

AGEING AND DEVELOPMENT: VIEWS OF THE MONGOLIAN ELDERLY

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- Overview of Mongolian ageing trend
- National policy on ageing and development
- Study results among the older people
- Gaps and cross-cutting issues

WHO IS OLDER PERSON IN MONGOLIA?

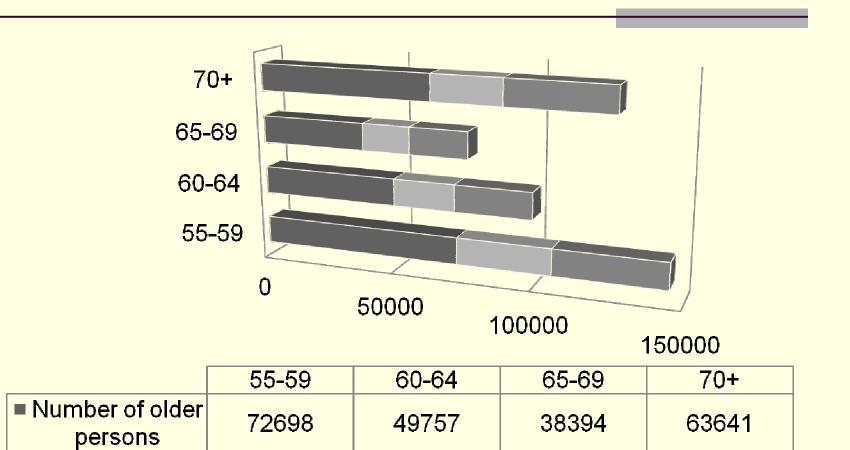
According to the Mongolian Law on Social Protection for the Elderly:

- A woman 55 < y.o.
- A men 60 < y.o.



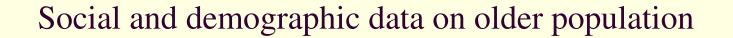
In general, a person who is above 50 y.o. considers himself/helself "in old age" and tries to behave age-appropriately.

