

THE COPING OF THE ESTONIAN ELDERLY AND THEIR NEED FOR SERVICES

Taimi Tulva, professor of social work
Tallinn Pedagogical University, Estonia

Introduction. The rapid ageing of the population has become a global problem. In Estonia the elderly (65+) form ca 15% of the population (Eesti statistika ..., 2000) and according to the UN population prognoses the elderly population in Estonia could amount to one-fourth by the year 2030. This creates new requirements for the health care and welfare system, as the ability to cope decreases with ageing and normal ageing when a person is in the pension-age can easily transform into pathological ageing, in which case there is a constant need for outside help in order to cope.

The situation and place of the elderly in the Estonian society can be characterized as follows:

- Rapid changes in Estonia have worsened the financial and psychological situation of the less-secured groups, including the elderly. More than one-third of the elderly live **below the poverty line**, the possibilities for the elderly to improve their situation are limited (Kutsar, Trumm 1998) and social expenses in the state budget are decreasing (Kiis 2000). The coping of the elderly depends largely on their place of residence (city-country, center-periphery) and on living in a place with little coping resource.
- The attitude towards the elderly reflects the maturity and ethics of the society. From the Human Development Report (1997) it is apparent that the greatest danger of **social exclusion** exists for the older population, whereas women are subject to both age and gender discrimination. At the same time Estonian women are the main caregivers and often also the main supporters of the family. The most difficult years for women are the 40s and the 50s when they have to care for both the children and the parents. Related to the previous is the growing possibility for conflicts between generations, because

at the moment as many as five biological generations may live at the same time.

- **Negative attitude** towards the elderly is not caused only by **age**, but also by **gender** (Koskinen 1994, Tulva, Tedre 1999). Gender difference may be observed in the different employment rate and different pension age for men and women, etc. Comprehensive European Gerontological study (Arber 1996) showed that there are 50% more women over 65 than men of the same age and there are even three times more women over 85 than men. It is important to note that half of the persons over 65 are widows/widowers and mostly women. The coping of the widowed elderly has been studied little in Estonia as this group is “invisible” for the society and the social gerontology.
- An important aspect influencing the regional differences of the ageing of the population is **geographical location**. The movement of the Estonian elderly population to the cities, from periphery to the center has created new problems for the elderly. The absolute number of elderly in municipalities is decreasing at the same time when the relative number of the elderly is rising and is especially high for so-called old-elderly (75+) (Katus et al 1999). Insufficient information about the special needs of country and town elderly could weaken the developmental potential of local governments. The elderly who live alone (ca 30%) need help and support the most (see Tulva 1998).

Estonian elderly policy is based on the international principle – “society for all ages”, which means that all members of the society should have a possibility to participate in the social life regardless of their age. “The Basis of Estonian Elderly Policy” focuses on the following areas: family and environment; health care and welfare; working and coping; education, culture and sports; information, statistics and research; non-governmental organizations and self-help; regional and international cooperation. The concept “senior policy” has been recognized internationally and is also being used in Estonia.

Implementation of the study

In the framework of a joint project between Open Estonian Foundation and Estonian Association of Gerontology and Geriatrics a survey was carried out to specify the possibilities of implementation of the “Basis of Estonian Elderly Policy” (adopted by government 28.09.1999) (Tulva, Kiis 2001). In the article an overview of the survey of the elderly and the social workers is presented, also data from the thematic interviews has been used, the emphasis is on the unstructured answers of the social workers.

The social workers of local governments were questioned (n = 255) of whom 220 (81%) returned the questionnaire and also 1000 Estonian elderly over 65 were questioned of whom 811 returned the questionnaire. The quantitative analyses were carried out in the Institute of Statistical Mathematics at the University of Tartu (see Saks, Tiit, Käärik 2000). The questionnaire inserting program Blaise 4.0 was used in the statistical data analyses, the analyses of response frequency was done with statistical analyses system package SAS 6.12 and Excel 97 was used for comparative analyses and for making conclusions.

Family and environment

At the beginning of 2000 there were 208 574 elderly persons in Estonia of whom there were 67% of women (140 366) and 33% of men (68 208) (Eesti statistika ..., 2000).

The natural living environment of the elderly person is his/her family.

According to the survey of the e l d e r l y with the increase of age the index of married persons decreases and the proportion of widows/widowers increases – ca 55% of the elderly over 80 years old are widows/widowers. 40% of the elderly are married and 4% live in cohabitation. Without a spouse, i.e. alone, live more than half of the elderly (53%), including 15% of elderly men and 85% of elderly women.

