Results of Comprehensive National Sociological Survey
Assessment of the social and economic situation and needs of senior citizens in Kazakhstan
This report presents the results of a comprehensive national sociological survey to study the socio-economic situation and needs of older people in Kazakhstan. The study was conducted by the Public Opinion Research Centre (CIOM) with the technical and financial support of the United Nations Population Fund (UNFPA), commissioned by the Ministry of Labor and Social Protection of the Population of the Republic of Kazakhstan, under the auspices of the National Commission on Women Affairs, Family and Demographic Policy under the President of the Republic of Kazakhstan.

The views expressed in this publication are those of the authors, and do not necessarily represent the views of UNFPA, the United Nations or any of its affiliated organizations. The designations employed do not imply the expression of any opinion whatsoever concerning the legal status of any country, territory, or area, or their frontiers or boundaries.
Survey purpose is to study the social and economic situation and needs of Kazakhstan citizens over the age of 55 (also considering Covid-19), with the definition of the prevalence and significance of the studied parameters, the development of proposals and recommendations for improving the mechanisms of social assistance to the older people, for informing people who make government and political decisions and assisting in the issuing of relevant policies.

To achieve the purpose and objectives of a comprehensive national survey, quantitative and qualitative survey methods were used. The quantitative method (an interview of respondents over the age of 55) made it possible to estimate the prevalence and the value of the surveyed parameters, to trace the dynamics of changes compared to 2008. The qualitative method, an expert interview of the staff of relevant ministries, departments and non-governmental organizations, made it possible to better understand and assess the situation and determine the needs of older people based on the results of a quantitative study.

The survey was conducted by the Public Opinion Research Center (PORC) with the technical and financial support of the United Nations Population Fund (UNFPA), at the request of the Ministry of Labor and Social Protection of the Republic of Kazakhstan. A similar survey was performed in 2008 that allows making an appropriate comparison and determining the dynamics of the main survey indices.
The population and percent of people over the age of 60 is increasing worldwide, this is a global tendency. By 2030, the global population aged 60 and over will grow by 34%, increasing from 1 billion in 2019 to 1.4 billion in 2030. By 2050, the number of senior citizens worldwide will more than double and will amount to 2.1 billion people¹.

In the next 30 years the age structure of the population of Kazakhstan will also continue to transform. According to demographic projections performed in Kazakhstan in 2019 as part of the Population Situation Analysis in Kazakhstan, developed with the technical support of the UNFPA Country Office in Kazakhstan, one of the main directions of changing the age structure of the population in the next 30 years in Kazakhstan will be an increase in the absolute and relative number of older population, or, in other words, demographic ageing. At the beginning of 2020, the percent of the population over the age of 60 is 12% of the total population of the country, over the age of 65 is 7.7%², and now the country is at the initial stage of demographic ageing³. The percent of older people in the age structure of the country’s population will grow especially rapidly in the next ten years - by 4-5% on average per year⁴.
According to the medium projection, the number of people over the age of 65 will increase by almost 2.5 times by 2050 compared to 2020 from 1.4 to 3.4 million people; their proportion in the population will increase from 7.7 % in 2020 to over 14% in 2050. At the same time, in half of the country's regions, the 7% threshold common to the ageing nation, has already been passed. Thus, in the north-east of the country and in part of central Kazakhstan the situation is similar to that of European countries, that is, the population is ageing due to a rapid increase in the number of senior citizens compared to young people (due to insignificant natural population growth and negative migration balance). And in the southern and western regions of the Republic there is an increase in the birth rate, thus, population aging indices are lower\(^5\).

\(^2\) Kazakhstan Demographic Yearbook. Statistics Committee of the Ministry of National Economy of the Republic of Kazakhstan. 2020\(^3\).
\(^3\) According to the United Nations classification, a society where the percent of the population over the age of 65 is 7% or more is classified as aging.\(^4\)
\(^4\) We, Kazakhstan. Human Population Analysis, 2019.
\(^6\) [https://newtimes.kz/obshchestvo/111091-mintruda-chislo-kazakhstantsev-starshe-65-let-k-2050-godu-velichitsia-do-3-4-mln]
A policy of active aging should be aimed at improving the quality of life, self-sufficiency and independence in older ages, increasing the healthy life expectancy of the population, preserving and promoting health, improving the social and psychological well-being of older people, expanding opportunities at older age to participate in various social spheres of life, in the social and economic development of the country.
According to the Ministry of Labor and Social Protection of the Republic of Kazakhstan, there is a gender asymmetry among the older people, such as pensioners (for the second half of 2019): men – 686.2 thousand (31%), women – 1.5 million (69%), that is, at retirement age, there are 2.2 times more women than men, as a result of the high male mortality rate, especially of working age and the persisting difference between the male and female life expectancy (9.9 years, which is almost twice higher than in the developed countries of the world).

