

# **Portrait of Ageing of Population in Georgia**

Dr. Nino Chikhladze, Nato Pitskhelauri, Tamar shinjiashvili

Tbilisi State University

## **Introduction**

World society celebrate rising life expectancy in many regions of the world as one of humanity's major achievement. The world is experiencing an unprecedented demographic transformation.

The increase will be greatest and most rapid in developing countries where the older population is expected to quadruple during the next 50 years.

This Demographic Triumph and the fast growth of the population in the first half of the twenty-first century mean that the number of persons over 60 will increase from about 600 million in 2000 to almost 2 billion in 2050 and the proportion of persons defined as older is projected to increase globally from 10 percent in 1998 to 15 percent in 2025.

Such a global demographic transformation has profound consequences for every aspect of individual and community.

Every facet of humanity will evolves: social, economic, medical, psychological, cultural and spiritual.

## **Socio-economic Situation in Transitional Period**

After the collapse of the Soviet Union, Georgia again restored political independence. Though the change of political arrangement and the existing state governance, civil conflicts and the break of traditional economic and commercial

relations, acute institutional vacuum had the catastrophic consequences for the economic of the country.

In 1994 in comparison with 1990 gross domestic product decrease to 30%, state income made up 2% of gross domestic product.

In 1992 in comparison with 1997 the index of poverty increased three times. According to the data of the State Department of Statistics of Georgia, 11% of the population of the country fell under the category of the poor, 9% extremely poor.

Socio-economic inequality greatly increased as well. The rate of inequality according to the income distribution - „Gini index,, reached 0,5. It only slightly reduced (by 0,2 points) in comparison with 1997, though it must be mentioned, that „Gini index,, better represents inequality according to the consumption, it has made up 0,35 while the same indicator for 1997 was 0,39.

In the transition period persons over 60 found themselves in very unenviable situation. The study of their economic possibilities shows us, that the most part of them receives pension of 14 GEL, equivalent of approximately \$7. Small contingent of pensioners receives 45 GEL. It is clearly, that because of the mentioned, their food ration is not rich.

According to the data of the State Department of Statistics of Georgia, the share of the population persons over 60 which consumed food less than 2500kcal (official minimal level) in 2001 reached 36% (in comparison 1997, when this indicator was 22,6%, and 7,7% in 1997).

Incomes of persons over 60 do not answer the minimum level of living standards.

## **Access to Health Care**

According Geriatric practice in older population increase risk of morbidity and poly pathology. For the life of older population Health Care is very important link.

The results of the economical crisis in Georgia had most serious impact on healthcare sector. While the expenses on the social needs sharply shortened, the change of the “Soviet” model of healthcare, which provided the population with free medical service for tens of years, took place. The new paid model of the healthcare was at first unacceptable both psychologically and economically.

According to the Strategic Plan of Development of the Georgian Health Care System, in 1999 the healthcare expenditure should have increased to 0,9% of Gross Domestic Product (GDP) and state funding per capita was correspondingly 7 USD. The „Law on the 1999 State Budget,, was approved with the increase in mind. In reality, however, health care spending fell from 0,70 percent in 1998 down to 0,59 percent in 1999.

The financing of the State Medical Insurance Company (SMIC) has been equally low. SMIC founded in 1995 for the obligatory medical insurance: disabled persons, and persons subject to treatment from special medical programs etc. In theory medical insurance should cover between 50-100 percent of each patient’s expenses. The average citizen has slim chance of receiving adequate services from the SMIC medical program even if person belongs to the very limited group that State medical insurance covers. For instance, only about 2 million GEL were allocated for treating oncological

diseases in a country where a surgical operation plus the three obligatory cycles of chemotherapy treatment and the four obligatory screenings per year cost 2500-3000 GEL per patient. Given these rates, the SMIC can only cover the medical expenses of about 670 patients. Demand is at least three times greater than this.

Given the limited coverage and protection the health care system provides, the Georgian population de facto paying almost all health-care related expenses directly from its own pocket rather than making payments to the government in exchange for public health care services. The whole system has a high degree of informality.