The survey of the e l d e r l y showed that 84% of the elderly had children or foster-children; 20% had grandchildren. The majority of women without children belonged to the age group 75-79, and the majority of men without children were 80-84 years old.

The main caretakers of elderly persons outside the family were **relatives, acquaintances and neighbors – in 30% of the cases; in a quarter of cases (25%) the caretaker is found privately through advertisement or from a firm, also from the non-profit organization or upon agreement with a local diaconate station.** In one-fifth of the cases (19%) the caretaker of the elderly is provided by the agreement with the local government. The terms of the agreement depend on the economic situation of the family and the local government often pays part of the care taking expenses. Care taking is also organized on the basis of a contract concluded with the employment office to employ a person who has been unemployed for a long time as a welfare worker (14%) and in 12% of the cases the local government has assisted the family in finding a caretaker.

More than half of the elderly (54%) have not yet thought what would happen when they cannot cope independently any more. In most cases **they hope to go to live with someone** (child, grandchild, relatives). The option of taking someone to live with them in order to solve the situation is considered less.

The responses of the survey also showed that more than half of the elderly (57%) are satisfied with their home surroundings as the closest environment, more than one-third (34%) were more or less satisfied and **9% were unsatisfied.**

More than half of the elderly (53%) live in their own apartments, more than one-third (36%) lived either in a private house or in a farm house. 10% lived in a rented apartment (either private or municipal), 0,5% lived somewhere else and also 0,5% of the elderly lived in a nursing home. In the future the residential form of care is likely to decrease by creating several alternatives to it.

63% of the elderly are satisfied with their current place of residence and 31% are more or less satisfied; **6% are not satisfied.** One-third of the elderly (33%) find that the main problem related to coping is considerable accommodation expenses; difficulties in using the stairs (20%), heating the premises (14%), insufficient washing possibilities (13%) and possibilities for doing laundry (11%), premises in bad shape and in need of repair (12%), absence of a phone (9%) and living far from the center (9%). In addition the shortage of additional premises was mentioned, also either too small or too big premises, no possibility to be alone.

More than one-third (35%) of the elderly stated that they have no difficulties that would be related to accommodation.

When characterizing the living environment of the elderly, half of the questioned social workers brought up in their unstructured answers one or many environment related health risks. Most common was **contaminated drinking water** (59%). Often it was the case of partial or temporary contamination, as well as bad quality of the drinking water, which was stated by social workers from almost half of the counties.

Noise was a disturbing factor much more seldom, one-sixth (16%) of the respondents have noted it. **Air contamination** was a problem for 14% of the questioned social workers. In most cases the responsible party was an enterprise. **Contamination of the surface** with garbage was mentioned in 5% of the responses. This is mostly a problem in the Harju county, where people from Tallinn leave of their garbage and unused building material to near-by forests and road-sides.

The living environment must enable the participation of the elderly in the life of the society and as independent coping as possible by offering possibilities to be active until very high age.

Coping and need for services

According to the survey of the elderly **much more than half** (61%) **cope financially** with their life **satisfactorily or well** (see figure 1).