Considering the special vulnerability of senior citizens in emergency situations, e.g. during COVID-19, in view of the high risk of infection and more severe diseases and complications, as well as the degradation of the social and economic situation in conditions of constrained isolation, it is required to pay special attention to support senior citizens and to develop measures to provide them with the necessary means and services to protect their health and well-being.
Results of senior citizens interviewing

In general, according to the results of two surveys (2008 and 2020), it can be noted that the social group of senior citizens has changed, i.e. at present the senior citizens are the people most of whom have achieved a good social and economic status, ensured a prosperous life for themselves at an older age to a certain extent. Nowadays, there are more senior citizens taking care of their health, using medical services, maintaining a healthy lifestyle, aspiring to follow the principles of healthy eating, monitoring their psycho-emotional state, leading an active lifestyle including physical activity.

Social and economic situation of senior citizens

- Compared to 2008, the financial situation of senior citizens has also improved, based on the results of self-assessment of the survey participants in 2020: the percent of respondents who answered "I deny myself nothing" has increased almost threefold (from 8% to 21.9%); the percent of answers "I have enough money for daily expenses, but I cannot buy durable goods (large household appliances, expensive clothes, cars, furniture)" increased but not so much – from 35% to 45.8%. At the same time, the percent of those who answered "There is only enough money for food" has decreased twice (from 28% to 13.3%). At the same time, the percent of respondents receiving pension payments who "barely have enough money from payday to payday" changed insignificantly – from 22% in 2008 to 18.5% in 2020, that reflects the insufficient pension payment received by every fifth pensioner, which significantly increases the risk of poverty for them.

- In 2008, 29% of senior citizens admitted that they are facing significant financial difficulties (the total percent of those who answered "barely enough money from payday to payday" and "there is not enough money for the essentials, I am in need"), in 2020 this social category decreased by 1.5 times – to 19.2%, which indicates a positive trend, and yet, almost every fifth older Kazakhstani citizen is in a difficult financial situation.

### Comparative data on the living conditions of older people (in 2008 n = 1500, in 2020 n = 2000)

<table>
<thead>
<tr>
<th>Living Conditions</th>
<th>2020</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>In comfortable apartments</td>
<td>38.0%</td>
<td>32.0%</td>
</tr>
<tr>
<td>In comfortable private houses</td>
<td>36.7%</td>
<td>10.0%</td>
</tr>
<tr>
<td>In partly comfortable private houses</td>
<td>13.1%</td>
<td>15.0%</td>
</tr>
<tr>
<td>In under-furnished private houses</td>
<td>6.8%</td>
<td>36.0%</td>
</tr>
<tr>
<td>In partially furnished apartments</td>
<td>4.5%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Other</td>
<td>1.2%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Three quarters of respondents own their home: 75% in 2008, 76.4% in 2020.
● The survey data of 2020 is consistent with the data of 2008: carbohydrates still predominate in the diet of older people, and fish is still not a frequent part of their diet. But in general, there is an increase in the availability of essential daily food products — the percent of older people who eat the following products daily has increased significantly (from 28% in 2008 to 46% in 2020): fresh vegetables, except potatoes (from 44% to 64%); butter (from 43% to 69%); milk (from 65% to 74%); fruit, berries (from 25% to 46%); cream, sour cream (from 30% to 42%); cheese (from 12% to 33%); fish (from 1.5% to 6%).

● The financial situation of senior citizens differs in terms of geography and marital status: according to the 2020 survey, the percent of senior citizens who are in a difficult financial situation is higher in Mangystau (32%), West Kazakhstan (33.3%), North Kazakhstan (26%), Atyrau (26%) and Kostanay (25%) regions. In 2008, the percent of those respondents was higher in the cities of Astana and Almaty (39%), and in the North-East region (36%), and among single pensioners (39%). The percent of respondents with low economic status is higher among widows (23%) and unmarried persons (24%).