Mongolian older population 2010



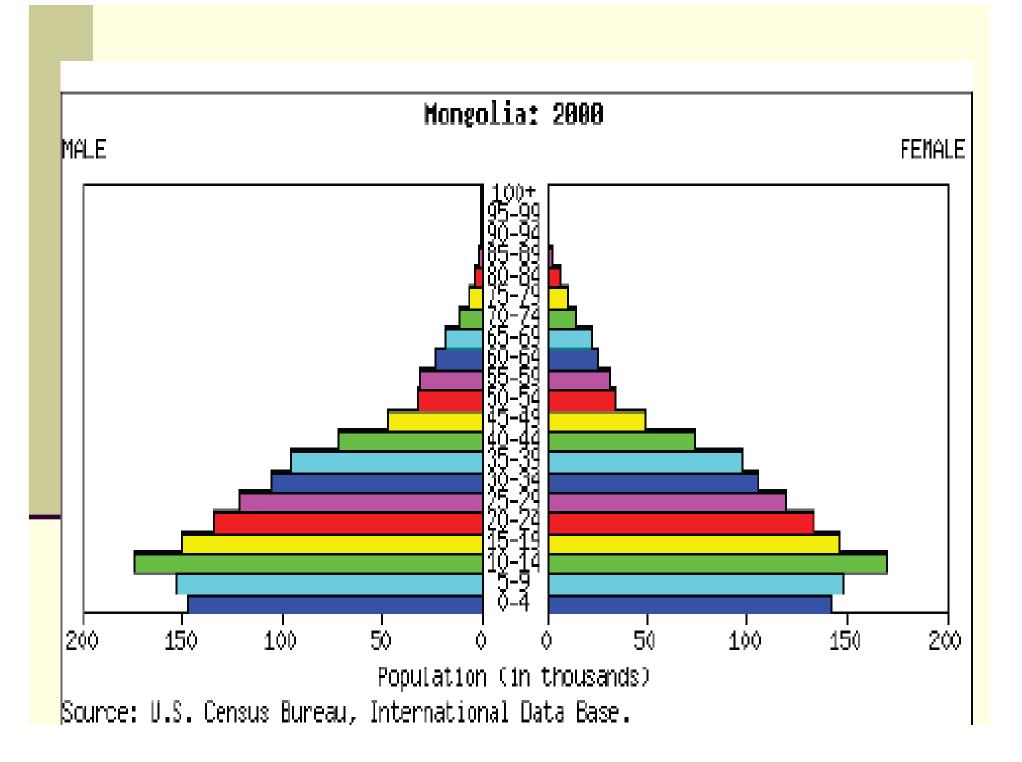
Older men

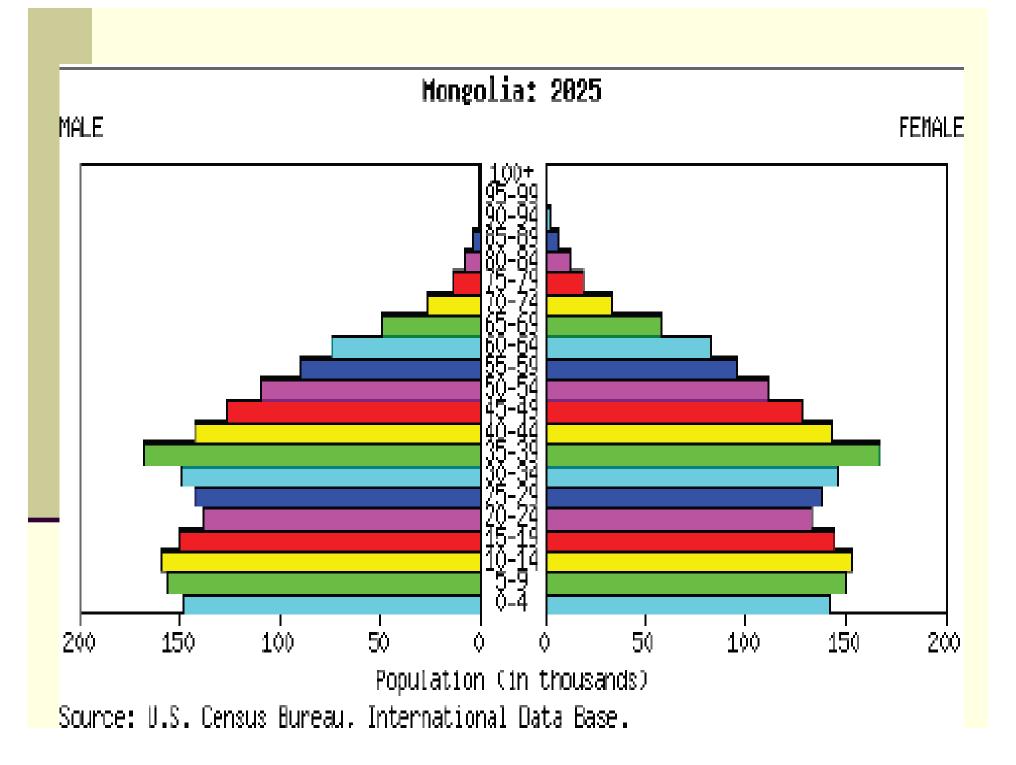
Older women

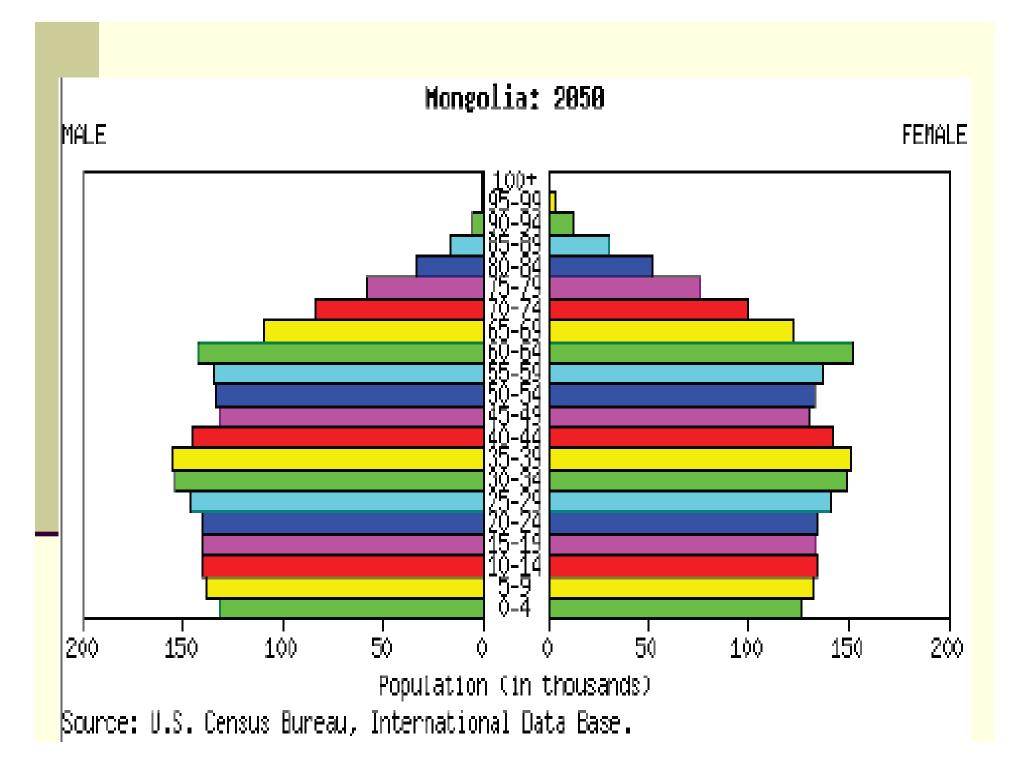


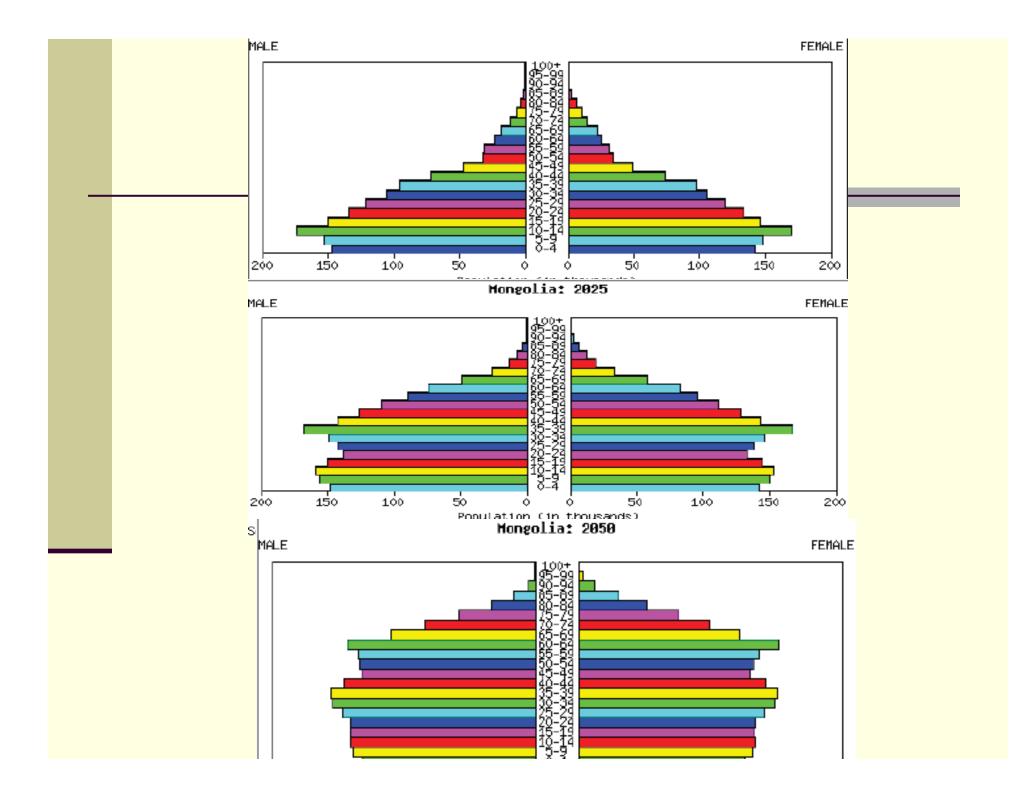
- Older population is 7% of the total population
- Sex ratio 79
- Age dependency ratio
 - **1989** 7.5 (84.9)
 - **2000** 5.7 (64.6)
 - **2010** 5.4 (45)
 - Life expectancy at birth woman 69 y.o. man 63 y.o.
- Increasing oldest old (80+)population
 - 0.5% 2007