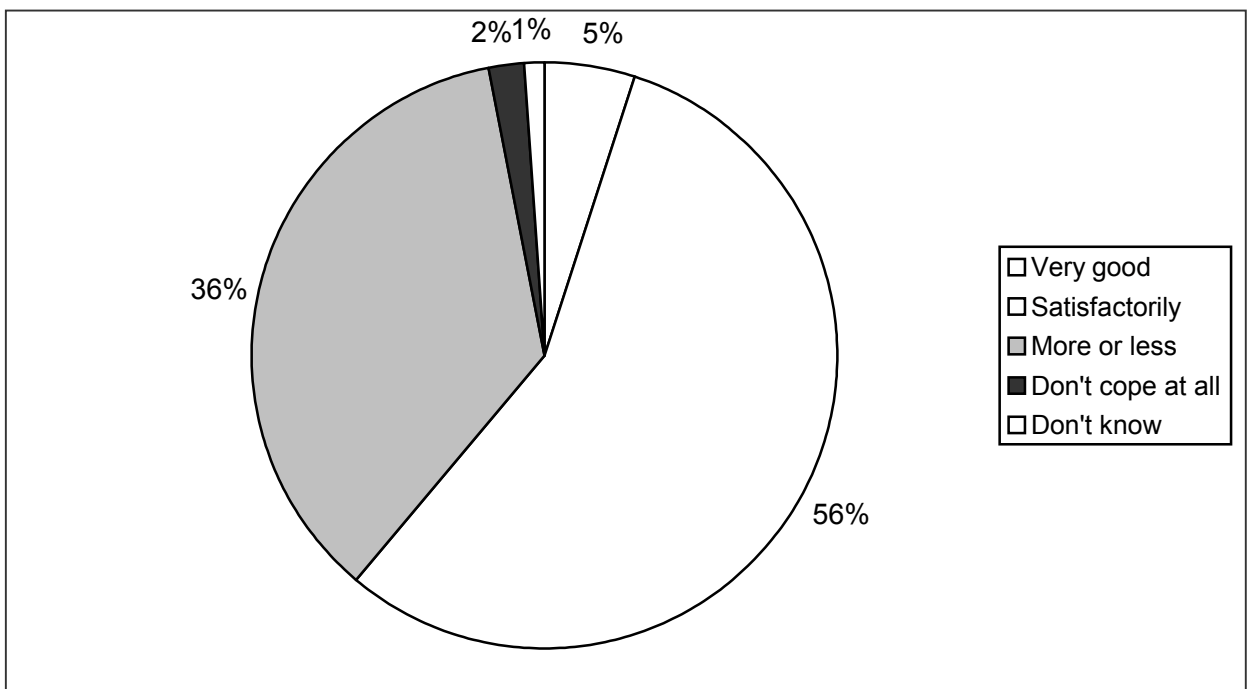


Figure 1. Evaluation of the elderly on their economic situation

More than one-third (38%) of the pensioners have coping difficulties despite of their little demanding way of life. Problems with coping occur more often for elderly who live alone, who reside in an expensive apartment with central heating, hot water and other conveniences, and who don't have additional sources of income (garden, season related or part-time job).

According to the survey of the social workers coping problems occur most often for the unemployed persons who have a few years left until their pension. Most common problem for the elderly according to the social workers is **low income and economic problems (74%), and only after that chronic illnesses (65%).**

Health of the elderly. During the survey the elderly were given the possibility to evaluate their health on 5-point scale: 1 – very bad, 2 – bad, 3 – satisfactory, 4 – good, 5 – very good. Most elderly persons (64%) consider their health to be satisfactory; 1% think their health is very bad and 1% consider it to be very good (see also figure 2).

