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THE ELDERLY IN LATIN AMERICA: A STRATEGIC SECTOR FOR
SOCIAL POLICY IN THE 1990'S */

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INTRODUCTION

A firmly entrenched commonplace holds that Latin America is a "young region", that policy makers should worry about meeting the needs of children, youth, and underemployed adults, but, since the aged will remain a small percentage of the population in the near future and in any case are either covered by existing social security or cared for by the "extended family", the task of designing and implementing social policy for a rapidly aging population can be safely left to the next generation of planners and decision-makers. This conventional wisdom is soothing in an era of fiscal crisis and burgeoning social problems; it is also almost totally mistaken on all counts. The present study aims to correct these misapprehensions and to provide up-to-date information and analysis on the aging process and aging related policy issues. It is divided into five chapters covering demographic trends; the empirical living and working situation of the elderly in the region; the crisis of social security pension schemes and health services for the elderly in different types of Latin American countries; the current state of overall governmental aging-related policy as well as of activities of non-governmental organizations in this field; and a non-conventional proposal for a policy approach to aging that is more appropriate to the situation and needs of the vast majority of the elderly in the region.

The analysis presented here tends to support the view that the elderly are rapidly becoming a sector of strategic importance, that will require increasing attention from policy makers in the region.

It is an oversimplification, at best, to categorize Latin America as a "young" region. As is pointed out in Chapter One, Latin America as a whole, though "younger" than industrialized countries, is much further along in the demographic transition toward lower birth rates and mortality rates than Africa, and is slightly "older" than the average of developing countries excluding China. There are a number of other hard demographic facts that make population aging a major policy challenge for the coming years in the majority of countries in the region:

- The proportion of young people (0-15) in the population of the region peaked around 1970, decreasing progressively since then.

- Since at least 1950, the elderly population has grown more rapidly in Latin America than in any other region, and more rapidly than any other age group in the region, maintaining annual rates of growth of over 3% for the last 30 or 40 years.

- The population aged 60 and over already represents more than ten percent of total population in three Latin American countries: Cuba (about 11%); Argentina (about 13%); and Uruguay (nearly 16%).

- The population of retirement age is already growing more rapidly than the working age population in most countries of the region; in the remainder (where birth and death rates have begun to decline more recently), this divergence will begin to take place in the near future (1990-1995).

Chapter Two, in presenting detailed statistical data on various facets of the situation of the elderly, provides a picture of their needs and capabilities that is much more complete and informative than has heretofore been available in Latin America. Country-to-country differences become more clear cut, and this constitutes an advance toward the construction of a typology of national aging processes viewed in terms of their social consequences. Among other significant findings, it is made clear that a large part of the population in the age group 60-80 are not dependent on other household members, but have the capability of working productively if given the opportunity and of acting as heads of households. A significant proportion manage to maintain per capita incomes superior to those of many households whose heads are of "active age" but who still have their own dependent children living with them. With the exception of those few countries in which pension coverage (and obligatory retirement) is almost complete, a large proportion of this age group remains economically active, in large part in the informal sector. The question remains as to what part of this population is forced to work because of inadequate pensions, beyond the limits of their real capacities.

Insofar as the main concern of aging-related policies should be with the segment of the elderly who are unable to satisfy their basic needs, it is particularly relevant to note that one of the impacts of the economic crisis appears to have been a strong increase, in the period 1982-1986, in the proportion of the elderly who work in the informal sector, according to the data presented toward the end of Chapter Two.

The fact that the annual growth rate of the elderly population is now higher than that of the working age population means that there is a steady deterioration in potential "carrying capacity" of the societies of the region: that is, a sustained increase in the gross dependency ratio of the number of aged over

the number of potentially active non-aged adults. Such a trend is less problematic when total per capita income and worker productivity are growing strongly. For the medium term in Latin America, however, economic growth and creation of productive employment are almost certain to be much weaker in the 1990's than before the economic crisis that began in 1982.^{1/}

The fact that job creation in the private formal sector has virtually stagnated in many countries in recent years bodes especially ill for social security systems, since the formal salary contract is the main basis for the financing of most pension schemes and health systems. As Chapter Three shows, despite the great differences in coverage and benefits among Latin American social security systems, virtually all are already in a double crisis that combines the effects of prolonged economic recession and inflation with the "maturation" process typical of social security systems. In practice, this means growing difficulties in financing pensions and health services as the retired population grows.

The current situation and future of pensioners would be somewhat less catastrophic if governments would simply apply, and respect, existing laws. Tax evasion is a large part of the problem, but, in addition, some governments have failed to make contributions to social security funds that are required by law, and many more have yielded to the temptation of "raiding" pension funds to finance other social services benefitting the non-old. As the elderly become more numerous and better organized, governments will probably receive greater pressures to rectify this.

However, as Chapter Three makes clear, there are also a series of fundamental characteristics of today's social security systems that make them unsustainable in the Latin American context even without economic crisis.

Reforms will be required in methods of financing and maintaining the value of pension and health care funds, in overcoming regressive and inequitable characteristics, and in improving coverage in the face of growing dependency ratios and numbers of elderly. But the new challenges of development in the near future, which require savings and ready liquidity, make any social security system inadequate as a centerpiece of aging related policy in the poor countries of the region, where the self-employed and the peasant population are numerically important. Schemes such as government-private sector insurance combinations and "peasant social security" offer some promise,

^{1/} See ECLAC, Social Development Division, "The dynamics of social deterioration in Latin America and the Caribbean in the 1980's", LC/G.1557, Santiago, 1989.

but the limited experience gained in these areas to date suggests that they are most successful where the need is least, and that their implications for the future must be the subject of greater public discussion and debate. In general, however, the solutions to the problems of the poor among the elderly, and of the elderly in poorer countries, require that conventional social security be complemented by innovative, imaginative dynamic policies carefully attuned to the real needs and capabilities of the elderly and of the societies in which they live.

Chapter Four provides a broad overview of what is currently known concerning governmental aging-related policy in Latin America. It is patently clear that a coherent, integrated, explicit policy toward population aging and the needs of the aged at the level of central governments simply does not exist in the region, despite the growing urgency of the need for such an overall policy.

Many of the "unconventional" programmes for the elderly analysed in Chapter Four attempt to raise the productivity of the elderly in the informal sector or to utilise informal institutions to provide them with needed services. In general, however, these experiments are still microscopic and must be considered pilot projects.

The most promising overall approaches, such as that outlined in Chapter Five, show ways of translating into practical terms what is essentially a rethinking of the definition of basic needs, of the meaning of development, and of the role of popular participation in development. Putting all this into practice will require an end to the stereotypes of the informal sector as a dead-end street, inhabited by rejects from the formal, "modern" sector who are incapable of achieving decent incomes unless they manage to be absorbed by the latter; and of cooperative or collective forms of production and of nongovernmental organizations as charitable endeavors that are marginal to the real job of achieving dynamic growth.

One key to this goal would appear to be for governments to provide the necessary support and guidance to help families meet the needs of all their members (rather than just leaving the problem to families, to be solved with their own existing resources). Another would be to harness the untapped potential of community involvement to provide a local institutional context both for meeting the need of the aged and for realizing their own capabilities.

The unavoidable fact of population aging will inevitably require increasing attention from planners in the very near future; postponement will only turn what is now a challenge into a genuine dilemma. Also inevitable in the medium term are increases in the proportion of scarce public resources allocated

to aging-related programmes. Such allocations will become more feasible politically as soon as it is seen that transfer of resources to realize the underutilized productive potential of the large majority of the over-sixties is not a consumption expenditure but an investment that can contribute to development. If this occurs, responding to the challenge of population aging in Latin America can become a key element in the necessary rethinking of development strategies now going on in a region searching for a way out of a multifaceted crisis.

The following authors collaborated with the Social Development Division of ECLAC in the preparation of this study: César Peláez (Chapter One); Carmen Barros and Nora Ruedi (Chapter Two); Rubén Lo Vuolo (Chapter Three); and Joey Edwardh (Chapters Four and Five).

Chapter One

DEMOGRAPHIC ASPECTS OF THE AGING OF THE POPULATION IN LATIN AMERICA

This chapter will deal with the most recent trends in the aging of the Latin American population. The demographic aspects of this process, defined as an increase in the proportion of older persons in the population, were extensively analysed in an earlier ECLAC document (ECLAC, 1982) which also explored some of the implications of this process for the development and living conditions of older people. Since then, studies and analyses based on new data, particularly the results of the 1980 census round, have added to what is known about such demographic trends. These studies and analyses, which are summarized in the information on concerning population estimates and projections published by CELADE and the United Nations, demonstrate that the main findings of that earlier report remain valid today.

The available information on demographic trends provides a basis for estimates of the older population, as well as of how it has changed in relation to other functional age groups within the population, such as children, young people or the working-age population. First of all, however, it is important to draw a distinction between the aging of individuals and the aging of the population, since they are two quite different, albeit interrelated, processes.