 - **1.0% 2025**
 - **3.4%** 2050

- Malnutrition 31% of elderly
- Illiterate older people 11.7%
- Priority to poor elderly and veterans improving housing conditions
- Allocation of share of mining sector through Human development fund
- Community based care is priority
- Health promotion approach to ageing

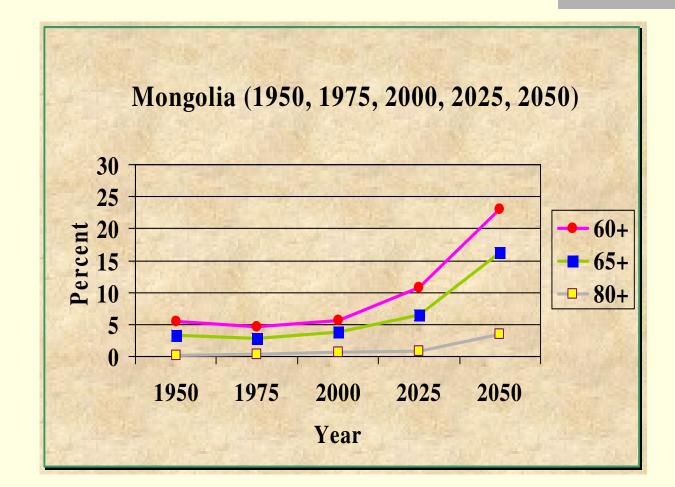








Proportion in older age categories



http://www.un.org/esa/population/publications/worldageing19502050/pdf/143mongo.pdf