● The average band score for assessing the level of life satisfaction for older people, in general, is 7.9 points out of 10 possible. It is slightly higher among rural residents (8.1) than among residents of large cities (7.7); among married (8.2) than unmarried (7.5), widowed (7.6) and divorced (7.2). Also, the degree of life satisfaction is higher among those who have children (7.9) than among those who do not have them (7.3).

### Comparative data on the composition of families of older people
(in 2008 n = 1500, in 2020 n = 2000)

<table>
<thead>
<tr>
<th></th>
<th>Lives alone</th>
<th>Lives with a spouse</th>
<th>Lives with relatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>15,0%</td>
<td>21,0%</td>
<td>64,0%</td>
</tr>
<tr>
<td>2020</td>
<td>12,8%</td>
<td>20,4%</td>
<td>67,0%</td>
</tr>
</tbody>
</table>

Extended families, where older people live together with children, grandchildren, and/or other family members, are more common in villages, in the southern and western regions of Kazakhstan, among citizens of Kazakh nationality.
QUALITY AND AVAILABILITY OF MEDICAL SERVICES

According to the survey of 2020, the percent of senior citizens assessing their health as "satisfactory" has significantly increased (from 59% in 2008 to 79% in 2020) and as "good": (from 5% to 18.6%). Accordingly, the percent of those assessing their health as unsatisfactory has significantly decreased (twice), – this is the total sum of assessments "rather bad", "bad" and "I need constant medical care": from 42% in 2008 to 22% in 2020. Every fifth older person has an unsatisfactory health condition, which is two times less than in 2008. Men more often assess their health as "good": 33% of men and 22% of women, and less often as "bad" – 9% of men and 14% of women. 12% of older women and 7% of older men need constant medical care.

Comparative data on the assessment by older people of their health status (in 2008 n = 1500, in 2020 n = 2000)
Comparative data from two surveys (2008 and 2020) show that older people are more likely to seek medical care only for urgent needs, the share of such respondents increased from 33% in 2008 to 41% in 2020. Women are more likely to seek medical attention than men.
The 2020 survey showed a significant (double) increase in the percent of women who were offered breast cancer screening (from 33% in 2008 to 68% in 2020) and cervical cancer screening (from 29% to 59% respectively). Only 23% of male respondents in 2008 and 28% in 2020 were asked to undergo an examination to detect prostate disease. According to the results of the 2020 survey, everyone who was offered to undergo such examinations passed them.
NEED FOR HELP

The need for physical assistance from other people is much more common among senior citizens over the age of 70 (31%) than among younger age groups (55-59 years old – 16%, 60-69 years old – 22%). The overwhelming majority of respondents (80% in 2008 and 69% in 2020) said that if they need outside help, they will turn to their children; significantly fewer respondents (9% in 2008 and 12% in 2020) turn to other relatives, and even less often – to neighbors (4% in 2008, 2% in 2020) and friends (2% in 2008 and 3% in 2020). In 2008, 5% of respondents admitted that in case of need for help they have no one to turn to, in 2020 the proportion of such respondents was 3.4%.

According to the results of the 2020 survey, only 0.8% of respondents said that they request assistance from social services. The main preference in social support, which was mentioned by the majority of respondents (85% in 2008 and 78% in 2020), were increased state pensions and benefits. The percent of respondents who said that medical services should be more affordable (from 35% in 2008 to 48% in 2020), which indicates that over the past 12 years medical services have not become much more affordable for senior citizens of Kazakhstan and that there is an increased demand in medical services and need for health improvement.
Involvement of senior citizens in public life, assistance and leisure, sports and educational activities

The survey of 2020 showed that the majority of senior citizens are involved in the social life of their immediate environment. A significant part of older people are involved in such activities as providing care to their grandchildren (38%), professional teaching of young people (33%), providing moral support (62%) – from daily to 1-2 times a week. Older people are much more actively involved in family social activities, especially in caring for young children and grandchildren, for the sick and disabled people, and gender differences in participation in these types of activities are minimal – 45.4% of people over the age of 55 are engaged in care or education of their children and grandchildren at least once a week, including 45.1% of men and 45.5% of women.