An increase in life expectancy means that a larger proportion of the individuals born at a given time will reach old age and that, once they have done so, they will live, on average, a greater number of years. Changes in the aging pattern of individuals is, however, only one of the three determinants of the growth and structure of the population. The demographic transition now being experienced by the countries of Latin America entails a gradual aging of the population which is reflected in an increase in the proportion of old people. Historical experience indicates that this process is based, first of all, on a decline in fertility and, to a lesser extent, on a decrease in mortality (and, in specific situations, on migration).

1. Changes in mortality

On the basis of the available information, it can be categorically stated that mortality has historically followed downward trend. Table I-1 sets forth recent estimates and projections which show that, both at the world level and in the more and less developed regions, life expectancy at birth (LEB) has been rising, but at an increasingly slower rate as progressively higher levels are reached. As a consequence of these trends, the difference between the LEBs of the more and less developed regions has tended to diminish.

Along this transitional spectrum, Latin America occupies a clearly-defined intermediate position between the more and less developed regions. Its LEB is far higher than that of the less developed regions and than the world average but, even though the gap in LEBs has been narrowing, it is still more than eight years lower than that of the more developed regions.

The figures shown in table I-1 indicate an upward trend both in the probability of reaching 60 years of age and in the life expectancy at that age in all the regions and in the world in general (see tables I-2 and I-3). In Latin America, the probability of reaching age 60 was just barely over 50% in the early 1950s, whereas it is now 75%, although this figure is still far less than the 87% probability estimated for the more developed regions. The life expectancy at age 60 has also shown a significant, although less striking, increase (from 14.3 to 16.5 years). The increase in the probability of surviving to age 60 has had a much greater influence on the ELB than the decrease in mortality after that age has had, mainly because deaths avoided at an early age have a greater impact on life expectancy, as well as because the reduction in mortality has been larger in age groups under 60 years, particularly the youngest ones. On the basis of the figures in tables I-1 and I-3, it can be estimated that around 85% of the increase in the LEB in Latin America between 1950 and the present has been due to the rise in the probability of surviving to 60 years of age. In the future, however, it is likely that the decrease in mortality at more advanced ages will have a greater impact on the LEB, but its influence will probably still not exceed 30% during the next 30 years.

The fact should be borne in mind, however, that the LEBs being referred to here are based on the death rates of the various cohorts of the population in a given quinquennium and, consequently, given the declining trend in mortality, these values underestimate the probable longevity of the younger cohorts and overestimate that of the older ones. The difference

between the LEB of the population in a given period and the actual LEB of the cohort born during that period will be particularly great in the case of generations born shortly before the beginning of a sharp decrease in mortality. Hence, in the case of Latin America it can be estimated that the probable LEB of women born between 1935 and 1940 will be more than ten years greater than the LEB of the female population during that period, which was less than 40 years. For these same reasons, and bearing in mind the higher levels of survival being registered at present and the fact that they are rising more and more slowly, it is highly likely that the differential between the actual mean longevity of a generation and that indicated by the life table for the period corresponding to the time of that generation's birth will tend to decrease in the future.

The trends observed in the region are the net result of a wide range of LEB levels and trends in the various countries within it. The most recent estimates and projections for 20 Latin American countries (see table I.4) show that at the beginning of the period in question (i.e., 1950-1955) there was a wide variation in LEBs, from less than 38 years in Haiti to somewhat more than 66 years in Uruguay, for a differential of almost 29 years. Since then, the LEB has risen in all the countries at different rates, with the rate of increase tending to slow down as the LEB reaches progressively higher levels. Hence, at present the LEB ranges from around 75 years in Costa Rica to slightly over 53 years in Bolivia, and the differential is thus less than 22 years. These figures indicate that, despite the significant reduction in the range of variation, a considerable gap still exists between the upper and lower extremes of this indicator in the region.

Changes in the range of variation do not, however, reflect one highly significant fact, which is that there has been a progressive concentration of countries at the higher LEB levels. Only three of the 20 countries included in table I.4 had an LEB of over 60 years of age in 1950-1955, whereas now all of them except Bolivia and Haiti have reached this level. Fifteen countries have LEBs of over 63 years, whereas only Uruguay had exceeded that level in 1950-1955. This more encouraging picture can be more fully appreciated by examining the specific cases of Bolivia and Haiti. The death rates in these two countries have decreased much more slowly than in the other countries that had high mortality rates and, as a result, there is currently a discontinuity in the distribution of LEB levels such that a gap separates these two countries from the rest. If Bolivia and Haiti are excluded, then the decrease in the range of variation between 1950-1950 and the present is much greater (from 24 to 13 years) in both absolute and relative terms than when all 20 countries are considered. Projections indicate that, in the future, the differences among the countries will continue to

decrease as LEBs of over 70 years of age are attained by all the countries of the region.

The fact should be emphasized, however, that despite the above-mentioned trends towards a decrease in the differences among the survival ratios of the countries, great differences still exist among the various areas and social strata within each country which, depending upon how these areas and strata are defined, may even be greater than differences among countries. (ECLAC 1982, op.cit.)

The data shown in table I-4 also indicate that, as in the other regions and countries of the world, the LEB for women is consistently higher than that of men and, furthermore, that a generally upward trend is to be seen in this differential in all the countries as mortality rates decline. There are currently seven countries in which the longevity of women is already over six years more than that of men.

The changes that have occurred in the longevity of the population of the Latin American countries since 1950 are illustrated by the extreme cases that will be described below, taking into account the mortality tables corresponding to the LEBs shown in table I.4. In 1950-1955, less than one-third of live-born males reached 60 years of age in Haiti and these survivors lived, on average, less than 14 years thereafter. During the same period, in Uruguay (the country that had the lowest death rate in the region at that time), almost 80% of all women reached 60 years of age and, after that age, they lived for an average of nearly 19 years. At present, in Bolivia (the country with the highest mortality rate), the probability that a man will reach 60 years of age is 53% and, after that age, his average life expectancy is slightly over 14 years. This situation may be contrasted with that of women in Costa Rica, whose probability of surviving to 60 years of age is 90% and who can be expected to live for nearly 22 more years after that. The fact should be stressed once again, however, that these figures probably overestimate the mortality rate for the younger cohorts, especially for the period 1950-1955 but also, to a lesser extent, at present.

2. The aging of the population

If the aging of the population is to be defined as the process by which an increase occurs in the proportion of older persons within a population, then the extent of such aging will depend, firstly, on the minimum age for inclusion in this category. Generally speaking, in the work conducted by the United Nations this minimum age has been set at 60 years. The older population is also usually subdivided into more or less broad age groups in order to permit an analysis of the heterogeneity of the

situations and of this population's various forms of behaviour in respect of different economic, social, cultural and biological factors.

By its very definition, the concept of the aging of the population implies the need to view this process within the broader framework of changes in the population structure, since any variation in the proportion of old people is determined by the relative changes in the growth rates of the different age groups into which a national population can be broken down. It is therefore necessary to consider not only the relative size of the population in various age groups, including the group of older people, but also the population dynamics of these groups. Above and beyond these purely quantitative ratios, however, the basic factor that justifies this structural approach is the existence of significant age-specific variations in the economic, social, cultural and biological characteristics of the population and the inter-generational of relationships associated with these characteristics.

Historical experience, corroborated by theoretical analyses based on population models, indicates that (discounting the effect of migration, which may be significant in some countries during limited periods of time) changes in the structure of the population have been the result of a process of demographic transition towards lower levels of fertility and mortality (ECLAC 1982, op.cit.).

In examining changes in the age structure of the population, different ways of classifying the population by age may be considered. The relevance of these classifications will depend upon the problems to be analysed in the specific case of a country or region during a given period. Nonetheless, one frequently used classification which provides a preliminary basis for evaluating the economic and social implications of changes in the age structure divides the population into three broad functional groups: people below the usual age of entry into the labour force, people of working age, and, lastly, all those who have passed the age at which people usually retire from economic activity. The ages delimiting these categories vary from one country and region to another, but for purposes of comparability they are usually set at 15 and 60 years.

Table I.5 presents estimates and projections of the population structure based on the above-defined broad age groups for Latin America and for the more and less developed regions, Africa and the world as a whole. These figures show that the age structure of the Latin American population is younger than that of the world population and much younger still than that of the more developed regions of the world, which were already at a very advanced stage of demographic transition in 1950. It is even somewhat younger than the structure corresponding to the less

developed regions of the world as a whole, although if China~~l~~ is excluded from this category then the situation is the reverse.

It is estimated that in Latin America the proportion of people under 15 years of age is currently less than 37% and the proportion of people over 60 years of age verges on 7%, whereas in Africa young people represent over 45% of the total population and old people account for less than 5%. Nevertheless, the aging of the Latin American population is still an incipient phenomenon and the above percentages are far removed from those currently observed in the more developed regions, where young people represent less than 22% and old people represent nearly 17% of the total population.