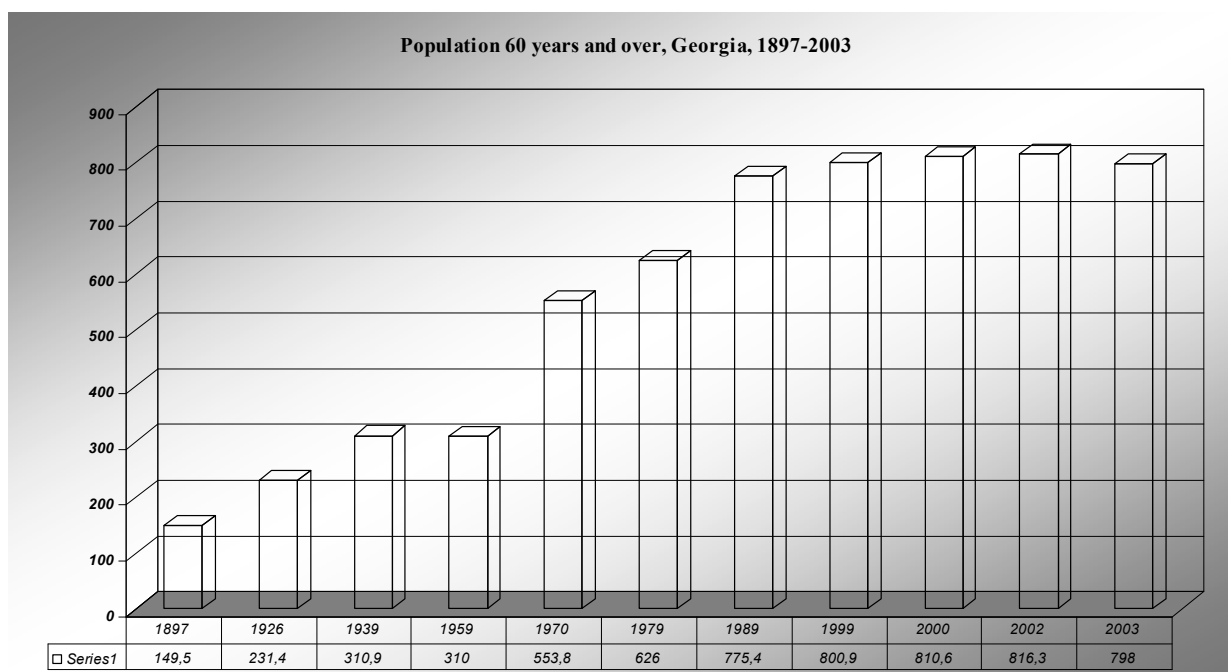
Persons over 60 have no means to buy neither expensive, nor cheap medicines, as to different aid apparatuses (hearing aid, glasses and other), it is absolutely inaccessible to purchase them. Also it is inaccessible to get high quality out-patient and stationary medical services.

### **Demographical conversion in Georgia**

As a result of society's evolution we use demographic transition theory to characterize historic sequence of the change of types of population reproduction. According to this concept, all countries and nations pass the same stages on their demographic history way, each having a certain type of population reproduction.

Economically Georgia is a developing country, demographically it is attributed to the developed countries. As in economically developed country, in Georgia birth rate decreases, age of woman matrimony lowers, number of two-child families increases. As a result, in a whole population there is decrease in

young and increase in over 60 years age groups part, i.e. the population becomes demographically old.



This process was especially shown during the last decade, despite the socio-economic and political crises in Georgia. An absolute number of long lives goes up, their share in the population's general structure is still high, and these tendencies are still the most prominent in indigenous Georgian population.

Thus, the Georgian population in the shortest period of time during demographic development – ten years – has reached the developed level of demographic aging; Georgia is still considered the country of the highest level of long lives in the world.

### **Population's ageing tendencies in Georgia**

In 1970-2002 population under 15 years was decreased by 1/3, from 31% to 21.5, and share of the elderly population (65 and over) increased from 8% to 13%.

**Tabl.1, Basic population structures, Georgia, 1970-2002**

	Population by age (percentage)			
	0-14	15-24	25-64	65+
1970	31	15	46	8
1979	26	18	47	9
1989	26	15	50	9
2002	21	16	50	13

Until 1989 share of the elderly population was increasing comparatively slowly. In 1979 the index was 9,2%, in 1989 – 10,8%. As we can see, the difference is not great – only 1,6 points. The next years an aging rate increased twice. In the elderly contingent, compared to the long livers, a sharp increase was not mentioned. If in 1989 the aging index was 2,9%, in 2003 it was 3,8%. Index of the Georgian population longevity was stable in 1989-2002 and constituted 0,7%, this rather high index.