Preferences of senior citizens related to leisure, sports, and educational activities 66.2% of respondents of the 2020 survey are involved in physical activity: 48.6% every day or at least once a week, 17.6% – several times a month or less.

The survey showed that the preferences of older people related to leisure, sports and educational activities are very different, a significant part of them prefer active leisure.

Preferences of older people in relation to various leisure, educational, sports activities (n = 2000)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerts / theaters / cinema theaters</td>
<td>57%</td>
</tr>
<tr>
<td>Swimming pool</td>
<td>38%</td>
</tr>
<tr>
<td>Libraries</td>
<td>30%</td>
</tr>
<tr>
<td>Online Education</td>
<td>20%</td>
</tr>
<tr>
<td>Computer training</td>
<td>20%</td>
</tr>
<tr>
<td>Fitness / Yoga / Gymnastics</td>
<td>19%</td>
</tr>
<tr>
<td>Learning how to use a smartphone</td>
<td>19%</td>
</tr>
<tr>
<td>Creative sections / drawing / handicraft</td>
<td>16%</td>
</tr>
<tr>
<td>Dance training</td>
<td>10%</td>
</tr>
<tr>
<td>Dating clubs</td>
<td>9%</td>
</tr>
<tr>
<td>I’m not interested in attending events, I prefer to be at home</td>
<td>17%</td>
</tr>
</tbody>
</table>
Labor activity and employment preferences of senior citizens

Comparative survey data (2008 and 2020) confirmed that the vast majority of retired citizens receiving pensions do not want to continue working.

Based on two surveys, the proportion of working retirees has not changed: 14% in 2008 and 14.3% in 2020. Thus, the majority of pensioners (86%) are not engaged in paid work. According to many survey participants, retirees should rest after retirement, engage in their favorite hobbies, travel, assist with raising grandchildren, etc.

Thus, every retired citizen should have a choice and opportunity to continue working if he or she wants to.

According to the 2020 survey, the proportion of working pensioners who mentioned that they have to work to get additional income, because the amount of their pension does not satisfy them, has approximately decreased compared to 2008 (from 83% in 2008 to 47% in 2020).

At the same time, the proportion of pensioners who would want to work if they had such an opportunity increased by 2.5 times: from 10% in 2008 to 25% in 2020. This is consistent with other results: the proportion of working pensioners who enjoy working and are willing to continue working has increased from 28% in 2008 to 38% in 2020.

Comparative data of respondents’ answers on the reasons for continuing to work after retirement (in 2008 n = 207, in 2020 n = 162)
The 2020 survey confirmed that the majority of senior citizens are active voters and vote in representative body elections: 75% in 2008 and 74% in 2020.

Analysis of social and demographic characteristics showed that the older the age group, the more actively they participate in elections: 55-59 years old – 72%, 60-69 years old – 74%, and 70 years and older – 81%. Residents of villages (80%) and small towns (79%) are more likely to vote than residents of large cities (67%).

At the same time, the conducted polls showed that the overwhelming majority of older people (84%) do not show social activity and do not take part in the activities of public associations or non-governmental organizations.

Awareness of senior citizens of government programs and social support systems
The 2020 survey showed that the absolute majority (83.6%) of the respondents are not adequately informed about government programs and social support systems. Only 16.4% of survey participants mentioned various state programs and noted social support measures for senior citizens of the country, such as pension payments, social benefits, compensation for utilities, help from social workers, targeted aid, subsidized sanatoria and healthcare center vouchers, travel privilege in public transport, free medicines and healthcare for disabled people, specialized adult care centers for single older people and married couples.
OPINION OF SENIOR CITIZENS ABOUT THE RESIDENTIAL CARE FACILITIES FOR SINGLE OLDER PEOPLE AND OLDER COUPLES AND PREFERENCES FOR LIVING WITH CHILDREN / RELATIVES OR SEPARATELY

Comparative data on the responses of older people to the question "Do you think Kazakhstan needs Homes for single older people and older couples?" (in 2008 n = 1500, in 2020 n = 2000)
Despite the fact that the majority of the interviewed older people (73%–74%) support the necessity of the adult residential care facilities for single older people and older couples, the proportion of those who are totally against the services of these facilities has significantly increased (1.5 times) from 43% in 2008 to 64.3% in 2020. Accordingly, the proportion of those who totally admits such possibility has significantly decreased twice (from 21% to 10.7%) and those who share the opinion that, depending on the situation, it would be necessary to use the services of senior care centers (from 36% in 2008 to 22.6% in 2020).

