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Self-rated health and barriers to healthcare in Ukraine: The pivotal role of gender and its intersections

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ABSTRACT

The ongoing health crisis in the Ukraine has persisted for 48 years with a clear division of gender-based outcomes as seen in the decline of male life expectancy and stagnation of female longevity. The purpose of this paper is to investigate differences in self-rated health and system barriers to health care applicable to gender and its intersections because of the differing negative health outcomes for men and women. Intersectionality theory provides an analytic framework for interpreting our results. Utilizing a nationwide sample of the Ukrainian population (N = 1908), we found that low socioeconomic status (SES) women rate their health worse than men generally and any other socioeconomic group. Yet women also face the greatest barriers to health care until older ages when the ailments of men cause them to likewise face the obstacles. In reviewing the barrier to health care scale, one barrier—that of health care services being too expensive—dominated the responses with some 52.5 percent of the sample reporting it. Consequently, the greatest problem in Ukraine with respect to health reform reported by the population is the out-of-pocket costs for care in a system that is officially free. These costs, constituting some 40 percent of all national health expenditures, affect women and the aged the most.

The purpose of this paper is to investigate differences in self-rated health and system barriers to health care applicable to gender and how it intersects with other variables in Ukraine, such as age and social class. This is an important topic because Ukraine continues to experience an internationally recognized health crisis that has worsened since 2014 in its eastern oblasts by a violent and as yet unresolved pro-Russian separatist revolt (Lekhan et al., 2015). Over 25 percent of the adult Ukrainian population between the ages of 18–65 years had previously been reported to have a chronic disease or condition prior to the war (World Bank, 2010). The average overall life expectancy at birth in Ukraine is currently 10 years lower than that of the European Union as a whole, while Ukrainian women live 10 years longer than men on average—which is one of largest gender gaps in mortality in the world (Lekhan et al., 2015).

The combination of high mortality with low fertility and outward migration accelerated by the fighting in the east is causing Ukraine to undergo the highest absolute population loss among European countries. This is seen in data showing that

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between 1990 and 2012, Ukraine's population declined from 51.8 to 45.3 million people and is estimated to decrease even further to 33 million by 2050 and 25 million by 2100 (United Nations, 2013). The estimate does not include population losses due to the separatist conflict.

Gender is a significant variable in Ukraine's health crisis in that both men and women have been adversely affected but in different ways. The premature mortality especially characteristic of working class males—similar to trends seen in Russia, Belarus, and Kazakhstan—persists. Ukrainian women, in turn, have seen their longevity stagnate instead of advance and fall behind that of females in Central and Western Europe. As Meslé and Vallin (2012:271) observe, "from the mid-1960s on, a new type of crisis arose, bringing a lasting reversal of past trends: the increase in life expectancy for females came to a complete halt, and male life expectancy declined strongly year on year." They find, for example, that female life expectancy in Ukraine was 74.6 years in 1965 and 73.7 years in 2006 for a decline of 0.9 years. Male life expectancy reached its all-time high of 68.1 years in 1964. Beginning in 1965, however, male longevity began a general decline. Regardless of temporary periods of fluctuation, the average male life expectancy fell from 67.6 in 1965 to 62.2 in 2006—a net loss of 5.4 years over this 41-year timeframe.

More recent figures for Ukraine put life expectancy for men in 2013 at 66.3 years and women at 76.2 years—a gain of 4.1 years for men and 2.5 years for women–which is a major improvement from seven years earlier, but still well below the mid-1960s for men. This outcome extends the health crisis to 48 years for males and does not include how the war in the east will subsequently affect life expectancy. By way of comparison, males in France and Ukraine had approximately the same life expectancy in 1965 (67.5 and 67.6 years, respectively). Yet French males, in a dramatic contrast, saw their longevity advance 9.4 years (to age 76.9) and French females 9.1 years (from 74.7 to 83.8) between 1965 and 2006 (Meslé and Vallin, 2012). In 2013, French life expectancy was 78.7 years (males) and 85.2 years (females). Matched to their French counterparts in 2013, Ukrainian men lived 12.4 years less and women nine years less on average. It is clear that the difference in longevity between the two European populations is extreme.

The few studies examining the health crisis in Ukraine have concentrated on men since their lives are more at risk for premature death (Cockerham et al., 2005, 2006a, 2006b). These studies identified male gender as the single most powerful predictor of a negative health lifestyle consisting largely of excessive alcohol consumption and binge drinking, substantial smoking, and fatty diets. These lifestyle practices, in turn, were found in these studies to be responsible for the premature cardiovascular mortality especially characteristic of working class males. Females reported significantly greater stress than males. However, this difference was likely due to the stress reducing properties of alcohol intoxication widely experienced by men and the heavy burden of employment, household labor, and child care that falls exceedingly disproportionately on women. Also, as with all former Soviet states, slow socio-economic progress coupled with deteriorating social security and state benefits, along with occasional political instability, likely contributed to unhealthy living conditions and growing health inequities within the population.

Political instability increased in Ukraine in late 2013 when massive protests erupted over the government's refusal to agree to a free-trade and affiliation pact with the European Union and instead accept a $15 billion loan and lower gas pricing arrangements from Russia. The alliance with the European Union promoting eventual membership included a loan from the International Monetary Fund that carried stipulations to reduce corruption and waste in government spending that Russia did not require. The loans were needed because Ukraine was rapidly reaching the point it would be unable to pay its bills, including energy costs during winter months. Opponents of the European Union alliance argued that moving closer to Europe would mean the spread of "European social values" into Ukrainian society. Tolerance for diversity in sexual orientation, for example, was depicted as a threat to the traditional Ukrainian family. Supporters, in turn, viewed association with Europe as a way to attract investment, increase employment, obtain the right to work in other European countries, end corruption, institute fair wages, and develop a strong social safety net that included an all-encompassing health care delivery system (Kotsyuba, 2013).

However, in February 2014, street protests in Kyiv drove President Viktor Yanykovych from office and the new President, Petro Poroshenko, signed the alliance with the European Union in June. Earlier, in March 2014, the Russian Federation seized the Crimean Autonomous Republic, removing it from Ukraine's territorial control. In April, an increasingly violent armed conflict began in the Donbas area of eastern Ukraine that proclaimed its independence. Russian "volunteers" joined with local separatists in fighting Ukrainian forces until a poorly maintained ceasefire froze boundaries along the existing frontlines. These events caused a large-scale population shift as civilians tried to escape the fighting, destruction of homes, farms, and businesses, and the breakdown in basic services that included health care delivery in the conflict-affected areas (Holt, 2015). Some 1.3 million people were displaced within Ukraine and another 876,000 migrated to another country, most to Russia, leaving about 5.2 million residents in separatist areas (Lekhan et al., 2015; Roth, 2014).

The current health situation in Ukraine carries high human and economic costs for individuals, their families, and the nation as a whole. According to a previous World Bank report, about 50% of all deaths under the age of 75 in the country could be prevented with adequate preventive and treatment interventions (Menon, 2010). While several factors that affect health require efforts that address its broader social determinants, the health care system itself plays an important role insofar as its current structure and organization has been characterized as inadequate (Lekhan et al., 2015). Because of the distinct negative health outcomes for men compared to women, we seek to investigate differences in self-rated health and system barriers applicable to these genders in this study.

However, we do not focus on explaining the health situation simply along gendered lines. While gender is an important social determinant of health (Cockerham, 2013), the way in which it intersects with other variables, such as social class,