In the more developed regions, the aging process had already reached very significant levels in 1950, when young people accounted for less than 28% and old people for more than 11% of the population. In contrast, in Latin America and in the less developed regions, the age structures of their populations were relatively stable until around 1950 due to the continued existence of high fertility indexes and the slowness of the decline in death rates. After that time, however, these rates began to change substantially. During the two following decades, these changes were primarily manifested in a rejuvenation of the population as the base of the age pyramid broadened, probably as a consequence of the decrease in child mortality and the rise in natality resulting from the reduction in maternal mortality. Later, as a decline in fertility began to be seen in a growing number of countries and as death rates continued to follow a downward trend, an aging process at the base of the age pyramid was generated, at the same time that the proportion of old people began to increase slowly.

These general trends were expressed at different rates and intensities in the various less developed regions. In the case of Latin America, the proportion of young people climbed from 40.5% to 42.4% between 1950 and 1970, at which time it started to decline to the present figure of less than 37%. During the same period, the proportion of old people slowly rose from 5.4% to nearly 7%. In the case of Africa, however, which is a region that is far behind Latin America in terms of the transition towards lower levels of fertility and mortality, the stage associated with the rejuvenation of the base of the population pyramid has not yet been completed, and the proportion of old people has not shown a tendency to increase.

The above-mentioned changes in the groups at the two extremes of the age pyramid have been concomitant with other complementary changes in the working-age population. The proportion of the population in this age group in the more developed regions differs markedly from that of the less developed regions. In the former, the proportion of working-age

population is greater and has fluctuated between 59% and 62% between 1950 and the present. In the less developed regions, (*) this proportion diminished from around 54% in 1950 to under 52% in 1970, when it began to rise, and it is currently 55%. A similar trend is to be observed in Latin America, although the increase has been somewhat more rapid. In contrast, in Africa, where a significant decline in fertility has not occurred, the proportion of people of working age has decreased slowly but continuously from 52% to 50% during the period in question.

Table I.5 also shows projections of the age structure up to the year 2025, according to which the aging of the population will continue in all cases, giving rise to quite different situations in the various regions. In the more developed regions, the proportion of young people is expected to continue to decline slowly to less than 20%; in the less developed regions, (*) however, this proportion is expected to be around 28%, which is similar to the percentage exhibited by the more developed regions in 1950. Major differences will also exist within the group of developing regions. In Latin America, that young people will represent 26% of the population in 2025, whereas in Africa the figure will still be over 35%.

The projections also indicate that the extent of the aging of the population will be very different from one region to another. In the more developed regions, the proportion of old people will approach 24%, whereas in the less developed regions (*) it will be only slightly more than 10%. Latin America will have a percentage of somewhat more than 12%, which is just slightly greater than the percentage observed in the more developed regions as early as 1950. In Africa, on the other hand, the population aged 60 and over will account for a very small share of the total and will be much the same as the proportion it represented in Latin America around 1970.

In the case of the working-age population, the projections for the year 2025 show less of a variation as regards the proportion of the population in this age group in the different regions. This proportion will fall to 57% in the more developed regions, will increase to 62% in the less developed regions and in Latin America, and will be over 58% in Africa.

All the changes in the population structure which have been briefly described above are the result of the differing population growth rates of the broad age groups discussed, which, in their turn, are determined by the trends in fertility, mortality and international migration.

Table I.6 shows the population growth rates for these broad age groups based on the estimates and projections in table I.5. It may be seen from these figures that the young population has experienced a steep reduction in its growth rate both at the

world level and in the more and less developed regions and Latin America. During the two decades immediately following 1950, the population in this age group was still growing faster than was the total population, in all the regions except the most developed ones, but thereafter, this has continued to be the case only in Africa. In Africa, where the fertility and mortality indexes are still high, the growth of the population under 15 years of age has accelerated between 1950 and the present. In Latin America, the growth rate for this age group between 1950 and 1970 amounted to about 3%, which was far above that of the total population, but since then it has remained below the latter rate and has followed a well-defined trend which has brought it down to less than 1.5% at the present time.

As regards the older population, the data shown in table I.6 indicate that between 1950 and the present its growth rate has tended to increase at the world level, in the less developed regions as a group and in Africa. In all instances, however, regardless of the trend in each case, the growth rate of the population aged 60 and over has been very high in relation to that of the total population and has tended to exceed those of the other two age groups considered here. This is currently the case in all the regions except Africa, where the three age groups are growing at similar rates. In the more developed regions, this growth rate was lower during the period 1970-1985 than what it had been during the preceding period, but since then it has shown a significant increase.

Latin America represents a different type of situation, inasmuch as it is the only one of the regions discussed here in which the growth rate of the older population has slowed down progressively since 1950. Nonetheless, despite this trend, it is still the region in which this population has increased the fastest, with its growth rates being over 3% during all the periods in question. This rapid growth has not, however, been reflected in any striking acceleration of the aging of the population in the region because the growth rate of the total population, although somewhat lower, has also been relatively high. Nonetheless, in absolute terms the increase in the older population has been extraordinary: from less than 8 834 000 people in 1950, it had risen to almost double that figure 20 years later, and it is now slightly less than 31 million people. Moreover, according to the projections, its growth rate will increase further in the future, with the result that by the year 2025 the population in this age group will be over 96 million people, thereby trebling the figure it is estimated to reach by 1990. During the same period, the total population in the region will grow much more slowly and, consequently, the extent of the aging of the population will rise significantly (from 7% to over 12%) by the year 2025. In summary, these estimates and projections indicate that between 1950 and the year 2025 the older population will have grown to a level almost 11 times

greater than its initial size, whereas the total population of the region will be only around 4.7 times larger.

3. Dependency ratios and development

Given the fact that the basic needs of old people in Latin America have generally not been fully met and in view of the persistence of the crisis which began in the early 1980s, such a rapid growth rate in the population in this age groups has probably been an adverse factor in terms of efforts to improve this situation, and it is likely to continue to have a negative impact in the future.

It is also necessary to bear in mind that the changes in the population's age structure which are concomitant with the process of aging may have major repercussions on economic and social development. In order to undertake an in-depth analysis of these repercussions in a specific field, such as employment, health, housing, education or social security, in a given country during a specified time period, it is necessary to have highly detailed data which are broken down by quinquennial or even narrower age groups for each sex. However, for purposes of comparing countries or groups of countries, more general indicators may be used that will provide a basis for assessing some of the potential repercussions of a given population structure.

Using the three broad functional age groups that have been defined for the purposes of this analysis, consideration may first be given to what is called the dependency ratio, which measures the number of persons not of working age (under 15 years and over 60 years) for every 100 persons of working age. Obviously, all other relevant factors being equal, a country with a lower dependency ratio has a greater potential capability of satisfying the needs of its population and even of speeding up its development process by means of higher rates of saving and investment. Table I.7 shows the dependency ratios for Latin America and other regions of the world. These data indicate that, from 1950 to the present, the level of dependency has consistently been lower in the more developed regions than in the others. In all instances the ratio increased between 1950 and 1970, but it has subsequently tended to diminish, except in Africa, which is the only region whose index is higher now than it was in 1950. In Latin America, partly because of the increase in the proportion of old people, but mainly because of the rejuvenation taking place at the base of the age pyramid as a result of the decline in child mortality and the increase in natality brought about by the decrease in death rates, this ratio rose from around 85% to 94% between 1950 and 1970. Since then, the growing prevalence of declines in fertility has given rise to a significant extent of aging at the base of the pyramid which,

complemented by the slow but steady aging process to be observed at its apex, has brought down the dependency ratio to about 77% at the present time. In the future, according to the projections, the dependency ratio will continue on a downward trend in all the regions except the most developed ones, with the result that by the year 2025 the latter will have the highest ratio. In Latin America the dependency level will be only slightly over 62% due to the continued aging of the population at the base (still the most important factor) and an acceleration of the aging of the population at the apex of the age pyramid.

The dependency ratio does not, however, reflect the composition of the dependent population in terms of the size of the two age groups of which it is formed, i.e., young people and old people. The needs and potentials of these two groups differ in fundamental ways, and it is therefore best to consider them separately. It is also useful to see how the proportion of old people varies with respect to the total dependent population. Generally speaking, this proportion is usually quite low (indeed, less than 10%) in populations having high levels of fertility and mortality, but after the first signs of population aging are seen, it then tends to increase steadily (see table I.8). In 1950 this proportion was just slightly over 14% in the less developed regions, whereas in the more developed ones, whose population was already at an advanced stage in its process of aging, the proportion was over 29%. In the less developed regions, after having diminished to less than 13% as of 1970, the proportion has tended to rise slowly to its current level of 17%. In contrast, in the more developed regions, as the aging process has continued at both ends of the age pyramid, the proportion has climbed steadily to nearly 44% at present. The trend in Latin America has been similar to that of the less developed regions as a group, especially after 1970. In this region, the proportion has increased steadily from less than 12% to over 16% between 1950 and the present time. This provides a contrast with the trend observed in Africa, where this proportion, starting from the same level in 1950, has declined continuously to the current figure of less than 10%. In the future, the ratio of the older population to the total dependent population will rise in all the regions under consideration as the aging of their populations grows more marked. According to the projections, by the year 2025 this ratio will have increased to over 54% in the more developed regions and to 32% in the less developed regions and Latin America, whereas in Africa, which lags behind the others in the process of demographic transition, it will still not have reached 15%.

