which results in regional monetary incomes of the population coinciding with the national average.

8. Kazakhstan's HDI by settlement (urban/rural)

Baseline indicators broken down by urban/rural area should be available in order to calculate the HDI by settlement. Despite some difficulties, all indicators, apart from GDP per capita, are now calculated with an urban/rural breakdown.

In order to differentiate between rural and urban GDP, national human development reports have employed the methodology used to calculate gender-disaggregated GDP. Therefore, earned income is distributed between men and women in proportion to their respective wages in order to calculate gender-related GDP, while urban/rural income per capita is used to calculate urban/rural GDP.

ANNEX 2

STATISTICAL ANNEXES

Table 1.1. Proportion of population not surviving to age 60, by oblast, 1998-2004

Region	1998	1999	2000	2001	2002	2003	2004
Akmola oblast including Astana City	34,5	30,6	30,3	31,6	30,3	30,3	30,4
Akmola oblast	35,8	32,0	33,1	35,4	33,7	35,7	35,1
Aktobe oblast	34,0	30,8	34,3	34,8	34,6	33,6	32,2
Almaty oblast	29,2	28,0	28,2	27,5	27,0	28,0	28,2
Atyrau oblast	34,1	33,6	33,2	32,2	33,6	30,9	30,0
East Kazakhstan oblast	36,8	31,6	33,4	31,9	32,1	31,8	32,0
Zhambyl oblast	30,5	27,4	30,3	28,9	27,9	29,3	28,2
West Kazakhstan oblast	33,7	30,9	32,0	32,2	33,0	32,8	30,0
Karagandy oblast	37,8	33,3	33,2	33,8	33,9	35,3	36,1
Kostanai oblast	32,8	31,0	31,6	30,7	30,2	31,7	31,8
Kyzylorda oblast	30,8	28,6	27,5	27,5	28,2	26,7	26,0
Manghistau oblast	34,0	31,0	31,1	33,8	32,6	30,2	29,7
Pavlodar oblast	35,0	30,2	31,2	31,6	30,6	30,4	30,7
North Kazakhstan oblast	35,0	31,6	32,3	32,4	33,0	33,3	33,2
South Kazakhstan oblast	29,2	26,1	26,2	26,1	26,7	26,5	25,9
Astana City	31,1	27,4	24,9	25,3	25,1	22,4	23,6
Almaty City	27,5	27,0	27,1	26,0	25,2	26,5	28,5
KAZAKHSTAN	33,0	29,9	30,5	30,3	30,1	30,3	30,3

Source: calculated by the author using data of the RK Statistics Agency.

Note: The highest value in each year is highlighted in bold, while the lowest is in bold italics.

Table 1.2. Proportion of 16-year-olds not enrolled in education, 1998-2004

Region	1998	1999	2000	2001	2002	2003	2004
Akmola oblast including Astana City	13,6	12,2	13,7	15,8	7,2	5,5	7,1
Akmola oblast	15,5	13,6	4,1	7,7	6,2	9,2	12,0
Aktobe oblast	9,2	6,1	7,2	5,2	0,0	0,0	2,7
Almaty oblast	13,7	10,0	14,8	15,5	10,8	7,4	7,5
Atyrau oblast	6,5	7,0	6,2	5,4	0,0	0,0	0,2
East Kazakhstan oblast	10,7	5,0	8,1	9,0	7,3	3,0	4,2
Zhambyl oblast	9,6	14,0	17,5	14,7	8,7	4,7	7,0
West Kazakhstan oblast	12,0	4,0	0,0	5,4	0,0	0,0	0,0
Karagandy oblast	11,7	5,5	10,7	10,8	3,6	0,1	3,2
Kostanai oblast	6,3	7,0	14,2	12,0	11,0	10,1	7,4
Kyzylorda oblast	16,2	8,0	12,4	14,0	0,0	4,5	1,5
Manghistau oblast	8,7	6,0	0,2	5,0	0,0	0,0	0,0
Pavlodar oblast	11,4	7,0	11,3	14,0	2,4	1,6	1,7
North Kazakhstan oblast	14,4	4,0	7,0	6,1	3,5	2,7	5,3
South Kazakhstan oblast	8,4	9,0	8,9	11,7	1,8	0,8	0,0
Astana City	8,5	9,0	32,1	29,0	8,7	0,0	0,0
Almaty City	4,9	4,0	0,0	0,0	0,0	0,0	0,0
KAZAKHSTAN	10,8	11,6	9,8	10,6	4,5	3,0	1,1

Source: calculated by the author using data of the RK Statistics Agency.

Note: The highest value in each year is highlighted in bold, while the lowest is in bold italics.

Table 1.3. Proportion of population with income spent on consumption below the subsistence minimum, 1999-2004

Region	1999	2000	2001	2002	2003	2004
Akmola oblast including Astana City	29,8	23,0	13,9	12,1	10,6	8,8
Akmola oblast	35,4	28,9	21,0	18,6	16,4	14,0
Aktobe oblast	24,3	18,3	29,8	22,6	19,0	14,3
Almaty oblast	44,2	46,2	39,3	36,3	25,3	15,2
Atyrau oblast	50,1	49,6	40,7	34,1	32,7	29,1
East Kazakhstan oblast	17,3	15,4	21,1	20,0	16,9	14,9
Zhambyl oblast	45,7	47,7	48,2	35,8	30,0	18,3
West Kazakhstan oblast	28,9	12,0	27,3	28,0	17,1	14,4
Karagandy oblast	18,4	18,6	22,8	19,3	15,1	13,5
Kostanai oblast	21,7	22,3	25,5	22,3	21,0	19,0
Kyzylorda oblast	55,0	51,6	39,5	32,3	27,1	26,5
Manghistau oblast	37,9	59,7	45,9	39,8	26,0	21,0
Pavlodar oblast	48,0	14,9	16,6	21,6	17,1	14,5
North Kazakhstan oblast	27,2	11,9	10,0	14,3	11,9	12,0
South Kazakhstan oblast	55,5	52,8	39,2	27,5	26,1	23,0
Astana City	15,1	11,6	2,2	2,2	2,1	1,1
Almaty City	13,7	4,8	4,9	4,1	3,9	2,8
KAZAKHSTAN	34,5	31,8	28,4	24,2	19,8	16,1

Source: calculated by the author using data of the RK Statistics Agency.

Note: The highest value in each region is highlighted in bold, while the lowest is in bold italics.

Table 1.4. Trends in unemployment rate (at year end), 1999-2004

Region	1999	2000	2001	2002	2003	2004
Akmola oblast including Astana City	14,2	12,6	10,2	9,0	8,9	8,8
Akmola oblast	14,7	12,6	10,8	9,2	9,2	9,2
Aktobe oblast	13,7	13,3	11,4	10,2	9,7	9,4
Almaty oblast	14,2	14,1	10,2	9,2	8,6	7,8
Atyrau oblast	15,1	15,5	13,5	10,7	9,5	9,3
East Kazakhstan oblast	8,5	8,2	7,3	7,3	7,3	7,2
Zhambyl oblast	14,6	14,4	12,7	12,3	11,1	10,2
West Kazakhstan oblast	7,8	7,8	12,5	10,0	9,3	9,2
Karagandy oblast	14,3	13,5	9,2	8,3	7,5	7,4
Kostanai oblast	15,8	13,1	10,3	9,3	8,7	8,5
Kyzylorda oblast	16,1	14,5	13,9	12,5	11,4	10,2
Manghistau oblast	13,2	13,7	10,5	9,8	9,7	9,8
Pavlodar oblast	13,4	13,8	9,2	8,7	8,2	7,7
North Kazakhstan oblast	14,6	12,8	8,9	8,0	8,0	8,1
South Kazakhstan oblast	14,1	14,3	11,5	9,4	8,6	7,8
Astana City	13,0	12,5	9,3	8,7	8,4	8,3
Almaty City	14,0	12,1	10,8	9,6	8,9	8,8
KAZAKHSTAN	13,5	12,8	10,4	9,3	8,8	8,4

Source: calculated by the author using data of the RK Statistics Agency.

Note: The highest value in each year is highlighted in bold, while the lowest is in bold italics.

Table 1.5. Trends in Human Poverty Index, 1999-2004

Region	1999	2000	2001	2002	2003	2004
Akmola oblast including Astana City	24,6	22,3	21,4	19,7	19,6	19,6
Akmola oblast	27,5	25,0	24,0	22,5	23,4	23,0
Aktobe oblast	22,6	23,1	26,0	23,8	22,5	21,0
Almaty oblast	30,4	31,7	27,8	25,9	21,4	18,9
Atyrau oblast	34,7	34,4	29,6	27,0	25,4	23,6
East Kazakhstan oblast	21,1	21,9	22,1	21,9	21,1	20,9
Zhambyl oblast	31,2	33,1	32,8	26,0	23,8	19,6
West Kazakhstan oblast	23,8	20,6	24,1	24,5	21,7	19,7
Karagandy oblast	22,6	22,7	23,6	22,7	22,9	23,2
Kostanai oblast	22,3	22,9	23,0	21,7	22,0	21,6
Kyzylorda oblast	36,5	34,4	28,0	24,4	21,6	21,0
Manghistau oblast	27,9	39,4	32,4	29,1	22,6	20,9
Pavlodar oblast	32,8	21,1	21,5	21,4	20,3	20,1
North Kazakhstan oblast	23,9	21,1	20,8	21,4	21,4	21,4
South Kazakhstan oblast	36,4	34,8	27,3	21,7	21,0	19,6
Astana City	18,9	23,5	21,8	16,2	14,4	15,1
Almaty City	18,4	17,6	16,8	16,2	16,9	18,1
KAZAKHSTAN	26,2	25,1	23,7	22,0	20,9	20,1

Source: calculated by the author using data of the RK Statistics Agency.