Older people do not admit the possibility of using the senior care center services because they hope for the support of their children, grandchildren, spouses, and relatives. Some respondents noted that they are looking for companions / life partners; they want to get married to avoid loneliness and support each other in old age. Only a few respondents mentioned that living conditions in adult care centers are poor, and that they fear the possibility of living in them.

Comparative data on the responses of older people to the question "Do you admit that in the future you might have to use the services of homes for single older people and older couples?" (in 2008 n = 1500, in 2020 n = 2000)
The respondents also noted about the mentality of Kazakhstan citizens, that it is alien to the traditions of the people to live in adult care centers, that older people should live in a family, among relatives, in their own homes.

This opinion of older respondents is quite consistent with one of the basic conditions for ageing with dignity as defined in the Madrid International Plan of Action on Ageing – the importance of Ageing in Place (own home and community), creating opportunities for self-dependence – senior citizens have the right to make choices and decide how and where to live, what relationships to keep, how to spend their time, etc.

Together, these factors determine the self-dependence of senior citizens which significantly affect their dignity, sanctity, freedom and independence and which is the primary component of their common well-being.
The problem of domestic violence is latent because people avoid public discussion and condemnation, especially older people who do not want to talk openly about violence in their families. This is confirmed by the following data: on the one hand, the proportion of senior citizens who said that they have been or continue to be subjected to various types of violence from time to time has decreased (more than 2.5 times): from 24% in 2008 to 9% in 2020; on the other hand, the proportion of those who believe that there is violence against senior citizens in society, in general, has increased: from 45% in 2008 to 61% in 2020.

A significant part of the respondents who have experienced violence mentioned that they were abused by a spouse (44%), children and spouses of children (27%), as well as by other relatives (18.4%). One in five respondents reported suffering violence due to housing problems, because they have no place to go and they have to live with the aggressors / violent people under the same roof.

The most common cases are psychological, emotional and financial / material forms of abuse, neglect, which lead to the loss of dignity of senior citizens experiencing violence. Thus, the survey showed that many older citizens continue to be abused and continue to conceal it – most people prefer not to talk about it.
In this regard, it is necessary to strengthen laws on domestic violence protection, including, particularly, regarding older people, and legal methods to protect them against violence, to improve information and preventive measures among all categories of the population to reduce violent acts against the older people. This requires extensive information work to form intolerance in the society towards any forms of violence.

Comparative data of respondents' answers to the question "What do you think can reduce the level of domestic violence?" (in 2008 n = 1500, in 2020 n = 2000)
The need of senior citizens for help and ways to receive it in case of emergency, in particular, quarantine and isolation to avoid spreading COVID-19

According to the results of the 2020 survey, the overwhelming majority (90%) of people are provided with all the necessary hygiene products for the prevention and protection against coronavirus. About 10% of senior citizens are not provided with gloves, hand sanitizers, or antibacterial wet wipes.

Overall, 7% of respondents noted various obstacles to buy the necessary protection products against the virus: lack of money to buy (4%), lack of medication in pharmacies (2%) and the ability to go out or ask someone to buy (1%).

At the same time, the respondents noted that those issues took place in the spring of 2020 and that after that the situation stabilized and it became possible to purchase the necessary protective products, many respondents are provided with all the necessary protective products by children and relatives.

The majority (59%) of older people mentioned various issues emerging during quarantine ranging from financial difficulties and a shortage of medication to a lack of social communication with relatives and friends.
Pension payments are increased annually; they are indexed ahead of the inflation rate by 2%. As part of the pension system modernization, mandatory pension contributions from the employer will be implemented from January 2023, i.e. in addition to the mandatory 10% of individual pension contributions, contributions from the employer will be transferred to the individual account of each employee. Nevertheless, the level of the economic situation of the most pensioners remains low, due to their low income and savings. The problem of poverty of a certain part of older people and their access to material services is still urgent because according to statistics, the average pension amount is 57,622 tengi per month. There are gender differences in the economic situation of the older due to differences in pension payments and pension savings of men and women that leads to the phenomenon of feminization of poverty in older ages. Older women are more likely to be poor and have fewer savings and assets than men. There are also significant regional differences in the situation of older people in Kazakhstan, especially with reference to urban / rural areas. In rural areas, there are more problems with access to appropriate social services, in particular, to medical services to respond to the special needs of older people.