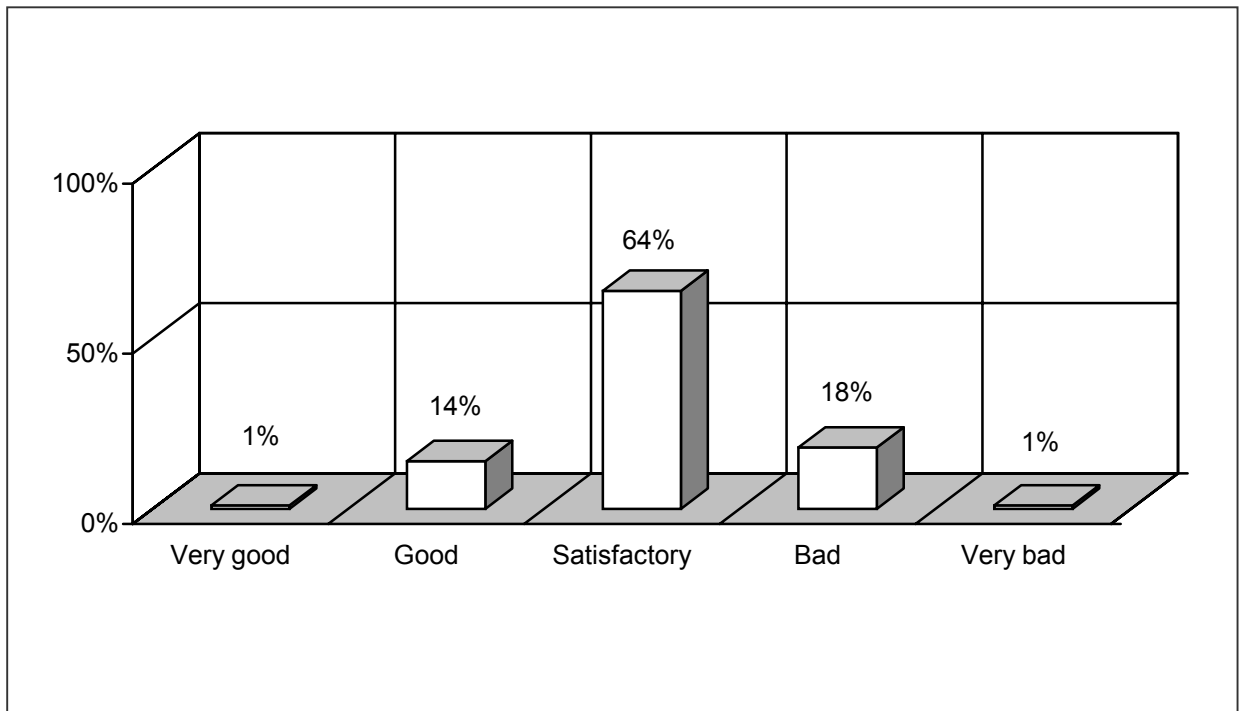


Figure 2. Evaluation of elderly on their health

Need for services. According to the opinion of the elderly **43% of them don't need outside help in coping with everyday life.** 28% of the elderly need help seldom, 10% need assistance several times in a month, 6% need assistance more often than once a week; 10% need help every day and 3% of the elderly depend entirely on outside help when coping with everyday life.

The results of the survey of the elderly demonstrated that men are in need of constant nursing more than twice as often as women: 8% of men need constant nursing and 3% of women. Both elderly men and women need help in everyday washing, going to the sauna or bath, doing laundry, shopping, house-keeping, moving around with a vehicle and using the stairs. The need for outside assistance grows when the person is in his/her 80s. This is characterized by the data on figure 3, which shows the opinion of the elderly about their ability to cope with everyday life (on 5 point scale) and it follows that the average grade of coping was 3,5.

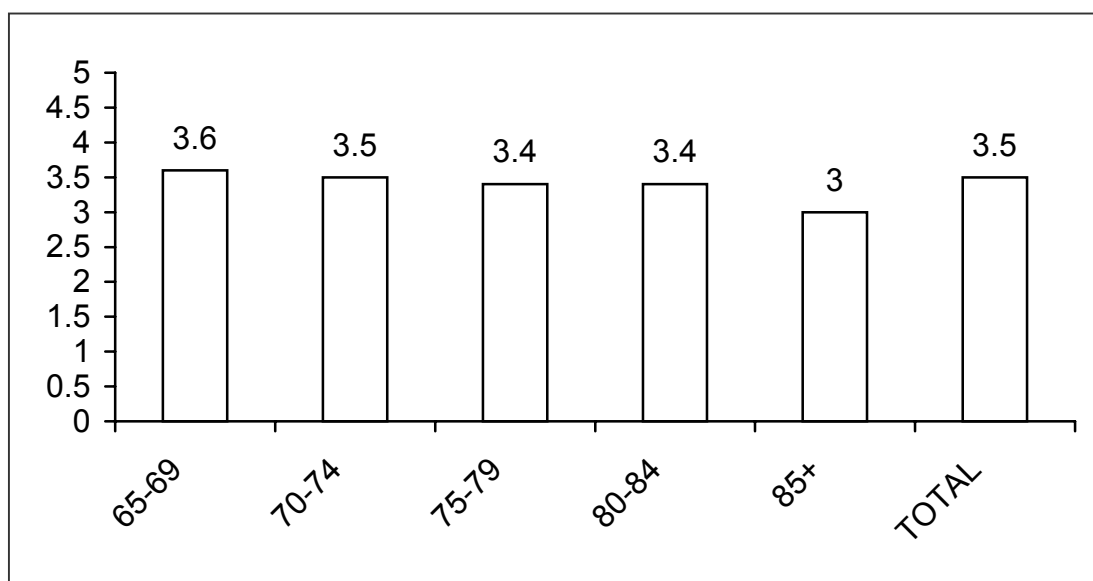


Figure 3. Opinion of the elderly about their coping with everyday life

The survey of the elderly showed that 23% of the elderly are satisfied with the provision of services; 18% of the elderly were unsatisfied with the services and 59% could not give an opinion. When evaluating the accessibility of assistance and nursing devices, 6% of the elderly thought that they lack transport vehicles, but also hearing devices and spectacles.