Note: The highest value in each year is highlighted in bold, while the lowest is in bold italics.

Table 1.6. Sex and age specific breakdown of household members by income spent on consumption in 2004*

	All household members	Population with income spent on consumption		Men with income spent on consumption		Women with income spent on consumption	
		below the subsistence minimum (poor)	above the subsistence minimum (not poor)	below the subsistence minimum (poor)	above the subsistence minimum (not poor)	below the subsistence minimum (poor)	above the subsistence minimum (not poor)
Total	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Including							
0-14	22,9	33,1	19,0	34,7	22,1	31,8	16,7
15-19	11,5	13,0	10,9	13,4	12,4	12,6	9,7
20-24	7,2	7,4	7,1	7,8	8,2	7,1	6,1
25-29	6,1	6,0	6,1	6,2	6,5	5,9	5,8
30-34	6,5	6,7	6,4	6,5	6,5	7,0	6,3
35-39	7,0	7,9	6,7	7,2	6,5	8,4	6,8
40-44	8,7	7,9	9,0	8,2	8,5	7,6	9,4
45-49	7,7	5,4	8,6	5,7	8,0	5,1	9,0
50-54	6,1	3,7	7,0	3,4	6,5	4,0	7,5
55-59	4,2	2,3	4,9	2,1	4,3	2,4	5,4
60-64	3,2	1,8	3,8	1,5	3,1	2,0	4,3
65 +	8,9	4,8	10,5	3,3	7,4	6,1	13,0

Source: *Living Standards in Kazakhstan. Statistical digest. Almaty, 2005. – 174 p. – pp. 72-73.*

* without equivalence scales

Table 1.7. Trends in HDIs of Kazakhstan and its regions based on GRP per capita, 1990-2004

Region	1990	1991	1992	1993	1994	1995	1996	1997
Akmola oblast including Astana City	0,762	0,765	0,748	0,755	0,733	0,706	0,701	0,704
Akmola oblast	...	...	...	...	...	...	...	0,696
Aktobe oblast	0,793	0,784	0,772	0,766	0,750	0,734	0,729	0,738
Almaty oblast	0,764	0,751	0,741	0,718	0,706	0,693	0,712	0,713
Atyrau oblast	0,773	0,762	0,765	0,733	0,760	0,766	0,776	0,781
East Kazakhstan oblast	0,773	0,764	0,760	0,739	0,731	0,723	0,716	0,720
Zhambyl oblast	0,763	0,742	0,748	0,707	0,686	0,664	0,695	0,685
West Kazakhstan oblast	0,786	0,775	0,751	0,745	0,721	0,703	0,699	0,726
Karagandy oblast	0,774	0,770	0,781	0,758	0,752	0,744	0,723	0,729
Kostanai oblast	0,803	0,788	0,805	0,793	0,768	0,729	0,728	0,746
Kyzylorda oblast	0,749	0,731	0,737	0,712	0,707	0,695	0,711	0,710
Manghistau oblast	0,771	0,777	0,785	0,702	0,758	0,777	0,785	0,769
Pavlodar oblast	0,777	0,777	0,787	0,774	0,764	0,755	0,754	0,737
North Kazakhstan oblast	0,793	0,800	0,780	0,746	0,748	0,744	0,750	0,734
South Kazakhstan oblast	0,765	0,758	0,746	0,719	0,700	0,676	0,699	0,703
Astana City	...	...	...	...	...	...	...	0,724
Almaty City	0,802	0,791	0,770	0,782	0,769	0,767	0,802	0,821
KAZAKHSTAN	0,776	0,769	0,766	0,748	0,738	0,726	0,732	0,735

Table 1.7 continued

Region	1998	1999	2000	2001	2002	2003	2004
Akmola oblast including Astana City	0,715	0,737	0,740	0,747	0,762	0,777	0,785
Akmola oblast	0,692	0,715	0,708	0,715	0,725	0,722	0,731
Aktobe oblast	0,746	0,747	0,742	0,751	0,763	0,773	0,793
Almaty oblast	0,707	0,700	0,696	0,710	0,715	0,715	0,720
Atyrau oblast	0,777	0,785	0,813	0,825	0,837	0,853	0,866
East Kazakhstan oblast	0,730	0,737	0,729	0,738	0,742	0,745	0,755
Zhambyl oblast	0,684	0,684	0,676	0,687	0,699	0,708	0,721
West Kazakhstan oblast	0,728	0,739	0,754	0,764	0,775	0,780	0,799
Karagandy oblast	0,729	0,745	0,748	0,754	0,760	0,765	0,773
Kostanai oblast	0,736	0,734	0,731	0,739	0,743	0,748	0,757
Kyzylorda oblast	0,699	0,699	0,710	0,721	0,742	0,752	0,770
Manghistau oblast	0,768	0,780	0,793	0,795	0,811	0,823	0,837
Pavlodar oblast	0,755	0,745	0,751	0,763	0,771	0,780	0,793
North Kazakhstan oblast	0,710	0,719	0,706	0,725	0,723	0,723	0,733
South Kazakhstan oblast	0,699	0,706	0,713	0,724	0,728	0,730	0,737
Astana City	0,757	0,773	0,782	0,786	0,807	0,831	0,840
Almaty City	0,823	0,828	0,821	0,839	0,850	0,852	0,849
KAZAKHSTAN	0,736	0,742	0,743	0,754	0,765	0,772	0,782

Source: calculated by the author using data of the RK Statistics Agency and GRP per capita at the regional level.

Note: The highest value in each year is highlighted in bold, while the lowest is in bold italics.

Table 1.8. Trends in GDP (GRP) per capita in Kazakhstan and its regions, 1990-2004, USD at PPP

Region	1990	1991	1992	1993	1994	1995	1996	1997
Akmola oblast including Astana City	4849	5388	4022	5885	4577	3419	3061	3026
Akmola oblast	0	0	0	0	0	0	0	2698
Aktobe oblast	7750	6903	5593	6475	5652	5077	4204	4995
Almaty oblast	5238	4355	3680	3091	2560	2263	2919	2767
Atyrau oblast	7224	6139	6536	4732	8558	9987	11096	11431
East Kazakhstan oblast	6480	5680	5380	4734	4656	5063	4394	4539
Zhambyl oblast	5825	4188	4681	2890	2010	1557	2501	2049
West Kazakhstan oblast	7095	6045	4001	4596	3611	2962	2693	3856
Karagandy oblast	6368	6153	7659	6542	6710	7444	5257	5489
Kostanai oblast	9121	7248	9943	10309	7086	4320	4019	5380
Kyzylorda oblast	4270	3137	3544	2900	2727	2662	3155	3016
Manghistau oblast	6337	7415	8753	2481	7373	11894	13571	9838
Pavlodar oblast	6618	7004	8490	8623	8457	8489	7377	5115
North Kazakhstan oblast	8185	9672	6864	4759	5116	5790	6404	4689
South Kazakhstan oblast	4620	4266	3447	2722	2002	1574	2304	2194
Astana City	0	0	0	0	0	0	0	4041
Almaty City	6601	5644	3929	6182	5185	5188	9369	10327
KAZAKHSTAN	6283	5756	5561	5204	4711	4508	4682	4628

Table 1.8 continued

Region	1998	1999	2000	2001	2002	2003	2004
Akmola oblast including Astana City	3372	4541	4590	5480	6477	7584	8100
Akmola oblast	2331	3134	2732	3324	3482	3660	4190
Aktobe oblast	5108	4391	4505	5207	6161	7073	8734
Almaty oblast	2381	2073	2036	2488	2681	2829	3037
Atyrau oblast	9120	10207	15348	17398	21449	26451	30467
East Kazakhstan oblast	4755	4437	4050	4416	4507	4698	5341
Zhambyl oblast	1784	1551	1473	1610	1850	2273	2522
West Kazakhstan oblast	3712	4103	5190	6338	7206	7835	9274
Karagandy oblast	5178	5347	5447	5766	6038	6699	7550
Kostanai oblast	4621	4349	4247	4461	4631	5167	5814
Kyzylorda oblast	2486	2084	2489	2923	3911	4608	5849
Manghistau oblast	7388	8813	11077	11793	14703	14253	17479
Pavlodar oblast	6500	4831	5530	6429	6552	7526	8864
North Kazakhstan oblast	3268	3234	2597	3539	3488	3612	4220
South Kazakhstan oblast	1916	1942	2211	2619	2632	2735	2780
Astana City	6207	7777	8155	9017	11002	13387	13835
Almaty City	10448	10024	9115	11771	13843	15144	14861
KAZAKHSTAN	4379	4293	4487	5219	5862	6532	7260

Source: calculated by the author using data of the RK Statistics Agency and GRP per capita at the regional level..

Note: The highest value in each year is highlighted in bold, while the lowest is in bold italics.