Another index related to the population structure and the aging of the population which is of particular significance in an analysis of their implications for employment and social security is the ratio between the older population and the working-age population. It is clear that, all other things being equal, the lower this ratio, the better. It may be seen from table I.9 that

in 1950 this ratio was quite similar in the various less developed regions (between 9.5% and 11.5%) and was far below the ratio for the more developed regions (almost 19%). This gap has subsequently been widening due to the fact that the increase in this index has been much more rapid in the more developed regions. Among the less developed regions, Latin America has seen the most rapid growth in this ratio, which has risen from under 10% in 1950 to nearly 12.5% at present. This is still much lower, however, than the figure of 27% corresponding to the more developed regions. The projections indicate that in the future the gap between the more and less developed regions in this respect will continue to grow, and that by the year 2025 these proportions will be 42% and 20%, respectively. In Latin America the proportion will be similar to that of the less developed regions as a group, while in Africa it will change very little. These figures also indicate that, in the case of Latin America, this ratio will change much more in the future than it has between 1950 and the present time; this may well pose a serious problem as regards the financing of social security.

The aging of the working-age population, i.e., an increase in the proportion of people at the older end of the scale within the working-age population, is another structural change which could have repercussions on the economy and society concerned. In this case too, an analysis of the implications of the aging of the working population in a specific country during a given period of time should be based on data which are sufficiently disaggregated by age group so as to permit an assessment of changes in educational characteristics and skill levels in relation to the human resources demand of the production system in question. Nevertheless, for purposes of comparison at the international level, it is customary to select an age after which changes in manpower skills are considered to be largely unfeasible or infrequent. It is assumed that the members of the economically active population who are above this age limit are less flexible than its younger members in adapting to the rapid technological and organizational changes characteristic of contemporary economic development.

Table I.10 provides just such an indicator of the aging of the working-age population: the percentage of persons aged 40 and over within this population. It may be seen from the table that the level of this indicator in the more developed regions is significantly higher than in the less developed regions, inasmuch as the values in the former have been around 40% while, in the latter, they have been between 25% and 30% during the period from 1950 to the present. The differences existing during this period among the various developing regions have been very small. In Latin America, this index of aging has fluctuated between 26% and 28%. According to the projections, in the future the extent of the aging of the working-age population will increase considerably in all the regions except Africa. In Latin

America, the aging of this population will speed up to the point where, by the year 2025, almost 37% of the working-age population will be 40 years of age or older. This index level, which will also be reached by the less developed regions as a whole, is nonetheless lower than the level that existed in the more developed regions as of 1950. In these regions, more than 46% of the working-age population will be over 40 years of age by the year 2025. In summary, in the case of Latin America the aging of the working-age population between 1950 and the present has not been significant, but this process will accelerate in the next few decades and thus constitutes a highly important consideration in evaluating the supply of human resources and in designing the training programmes that will be required in order to adapt this supply to meet the changing needs of the economy.

The foregoing description of changes in the age structure concomitant with the aging of the population in Latin America and other world regions demonstrates that these changes have been greater in Latin America than in the other less developed regions, in keeping with its relatively more advanced position in the demographic transition towards lower levels of fertility and mortality. It is also evident from the above discussion that, despite this trend, the current situation in Latin America is still far removed from that of the more developed regions and that this gap will probably continue to be large during the next few decades, even though the process of change in the region's population structure will become more dynamic. It has also been shown that, although the effects of these changes in the recent past have been limited, they will be significantly greater in the near future and are therefore a highly important factor to be taken into account in the design of development strategies and policies.

4. Differences among countries in Latin America

It must be stressed, however, that the particular characteristics of the aging process of the population in each country need to be considered, since the trends for Latin America as a whole are the net result of widely varying changes in the indicators of this process at the national level.

Table I.11 includes estimates and projections of the age structure of the population in 20 Latin American countries. These figures indicate that in 1950 there were only four countries (Argentina, Cuba, Chile and Uruguay) whose age structures already clearly reflected an incipient aging process. In these countries, the proportion of young people in the population ranged between 27% and 37%, whereas in most of the remaining countries the proportion was over 41%; the percentage of old people (over 6.5%) was higher than in all the other countries

except Ecuador; and the working-age population represented more than 56% of the total population, whereas it was not above 54% in any of the other countries.

Between 1950 and 1970, in many cases as a consequence of the increase in natality stemming from the major reductions seen in mortality indexes, the proportion of young people rose in all the countries except Argentina and reached over 45% in many of them. At the same time, as a result of this rejuvenation at the base of the pyramid, the proportion of working-age people diminished in all the countries. The proportion of old people did not change significantly except in Argentina, Cuba, Chile and Uruguay, where it clearly showed a tendency to increase.

After 1970 the population continued to age in the four countries in which this process was already noticeable in 1950. In Argentina and Uruguay, which were the furthest along in the demographic transition process, the most significant changes took place at the apex of the pyramid, whereas in Chile and Cuba the decline in the proportion of young people was much sharper than the increase in the proportion of old people. As a result of these changes, the proportion of working-age people has diminished in Argentina and Uruguay and has risen steeply in Chile and Cuba. The figures contained in table I.11 also indicate that during this period an incipient aging process has developed at the base of the age pyramid in a growing number of countries in which the proportion of young people has tended to fall as a consequence of the decline in fertility, at the same time that the proportion of working-age people has risen considerably and an upward trend has appeared in the proportion of old people, particularly in those countries where fertility began to decline before 1970.

In summary, since 1950 the aging process of the population, in terms of an increase in the proportion of old people, has not changed substantially in most of the countries in the region. The only exceptions are the four countries in which fertility and mortality had already declined significantly before that year and in which the process had thus already begun; in these countries, the process has continued, with the result that this proportion is now over 10% in three of them and is nearing 9% in the fourth. The proportion of young people in these countries currently varies between 23% and 31% and the proportion of working-age people ranges from 57% to 65%. Nonetheless, in many of the other countries the situation at present is very different from what it was in 1950, since recent changes in fertility and mortality are being reflected in a significant aging process at the base of the age pyramid, which, as time passes, will gradually extend to the other age groups as the cohorts affected by the reduction in fertility grow older. Thus, according to the projections, by the year 2025 the proportion of old people will have exceeded 10% in 12 of the 20 countries and will be significantly greater than at

present in all the remaining countries. The point should be emphasized, however, that the extent of the aging of the population will, by that year, have exceeded the level now exhibited by the more developed regions as a whole in only two countries, Uruguay and Cuba, and that in most of the others, including those with the largest populations, the proportion will still be lower than that registered in the more developed regions in 1970.

These same projections also indicate that the aging process taking place at the base of the age pyramid will, by that time, be affecting the populations of all the countries, inasmuch as the proportion of young people will not exceed 37% in any of them. Finally, it is also important to note that the proportion of the working-age population will increase considerably in all the countries except Chile and Cuba, in that it will be over 57% by the year 2025 in all cases.

The relatively slow pace of the aging process, when it is measured in terms of the growth of the proportion of old people in the population, does not reflect the very rapid rate at which this population is actually growing in most of the countries of the region. This is because the total population is also growing rapidly in many of them, and changes in the population's age structure and the consequent aging of the population are the result of the differential growth of the groups into which the total population is divided. Table I.12 shows the population growth rates for the three broad functional age groups, along with that of the total population, corresponding to the estimates and projections presented in table I.11. These figures provide an indication of the extraordinarily rapid pace at which the older population has been growing in the great majority of the countries. During the first two decades following 1950, the population in this age group increased by more than 2% annually in all the countries except Ecuador, Uruguay and Haiti, and in seven of them the growth rate was over 3%. After 1970, the growth rate of this population has tended to diminish or has remained low in the four countries furthest along in the aging process, whereas in most of the other countries it has tended to increase or has remained high. Consequently, at present it is under 2% in only three countries (Cuba, Haiti and Uruguay) and in 13 of the remaining countries it is over 3%. A population that is growing at this rate will double in less than 24 years.

The projections indicate that in the future the growth rates of the older population will either speed up or will remain at high levels, especially in those countries whose birth rates had reached very high levels prior to 1970. It is estimated that between 1990 and the year 2025 the population in this age group will increase by over 3% per year in 13 of the 20 countries, while its growth rate will be under 2% in only two of them, Argentina and Uruguay. These high growth rates mean that the

older populations in these 13 countries will be between three and four times as large as they are now in the year 2025. In all of them except Guatemala the increase in this population will represent over 10% of the increase in the total population and in six of them, including the three most populous countries of the region, it will account for over 20%. In the period covered by the projections, the older population will grow by more than 23 million in Brazil, by 13.6 million in Mexico and by 4.6 million in Colombia.