<i>Source: NSO (2002)</i>		
	Male	Female
% of older persons who are	96.3	86.3
literate		
% of older persons who are	29.2	66.9
single		
% of 60-64 economically	26.4	12.8
active		
% of 65-69 economically	16.9	8.6
active		
% of 70+ economically active	11.1	7.1

Table 2: Gender differences in the situation of older persons

Table 3: Gender differences in the situation of older persons

Source: NSO (2010)		
% of older persons who are	88.3	
literate		
% of 60-64 economically	58.4	
active		
% of 65-69 economically	25.4	
active		
% of 70+ economically active	16.1	

Country context

- Human development index 0.727
- Poverty indicator 35.2
- Increasing demand for health and social systems
- Weak primary health care (32.1% of total health expenditure)
- Health expenditure % of GDP 3.2
- Higher prevalence of noncommunicable disease: liver cancer, cerebrovascular disease
- Priority to social welfare issues of elderly

National policies on ageing and development

- National policy on Population development 2004
- National policy on Family development 2003
- Revision of 1998 National Program on Health and Social Protection of Older People 2003
- Social security sector master plan 2003
- Health Sector Strategic master plan 2005
- National strategy on Population Ageing 2009
- Policy revisions on employment promotion and social welfare 2010

Publications

- Advocacy brochure on ageing.
- Study report:
 Assuring income security in old age:
 Views of the Mongolian elderly
- Newsletters

Population Ageing in Mongolia: Ensuring Dignity in Old Age Ulaanbaatar 2007 • 🛞 UNF АХМАД НАСАНД ОРЛОГЫН БАТАЛГААТ БАЙДЛЫГ ХАНГАХ НЬ: монгол улсын АХМАД НАСТНУУДЫН ҮЗЭЛ БОДОЛ



MIPAA Priority areas

- Older people and development
- Advancing health and well-being into old age
- Ensuring enabling and supportive environments

Research findings from older people themselves and stakeholders



Purpose of the field research:

To gather information for assessing the impact of social pensions on improving income security in old age and reducing poverty at the individual and family levels.

Research methodology

- A participatory study conducted as part of a UNFPA regional level study in 2007.
- Older people
 - Recipients of contributory social pensions
 - Recipients of non-contributory social pensions
 - Who do not receive any pensions
 - Interviews with
 - Family members,
 - Key informants from the communities
 - Government officials

Views of Mongolian elder people

- By comparing their social, economic, and health status before and after their retirement they commented on
- Increasing risks of falling into poverty
- Important role of the government to guarantee income security in old age.
- Family is the main structure to support older people
- Older people contribute to family and society in many ways

Poverty and Old age

- Older people are mostly categorized as average poor since they have income sources like possessing properties and receiving monthly pension (NSO, ADB & WB 2006).
- Most of the older people who are single or having no children and relatives to help them are reckoned as "very poor".
- Older people living only on their pension live near poverty line.

Factors contributing poverty in old age

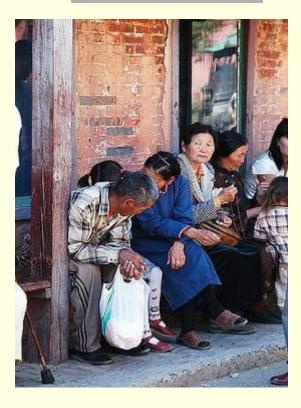
Lack of assets
Out migration and unemployment
Poor health
Lack of access to credit loans
Lack of pensions

Study findings

Both contributory and noncontributory pensions are an important source of income in old age.

The risk and incidence of poverty increase with age.

A pension helps to prevent and eradicate poverty and contributes to the quality of life of the older person.



Older people and development

- Work mainly in informal sector, family interpreneurship
- Older people are eligible for receiving loans and credits from the banks using their pensions.
- Intergenerational contribution by older people by raising grandchildren, investing children's education, etc
- Social pension impacts greater self esteem
- Limited with household activities

Advancing health and well-being into old age

- State health insurance premium
- Discounted health treatments at resorts
- Some mobile health services
- Not satisfied with health services
- Greater concern for increasing health expenses
 - Older people receiving contributory pension have more access to health services than those who receive social pensions.

Ensuring enabling and supportive environments

- 80% of services and assistance are provided by family members.
- The elderly living with children or relatives have better lives than those living alone.
- Former work places provide support
- Elderly clubs and senior centers in every administrative unit
- Elderly Day celebration
- Although policies in place the enforcement and implementation were not adequate.

Gaps and cross-cutting issues

- Reducing age discrimination especially in employment
- Reducing health care cost by family and out of pocket
- Need for specialized and long term care
- Training on geriatric care
- Increasing awareness on ageing and development
- Coordination of sectoral programs and integrated response to health care
- Improving data and research on ageing

Thank you for your attention