Table 1.9. Trends in national and regional HDIs based on income spent on consumption, per capita, Kazakhstan, 1993-2004

Region	1993	1994	1995	1996	1997	1998
Akmola oblast including Astana City	0,759	0,731	0,717	0,718	0,733	0,740
Akmola oblast	...	...	...	...	...	...
Aktobe oblast	0,744	0,732	0,723	0,729	0,721	0,724
Almaty oblast	0,726	0,716	0,700	0,708	0,710	0,709
Atyrau oblast	0,724	0,723	0,717	0,723	0,730	0,739
East Kazakhstan oblast	0,749	0,733	0,717	0,720	0,728	0,737
Zhambyl oblast	0,720	0,717	0,711	0,718	0,707	0,716
West Kazakhstan oblast	0,747	0,726	0,715	0,714	0,721	0,725
Karagandy oblast	0,771	0,759	0,740	0,738	0,741	0,736
Kostanai oblast	0,764	0,740	0,731	0,730	0,743	0,735
Kyzylorda oblast	0,736	0,724	0,706	0,737	0,744	0,740
Manghistau oblast	0,750	0,739	0,743	0,740	0,745	0,763
Pavlodar oblast	0,753	0,738	0,728	0,734	0,736	0,737
North Kazakhstan oblast	0,750	0,734	0,719	0,732	0,728	0,710
South Kazakhstan oblast	0,723	0,710	0,697	0,708	0,715	0,715
Astana City	...	...	...	...	...	0,779
Almaty City	0,806	0,799	0,792	0,794	0,812	0,813
KAZAKHSTAN	0,748	0,738	0,726	0,732	0,735	0,736

Table 1.9 continued

Region	1999	2000	2001	2002	2003	2004
Akmola oblast including Astana City	0,731	0,747	0,765	0,778	0,790	0,798
Akmola oblast	0,708	0,737	0,745	0,758	0,758	0,763
Aktobe oblast	0,734	0,746	0,757	0,771	0,780	0,792
Almaty oblast	0,710	0,724	0,737	0,746	0,752	0,764
Atyrau oblast	0,743	0,744	0,757	0,768	0,774	0,785
East Kazakhstan oblast	0,745	0,742	0,754	0,763	0,768	0,777
Zhambyl oblast	0,726	0,715	0,723	0,742	0,744	0,764
West Kazakhstan oblast	0,734	0,742	0,748	0,761	0,773	0,787
Karagandy oblast	0,750	0,745	0,755	0,767	0,770	0,778
Kostanai oblast	0,734	0,738	0,749	0,755	0,756	0,764
Kyzylorda oblast	0,744	0,726	0,731	0,742	0,755	0,763
Manghistau oblast	0,750	0,741	0,754	0,767	0,787	0,798
Pavlodar oblast	0,744	0,748	0,760	0,763	0,774	0,784
North Kazakhstan oblast	0,723	0,745	0,760	0,754	0,759	0,762
South Kazakhstan oblast	0,724	0,733	0,739	0,751	0,755	0,769
Astana City	0,768	0,768	0,794	0,812	0,831	0,842
Almaty City	0,813	0,803	0,821	0,829	0,829	0,830
KAZAKHSTAN	0,742	0,743	0,754	0,765	0,772	0,782

Source: calculated by the author using data of the RK Statistics Agency and GRP per capita at the regional level.

Note: The highest value in each year is highlighted in bold, while the lowest is in bold italics.

Table 1.10. Trends in national and regional income spent on consumption, per capita, Kazakhstan, 1993-2004

Region	1993	1994	1995	1996	1997	1998
Akmola oblast including Astana City	6313	4412	4105	4121	5085	5319
Akmola oblast	0	0	0	0	0	0
Aktobe oblast	4329	4070	4157	4272	3681	3473
Almaty oblast	3586	3074	2544	2723	2646	2458
Atyrau oblast	3985	4400	4183	4303	4520	4573
East Kazakhstan oblast	5699	4829	4524	4692	5270	5399
Zhambyl oblast	3640	3496	3658	3725	3046	3211
West Kazakhstan oblast	4785	3950	3682	3513	3560	3647
Karagandy oblast	8257	7591	6925	6856	6821	5985
Kostanai oblast	6139	4237	4429	4187	5176	4548
Kyzylorda oblast	4492	3694	3239	5027	5565	5294
Manghistau oblast	5953	5284	6461	6057	6408	6276
Pavlodar oblast	5868	5379	5278	5085	5016	4653
North Kazakhstan oblast	5142	3975	3741	4661	4201	3397
South Kazakhstan oblast	2927	2394	2320	2699	2714	2547
Astana City	0	0	0	0	0	7557
Almaty City	9528	8830	8226	8163	8723	8203
KAZAKHSTAN	5204	4711	4508	4682	4628	4379

Table 1.10 continued

Region	1999	2000	2001	2002	2003	2004
Akmola oblast including Astana City	4096	5200	7511	8587	9631	10216
Akmola oblast	2791	4608	5729	6196	7003	7429
Aktobe oblast	3469	4803	5753	7044	8122	8501
Almaty oblast	2473	3360	4029	4608	5483	6693
Atyrau oblast	4753	4472	5148	6215	6363	7152
East Kazakhstan oblast	5084	5117	5910	6562	7038	7955
Zhambyl oblast	3299	2965	3117	3950	4341	5535
West Kazakhstan oblast	3750	4233	4790	5622	6919	7492
Karagandy oblast	5903	5163	5945	6881	7412	8177
Kostanai oblast	4341	4852	5274	5787	6016	6550
Kyzylorda oblast	4642	3309	3530	3960	4900	5129
Manghistau oblast	5198	4389	5632	6648	7422	8573
Pavlodar oblast	4691	5194	6053	5674	6821	7658
North Kazakhstan oblast	3450	5211	6568	6106	6846	7111
South Kazakhstan oblast	2698	3164	3427	3960	4268	4934
Astana City	7096	6336	10434	12199	13516	14303
Almaty City	7628	6585	8403	9501	10080	10553
KAZAKHSTAN	4293	4487	5219	5862	6532	7260

Source: calculated by the author using data of the RK Statistics Agency and regional values of per capita income spent on consumption..

Note: The highest value in each year is highlighted in bold, while the lowest is in bold italics.

Table 1.11. Basic human development indicators and related indices, by region, 2004

Region	Life expectancy	Literacy rate	Enrolment rate	Income per capita at PPP	Life expectancy index	Education index	GDP index	HDI
Akmola oblast	63,9	99,4	77,6	7429	0,645	0,921	0,719	0,763
Aktobe oblast	65,4	99,7	88,7	8501	0,656	0,960	0,742	0,792
Almaty oblast	67,0	99,4	68,1	6693	0,698	0,890	0,702	0,764
Atyrau oblast	65,9	99,7	88,9	7152	0,672	0,961	0,713	0,785
East Kazakhstan oblast	65,4	99,2	80,0	7955	0,672	0,928	0,730	0,777
Zhambyl oblast	67,0	99,7	77,6	5535	0,687	0,923	0,670	0,764
West Kazakhstan oblast	66,5	99,4	85,5	7492	0,666	0,948	0,720	0,787
Karagandy oblast	63,8	99,5	86,5	8177	0,647	0,952	0,735	0,778
Kostanai oblast	65,4	99,4	77,4	6550	0,670	0,921	0,698	0,764
Kyzylorda oblast	67,0	99,6	80,4	5129	0,688	0,932	0,657	0,763
Manghistau oblast	65,3	99,5	94,6	8573	0,667	0,979	0,743	0,798
Pavlodar oblast	65,8	99,4	85,9	7658	0,678	0,949	0,724	0,784
North Kazakhstan oblast	65,0	99,2	73,5	7111	0,663	0,906	0,712	0,762
South Kazakhstan oblast	67,9	99,9	82,7	4934	0,701	0,942	0,651	0,769
Astana City	70,8	99,7	81,0	14303	0,758	0,935	0,828	0,842
Almaty City	67,8	99,8	100,0	10553	0,720	0,999	0,778	0,830
Kazakhstan	66,2	99,5	84,0	7260	0,681	0,943	0,715	0,782
Maximum/minimum	1,111	1,007	1,469	2,899	1,118	1,123	1,273	1,106

Source: calculated by the author using data of the RK Statistics Agency and regional values of per capita income spent on consumption.

Note: The highest value in each year is highlighted in bold, while the lowest is in bold italics.

Table 1.12. Contribution of individual human development indicators to HDI

Region	Decreasing HDI				Increasing HDI			
	HDI variation	Contribution to HDI variation, %			HDI variation	Contribution to HDI variation, %		
		LEB	ASS	GRP		LEB	ASS	GRP
Akmola oblast including Astana City	-0,061	47	11	42	0,084	21	14	65
Akmola oblast	...	...	...	...	0,035	4	27	69
Aktobe oblast	-0,065	37	10	53	0,065	7	30	63
Almaty oblast	-0,071	27	7	66	0,027	27	11	61
Atyrau oblast	-0,039	37	3	60	0,133	8	14	78
East Kazakhstan oblast	-0,057	49	13	38	0,039	40	32	28
Zhambyl oblast	-0,099	17	9	74	0,057	25	28	47
West Kazakhstan oblast	-0,087	33	5	62	0,100	15	16	69
Karagandy oblast	-0,051	67	12	21	0,050	27	33	40
Kostanai oblast	-0,076	34	6	60	0,030	13	17	69
Kyzylorda oblast	-0,054	40	11	49	0,075	37	5	58
Manghistau oblast	-0,069	22	2	76	0,136	-2	22	80
Pavlodar oblast	-0,037	60	5	31	0,056	18	27	55
North Kazakhstan oblast	-0,077	35	7	59	0,025	31	12	56
South Kazakhstan oblast	-0,089	27	6	67	0,061	22	26	52
Astana City	...	...	...	...	0,116	30	11	59
Almaty City	-0,035	53	9	38	0,082	22	7	71
KAZAKHSTAN	-0,050	52	11	37	0,056	27	25	48

Source: calculated by the author using data of the RK Statistics Agency.