In conclusion, even though the levels recorded in the Latin American countries as regards the aging of the population will probably be very low in comparison to those now being observed in the more developed countries, the rapid growth of the older population will be a highly important factor to consider in designing policies aimed at improving the situation of these people, and the concomitant changes in the age structure of the population will require corresponding changes in order to adapt these economies and societies in order to adapt them to this new context.

APPENDIX I. TABLES

Table I.1

LATIN AMERICA AND OTHER WORLD REGIONS: ESTIMATES AND
PROJECTIONS OF THE EXPECTATION OF LIFE AT BIRTH
(1950-2025)

	1950-55	1960-65	1970-75	1985-90	2020-25
<u>World total</u>					
Men	44,8	50,4	55,5	59,7	68,3
Women	47,2	52,6	57,7	62,6	72,8
Total	46,0	51,5	56,6	61,1	70,5
<u>More developed regions</u>					
Men	63,0	66,6	67,8	70,4	73,8
Women	68,7	72,8	74,9	77,7	80,8
Total	65,8	69,7	71,3	74,0	77,2
<u>Less developed regions</u>					
Men	40,3	46,9	53,4	57,9	67,5
Women	41,9	48,2	54,7	60,3	71,6
Total	41,1	47,5	54,1	59,1	69,5
<u>Africa</u>					
Men	36,4	40,4	44,3	49,8	62,7
Women	39,2	43,3	47,3	52,9	66,4
Total	37,8	41,8	45,7	51,3	64,5
<u>Latin America</u>					
Men	49,5	54,8	58,6	63,2	69,6
Women	52,8	58,5	63,0	68,2	75,1
Total	51,1	56,6	60,7	65,7	72,3

Source: United Nations, World Demographic Estimates and Projections, 1950-2025 (ST/ESA/SER.R/79), New York, 1988.

Table I.2

LATIN AMERICA AND OTHER WORLD REGIONS: PROBABILITIES
OF SURVIVING TO AGE 60

	1950-55	1985-90
<u>World total</u>		
Men	0,41475	0,64560
Women	0,46460	0,69620
Total a/	0,43967	0,67090
<u>More developed regions</u>		
Men	0,69959	0,82204
Women	0,79070	0,92327 b/
Total a/	0,74514	0,87265
<u>Less developed regions</u>		
Men	0,34913	0,61645
Women	0,38781	0,66066
Total a/	0,36847	0,63855
<u>Africa</u>		
Men	0,29461	0,48916
Women	0,34976	0,54815
Total a/	0,32218	0,51865
<u>Latin America</u>		
Men	0,48456	0,70287
Women	0,54665	0,78293
Total a/	0,51560	0,74290

Source: A. J. Coale and P. Demeny, Regional Model Life Tables and Stable Populations. Princeton University Press, 1966. Linear interpolations in the "West" model tables corresponding to the expectations of life at birth shown in table 1.

a/ Simple average of men and women.
b/ Extrapolation.

Table I.3

LATIN AMERICA AND OTHER WORLD REGIONS: ESTIMATES OF
THE EXPECTATION OF LIFE AT AGE 60

	1950-55	1985-90
<u>World total</u>		
Men	13,1	15,0
Women	14,3	16,6
Total a/	13,7	15,8
<u>More developed regions</u>		
Men	15,5	17,1
Womenes	17,7	19,5 b/
Total a/	16,6	18,3
<u>Less developed regions</u>		
Men	12,4	14,8
Women	13,4	16,2
Total a/	12,9	15,5
<u>Africa</u>		
Men	11,8	13,7
Women	13,0	15,1
Total a/	12,4	14,4
<u>Latin America</u>		
Men	13,6	15,5
Women	15,1	17,6
Total a/	14,3	16,5

Source: Interpolations corresponding to the expectations of life at birth given in table 1 and in the tables of Coale's and Demery's "West" model.

a/ Simple averages of men and women.

b/ Extrapolation.

Table I.4

ESTIMATES AND PROJECTIONS OF THE EXPECTATION OF LIFE AT BIRTH
IN 20 LATIN AMERICAN COUNTRIES

Country	1950-55	1980-85	1985-90	2020-25
<u>Argentina</u>				
Total	62,73	69,71	70,58	74,04
Men	60,42	66,42	67,28	70,71
Women	65,15	73,13	74,01	77,51
<u>Bolivia</u>				
Total	40,44	50,74	53,07	67,18
Men	38,49	48,55	50,85	64,50
Women	42,49	53,03	55,41	70,00
<u>Brasil</u>				
Total	50,99	63,41	64,89	72,08
Men	49,32	60,95	62,30	69,05
Women	52,75	66,00	67,60	75,26
<u>Chile</u>				
Total	53,75	70,98	71,48	74,52
Men	51,85	67,55	68,05	70,99
Women	55,72	74,55	75,05	78,20
<u>Colombia</u>				
Total	50,65	63,63	64,81	71,35
Men	48,77	61,41	62,58	69,01
Women	52,62	65,96	67,16	73,80
<u>Costa Rica</u>				
Total	57,26	73,53	74,67	76,48
Men	56,04	71,33	72,41	74,00
Women	58,55	75,85	77,04	79,09
<u>Cuba</u>				
Total	58,79	73,45	73,97	75,11
Men	56,69	71,78	72,21	73,00
Women	61,01	75,21	75,83	77,35
<u>Dominican Republic</u>				
Total	45,99	64,10	65,91	73,65
Men	44,74	62,19	63,86	71,16
Women	47,31	66,11	68,06	76,26
<u>Ecuador</u>				
Total	48,35	64,27	65,44	72,44
Men	47,13	62,25	63,39	70,00
Women	49,63	66,39	67,59	75,00

Table I.4 (continued)

Country	1950-55	1980-85	1985-90	2020-25
<u>El Salvador</u>				
Total	45,26	57,15	62,15	72,50
Men	44,10	50,74	58,00	69,82
Women	46,47	63,89	66,50	75,32
<u>Guatemala</u>				
Total	42,09	58,98	61,99	72,31
Men	41,85	56,80	59,70	69,63
Women	42,35	61,26	64,40	75,13
<u>Haiti</u>				
Total	37,56	52,73	54,71	66,04
Men	36,32	51,16	53,09	63,80
Women	38,87	54,37	56,41	68,40
<u>Honduras</u>				
Total	42,31	61,94	63,95	73,57
Men	40,88	59,98	61,94	71,31
Women	43,81	63,99	66,07	75,95
<u>Mexico</u>				
Total	50,75	67,36	68,91	75,04
Men	49,20	64,24	65,70	71,66
Women	52,37	70,64	72,28	78,58
<u>Nicaragua</u>				
Total	42,28	59,81	63,26	72,59
Men	40,89	58,68	61,98	70,88
Women	43,73	60,99	64,61	74,38
<u>Panama</u>				
Total	55,26	70,98	72,08	74,33
Men	54,35	69,20	70,15	72,04
Women	56,22	72,85	74,10	76,73
<u>Paraguay</u>				
Total	62,62	66,44	66,87	69,63
Men	60,68	64,42	64,79	67,18
Women	64,66	68,57	69,05	72,21
<u>Peru</u>				
Total	43,90	58,60	61,40	72,00
Men	42,86	56,78	59,51	70,07
Women	45,00	60,51	63,38	74,03

Table I.4 (conclusion)

Country	1950-55	1980-85	1985-90	2020-25
<u>Uruguay</u>				
Total	66,27	70,34	71,02	73,41
Men	63,28	67,11	67,76	70,00
Women	69,40	73,74	74,44	77,00
<u>Venezuela</u>				
Total	55,19	68,97	69,67	73,67
Men	53,83	66,02	66,68	70,50
Women	56,61	72,07	72,80	77,00

Source: CELADE, Demographic Bulletin, No. 40, Santiago, Chile, 1987.

Table I.5

**LATIN AMERICA AND OTHER WORLD REGIONS: TOTAL POPULATION
AND STRUCTURE BY BROAD AGE GROUPS
1950-2025**

Age groups	1950	1970	1985	1990	2025
<u>World total</u>					
0-14	34,54	37,45	33,36	31,85	24,77
15-59	57,42	54,20	57,81	58,91	60,96
60 and over	8,04	8,35	8,83	9,24	14,27
Total population	2,515,652	3,693,221	4,836,645	5,246,209	8,205,765
<u>More developed regions</u>					
0-14	27,78	26,51	22,21	21,70	19,71
15-59	60,85	59,20	61,95	61,47	56,69
60 and over	11,37	14,29	15,84	16,83	23,60
Total population	831,857	1,047,392	1,173,811	1,209,777	1,396,476
<u>Less developed regions</u>					
0-14	37,89	41,79	36,93	34,89	25,81
15-59	55,71	52,21	56,48	58,14	61,83
60 and over	6,40	6,00	6,59	6,97	12,36
Total population	1,683,796	2,645,829	3,662,835	4,036,432	6,809,289
<u>Less developed regions*</u>					
0-14	40,02	42,72	39,86	38,54	27,56
15-59	54,12	51,66	54,21	55,28	61,98
60 and over	5,86	5,62	5,93	6,18	10,46
Total population	1,129,033	1,815,159	2,603,313	2,912,618	5,334,128
<u>Africa</u>					
0-14	42,44	44,75	45,14	45,28	35,33
15-59	51,92	50,23	50,05	49,93	58,55
60 and over	5,64	5,02	4,81	4,79	6,12
Total population	224,361	360,751	554,928	645,282	1,616,515
<u>Latin America</u>					
0-14	40,54	42,43	37,90	36,51	26,00
15-59	54,10	51,53	55,38	56,47	61,62
60 and over	5,36	6,04	6,72	7,02	12,38
Total population	164,810	283,407	404,806	451,072	778,662

Source: United Nations, World Demographic Estimates and Projections, 1950-2025, 1988.