Despite the fact that there is no right to dismiss the retirement-age employee in Kazakhstan laws, nevertheless, there is a certain policy regarding employees of pre-retirement and retirement age that they should retire on reaching the age limit. Having lost earned income, older people are often forced to live with their children in order to have income renting their homes for increasing the overall family budget at the expense of their desire to live separately and maintain independence.
HEALTHCARE SYSTEM AND HEALTH OF SENIOR CITIZENS

In Kazakhstan, the issue of access of senior citizens to high-quality medical services is quite crucial. **To provide high-quality specialized medical services to older people, it is necessary to train interdisciplinary specialists, to implement special training programs for the related specialists in medical universities, refresher and skills improvement courses for social workers, psychologists, nurses,** it is necessary to develop interagency cooperation between the Ministries of Labor and Social Protection of the Population, Healthcare, Education, Information and Social Development. Many experts mentioned the necessity to **create and develop geriatric care** – to train specialized gerontologists, nurses, psychologists, psychiatrists, social workers to provide services to this group of population. The issue of providing palliative care in Kazakhstan is especially acute; there are not enough places in hospices, specially trained personnel, and the ability to receive this assistance sufficiently at home. **It is important to develop regulatory documents to regulate the process and scope of palliative care.**
The situation of senior citizens during the COVID-19 pandemic was especially complicated by their limited access to information, social networks, the Internet, insufficient skill and ability to use information gadgets. Medical services such as telehealth and remote consultations during isolation would allow senior citizens to receive specialist advice on their chronic illness treatment, which require visiting a polyclinic in the period when this is not possible.

Challenges in providing these social services for senior citizens include:

- cultural specifics and the prevailing public opinion regarding local administration bodies for senior citizens is negative;

- different local administration bodies have different capabilities and social services are not always provided in full and of all required types within one authority;

- the scope of social services provided to older people requires updating and revision, since many of them are either difficult to provide (due to the state of health of older people), or must be provided by specially trained qualified specialists who can only be specially invited.

- when developing state standards for the provision of special social services, the opinion of those who provide these services daily and see their impropriety is not sufficiently considered;
According to the laws of the Republic of Kazakhstan, there are certain categories of citizens who have the right to receive special social services, including senior citizens and Group 1 and 2 disabled people, who do not have employable adult children, spouses who are legally obliged to support their disabled parents, husband (wife) and take care of them. There are also objective reasons why social services at home can be provided even in the presence of close relatives.

The experts participated in the survey noted the lack of awareness among senior citizens about the benefits and support that the state and nongovernmental agencies and volunteers can provide them.

The quality of life of senior citizens depends largely on the availability of the necessary information, especially legal information, which determines the possibility to enjoy the rights of citizens; senior citizens should know their rights.
"Active Longevity" National Action Plan to improve the situation of senior citizens in the Republic of Kazakhstan until 2025

Currently, Kazakhstan is discussing the draft National Action Plan to improve the situation of senior citizens named "Active Longevity" in the Republic of Kazakhstan until 2025.

Online discussions are held on the "Open Laws and Statutory Instruments" portal, and Ministries and Local Administrations (Akimats) also provide their proposals. As part of the Action Plan, it is planned to open Centers for Active Aging in all regions of the country. The centers are leisure facilities where senior citizens can learn foreign languages, take computer literacy courses, do physical therapy exercises, dance, etc. So far, such centers are open only in several cities of the country.

Despite significant government support, there are also problem areas for the implementation of government programs:

- government documents are general, not fully focused on the variety of special needs of senior citizens. It is necessary to develop programs considering individual characteristics, the needs of various categories of older people.

- ordinary citizens are ill-informed about existing government programs and do not trust them enough;

- special programs and measures to provide support to the senior citizens are implemented mainly in large cities; small towns and rural settlements often remain outside of these programs;

- the necessary stability of government programs is not preserved after their expiry;

- government programs, laws, events for the senior citizens are not sufficiently covered in the media, thus, the population is not aware of them.
In 2002, the United Nations General Assembly approved the Political Declaration and the Madrid International Plan of Action on Aging. The recommendations in these documents identify three priority areas for action: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.