Acronyms: LEB – life expectancy at birth;

ASS – ratio of aggregated share of students enrolled at all education levels and proportion of population aged 6-24;

GDP – Gross Domestic Product (for regions this indicator is Gross Regional Product) per capita.

Note: 2-4 highest indicator values by region are highlighted in bold, while 2-4 lowest are in bold italics.

Table 1.13. Trends in individual human development indicators adjusted by gender, Kazakhstan, 1999-2004

Indicator	1999	2000	2001	2002	2003	2004	Variation
Average life expectancy at birth, years ¹⁾	65,5	65,5	65,8	66,0	65,8	66,18	0,7
including: women ¹⁾	71,0	71,1	71,3	71,5	71,5	72,00	1,0
men ¹⁾	60,3	60,2	60,5	60,7	60,5	60,62	0,3
Gender difference, years ¹⁾	10,7	10,9	10,8	10,8	11,0	11,4	-0,7
Proportion of employed women out of hired employees, % ¹⁾	47,6	42,2	49,1	49,0	49,1	49,0	+1,4
Female to male wage ratio, % ¹⁾	67,6	61,5	58,7	61,7	60,8	61,7	-5,9
GDP per capita, USD ²⁾	4293	4487	5219	5862	6532	7260	2967
including: women ²⁾	3152	2683	3637	4212	4652	5211	2059
men ²⁾	5521	6428	6923	7640	8556	9467	3946
Gender difference, USD ²⁾	2369	3745	3286	3428	3903	4256	1887

Sources:

1) Data provided by the RK Statistics Agency.

2) Calculated by the author.

Table 1.14. Trends in Kazakhstan's gender-adjusted indices of human development components and HDI, 1999-2004

Indicator	1999	2000	2001	2002	2003	2004	Variation
Life expectancy index	$\frac{0,767}{0,588}$	$\frac{0,768}{0,587}$	$\frac{0,772}{0,592}$	$\frac{0,775}{0,595}$	$\frac{0,775}{0,592}$	$\frac{0,783}{0,594}$	$\frac{0,016}{0,027}$
Education index	$\frac{0,925}{0,915}$	$\frac{0,925}{0,915}$	$\frac{0,929}{0,919}$	$\frac{0,940}{0,927}$	$\frac{0,945}{0,929}$	$\frac{0,952}{0,935}$	$\frac{0,027}{0,020}$
GDP index	$\frac{0,576}{0,669}$	$\frac{0,549}{0,695}$	$\frac{0,600}{0,707}$	$\frac{0,624}{0,624}$	$\frac{0,641}{0,743}$	$\frac{0,660}{0,759}$	$\frac{0,084}{0,090}$
HDI	$\frac{0,756}{0,724}$	$\frac{0,748}{0,732}$	$\frac{0,767}{0,739}$	$\frac{0,780}{0,749}$	$\frac{0,787}{0,754}$	$\frac{0,798}{0,763}$	$\frac{0,042}{0,038}$

Note: numerator – women, denominator – men.

Table 1.15. Trends in Kazakhstan's gender (un) adjusted indices of human development components and HDI using UNDP methodology, 1999-2004

Показатель	1999	2000	2001	2002	2003	2004	Variation
Life expectancy index	$\frac{0,675}{0,669}$	$\frac{0,675}{0,669}$	$\frac{0,680}{0,673}$	$\frac{0,683}{0,676}$	$\frac{0,680}{0,674}$	$\frac{0,686}{0,679}$	$\frac{0,011}{0,010}$
Education index	$\frac{0,921}{0,920}$	$\frac{0,921}{0,920}$	$\frac{0,924}{0,924}$	$\frac{0,934}{0,934}$	$\frac{0,937}{0,937}$	$\frac{0,944}{0,944}$	$\frac{0,023}{0,024}$
GDP index	$\frac{0,627}{0,617}$	$\frac{0,635}{0,611}$	$\frac{0,660}{0,647}$	$\frac{0,679}{0,668}$	$\frac{0,698}{0,686}$	$\frac{0,715}{0,704}$	$\frac{0,088}{0,087}$
HDI	$\frac{0,741}{0,736}$	$\frac{0,743}{0,733}$	$\frac{0,755}{0,748}$	$\frac{0,766}{0,760}$	$\frac{0,772}{0,766}$	$\frac{0,782}{0,776}$	$\frac{0,041}{0,040}$

Note: numerator – gender-aggregated, denominator – gender disaggregated.

Table 1.16. Age-specific (per 1,000 women) and total (per woman) fertility rates for 2003-2030

Age, years	2003	2005	2010-2015	2020	2025	2030
15-19	26,92	30,78	35,98	34,21	32,54	31,25
20-24	136,62	156,22	182,58	173,64	165,13	158,62
25-29	119,99	137,20	160,36	152,50	145,03	139,31
30-34	76,15	87,07	101,77	96,78	92,04	88,41
35-39	38,35	43,85	51,25	48,74	46,35	44,53
40-44	8,01	9,16	10,70	10,18	9,68	9,30
45-49	0,52	0,59	0,69	0,66	0,63	0,60
Total fertility rate	2,03	2,32	2,72	2,58	2,46	2,36

Source: 1. 2003: Demographic Yearbook of Kazakhstan, 2004. Almaty, 2005. – p.336 – p.105
 2. Years 2005-2030 calculated by the author using estimated figures.

Table 1.17. Decrease in death rates and life expectancy, 2003-2030

	2004-2005	2006-2010	2011-2015	2016-2020	2021-2025	2026-2030
Annual decrease in death rates, %:						
men	3	2	3	4	3	2,5
women	3	1,5	2	3	2	1,5
Life expectancy at birth at end of period, years:						
Both genders	67,01	68,25	70,05	72,51	74,27	75,69
men	61,38	62,91	65,22	68,33	70,66	72,59
women	72,25	73,21	74,49	76,41	77,67	78,61
Gender difference in life expectancy, years	10,87	10,31	9,27	8,08	7,01	6,02

Source: Calculated by the author.

Table 1.18. Target projections of population size and general replacement indices, 2005-2031

	2005	2010	2015	2020	2025	2030
Population at the beginning of year, thousand people	15069,7	16061,3	17311,0	18571,1	19715,7	20856,1
including :						
men	7253,1	7728,4	8342,5	8970,7	9547,7	10130,5
women	7816,7	8332,9	8968,5	9600,4	10168,0	10725,5
Men per 1,000 women	928	927	930	934	939	945
migration balance, thousand people	15,070	24,092	34,622	46,428	59,147	72,996
including						
men	7,3	11,6	16,7	22,4	28,6	35,5
women	7,8	12,5	17,9	24,0	30,5	37,5
Births, thousand people	291,4	372,6	378,9	338,8	313,8	335,0
including						
boys	149,4	191,0	194,2	173,7	160,8	171,7
girls	142,0	181,6	184,7	165,1	152,9	163,3
Deaths, thousand people	154,0	156,8	154,5	147,2	150,6	160,6
including						
men	85,3	85,7	82,4	76,7	76,4	79,8
women	68,7	71,1	72,2	70,5	74,2	80,8
Natural population growth, thousand people	137,4	215,8	224,4	191,6	163,1	174,4
including						
men	64,1	105,3	111,9	97,0	84,4	92,0
women	73,4	110,5	112,5	94,6	78,7	82,5
Total rates per 1,000 people of average annual population:						
migration balance	1,0	1,5	2,0	2,5	3,0	3,5
birth	19,2	23,0	21,7	18,1	15,8	16,0
death	10,2	9,7	8,9	7,9	7,6	7,7
natural population growth	9,1	13,3	12,9	10,3	8,2	8,3
total population growth	10,1	14,8	14,9	12,7	11,2	11,8

Source: calculated by the author.

Table 1.19. Age composition of Kazakhstan population, 2003-2030

Age, years	2003	2005	2010	2015	2020	2025	2030
Total	100,0	100,0	100,0	100,0	100,0	100,0	100,0
0–14	25,7	24,5	24,5	27,2	28,9	27,2	24,4
14–34	34,4	35,1	34,6	31,6	28,6	27,7	28,8
35–59	28,8	30,0	30,6	30,1	29,9	30,7	31,2
60–64	3,8	2,7	3,1	3,9	4,4	4,7	4,2
65 +	7,3	7,8	7,2	7,2	8,2	9,7	11,5
Demographic load coefficient	582	536	534	620	709	713	668

Source: calculated by the author.