* Does not include China.

Table I.6

AVERAGE ANNUAL POPULATION GROWTH RATES FOR THE WORLD
AND SOME REGIONS, BY AGE GROUPS
1950-2025

Age groups	1950-70	1970-85	1985-90	1990- 2025
<u>World total</u>				
0-14	2,35	1,03	0,70	0,56
15-59	1,64	2,25	2,02	1,39
60 and over	2,13	2,20	2,55	2,55
Total population	1,94	1,81	1,64	1,29
<u>More developed regions</u>				
0-14	0,92	-0,42	0,14	0,14
15-59	1,02	1,07	0,45	0,18
60 and over	2,32	1,46	1,83	1,38
Total population	1,16	0,76	0,61	0,41
<u>Less developed regions</u>				
0-14	2,79	1,35	0,81	0,63
15-59	1,95	2,73	2,55	1,68
60 and over	1,96	2,83	3,10	3,18
Total population	2,29	2,19	1,96	1,50
<u>Less developed regions*</u>				
0-14	2,73	1,96	1,59	0,77
15-59	2,16	2,76	2,67	2,08
60 and over	2,19	2,80	3,10	3,29
Total population	2,40	2,43	2,27	1,74
<u>Africa</u>				
0-14	2,67	2,97	3,12	1,93
15-59	2,23	2,89	3,01	3,13
60 and over	1,81	2,62	2,98	3,38
Total population	2,40	2,91	3,06	2,66
<u>Latin America</u>				
0-14	2,98	1,64	1,43	0,59
15-59	2,50	2,90	2,59	1,83
60 and over	3,36	3,14	3,06	3,23
Total population	2,75	2,41	2,19	1,57

Source: Calculations based on information published in United Nations, World Demographic Estimates and Projections, 1950-2025, 1988.

* Does not include China.

Table I.7

LATIN AMERICA AND OTHER WORLD REGIONS: DEPENDENCY RATIOS ^{a/}
1950-2025

Regions	1950	1970	1985	1990	2025
World total	74,16	84,50	72,98	69,75	64,04
More developed regions	64,34	68,92	61,42	62,68	76,40
Less developed regions	79,50	91,53	77,05	72,00	61,73
Less developed regions*	84,77	93,57	84,47	80,90	61,34
Africa	92,60	99,08	99,80	100,28	70,79
Latin America	84,84	94,06	80,57	77,09	62,28

Source: United Nations, World Demographic Estimates and Projections, 1950-2025, 1988.

* Does not include China.

$$a/ \frac{p_{0-14} + p_{60y+}}{p_{15-59}} \times 100$$

Table I.8

LATIN AMERICA AND OTHER WORLD REGIONS: PROPORTION OF OLD PEOPLE
IN THE DEPENDENT POPULATION ^{a/}
1950-2025

Regions	1950	1970	1985	1990	2025
World total	18,88	18,23	20,93	22,49	36,55
More developed regions	29,04	35,02	41,63	43,68	54,49
Less developed regions	14,45	12,55	15,14	16,65	32,38
Less developed regions*	12,77	11,63	12,95	13,82	27,51
Africa	11,73	10,09	9,63	9,57	14,76
Latin America	11,68	12,46	15,06	16,13	32,26

Source: United Nations, World Demographic Estimates and Projections, 1950-2025, 1988.

* Does not include China.

$$a/ \frac{p_{60y+}}{p_{0-14} + p_{60y+}} \times 100$$

Table I.9

LATIN AMERICA AND OTHER WORLD REGIONS: THE OLDER POPULATION
AS A PERCENTAGE OF THE WORKING-AGE POPULATION ^{a/}
1950-2025

Regions	1950	1970	1985	1990	2025
World total	14,00	15,40	15,27	15,68	23,41
More developed regions	18,68	24,14	25,57	27,38	41,63
Less developed regions	11,49	11,49	11,67	11,99	19,99
Less developed regions*	10,83	10,88	10,94	11,18	16,88
Africa	10,86	9,99	9,61	9,59	10,45
Latin America	9,91	11,72	12,13	12,43	20,09

Source: United Nations, World Demographic Estimates and Projections, 1950-2025, 1988.

* Does not include China.

a/ $\frac{p_{60y+}}{p_{15-19}} \times 100$

Table I.10

**LATIN AMERICA AND OTHER WORLD REGIONS: AGING OF THE
WORKING-AGE POPULATION ^{a/}
1950-2025**

Regions	1950	1970	1985	1990	2025
World total	32,25	31,67	29,66	29,55	38,35
More developed regions	39,80	40,74	39,84	40,69	46,09
Less developed countries	29,67	28,96	26,96	26,79	37,40
Less developed countries*	28,01	28,22	26,71	26,42	34,88
Africa	27,09	26,60	25,46	25,08	26,82
Latin America	27,80	28,10	26,17	26,53	36,82

Source: United Nations, World Demographic Estimates and Projections, 1950-2025, 1988.

* Does not include China.

a/ $\frac{p_{40-59}}{p_{15-19}} \times 100$

Table I.11

POPULATION STRUCTURE BY BROAD AGE GROUPS AND TOTAL POPULATION
 IN 20 LATIN AMERICAN COUNTRIES. 1950-2025
 (Percentage of the total population in each group.
 Total population in thousands)

Age groups	1950	1970	1985	1990	2025
<u>Argentina</u>					
0-14	30,53	29,36	30,47	29,92	23,55
15-59	62,43	59,90	56,98	56,95	60,69
60 and over	7,04	10,74	12,55	13,13	15,76
Total population	17,150	23,962	30,331	32,322	45,505
<u>Bolivia</u>					
0-14	42,03	42,96	43,75	43,91	36,66
15-59	52,79	51,70	51,07	50,91	57,45
60 and over	5,18	5,34	5,18	5,18	5,89
Total population	2,766	4,325	6,371	7,314	18,294
<u>Brasil</u>					
0-14	42,03	42,25	36,42	35,23	24,64
15-59	53,75	52,38	57,00	57,71	61,57
60 and over	4,23	5,38	6,58	7,06	13,78
Total population	53,444	95,847	135,564	150,368	245,809
<u>Chile</u>					
0-14	36,71	39,10	31,46	30,62	23,89
15-59	56,43	53,17	60,05	60,51	60,14
60 and over	6,85	7,73	8,48	8,87	15,97
Total population	6,082	9,504	12,122	13,173	19,774
<u>Colombia</u>					
0-14	43,23	45,36	37,15	36,16	24,90
15-59	51,33	49,87	56,95	57,66	62,33
60 and over	5,44	4,77	5,90	6,18	12,77
Total population	11,597	20,803	28,714	31,820	51,718
<u>Costa Rica</u>					
0-14	43,33	46,05	36,80	36,17	24,26
15-59	50,95	48,99	57,27	57,43	61,37
60 and over	5,72	4,96	5,93	6,40	14,37
Total population	862	1,731	2,642	3,015	5,250
<u>Cuba</u>					
0-14	36,20	37,16	26,36	23,46	20,19
15-59	57,07	53,86	62,58	64,91	59,54
60 and over	6,73	8,98	11,05	11,63	20,27
Total population	5,858	8,572	10,038	10,540	13,575

Table I.11 (continued)