Fastening of demographic aging is also indicated by the population's average mediate age, which increased in 2003 compared to 1989 from 30,7 to 34,7. In 1989-2000 share of those aged 60 years and over in the whole population increased from 14,3% to 18,6%.

The process has not influenced yet the demographic load index, stable from 1979.

By calculations of the State Statistics department in 2002 in Georgia an expected average life expectancy at birth was 71,5 years, for men – 68,0 years, women – 74,8 years. So, in 2002 a sex difference for expected average life expectancy was 6,8 years, while in 1999 the index was 7,7 years.

According to the World Healthcare Organization data, expected healthy life expectancy for the Georgian population is 58, 2 years, which is 13, 3 years less than the expected average life expectancy. For women this index is 60,2 years, this is 14,6 years less than expected average life expectancy in women, for men the index is 56,1 years, this is accordingly 11,9 years less than the expected average life expectancy in men.

Sex difference in healthy expected life expectancy was 4,1 years, this is 2,7 years less than difference between average expected life expectancy in women and men.

Tabl. 2 Healthy life expectancy and y life expectancy by sex, Georgia, 2002

	life expectancy	healthy life expectancy
Total population	71,5	58,2
Males	68,0	56,1
Females	74,8	60,2

In the structure of morbidity high share have: disease of the circulatory system, disease of the respiratory system, disease of the musculoskeletal system and connective tissue, disease of the nervous system, disease of the digestive system and disease of the genitourinary system.

In the structure of cause of death very high share have disease of the circulatory system and neoplasmes.

As we mentioned above, the new index developed by the WHO is an aggregation of different measures in the same way as the HDI is an aggregation of indices for life expectancy, education, and income per capita. Dividing the WHO

index into its different components reveals some interesting results. Dissects Georgia's unified index for overall health care system performance according to the index's different components: the disability-adjusted life expectancy (DALE), responsiveness level, fairness in financial contribution, overall goal attainment, health expenditure per capita, performance of health level, and overall health system performance. Out of all the factors considered, Georgia ranks best (44<sup>th</sup>) in the DALE index. Note, however, that the difference in Georgia's DALE index and the other indices is significant. While the DALE index ranks Georgia 44<sup>th</sup> out of 191 countries, the index for the "responsiveness" of the health care system ranks Georgia way back at almost the end of the list in 166<sup>th</sup> position. The index for "health expenditure" per capita ranks the country 125<sup>th</sup> while the index of "fairness" in health care financing improves things a little, ranking Georgia 105<sup>th</sup>.

The difference between the DALE index and the unadjusted index for life expectancy is substantial. The average Georgian's life expectancy at birth is 71.5 years; when adjusted in terms of the number of years of ill health (DALE index). The difference between the DALE's of males and females is also noticeable. Females have a DALE of 69.4 in contrast to 63.1 for men. These numbers show that Georgian males live for a relatively long time but that they also suffer from bad health for a number of years. No surprise if one considers the level of alcohol and cigarette consumption in Georgia. In fact, Georgians spend, on average, as much on cigarettes as they do on health care.

An increase in old contingent (75-85) of the elderly population is connected with the increase of average life expectancy; however, they (60-75) constitute the



largest age group. In the structure of 60-years-old and over age group, alongside with the age interval increase, the share of the mentioned group decreases. For example, in the structure of 60-years-old and over, the highest share has population of 60-64 years age groups (5,9%), the lower – the population of 100-years age group and over (0,01%).

Tabl. 3 60 and over population's structures, Georgia, 2002

Years group	Population (total)	As percent of total
60-64	257 825	5,9
65-69	202 359	4,6
70-74	175 880	4,0
75-79	104 771	2,4
80-84	43 731	1,0
85-89	20 057	0,5
90-94	6 884	0,2
95-99	1 883	0,04
100 +	650	0,01

According to years, in each sub-group of 60-85 age groups there is the following tendency: in the first sub-group, after the peak of 1989, the number of elderly people decreases; in the second group, on the contrary, after the recession of 1989 the dynamics is stably increasing. The number of third sub-group, in general, 65-74 years old population (average 128%). Insignificant, but a stable increase in the fourth sub-group can be marked (within 5%). Concerning the fifth and sixth sub-groups, against the 90-s background an increase was mentioned twice in 80-84 age groups: in 2003 (1,4%), for 85+ age sub-group in 2002 – 5,3%.