Table 2.1. Poverty indicators in Kazakhstan

	Proportion of people with income below		Poverty depth, %	Poverty severity, %	Gini coefficient for 20% population groups *	Ratio of incomes of the richest and poorest 10% of population, times *
	Subsistence minimum, %	Cost of food basket, %				
1996 ¹⁾	34,6	...	11,4	5,2	0,319	...
1997	38,3 ²⁾	12,7 ²⁾	12,1	3,1	0,338	10,2
1998	39,0 ²⁾	16,2 ²⁾	12,8	3,8	0,347	11,3
1999	34,5	14,5	13,7	5,5	0,332	9,4
2000	31,8	11,7	10,3	4,0	0,307	8,3
2001	28,4	11,7	7,8	3,1	0,322	8,8
2002	24,2	8,9	6,1	2,2	0,312	8,1
2003	19,8	6,3	4,6	1,6	0,300	7,4
2004	16,1	4,3	3,3	1,0	0,291	6,8

1) Using findings of special living standards survey.

2) Re-calculated using consumption standards effective as of 1999.

* The earlier published statistics were adjusted according to the new methodology. Trends starting from 1999 are calculated using the common methodology for households involved in the year-long survey.

Table 2.2. Distribution of older people in quintile groups by income spent on consumption, households surveyed in 2003

	Total population	Population by quintile groups				
		1 st group (with lowest income)	2 nd group	3 rd group	4 th group	5 th group (with highest income)
Population, total	100,0	100,0	100,0	100,0	100,0	100,0
Including people aged:						
60–64	4,0	2,2	2,7	3,5	4,4	7,0
65 and older	8,6	3,7	5,5	7,8	12,3	13,6
Women, total	100,0	100,0	100,0	100,0	100,0	100,0
Including women aged:						
60–64	4,6	2,5	3,0	4,0	5,1	8,1
65 and older	10,7	4,7	7,0	9,5	15,3	16,1
Men, total	100,0	100,0	100,0	100,0	100,0	100,0
Including men aged:						
60–64	3,2	2,0	2,3	3,0	3,6	5,4
65 and older	6,1	2,8	3,9	5,8	8,6	10,1

Source: Main Labor Market Indicators. 2004.

Table 2.3. Average subsistence minimum of people of retirement age by region, per capita, tenge

	December 2001	December 2002	December 2003	December 2004	December 2004 as % of December 2003
Kazakhstan	3851	4086	4370	4683	107,2
Akmola oblast	3951	4115	4477	4723	105,5
Aktobe oblast	3835	4230	4469	4992	111,7
Almaty oblast	3773	4019	4171	4543	108,9
Atyrau oblast	4684	5011	5351	5679	106,1
East Kazakhstan oblast	3811	3938	4239	4611	108,8
Zhambyl oblast	3099	3497	3801	4029	106,0
West Kazakhstan oblast	3674	4199	4182	4352	104,1
Karagandy oblast	4016	4160	4422	4548	102,8
Kostanai oblast	3634	3800	4024	4454	110,7
Kyzylorda oblast	3368	3657	4073	4489	110,2
Manghistau oblast	5046	5438	5790	6106	105,5
Pavlodar oblast	3719	4084	4104	4431	108,0
North Kazakhstan oblast	3816	4112	4329	4497	103,9
South Kazakhstan oblast	3125	3386	3736	4086	109,4
Astana city	3909	4130	4414	4782	108,3
Almaty city	4139	4559	4829	5148	106,6
Max	5046	5438	5790	6106	111,7
Min	3099	3386	3736	4029	102,8
Max / min	1,6	1,6	1,5	1,5	1,1

Source: Demographic Yearbook of Kazakhstan. Almaty, 2005.

Table 2.4. Income inequality by region, 2001-2004

	Proportion of poor people				Poverty depth. %				Poverty severity. %			
	2001	2002	2003	2004	2001	2002	2003	2004	2001	2002	2003	2004
Kazakhstan	28,4	24,2	19,8	16,1	7,7	6,1	4,6	3,3	3,0	2,2	1,6	1,0
Akmola oblast	21,0	18,6	16,4	14,0	5,2	3,3	4,0	3,7	2,0	1,0	1,4	1,5
Aktobe oblast	29,8	22,6	19,0	14,3	9,0	6,8	4,5	3,4	4,0	2,8	1,5	1,1
Almaty oblast	39,3	36,3	25,3	15,2	11,5	10,1	5,7	2,7	4,6	3,8	1,8	0,7
Atyrau oblast	40,7	34,1	32,7	29,1	13,7	11,0	9,5	7,3	6,3	4,7	3,9	2,8
East Kazakhstan oblast	21,1	20,0	16,9	14,9	6,1	5,1	4,2	3,3	2,5	1,9	1,4	1,1
Zhambyl oblast	48,2	35,8	30,0	18,3	12,4	8,8	7,1	3,6	4,5	3,1	2,5	1,1
West Kazakhstan oblast	27,3	28,0	17,1	14,4	6,2	6,4	3,5	3,1	2,1	2,2	1,0	1,0
Karagandy oblast	22,8	19,3	15,1	13,5	5,7	4,6	3,4	2,9	2,2	1,6	1,1	0,9
Kostanai oblast	25,5	22,3	21,0	19,0	8,7	7,8	6,8	5,2	3,9	3,6	3,1	1,9
Kyzylorda oblast	39,5	32,3	27,1	26,5	8,4	6,8	5,7	4,5	2,7	2,1	1,6	1,2
Manghistau oblast	45,9	39,8	26,0	21,0	15,5	11,4	4,4	3,4	6,7	4,1	1,0	0,8
Pavlodar oblast	16,6	21,6	17,1	14,5	4,2	5,1	4,3	3,7	1,7	1,8	1,4	1,2
North Kazakhstan oblast	10,0	14,3	11,9	12,0	2,2	3,0	2,4	2,0	0,8	0,9	0,7	0,6
South Kazakhstan oblast	39,2	27,5	26,1	23,0	9,7	5,7	5,0	3,8	3,5	1,8	1,5	1,1
Astana city	2,2	2,2	2,1	1,1	0,5	0,3	0,2	0,4	0,1	0,1	0,1	0,2
Almaty city	4,9	4,1	3,9	2,8	1,0	0,6	0,8	0,4	0,3	0,2	0,2	0,1
Max	48,2	39,8	32,7	29,1	15,5	11,4	9,5	7,3	6,7	4,7	3,9	2,8
Min	2,2	2,2	2,1	1,1	0,5	0,3	0,2	0,4	0,1	0,1	0,1	0,1
Max / min	21,9	18,1	15,6	26,5	31,0	38,0	47,5	18,3	67,0	47,0	39,0	28,0

Source: Demographic Yearbook of Kazakhstan. Almaty, 2005.

Table 2.5. Recipients and average size of state benefits. At year end

	2001	2002	2003	2004	2004 as % of 2003
Recipients of state benefits, thousand people ¹	643,0	647,1	645,7	651,0	100,8
Of which:					
Disability benefits	386,4	389,7	389,6	395,1	101,4
Survival benefits	238,5	240,6	240,7	240,9	100,1
Age benefits	18,2	16,7	15,5	15,0	97,1
Average assigned monthly state benefit, total, tenge	3581	4059	4365	4580	104,9
Of which:					
Disability benefits	3153	3774	4153	4357	104,9
Survival benefits	4371	4631	4820	5060	105,0
Age benefits	2325	2469	2616	2757	105,4

¹ Not including military personnel.

Table 3.1. Population by economic activity and age

	Total	Economic activity status				
		Economically active	including			Economically inactive
			employed	Looking for other or extra job	Unemployed	
Total population	11223954	7840554	7181755	540607	658799	3383400
Including people aged, years:						
60–64	438112	150565	144294	2471	6271	287547
65–69	506277	81272	81272	–	–	425005
70 and older	627177	26302	26302	–	–	600875
Men						
60–64	175572	89079	84251	2442	4828	86493
65–69	212586	41482	41482	–	–	171104
70 and older	197928	11790	11790	–	–	186138
Women						
60–64	262540	61486	60043	29	1443	201054
65–69	293691	39790	39790	–	–	253901
70 and older	429249	14512	14512	–	–	414737

Source: Statistical Yearbook of Kazakhstan, Almaty, 2005

Table 3.2. Population of Kazakhstan by economic activity and age, 2004, %

	total	including	
		economically active	economically inactive
Total population			
Total population	100	100	100
Including people aged. years old:			
60–64	3,9	1,9	8,5
65–69	4,5	1,0	12,6
70 and older	5,6	0,3	17,8
Total population	100	69,9	30,1
Including people aged. years old:			
60–64	100	34,4	65,6
65–69	100	16,1	83,9
70 and older	100	4,2	95,8
Including men			
Total population	100	100	100
Including people aged. years old:			
60–64	3,3	2,2	6,7
65–69	4,0	1,0	13,2
70 and older	3,7	0,3	14,4
Total population	100	75,6	24,4
Including people aged. years old:			
60–64	100	50,7	49,3
65–69	100	19,5	80,5
70 and older	100	6,0	94,0
women			
Total population	100	100	100
Including people aged. years old:			
60–64	4,4	1,6	9,6
65–69	5,0	1,0	12,1
70 and older	7,2	0,4	19,8
Total population	100	64,8	35,2
Including people aged. years old:			
60-64	100	23,4	76,6
65-69	100	13,5	86,5
70 and older	100	3,4	96,6

Source: RK Statistics Agency, 2005.