Age groups	1950	1970	1985	1990	2025
<u>Dominican Republic</u>					
0-14	44,52	47,33	39,67	37,89	24,06
15-59	50,30	48,03	55,41	56,66	62,78
60 and over	5,18	4,64	4,92	5,45	13,16
Total population	2,353	4,423	6,416	7,170	11,447
<u>Ecuador</u>					
0-14	41,89	45,34	41,80	40,62	30,30
15-59	51,06	49,00	52,69	52,79	60,25
60 and over	7,04	5,66	5,51	5,59	9,45
Total population	3,310	6,051	9,378	10,782	22,910
<u>El Salvador</u>					
0-14	42,76	46,49	46,04	44,44	31,94
15-59	52,52	48,98	48,68	49,87	60,67
60 and over	4,72	4,53	5,28	5,69	7,39
Total population	1,940	3,588	4,768	5,252	11,299
<u>Guatemala</u>					
0-14	44,09	45,90	45,90	45,43	32,61
15-59	51,64	49,73	49,36	49,49	60,00
60 and over	4,27	4,37	4,74	5,08	7,39
Total population	2,969	5,246	7,936	9,197	21,668
<u>Haiti</u>					
0-14	39,51	41,88	40,16	39,20	30,64
15-59	54,05	52,15	53,83	54,76	61,29
60 and over	6,44	5,97	6,01	6,04	8,07
Total population	3,097	4,500	5,922	6,504	11,534
<u>Honduras</u>					
0-14	44,73	47,23	46,36	44,58	30,00
15-59	52,01	48,55	48,70	50,46	61,89
60 and over	3,26	4,22	4,94	4,96	8,11
Total population	1,401	2,627	4,383	5,138	11,510
<u>Mexico</u>					
0-14	43,69	46,93	40,92	37,20	24,88
15-59	51,17	47,90	53,65	57,02	62,63
60 and over	5,14	5,17	5,43	5,78	12,49
Total population	28,012	52,771	79,376	88,598	150,062
<u>Nicaragua</u>					
0-14	44,57	48,34	46,75	45,83	31,10
15-59	51,30	47,80	49,16	49,87	61,07
60 and over	4,13	3,86	4,09	4,30	7,83
Total population	1,098	2,053	3,272	3,871	9,219

Table I.11 (conclusion)

Age groups	1950	1970	1985	1990	2025
<u>Panama</u>					
0-14	41,02	44,22	37,55	34,96	23,22
15-59	52,79	49,87	55,81	58,03	62,60
60 and over	6,19	5,91	6,64	7,01	14,18
Total population	839	1,487	2,180	2,418	3,862
<u>Paraguay</u>					
0-14	42,93	46,43	40,98	40,38	31,26
15-59	52,07	48,30	53,62	54,23	59,44
60 and over	5,00	5,27	5,40	5,39	9,30
Total population	1,351	2,351	3,693	4,277	9,182
<u>Peru</u>					
0-14	41,57	44,01	40,47	39,16	25,25
15-59	52,75	50,45	53,97	55,08	63,30
60 and over	5,68	5,54	5,56	5,76	11,45
Total population	7,632	13,193	19,698	22,332	41,006
<u>Uruguay</u>					
0-14	27,88	27,91	26,89	26,21	22,15
15-59	60,33	59,21	57,76	57,70	60,42
60 and over	11,79	12,88	15,35	16,09	17,43
Total population	2,239	2,808	3,012	3,128	3,875
<u>Venezuela</u>					
0-14	43,61	45,67	39,49	38,26	27,80
15-59	53,05	49,65	55,21	56,04	60,74
60 and over	3,34	4,68	5,30	5,70	11,46
Total population	5,009	10,604	17,317	19,735	37,999

Source: CELADE, Demographic Bulletin, No. 40, Santiago, Chile, 1987.

Table I.12

POPULATION GROWTH RATES, BY BROAD AGE GROUPS,
IN 20 LATIN AMERICAN COUNTRIES
1950-2025

Age groups	1950-70	1970-85	1985-90	1990-2025
<u>Argentina</u>				
0-14	1,48	1,82	0,91	0,29
15-59	1,47	1,24	1,26	1,16
60 and over	3,78	2,61	2,18	1,50
Total population	1,67	1,57	1,27	0,98
<u>Bolivia</u>				
0-14	2,34	2,70	2,83	2,10
15-59	2,13	2,50	2,70	2,97
60 and over	2,38	2,38	2,79	2,98
Total population	2,23	2,58	2,76	2,62
<u>Brasil</u>				
0-14	2,95	1,32	1,41	0,38
15-59	2,79	2,88	2,32	1,59
60 and over	4,12	3,66	3,47	3,32
Total population	2,92	2,31	2,07	1,40
<u>Chile</u>				
0-14	2,55	0,17	1,12	0,45
15-59	1,93	2,43	1,82	1,14
60 and over	2,84	2,24	2,56	2,84
Total population	2,23	1,62	1,66	1,16
<u>Colombia</u>				
0-14	3,16	0,82	1,51	0,32
15-59	2,78	3,03	2,30	1,61
60 and over	2,26	3,57	3,00	3,46
Total population	2,92	2,15	2,05	1,39
<u>Costa Rica</u>				
0-14	3,79	1,33	2,29	0,44
15-59	3,29	3,86	2,69	1,78
60 and over	2,77	4,01	4,16	3,90
Total population	3,49	2,82	2,64	1,59
<u>Cuba</u>				
0-14	2,03	-1,24	-1,36	0,29
15-59	1,61	2,05	1,71	0,48
60 and over	3,35	2,43	1,99	2,31
Total population	1,90	1,05	0,98	0,72

Table I.12 (continued)

Age groups	1950-70	1970-85	1985-90	1990-2025
<u>Dominican Republic</u>				
0-14	3,46	1,30	1,31	0,04
15-59	2,93	3,43	2,66	1,63
60 and over	2,60	2,87	4,28	3,85
Total population	3,16	2,48	2,22	1,34
<u>Ecuador</u>				
0-14	3,41	2,38	2,22	1,32
15-59	2,81	3,41	3,20	2,48
60 and over	1,92	2,74	3,09	3,66
Total population	3,02	2,92	2,79	2,15
<u>El Salvador</u>				
0-14	3,49	1,83	1,23	1,24
15-59	2,73	1,85	2,42	2,75
60 and over	2,87	2,92	3,41	2,94
Total population	3,08	1,89	1,93	2,19
<u>Guatemala</u>				
0-14	3,05	2,78	2,67	1,50
15-59	2,66	2,73	2,93	3,00
60 and over	2,97	3,32	4,29	3,52
Total population	2,85	2,78	2,88	2,45
<u>Haiti</u>				
0-14	2,16	1,55	1,39	1,93
15-59	1,69	2,04	2,22	1,96
60 and over	1,49	1,87	1,99	2,46
Total population	1,87	1,83	1,88	1,64
<u>Honduras</u>				
0-14	3,41	3,29	2,39	1,17
15-59	2,80	3,43	3,89	2,89
60 and over	4,44	4,46	3,29	3,71
Total population	3,14	3,41	3,18	2,30
<u>Mexico</u>				
0-14	3,53	1,81	0,30	0,36
15-59	2,84	3,48	3,42	1,77
60 and over	3,20	3,05	3,43	3,71
Total population	3,17	2,72	2,20	1,51
<u>Nicaragua</u>				
0-14	3,53	2,89	2,96	1,37
15-59	2,78	3,30	3,65	3,06
60 and over	2,79	3,50	4,37	4,19
Total population	3,13	3,11	3,36	2,48

Table I.12 (conclusion)

Age groups	1950-70	1970-85	1985-90	1990-2025
<u>Panama</u>				
0-14	3,24	1,46	0,64	0,17
15-59	2,58	3,30	2,85	1,55
60 and over	2,63	3,33	3,16	3,35
Total population	2,86	2,55	2,07	1,34
<u>Paraguay</u>				
0-14	3,16	2,18	2,64	1,45
15-59	2,40	3,71	3,16	2,45
60 and over	3,04	3,17	2,90	3,74
Total population	2,77	3,01	2,93	2,18
<u>Peru</u>				
0-14	3,02	2,11	1,85	0,48
15-59	2,51	3,12	2,92	2,13
60 and over	2,62	2,70	3,21	3,70
Total population	2,74	2,67	2,51	1,74
<u>Uruguay</u>				
0-14	1,14	0,22	0,24	0,13
15-59	1,04	0,30	0,73	0,74
60 and over	1,58	1,63	1,70	0,84
Total population	1,13	0,47	0,76	0,61
<u>Venezuela</u>				
0-14	3,98	2,30	1,98	0,96
15-59	3,42	3,98	2,91	2,10
60 and over	5,43	4,10	4,09	3,87
Total population	3,75	3,27	2,61	1,87

Source: CELADE, Demographic Bulletin, N° 40, Santiago, Chile, 1987.

Chapter Two

DEMOGRAPHIC ASPECTS OF POPULATION AGING IN LATIN AMERICA

I. ANALYTICAL FRAMEWORK

This framework comprises a set of premises and affirmations for selecting those aspects of old age which may be observed and described. In addition, it allows one to understand the significance of those aspects and to interpret empirically obtained results.

We begin by establishing that this chapter deals with the so-called humanitarian aspects, which involve living conditions and the degree to which the needs of those over 60 are met. More specifically, the aging process is studied from the standpoint of those undergoing the experience and in terms of how this process affects their quality of life.

It should be remembered that on the occasion of the World Congress on Aging it was decided that the topic of aging would be dealt with from a dual analytical perspective: that of its humanitarian aspects, which emphasizes examination of the degree to which the needs of the elderly are met, and that of development, whose objective is to see what impact the elderly have on the development of their societies. Subsequently, however, this latter aspect of the problem tended to be forgotten and attention was focused almost exclusively on the satisfaction of senior citizens' needs. Thus, the elderly tended to be viewed as merely unsatisfied and passive receivers, with their role as actors involved in the collective development effort being forgotten.