There is a need to increase the role of outpatient care in the organization of health and welfare services for the elderly in Estonia. **It is necessary to establish the post of a social worker in hospitals, clinics,** in bigger nursing homes and day centers in order to help the clients better to receive the necessary services. Currently there are social workers only in few hospitals.

The propositions of the social workers about the need of services were divided on a quite a large scale starting with the transport problems of the elderly and ending with support person and land cultivating services. Nevertheless **several bigger groups can be distinguished among the variety of services** that were proposed. In most cases the needed service is the **transport of the elderly** (12%), which is related to the shutting down of bus routes. For this reason the possibilities to travel for the elderly who live outside the center have worsened. At the same time the social workers point out that their local governments have been able to

arrange free transport a few times a week, with which the elderly persons can go to the center either to a doctor, to the market or to state institutions.

Almost in one-tenth (9%) of the responses the **need for home delivered hot meal, discounted lunch or soup kitchen** was mentioned. This doesn't mean that this service is not provided at all, but shows the need to expand and improve it (as well as some other services).

A persistent problem is obtaining and delivering heating material; also the need to **process firewood** is mentioned (9%). Social workers think that mostly the problem arises because of the cost of the service. The survey of the elderly shows that 46% of the elderly have an oven to heat their premises and 65% have electric heating.

There is a surprisingly large number of local governments where the **sauna and laundry service is still problematic** (according to the opinion of social workers 8% of both). These services are provided, but they are not accessible for all who are in need (e.g. domestic elderly with special needs).

7% of the social workers think that there is a need to expand domestic services. The responses indicate that a flexible approach is necessary: in some cases there is a need to prepare food for the elderly person at home, in some other cases there is a greater need for services in winter, in some cases the elderly person just needs someone to talk to, etc.

The **need for social house or an apartment** has been mentioned by 7% of the questioned social workers. When an elderly person leaves home, this is often related to the increased need for outside assistance. The residence problems of the elderly who live alone in premises that have been returned to their previous owners or in premises, which are in need of repair at the same time when the elderly person needs outside help, need to be taken separately.

The need for a **nursing home** has been mentioned by 3% of the social workers, taking into account the needs of those elderly persons who cannot cope without constant outside assistance. Also the need for an elderly **group home** has been mentioned, which is something that falls in between the social apartment and the nursing home – a form of assistance that the elderly could use in order to survive winter and can stay during summer in their real home. Quite often the need

for nursing services was also mentioned (6%). The need for day care of the elderly with dementia was brought up by 3% of the respondents.

Social workers (3%) have also pointed out the need to broaden the **counseling services**. They consider it necessary also to improve the legal counseling of the elderly. At the moment it is the task of the social worker to communicate with the lawyer and then with the person in need of assistance, as there is often no direct relationship between the help-seeker and the lawyer.

Other services made up 12% of the responses of the social workers. The most important of those are the problems related to land cultivation, which would provide the elderly with little additional income. A few times also the need for a support person was mentioned, which would enable the elderly person to get outside the house.

The supply of services does not yet correspond to the need, as according to social workers the main problem is the shortage of resources (59%).

Other reasons were (41%):

- lack of qualified employees;
- lack of transport for social workers;
- lack of possibilities at the day center to offer services.

It is often mentioned that all the needed services are provided to some extent, but the need for them is considerably larger. A difficult problem was also the refusal by an elderly person to go to live in a social apartment or nursing home, although he/she cannot cope independently any more.

The survey of the elderly showed that **64% of the pensioners are satisfied with their life**. Considering the fact that welfare is a subjective criteria of coping, the results of the survey indicate the willingness to accept things as they are by the Estonian elderly as they in most part accept and understand the situation they are in and are patient although they have to cope with relatively small pension.

Successful ageing: reality and perspectives

Successful ageing consists of three sub-areas: avoiding illnesses and injuries; keeping good physical and mental health; and participating in social activities.

According to the survey of the elderly about **one-fifth (19%) of them take part in cultural, social and church life**. The rest of the elderly are either not interested in joint activities (57%) or there are no possibilities to take part in cultural and social life (24%). Half of the elderly do not take part in joint activities because of health problems.

Non-profit organizations have an important part in senior policy in informing the public about the problems of the elderly and solving them; including satisfying the needs of the elderly for communication, supplementary training and free-time activities. The activities of volunteers and self-help of the elderly help to solve the problems related to ageing, contributing to the coping of the elderly and decreasing the expenses on the welfare at the same time.