Table 3.3. Urban population by economic activity and age (percent)

	total	Economic activity status			
		economically active	including		economically inactive
			employed	unemployed	
Total population					
Total population	100	100	100	100	100
Including people aged. years:					
60–64	4,0	1,7	1,7	1,2	8,6
65–69	4,8	0,7	0,8	—	12,9
70 and older	6,1	0,2	0,3	—	18,0
Total population	100	66,9	90,6	9,4	33,1
Including people aged. years:					
60–64	100	28,1	93,3	6,7	71,9
65–69	100	10,2	100,0	—	89,8
70 and older	100	2,7	100,0	—	97,3
men					
Total population	100	100	100	100	100
Including people aged. years:					
60–64	3,3	2,1	2,1	2,2	6,6
65–69	4,3	0,8	0,9	—	13,6
70 and older	4,2	0,2	0,2	—	14,7
Total population	100	72,8	92,4	7,6	27,2
Including people aged. years:					
60–64	100	45,8	91,9	8,1	54,2
65–69	100	13,7	100,0	—	86,3
70 and older	100	3,9	100,0	—	96,1
women					
Total population	100	100	100	100	100
Including people aged. years:					
60–64	4,5	1,3	1,4	0,5	9,8
65–69	5,2	0,6	0,7	—	12,5
70 and older	7,8	0,3	0,3	—	20,0
Total population	100	62,0	88,8	11,2	38,0
Including people aged. years:					
60–64	100	17,4	95,4	4,6	82,6
65–69	100	7,8	100,0	—	92,2
70 and older	100	2,1	100,0	—	97,9

Source: RK Statistics Agency, 2005.

Table 3.4. Rural population by economic activity and age (percent)

	total	Economic activity status			
		economically active	including		economically inactive
			employed	unemployed	
Total population					
Total population	100	100	100	100	100
Including people aged, years:					
60–64	3,8	2,2	2,4	0,5	8,3
65–69	4,2	1,4	1,5	–	11,9
70 and older	4,8	0,5	0,5	–	17,3
Total population	100	74,0	92,9	7,1	26,0
Including people aged, years:					
60–64	100	43,6	98,3	1,7	56,4
65–69	100	25,7	100,0	–	74,3
70 and older	100	6,9	100,0	–	93,1
men					
Total population	100	100	100	100	100
Including people aged, years:					
60–64	3,4	2,4	2,5	1,0	6,9
65–69	3,7	1,3	1,4	–	12,6
70 and older	3,2	0,4	0,4	–	13,9
Total population	100	79,2	93,7	6,3	20,8
Including people aged, years:					
60–64	100	57,1	97,3	2,7	42,9
65–69	100	28,5	100,0	–	71,5
70 and older	100	9,4	100,0	–	90,6
women					
Total population	100	100	100	100	100
Including people aged, years:					
60–64	4,3	2,1	2,2	0,1	9,2
65–69	4,6	1,6	1,7	–	11,4
70 and older	6,4	0,5	0,6	–	19,5
Total population	100	69,0	92,1	7,9	31,0
Including people aged, years:					
60-64	100	33,2	99,5	0,5	66,8
65-69	100	23,5	100,0	–	76,5
70 and older	100	5,7	100,0	–	94,3

Source: RK Statistics Agency, 2005.

Table 3.5. Main labor market indicators in Kazakhstan

	1998	1999	2000	2001	2002	2003	2004
Economically active population, thousand people	7052,6	7055,4	7107,4	7479,1	7399,7	7657,3	7840,6
Economic activity rate, %	65,9	66,0	66,0	70,2	70,1	70,0	69,9
Employed population, thousand people	6127,6	6105,4	6201,0	6698,8	6708,9	6985,2	7181,8
Employment rate, %	86,9	86,5	87,2	89,6	90,7	91,2	91,6
Economically inactive population, thousand people	3649,9	3639,5	3655,2	3175,8	3155,3	3278,6	3383,4
Economic inactivity rate, %	34,1	34,0	34,0	29,8	29,9	30,0	30,1
Economically inactive population because of retirement, thousand people				1584,2	1565,6	1461,9	1425,1
Proportion of retired people in economically inactive population, %				49,9	49,6	44,6	42,1

Source: Republic of Kazakhstan: 2005 (brief statistical reference). Almaty, 2005

Table 3.6 . Employed population, 2001-2004

	2001			2002			2003			2004		
	Both genders	including		Both genders	including		Both genders	including		Both genders	including	
		men	women		men	women		men	women		men	women
Total population, including people aged:	6698,8	3470,2	3228,6	6708,9	3486,4	3222,5	6985,2	3618,3	3366,9	7181,8	3718,5	3463,3
15	29,2	15,7	13,6	19,6	9,3	10,3	22,2	11,0	11,2	15,5	9,4	6,1
16–19	292,8	161,9	130,9	264,9	150,6	114,4	327,4	182,9	144,5	321,2	182,9	138,3
20–24	694,1	372,4	321,7	636,3	350,7	285,6	760,2	424,1	336,2	814,3	448,0	366,3
25–29	806,2	429,4	376,8	795,9	424,4	371,5	947,4	504,5	442,9	1012,4	538,1	474,3
30–34	819,0	422,5	396,4	810,4	423,9	386,5	978,6	502,8	475,8	1078,8	557,2	521,6
35–39	954,7	487,1	467,6	921,4	465,6	455,8	850,2	430,0	420,2	873,9	446,9	427,0
40–44	975,2	498,2	477,1	1025,0	522,0	503,0	981,9	495,0	486,9	1003,5	490,2	513,3
45–49	821,7	396,4	425,3	833,0	409,2	423,8	829,0	411,7	417,3	830,5	412,9	417,6
50–54	636,9	321,2	315,7	678,7	335,6	343,1	670,1	326,8	343,3	650,9	323,8	327,1
55–59	254,7	142,4	112,2	293,9	161,2	132,7	288,9	151,1	137,8	329,0	171,7	157,3
60–64	271,0	155,4	115,6	263,7	150,6	113,1	195,9	112,8	83,1	144,3	84,3	60,0
65–69	92,2	46,5	45,7	109,5	61,1	48,4	96,5	48,0	48,5	81,3	41,5	39,8
70 and older	51,2	21,2	30,0	56,5	22,2	34,3	36,8	17,5	19,3	26,3	11,8	14,5
Max	975,2	498,2	477,1	1025,0	522,0	503,0	981,9	504,5	486,9	1078,8	557,2	521,6
Min	29,2	15,7	13,6	19,6	9,3	10,3	22,2	11,0	11,2	15,5	9,4	6,1
Max / min	33,4	31,7	35,1	52,3	56,1	48,8	44,2	45,9	43,5	69,6	59,3	85,5

Table 4. 1 National and regional numbers of TB patients on the follow-up register at the end of the reporting year in 2004 and as of 31.07.2005 (data from the National Register of People Infected with Tuberculosis)

Region	Tuberculosis cases						including active tuberculosis cases					
	2004			As of 31.07.2005			2004			As of 31.07.2005		
	total	including patients aged 60+		total	including patients aged 60+		total	including patients aged 60+		total	including patients aged 60+	
		abso-lute figure	%		abso-lute figure	%		abso-lute figure	%		abso-lute figure	%
Kazakhstan	284619	14932	5,2	311650	15295	4,9	67757	5221	7,7	71915	5487	7,6
Akmola oblast	19296	1074	5,6	19599	1049	5,4	4003	286	7,1	4110	290	7,1
Aktobe oblast	16491	721	4,4	18371	768	4,2	4641	209	4,5	5013	234	4,7
Almaty oblast	23494	1191	5,1	25945	1216	4,7	5256	452	8,6	5695	480	8,4
Atyrau oblast	16646	558	3,4	18947	602	3,2	3052	122	4,0	3199	134	4,2
East Kazakhstan oblast	27292	1431	5,2	28884	1487	5,1	6281	497	7,9	6857	532	7,8
Zhambyl oblast	17300	737	4,3	24874	835	3,4	4347	297	6,8	4464	307	6,9
West Kazakhstan oblast	13431	861	6,4	12735	708	5,6	3768	289	7,7	3779	276	7,3
Karagandy oblast	20413	1191	5,8	20954	1221	5,8	6710	480	7,2	6850	515	7,5
Kyzylorda oblast	19382	1656	8,5	19501	1574	8,1	4386	606	13,8	4462	634	14,2
Kostanai oblast	13262	796	6,0	14940	780	5,2	4266	286	6,7	4427	287	6,5
Manghistau oblast	9874	246	2,5	9585	235	2,5	2162	132	6,1	2462	153	6,2
Pavlodar oblast	23167	970	4,2	24970	952	3,8	5041	437	8,7	5280	414	7,8
North Kazakhstan oblast	14414	747	5,2	16827	808	4,8	3303	283	8,6	3580	312	8,7
South Kazakhstan oblast	30984	1813	5,9	31631	1995	6,3	6273	556	8,9	6541	601	9,2
Astana City	6137	200	3,3	7017	199	2,8	1852	131	7,1	2192	128	5,8
Almaty City	13036	740	5,7	16870	866	5,1	2416	158	6,5	3004	190	6,3

Table 4.2. National and regional numbers of diabetes patients on the follow-up register at the end of the reporting year, 2002-2004 (data from the database of diabetes patients)