Interesting tendency is in the process of study of sex structure of 60-year and over age group. In 2002 this age group was constituted of women for 60%, 40% - men. With increase of the age interval, women's share also increases. If in 60-64

year age group men were 43,21%, women 56,9%, in 100-year and over age group men were only 11,2%, women – 88,8%.

**Tabl.4 population structures be sex, Georgia, 2002**

Years	Total	Males		Females	
		Total	%	Total	%
60-64	257 825	111 150	43,1	146 675	56,9
65-69	202 359	87 403	43,2	114 956	56,8
70-74	175 880	72 530	41,2	103 350	58,8
75-79	104 771	36 238	34,6	68 533	65,4
80-84	43 731	11 563	26,4	32 168	73,6
85-89	20 057	4 841	24,1	15 216	75,9
90-94	6 884	1 523	22,1	5 361	77,9
95-99	1 883	300	15,9	1 583	84,1
100 +	650	73	11,2	577	88,8
Total	814 040	325 621	40,0	488 419	60,0

In 1999-2002 against the decrease of population background, a number of 60-85 age group increases insignificantly, this is reflected in the dynamics of the group (average annual growth rate is 101,2%). During the 20-th century the group has increased 5 times, and an uneven growth begins from the 60-s. During the considered period the following appropriateness is kept for each age group: in the 60-85 age group the share of 60-64 is the highest, then 65-69 and 70-74. Little changes are between the second and the third sub-groups in 1897 and 1925 years.

The difference between numbers of demographic aging in urban and rural population needs attention.

**Tabl.5 Demographic aging index (%), Georgia, 1959-1999**

	Total population	urban population	rural population
1959	11,0	8,9	12,5
1970	11,8	10,4	13,1
1979	12,5	11,2	14,0
1989	14,4	12,9	16,2
1999	18,8	16,9	21,3

In city the share of those over 60-years is 16,4%, in country - 21%. Compared to the country, a share of active able bodied population is high in the whole city population.

**Tabl. 6 Proportion of urban and rural population by efficient age, Georgia, 1959-1999**

	Urban population			Rural population		
	Total	Males	Females	Total	Males	Females
Population of efficient age	1518888	728380	790508	1265722	656530	609190
Population of over the efficient age	300070	80929	219141	353893	112633	241260

In 1989-2002 the correlation of pension age population to the ablebodied has increased from 23,6 to 33. According to 2002 data, in Georgia the number of pension age men reached 215,5 thousand, women – 489,6 thousand, in sum 705,1 thousand. The mentioned situation creates serious problems for the society, because expenses, allocated for healthcare and social protection of the contingent are laid as hard burden on the country's economy.

## **Conclusion**

In 1989 the Georgian population was at the medium level of demographic aging (14,4%0, during a very small period (5 years), in particular, in 1994 the index has reached the developed level of aging (16,2%). From 2000 the very much developed level of aging (18,4%) was evident. The mentioned process increases up till now (2003 – 18,5%).

Increase of the elderly people number brings a sharp question of the main recourse. If the developed countries are concerned with unemployment and problems of pension systems stability, in the developing countries analogous problems are shown quickly.

According to the Program of economic development and poverty reduction, and elimination of indigence for population 60 years and over is possible by reduction of the probability of poverty risk, by facilitation of poverty consequences which can be attained with the help of purposeful and target systems of material and nonmaterial allowances , by alleviating the impact of possible poverty risk, which should be reached by means of elaboration and development of efficient and financially steady systems of retirement, health, social, and other types of social insurance.

On purpose to overcome poverty and eradicate extreme indigence throughout the country it is necessary to carry out special measures in the following directions: reform of social insurance, improvement of the system of social assistance, improvement of the system of social assistance.

Concerning the Caucasus long livers phenomena, Georgia even in the beginning of XXI century is the hearth of traditionally long liver population and

reserves one of the leading places in the world twenty of long lived populations. The fact needs in-depth study, in the difficult economic and social situation of transition period a complex research of the Georgian long lived contingent, taking into account medical, social, economic, and psychological factor of their life.

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