Non-profit organizations and self-help

According to social workers **there are all together 62% of clubs and societies, which consist only of elderly persons** from the total number of associations (372). Often village movements and village societies, societies for country women and family women, education societies, domestic culture societies, heritage societies, gardening and beekeeping societies, etc, where the elderly participate with younger generations were mentioned. Joint activities between different generations guarantee the persistence of the culture and the identity of the nation. The activities of the elderly are also characterized by the fact that every tenth elderly person participates in voluntary work. Next to clubs, societies, associations and movements also **day centers** have become important as they offer hobby and free-time activities for the elderly. Those interested in singing and dancing go to the general club house, but handicraft and discussion circles for the elderly often operate at the day centers.

Special self-help centers, which follow the principle: **by helping the others you help yourself**, operate according to the results of the survey only in Tartu and Tallinn.

The activities of the associations help the elderly person to be active and support coping with oneself. The elderly are active in creating their organizations, as they are interested in joint activities and self-development. The main reason for establishing the associations for elderly are the possibility to offer hobby and cultural activities at the place of residence of the elderly.

It is interesting to study which services are provided for the elderly by the non-profit organizations. The unstructured answers of social workers showed that **65% of all the services are provided by local governments** and 34% by the NGO-s, church and diaconate stations. The role of the private sector in the provision of services is very modest (barely 1%).

The ground document for the Estonian elderly policy states that “state, local governments, private sector and NGO-s have to solve the problems of the elderly jointly”, which refers to the development of mixed care in Estonia. It is important that the elderly, who are more healthy and active and participate in the hobby related activities for self-fulfillment, would also be ready if necessary to care for their dependent family members, relatives and acquaintances. Following that principle, a movement “Elderly – for Elderly” is developing, which has the potential of becoming perspective and innovative.

International cooperation in improving the welfare of the elderly

According to the responses of the social workers the international cooperation has been most developed with Finland (41%), Sweden (23%), the Netherlands (13%), Norway (10%), Germany (10%) and Denmark (3%).

The most important cooperation projects with foreign countries (1997-1999) have been:

- independently organized cooperation with respective parishes or communes in Finland and Sweden (25%);
- cooperation in the field of humanitarian aid (23%);
- exchange and training projects for employees (23%);

- projects for building and furnishing a social center, social house or day center; developing domestic services, water purification projects, etc (29%).

A lot of work in solving the problems of the elderly has been done by the commission on elderly policy at the Ministry of Social Affairs, which consists of scientists, members of parliament, welfare officials and representatives of the elderly' organizations. The commission has cooperated with several institutions, one result of which is the document called "Basis of Estonian Elderly Policy" (1999). They also issue a magazine entitled "Life Span", which is popular among the elderly and the people who work with them.

Conclusion: recommendations how improve the coping of the elderly

The principles of the Estonian senior policy are based on the UN International Ageing Action Plan and also the content of senior policy of Nordic countries as well as Central-European countries was analyzed. Three interrelated areas are considered important: **preventive activity** (smooth transition to the pension age, self-help movement, etc); **supporting independent coping** (social, health and cultural services, safe environment, benefits, networking) and the **equal participation of the elderly and other groups in the social life**. Senior policy encompasses socio-economic, legal, medical, cultural and other means on the level of the state and the local government, but also on the level of the elderly person, his/her family and smaller residential units in order to guarantee the welfare of the elderly by using the resources of different sectors of the society.

According to the study the elderly, the less-secured persons need support in order to cope economically, they also need help in order to alleviate health related problems and to cope independently and tolerant attitude as well. **The following recommendations, which are directed in large part to the local government as the organizer of welfare of the elderly, are based on positive approach towards ageing** and emphasize the socio-cultural context.

- Make good quality social, medical and cultural services accessible for the elderly living in the local government, provide them by social workers and social caregivers **taking the elderly person as the starting point** and considering the local strategy of senior policy. The aim is to use individual

care plan for every case by considering the possibilities offered by public, non-profit and private sector.