Region	Diabetes cases								
	2002			2003			2004		
	total	including patients aged 60+		total	including patients aged 60+		total	including patients aged 60+	
		abso-lute figure	%		abso-lute figure	%		abso-lute figure	%
Kazakhstan	98728	62912	63,7	110878	68816	62,1	117771	71131	60,4
Akmola oblast	5538	3593	64,9	5849	3752	64,1	6262	3901	62,3
Aktobe oblast	3247	2024	62,3	3491	2057	58,9	3947	2204	55,8
Almaty oblast	5904	3562	60,3	9178	5380	58,6	7770	4208	54,2
Atyrau oblast	1786	922	51,6	1955	913	46,7	2066	938	45,4
East Kazakhstan oblast	12992	8783	67,6	14333	9493	66,2	15088	9820	65,1
Zhambyl oblast	5922	3365	56,8	6636	3731	56,2	6860	3691	53,8
West Kazakhstan oblast	2391	1482	62,0	2565	1602	62,5	2564	1528	59,6
Karagandy oblast	11659	7821	67,1	12053	7800	64,7	13230	8352	63,1
Kyzylorda oblast	1913	918	48,0	2199	1067	48,5	2538	1247	49,1
Kostanai oblast	8083	5667	70,1	8604	5947	69,1	9343	6267	67,1
Manghistau oblast	1079	562	52,1	1409	648	46,0	1670	738	44,2
Pavlodar oblast	6351	4211	66,3	7008	4578	65,3	7356	4789	65,1
North Kazakhstan oblast	5812	3771	64,9	6117	3851	63,0	6499	3991	61,4
South Kazakhstan oblast	11557	6323	54,7	13439	7363	54,8	14886	7973	53,6
Astana City	3036	1975	65,1	3321	2125	64,0	3626	2344	64,6
Almaty City	11458	7933	69,2	12721	8509	66,9	14066	9140	65,0

Table 4.3. Cases registered for the first time, Kazakhstan, 1998, 2000, 2002, and 2004 (data from National Statistics)

Disease	1998			2000			2002			2004			Note
	total	including patients aged 60+		total	including patients aged 60+		total	including patients aged 60+		total	including patients aged 60+		
		abso-lute fig-ure	%		abso-lute fig-ure	%		abso-lute fig-ure	%		abso-lute fig-ure	%	
Active tuberculosis	18505	1193	6,4	22182	870	3,9	24478	933	3,8	23163	825	3,6	(65 years +)
Malignant tumors	28839	17215	59,7	28511	17406	61,1	29314	17885	61,0	29157	16860	57,8	
Syphilis	36044	2412	6,7	23996	2434	10,1	18300	2184	11,9	11907	1611	13,5	(45 years +)
Mental and behavioral disorders	25203	1334	5,3	26921	1064	4,0	26882	1949	7,3	26294	1876	7,1	
Mental and behavioral disorders caused by substance abuse	42322	119	0,3	43851	138	0,3	62343	263	0,4	60667	380	0,6	

Table 4.4 Deaths in Kazakhstan in 1995, 2000 - 2004
(data provided by the Statistics Agency of Kazakhstan)

Disease groups	1995			2000			2001		
	total	including patients aged 60+	%	total	including patients aged 60+	%	total	including patients aged 60+	%
TOTAL	168884	77701	46,0	148855	80691	54,2	147547	75558	51,2
Infectious and parasitic diseases	6784	735	10,8	5057	832	16,5	4532	691	15,2
Neoplasms	22207	3344	15,1	19333	4023	20,8	19173	3885	20,3
Blood and blood-making system diseases	164	35	21,3	133	31	23,3	152	52	34,2
Endocrine diseases, nutrition and metabolic disorders	1946	1165	59,9	1449	990	68,3	1485	1008	67,9
Mental and behavioral disorders	803	138	17,2	480	90	18,8	510	109	21,4
Nervous system diseases	1565	199	12,7	1361	271	19,9	1461	296	20,3
Ear and mastoid diseases	10	1	10,0	8	4	50,0	9	1	11,1
Circulatory system diseases	80421	54690	68,0	74422	58150	78,1	73549	53604	72,9
Respiratory system diseases	15644	7986	51,0	10566	6413	60,7	9716	5677	58,4
Digestive system diseases	5692	2676	47,0	5631	2784	49,4	6025	2888	47,9
Skin and subcutaneous cellular tissue diseases	155	49	31,6	113	28	24,8	113	28	24,8
Bone and muscle system and connective tissue diseases	203	61	30,0	114	40	35,1	164	51	31,1
Urogenital apparatus diseases	2232	845	37,9	1969	870	44,2	1934	876	45,3
Pregnancy, natal and post-natal complications	159			94			87		
Various perinatal conditions	2119			1379			1416		
Congenital abnormalities (developmental disorders), deformities and chromosome disorders	1414	11	0,8	1050	8	0,8	1112	3	0,3
Symptoms, signs and abnormalities	4096	2781	67,9	4775	3122	65,4	4495	3057	68,0
Injuries and poisoning and other after-effects of exposure to external conditions	23270	2985	12,8	20921	3035	14,5	21614	3332	15,4

Table 4.4 continued

Disease groups	2002			2003			2004		
	total	including patients aged 60+	%	total	including patients aged 60+	%	total	including patients aged 60+	%
TOTAL	148700	50719	34,1	155302	83432	53,7	152250	87376	57,4
Infectious and parasitic diseases	4583	669	14,6	4288	571	13,3	3979	457	11,5
Neoplasms	18989	3641	19,2	18898	2729	14,4	18501	11675	63,1
Blood and blood-making system diseases	123	34	27,6	144	34	23,6	157	46	29,3
Endocrine diseases, nutrition and metabolic disorders	1618	1093	67,6	1516	999	65,9	1339	851	63,6
Mental and behavioral disorders	569	113	19,9	530	112	21,1	520	91	17,5
Nervous system diseases	1285	233	18,1	1535	353	23,0	1462	369	25,2
Ear and mastoid diseases	7	2	28,6	1			9	3	33,3
Circulatory system diseases	75447	29189	38,7	80392	62482	77,7	77860	59368	76,2
Respiratory system diseases	9785	5717	58,4	10304	6125	59,4	8752	5003	57,2
Digestive system diseases	6275	2937	46,8	6907	3065	44,4	7199	2942	40,9
Skin and subcutaneous cellular tissue diseases	122	33	27,0	82	37	45,1	99	37	37,4
Bone and muscle system and connective tissue diseases	148	36	24,3	164	50	30,5	184	48	26,1
Urogenital apparatus diseases	1874	838	44,7	1870	796	42,6	1758	774	44,0
Pregnancy, natal and post-natal complications	80			101			63		0,0
Various perinatal conditions	1372			1461			1893		0,0
Congenital abnormalities (developmental disorders), deformities and chromosome disorders	1043	2	0,2	1125	28	2,5	1146	43	3,8
Symptoms, signs and abnormalities	4687	3003	64,1	4898	2892	59,0	5201	2958	56,9
Injuries and poisoning and other after-effects of exposure to external conditions	20693	3179	15,4	21086	3159	15,0	22128	2711	12,3

Table 4.5. Male ‘over-mortality’ rate in Kazakhstan

Население, лет	Total population	Urban population	Rural population
Total population	1,38	1,48	1,24
under 1	1,33	1,40	1,21
1–4	1,17	1,11	1,22
5–9	1,46	1,54	1,14
10–14	1,48	1,47	1,43
15–19	2,11	1,95	2,41
20–24	2,72	3,05	2,32
25–29	3,11	3,36	2,77
30–34	3,34	3,74	2,79
35–39	3,10	3,38	2,70
40–44	3,07	3,33	2,75
45–49	2,94	3,18	2,56
50–54	2,77	3,11	2,22
55–59	2,61	2,87	2,20
60–64	2,39	2,63	2,06
65–69	2,17	2,37	1,88
70–74	1,86	1,49	1,75
75–79	1,54	1,56	1,51
80–84	1,32	1,34	1,28
85+	1,12	1,08	1,20

Source: Demographic Yearbook of Kazakhstan. Almaty, 2005.