The plan also emphasizes the importance of Aging in Place.

The government of Kazakhstan, civil society should direct its efforts to implement a number of new economic, social, medical, legal and other measures to prolong the healthy and active life of senior citizens, and their dignified aging. Demographic changes force us to reconsider the economic, financial and organizational foundations for functioning of the systems related to social security, social services and healthcare, but they shall be based on the scientifically proved analysis of problems and opportunities, requirements, quality of services and special needs of senior citizens.

This requires:

☑ to focus the survey of aging population problems on an integrated, interdisciplinary approach, to involve experts from various fields such as healthcare, psychology, demography, economics, political science, philosophy, anthropology, sociology, etc.;

☑ to strengthen the protection of the senior citizens' rights, to assess the completeness and quality of services provided, to create opportunities for physical, educational, social and leisure activities, maintain the ability to make decisions and control their lives.

☑ to strengthen basic government social guarantees, to inform the society and the senior citizens in particular about the measures and services that are being taken;
creating mechanisms of protection of older people, their protection from discrimination, including in emergency settings, including during COVID-19 and other infections;

- to develop educational activities and measures to connect generations for rectification of ageism by forming a new understanding of aging and strengthening relationships between generations.

Improvement of social assistance provided to the senior citizens proposes a comprehensive solution to the social, psychological, and biomedical aspects of old age, including:

- strengthening the work of social services on monitoring socio-economic status of older people and providing targeted assistance and support based on the individual situation of every service-recipient;
- to provide senior citizens with multidisciplinary teams of specialists including doctors and mid-level staff and social workers to provide quality care and introduce learning programmes for them;
- to improve protocols for diagnostics, treatment and rehabilitation of older and senile patients who need palliative and nursing care in accordance with international standards;
- to expand the palliative and nursing care networks, day and home hospitals providing palliative care
- to develop a system providing comprehensive mobile services at home, visiting services at hospitals for older people and a system of visiting services at hospitals;
- to extend the authorities of nongovernmental bodies regarding providing both public and private social services for senior citizens and to revise the quality scope of these services.

Thus, to ensure an adequate level of provision of social services, it is necessary to analyze the needs of the older population in various types of assistance, the economic component, a system approach to taking measures, the relationship and continuity in the work of medical and social structures for the provision of services to older people, and extension of geriatric services range, long-term care, home care.
One of the main conditions for aging in dignity is to create the opportunities for self-dependence - senior citizens have the right to make choices and control the matters such as where to live, what relationships to keep, what to wear, how to spend their time, etc. Opportunities for choice and control are determined by many factors including the individual resilience of older people, the environment in which they live, the personal and financial resources they can use and the opportunities they have. Taken together, these factors determine the self-dependence of senior citizens which significantly affect their dignity, sanctity, freedom and independence and which is the primary component of their common well-being.

One of the main directions for the development of the infrastructure required for senior citizens is the development of the system for employees of local bodies providing services to older and single people. However, affordable housing and suitable transportation types that enable people to continue to live in their homes are absolutely essential to maintain independence; these factors facilitate social contact and allow senior citizens to remain active members of society.

To monitor how active older people are and their participation in the public life it is expedient to measure the Active Ageing Index (AAI) developed by the the UN and the European Commission which helps to gauge the levels of self-dependence life of senior citizens, their participation in paid employment and social activities, and their ability to lead an active life.
At the political decision-making level, global priority measures need to be considered to maximize the opportunities created by the aging population:

- to ensure that all senior citizens live in decent conditions, be financially secure, have access to medical and social services and have a guaranteed minimum income. These actions should be based on long-term strategies backed by strong political will and guaranteed budget appropriations.

- to support local communities and families to create support systems for older members of the community and families.

- to invest in youth in order to improve the lives of future generations of older people.

- to support the comprehensive study of ageing considering gender and cultural aspects in order to make evidence-based policy decisions.

- to consider concrete needs of older women and men in policy implementation.

- to ensure that aging and the needs of senior citizens are incorporated into national development plans as well as emergency response plans.

- to create a new culture of ageing based on respect for human rights, and to achieve a change in the worldview and attitude of society towards aging and older people.

The aging process of the population presents new challenges for the country, i.e. social, economic and cultural, but at the same time creates new opportunities for improving the lives of people of all ages.