- To avoid harmful environmental factors (strong noise, contamination of water and air, etc) in order to guarantee **safe and healthy living environment** when building or reconstructing social houses or apartments for the elderly or choosing the location of other social buildings.
- **Broaden the network of day centers** and the range of services offered there, emphasize the psycho-social coping of the elderly (self-fulfillment of the elderly through the activities of their own choosing, creating pleasant atmosphere and possibilities for communication, feeling valuable and needed as a person). Focus the attention on elderly who live alone and are not secured financially, and need most of all catering, sauna and laundry services.
- Offer **possibilities for supplementary training and communication for the elderly** in day, family, village, social, development and senior centers. Promote the **ideas of voluntary work and self-help movement** through the day centers.
- Give the elderly knowledge and counseling about human life span, ageing, health problems and legal rights in different public schools, senior schooling and through other forms of teaching that operate at the day centers.
- Local governments should find possibilities for **retraining and supplementary training of the older population**, also for working full or part-time in a position suitable for an elderly person. Promote working among the persons who have reached the pension age if a person wishes to work and is competitive.
- Create a **council of seniors** at the local governments, whose recommendations would be taken into account when making decisions that concern the elderly. Offer possibilities for the elderly to submit proposals also anonymously (mail-box at the day center, etc) for improving their situation. The employees of local governments should regularly carry out (at least once a year) surveys on how the elderly are coping and satisfied with their life and on the availability of services.

- In the **gerontological developmental activity** it is recommended to focus on developing preventive activities and dealing with the questions related to the coping of an elderly person with special needs (day care of people with dementia, technical devices, support persons). In research and development it is necessary to focus on the social, medical and economic aspects related to the ageing of the population by local governments.
- **Social workers need supplementary training in gerontological social work** that is offered by training centers and professional associations. Also the family members of the elderly, voluntary assistants and support persons need training. Next to family and relatives/friends successful ageing depends on social workers who cooperate with medical staff, therapists, psychologists, lawyers and police, and that is why knowledge on networking and supervision is needed.

Successful implementation of senior policy depends largely on political will and on how much different political parties know about the problems of the elderly. A logical step would be the implementation of ageing program that supports national senior policy and is based on the Estonian ageing policy. The results of the studies, demographic indicators and opinions of social and medical workers should be taken into account when designing it.

Is the Estonian society ready for the change? No. At the moment there is a shortage of qualified social workers and caregivers who would be competent in the questions of gerontology and geriatrics. Work with elderly will not belong solely in the domain of social work and health care in the future, but will develop in cooperation with specialists from different fields. This means that **what is important is** not what is done, but **how it is done**. It is important that all members of the society would be willing to accept the ageing society, be tolerant towards the elderly and also about their own ageing.

References

- Arber, S.** (1996). Sukupuoli ja ikä. Gerontologia, vol. 10(2), 74–81.
- Eesti inimarengu aruanne 1997** (1998). Toimetaja **Järve, P** jt.
- Eesti statistika aastaraamat.** (2000). Tallinn: Statistikaamet.

Katus, K., Puur, A., Põldma, A., Sakkeus, L. (1999). Rahvastiku vananemine Eestis. Tallinn.

Kiis, A. (2000). Kahe valitsuskoalitsiooni (1996–1999 ja 1999–k.a) sotsiaalpoliitika: võrdlev analüüs. Magistritöö referaat. Tallinn.

Koskinen, S. (1994). Gerontological Social Work as a Microstructure in Ageing Policy. Acta Universitatis Lapponiensis 3. Rovaniemi. University of Lapland (publications in Finnish with English summary).

Kutsar, D., Trumm, A. (1998). Vaesus kui inimõiguste realiseerimise takistaja iseseisvunud Eestis. Tallinn, 11–21.

Saks, K., Tiit, E.-M., Käärrik, E. (2000). Eesti eakate elanike toimetuleku- ja terviseuuring 2000. Tartu.

Sotsiaalhoolekande seadus. RT I 1995, 21, 323.

Tulva, T. (1998). Eakate toimetulekust ehk “elu eesmärk on olla elusam”. Teadusartiklite kogumik: Teaduselt praktikale: uurimusi ja arutlusi sotsiaaltöö teemadel. Koostaja Tulva, T. Tallinn, 148–159.

Tulva, T., Kiis, A. (2001). Vananemine Eestis: eakate toimetulek ja teenuste vajadus. Tallinn: Sotsiaalministeerium, TPÜ.

Tulva, T., Tedre, S. (1999). Older Women in Transitions in Estonia: Continuing Care-givers. Ageing in a Gendered World: Women’s Issues and Identities. Santo Domingo: INSTRAW. 199–214.