Table 4.6. Population and older people diagnosed as disabled for the first time in Kazakhstan in 2004

	Total population, people	People diagnosed as disabled for the first time (PDA), people	including all people of pension age diagnosed as disabled for the first time		Urban areas				Rural areas			
			Total, people	% of all people diagnosed as disabled for the first time	population		people of pension age diagnosed as disabled for the first time		population		people of pension age diagnosed as disabled for the first time	
					Total, people	% of total population	Total, people	% of all people of pension age diagnosed as disabled for the first time	Total, people	% of total population	Total, people	% of all people of pension age diagnosed as disabled for the first time
Akmola oblast	747633	2390	219	9,2	352581	47,2	149	68,0	395052	52,8	70	32,0
Aktobe oblast	678391	1549	161	10,4	374577	55,2	125	77,6	303814	44,8	36	22,4
Almaty oblast	1589501	3842	156	4,1	474034	29,8	69	44,2	1115467	70,2	87	65,8
Atyrau oblast	463680	1033	30	2,9	265716	57,3	21	70,0	197964	42,7	9	30,0
West Kazakhstan oblast	606688	1824	196	10,8	262587	43,3	116	59,2	344101	56,7	80	40,8
Zhambyl oblast	991950	2654	118	4,5	447179	45,1	25	21,2	544771	54,9	93	78,8
Karagandy oblast	1331646	4710	468	9,9	1116390	83,8	426	91,0	215256	16,2	42	9,0
Kostanai oblast	907296	2198	249	11,3	498586	54,9	191	76,7	408710	45,1	58	23,3
Kyzylorda oblast	612028	1784	134	7,5	364122	59,5	64	47,8	247906	40,5	70	52,2
Manghistaу oblast	361733	1012	105	10,4	274615	75,9	77	73,3	87118	24,1	28	26,7
South Kazakhstan oblast	2193522	7165	372	5,2	840427	38,3	196	52,7	1353095	61,7	176	47,3
Pavlodar oblast	743909	2106	314	14,9	487778	65,6	241	76,8	256131	34,4	73	23,2
North Kazakhstan oblast	665777	2176	257	11,8	243667	36,6	169	65,8	422110	63,4	88	34,2
East Kazakhstan oblast	1442018	4594	684	14,9	854243	59,2	503	73,5	587775	40,8	181	26,5
Astana City	529356	1042	121	11,6	529356	100	121	100	0	0	0	0
Almaty City	1209103	2746	487	17,7	1209103	100	487	100	0	0	0	0
KAZAKHSTAN	15074231	42825	4071	9,5	8594961	57,0	2980	73,2	6479270	43,0	1091	26,8

Source: RK Statistics Agency

Table 5.1. Evening general education schools (at start of academic year)

	2001/02		2002/03		2003/04		2004/05	
	schools	students enrolled, thousand students	schools	students enrolled, thousand students	schools	students enrolled, thousand students	schools	students enrolled, thousand students
KAZAKHSTAN	48	24,6	47	24,5	66	27,0	75	26,2
Akmola oblast	3	0,7	2	0,8	3	0,8	8	1,5
Aktobe oblast	1	0,7	1	0,6	2	0,8	2	0,8
Almaty oblast	—	0,1	—	0,1	3	0,5	3	0,6
Atyrau oblast	3	1,0	3	0,8	3	0,7	2	0,7
East Kazakhstan oblast	3	1,2	2	1,0	8	2,6	8	2,5
Zhambyl oblast	7	3,0	7	3,1	7	3,2	10	3,1
West Kazakhstan oblast	3	2,3	4	2,3	4	2,1	4	1,7
Karagandy oblast	4	2,3	4	2,7	11	2,9	11	3,1
Kostanai oblast	3	2,5	3	2,4	3	0,8	3	1,5
Kyzylorda oblast	7	0,9	8	0,7	8	2,2	8	0,8
Manghistau oblast	4	1,2	4	1,3	5	1,5	5	1,4
Pavlodar oblast	—	1,3	—	1,6	—	1,6	2	1,1
North Kazakhstan oblast	4	2,1	3	1,7	3	1,4	3	1,2
South Kazakhstan oblast	5	2,6	5	2,7	5	3,0	5	3,3
Astana City	1	0,1	1	0,2	1	0,4	1	0,3
Almaty City	—	2,6	—	2,5	—	2,5	—	2,6

Source: RK Statistics Agency

Table 5.2. Vocational schools

	2001/02	2002/03	2003/04	2004/05
KAZAKHSTAN	284	287	288	296
Akmola oblast	20	19	18	18
Aktobe oblast	16	16	16	16
Almaty oblast	24	25	25	24
Atyrau oblast	13	13	13	13
East Kazakhstan oblast	34	35	35	38
Zhambyl oblast	10	12	11	14
West Kazakhstan oblast	20	20	20	20
Karagandy oblast	32	32	33	30
Kostanai oblast	10	7	9	7
Kyzylorda oblast	13	13	13	13
Manghistau oblast	5	4	4	5
Pavlodar oblast	24	26	26	28
North Kazakhstan oblast	23	24	24	24
South Kazakhstan oblast	23	24	24	28
Astana City	5	5	5	5
Almaty City	12	12	12	13

Source: RK Statistics Agency

Table 5.3. Colleges

Регион	2001/02	2002/03	2003/04	2004/05
KAZAKHSTAN	318	335	357	385
Akmola oblast	15	17	16	16
Aktobe oblast	13	13	13	15
Almaty oblast	22	26	29	30
Atyrau oblast	9	8	10	11
East Kazakhstan oblast	38	40	42	42
Zhambyl oblast	20	20	22	27
West Kazakhstan oblast	9	9	10	10
Karagandy oblast	24	27	28	31
Kostanai oblast	22	22	22	23
Kyzylorda oblast	11	14	15	18
Manghistau oblast	11	11	12	13
Pavlodar oblast	27	30	30	29
North Kazakhstan oblast	10	10	10	11
South Kazakhstan oblast	28	29	31	37
Astana City	15	17	18	18
Almaty City	44	42	49	54

Source: RK Statistics Agency

Table 5.4. Higher education institutions

	2001/02	2002/03	2003/04	2004/05
KAZAKHSTAN	185	177	180	181
Akmola oblast	7	7	8	8
Aktobe oblast	6	6	6	7
Almaty oblast	3	3	4	4
Atyrau oblast	3	3	3	3
East Kazakhstan oblast	13	12	9	11
Zhambyl oblast	4	4	4	5
West Kazakhstan oblast	5	5	6	6
Karagandy oblast	17	14	15	15
Kostanai oblast	8	8	8	9
Kyzylorda oblast	8	7	6	6
Manghistau oblast	4	4	5	4
Pavlodar oblast	4	4	4	5
North Kazakhstan oblast	4	4	4	4
South Kazakhstan oblast	19	20	19	18
Astana City	7	7	10	10
Almaty City	73	69	69	66

Source: RK Statistics Agency

Table 5.5. College students aged 40+, at start of academic year

	2003/2004	2004/2005
KAZAKHSTAN	2820	3170
Akmola oblast	61	93
Aktobe oblast	352	338
Almaty oblast	63	66
Atyrau oblast	7	31
East Kazakhstan oblast	287	323
Zhambyl oblast	114	130
West Kazakhstan oblast	75	57
Karagandy oblast	309	398
Kostanai oblast	155	175
Kyzylorda oblast	70	77
Manghistau oblast	122	140
Pavlodar oblast	375	497
North Kazakhstan oblast	302	264
South Kazakhstan oblast	228	198
Astana City	207	236
Almaty City	93	147

Source: RK Statistics Agency

Table 5.6. Students enrolled in higher education at start of academic year

	aged 40+	
	2003/2004	2004/2005
Kazakhstan	13461	17246
Akmola oblast	498	712
Aktobe oblast	978	890
Almaty oblast	99	508
Atyrau oblast	437	649
East Kazakhstan oblast	929	1031
Zhambyl oblast	616	839
West Kazakhstan oblast	635	886
Karagandy oblast	1883	2326
Kostanai oblast	948	1960
Kyzylorda oblast	363	587
Manghistau oblast	261	337
Pavlodar oblast	736	1331
North Kazakhstan oblast	364	450
South Kazakhstan oblast	1059	1217
Astana City	308	267
Almaty City	3347	3256

Source: RK Statistics Agency

ANNEX 3

UNITED NATIONS PRINCIPLES FOR OLDER PERSONS¹⁰⁸

The General Assembly:

Appreciating the contribution that older persons make to their societies,

Recognizing that, in the Charter of the United Nations, the peoples of the United Nations declare, inter alia, their determination to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small and to promote social progress and better standards of life in larger freedom,

Noting the elaboration of those rights in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights and other declarations to ensure the application of universal standards to particular groups,

In pursuance of the **International Plan of Action on Ageing**, adopted by the World Assembly on Ageing and endorsed by the General Assembly in its resolution 37/51 of 3 December 1982,

Appreciating the tremendous diversity in the situation of older persons, not only between countries but within countries and between individuals, which requires a variety of policy responses,

Aware that in all countries, individuals are reaching an advanced age in greater numbers and in better health than ever before,

Aware of the scientific research disproving many stereotypes about inevitable and irreversible declines with age,

Convinced that in a world characterized by an increasing number and proportion of older persons, opportunities must be provided for willing and capable older persons to participate in and contribute to the ongoing activities of society,

Mindful that the strains on family life in both developed and developing countries require support for those providing care to frail older persons,

Bearing in mind the standards already set by the International Plan of Action on Ageing and the conventions, recommendations and resolutions of the International Labor Organization, the World Health Organization and other United Nations entities,

Encourages Governments to incorporate the following principles into their national programmes whenever possible

Independence

1. Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.
2. Older persons should have the opportunity to work or to have access to other income-generating opportunities.
3. Older persons should be able to participate in determining when and at what pace withdrawal from the labor force takes place.
4. Older persons should have access to appropriate educational and training programmes.
5. Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
6. Older persons should be able to reside at home for as long as possible.

Participation

7. Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.
8. Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
9. Older persons should be able to form movements or associations of older persons.

Care

10. Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.
11. 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.
12. Older persons should have access to social and legal services to enhance their autonomy, protection and care.
13. Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.
14. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

Self-fulfillment

15. Older persons should be able to pursue opportunities for the full development of their potential.

¹⁰⁸ Adopted by GA Resolution 46/91 of 16 December 1991. Based on the International Plan of Action on Ageing; refer to GA Report on Ageing, Vienna, 26 July – 6 August 1982 (published by the United Nations, sold as R.82.I.16), chapter VI, section A. <http://www.un.org/russian/topics/socdev/elderly/oldprinc.htm>

16. Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

Dignity

17. Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.
18. Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

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