A disjunction was thus proposed: that those over 60 depend on others for receiving or that they themselves continue to contribute. What is important to emphasize is that the choice of one or other option is not dependent upon the mere will of those over 60, but rather on the role that the society in which they live defines for them and on the social opportunities which it provides for them to either receive or contribute.

It is useful to examine the possibility of linking concern for living conditions of the elderly with achievement of development process objectives. This is exactly what Chawla (Chawla, 1988) states as being essential in the study on aging. For this he turns to A.K. Sen's (Sen, 1983) view of development. For Sen, economic development may be seen as a process of expansion of people's capabilities. The author argues that every society offers its members a particular set of goods and services, the nature and quantity of which are what make it possible for people to acquire certain capabilities (or the ability to do something) or what limit them from doing so. In other words, members of a society - in this case the elderly - possess a set of potentials whose fulfillment will depend on the opportunities which that society provides for doing so.

As a result, it may be said, to paraphrase professor Thomae 2/, that old age is a social destiny, since it is society's characteristics which condition both the quantity of life or the average number of years which its inhabitants will live, and the quality of life or how they will live their old age.

Peter Townsend (Townsend, 1981) referred to something similar when he claimed that the current dependency situation of the elderly has been created by social policy, i.e., that it is a product of society's actions. This is picked up on by Chawla who states: "The elderly are not always dependent merely by virtue of physical decrease. They are often made so by societal categorization and pressure" (Chawla, 1988 op.cit).

Hence the importance of examining those societal factors which condition how the roles and activities corresponding to the elderly in a given society are defined. Townsend charges that up to now, instead of being aimed at clarifying this societal phenomenon, interest has focused on individual processes. That is to say, that instead of studying, for example, social changes triggered by work retirement and the consequences which this has in defining the elder's role, attention has focused on how individuals adjust to this fact; instead of examining why the elderly turn into a social burden, an attempt is made, instead, to lessen the burden which falls on relatives.

Consequently, it is necessary to understand the societal factors which affect the development of the aging's potentials.

There are two major changes 3/ which accompany the aging process, whose consequences no doubt limit the social opportunities of senior citizens. These are retirement from work and deterioration in the functional capacity of the elderly.

Retirement from the labour force occurs because the law requires it, or due to social pressure on those who are older in

years to vacate their jobs for those who are younger, or because in effect they are denied the opportunity to work as a result of age discrimination in hiring.

To clarify the meaning of work retirement, it is useful to point out that the right to retire from work is one of humanity's achievements, which became possible thanks to technological progress which allowed man's productivity to increase beyond what he needed for his survival and that of his family. To this was added the decision to allocate part of this surplus towards freeing those who were older from the need to work for a living, thus granting them the privilege of making use of their time as they wished.

This general idea must be complemented by the actual facts to which it gave rise and which contradict its intention, resulting in that what was a privilege became, in effect, a way of penalizing the elderly.

It is useful then to comment on the consequences of work retirement. These are essentially the following two:

a) It is a way of impoverishing the elderly, since retirement pensions are generally equivalent to a fraction of salaries while survivor annuities and widow's benefits are even less.

Thus, their material living conditions and their opportunities for work are limited. This process of economic undermining culminates when, by the fact of retiring, they are defined as economically dependent, thus going on to be considered a burden on society, which influences the way in which they are treated.

There is, then, a loss of economic independence implicit in depending on others, even if it is on the State. There are studies which show that in the three years following mandatory retirement, people tend to deteriorate because "they lose their sense of independence and dignity". When, in addition, they have the impression of becoming a burden on their families, these persons lose the will to live.

b) It is a way of losing social identity and the purpose of life.

In the type of society where the prevailing economic organization's essential goal is production, work becomes the means for earning others' respect and for acquiring a sense of personal worth ^{4/}. The problem is that society, up to now, has been unable to define a set of activities for individuals who retire from work; i.e., it has not created a role for them to replace that of worker, nor has it defined an alternative social

function. In short, society has given them the right not to work, but without bearing in mind that, given current conditions, it means being a social nobody 5/. Hence, retirement from work means a loss of social identity 6/.

If one looks at retirement from the individual's point of view, stopping work implies substituting one way of life organized around work, for another whose organizing element has yet to be defined. Hence the loss of meaning to life. The role of the elderly is a role without content, for which society has oftentimes only defined, and negatively so, the stereotypical characteristics of those engaged in it 7/.

It is clear from what has been said, that it is essential to examine empirically the work situation of the elderly, the occupational activities who manage to continue working and their income levels.

The second factor which accompanies the aging process refers to the biological processes of change and to the functional capacity of the elderly. As people age, there is a gradual increase in the risk of illness and functional difficulties (motor, sensory, etc.). There is continuous deterioration in the ability to face life and daily chores, although this occurs in different ways among different people and in relation to the various organs and functions 8/.

The physical conditions of the elderly thus affect their chances of being functionally independent and also, to a similar extent, of participating in other activities of their society. Hence the importance of knowing empirically what is the degree of functional independence and the capacity for engaging in daily activities prevalent among the elderly in countries of the region.

Biological decrecence in some cases brings in its wake the incapacity to fend for oneself and, in the majority of cases, the need for relying on certain care and some help in carrying out daily chores. This occurs especially in the fragility stage where there may be serious difficulties in facing the environment on their own. Let us consider, for example, climbing a flight of stairs, bathing in the tub, crossing busy avenues, getting on and off buses. Thus, those who arrive at this condition need the assistance of others. For the elderly this means becoming a bother and a burden to others. This inhibits and frightens them. Moreover, because they are unsure of receiving the assistance they require, the elderly tend to experience insecurity and fear, not of death, as is often thought, but of the indignity of not being able to fend for themselves, of being a bother to others, of not being able to rely on the necessary assistance.

Therefore, it is useful to distinguish in general between the 65-80 stage of old age and decrepitude, generally over age 80. To omit this distinction leads to a contamination of the notion of old age as a still - active stage of life, with the characteristics of frailty and decrepitude, typical of the oldest, or with the image of prostration and weakness which is characteristic at death's door. Thus empirical analysis should involve distinguishing three subgroups among those over 60.

While not a matter for study in this document, it is worth pointing out that, although deterioration commonly occurs in physical capacity, which is heavily marked after age 80, the same does not occur psychically, since around 70% of the elderly do not see their capacity to reason as being altered, and less so their affective capacity and that for seeking spiritual expression.

Therefore, it is important to abandon the view of man as merely a "naked ape" and to emphasize that the typically human capabilities of reason, spirituality and affectiveness do not decrease or do so at a much later time and to a lesser extent (Romero Conti, 1985).

In conclusion, it may be said that: "If this dependence of the elderly is indeed a real accomplished social fact, then it is evidence of a huge loss for the society in question. By imposing a stigma on the elderly, and thereby marginalizing them, a social burden is created and a major developmental potential is lost". (Chawla, 1988 op.cit).

The question which arises then, is, "What is the potential of the elderly?" or put another way, "What are the opportunities which society offers them for maintaining their functional capacity at an organic level, their capacity to be active at an economic level and for having an adequate income level?" The reply to this constitutes the topic of the next section.

Up to now the aging process has been dealt with from the point of view of attempting to find out what are the objective conditions of the elderly. In this sense, the characteristics of aging arise from the interplay between the circumstance of growing old in a society with a particular type of social organization - which results in a distinctive set of social opportunities which either allow for development or limit fulfillment of the potentials of the elderly - and the biological conditions of the aging individual.

There is however, another complementary way of viewing the problem. It involves finding out how the individual lives his aging process. Attention is focused on the fact that individuals, upon aging, face changes which arise out of their social milieu as well as out of their own organism and which

require that the individual adapt to them, whether by compensating for them, where possible, or by accepting them where they are inevitable.

From this standpoint, the family plays a critical role, now as a source of material help and services (where possible), now as a source of psycho-social support. Thus it is interesting to elucidate on what is the family structure of those over 60 in some countries of the region, what is the nature of family relationships and to what extent can the family contribute to meeting the needs for care and socio-emotional support of the elderly. This constitutes the topic of section three of this document.

II. CHARACTERISTICS AND LIVING CONDITIONS OF THE ELDERLY

The economic conditions of the elderly and their physical conditions will be empirically described in terms of what is reflected in their functional capacity and in carrying out daily activities.

1. Nature of the data and manner of analysis

Data used stem from the secondary analysis of two sources: (i) household surveys carried out in some countries around 1982 and 1986, which have been systematically tabulated and processed by the Division of Statistics and Projections of the Economic Commission for Latin America and the Caribbean (ECLAC); (ii) the surveys undertaken around 1985 by P.A.H.O. (Pan American Health Organization) on the needs of the older adult population.

The use of these sources imposes options for obvious pragmatic reasons. This study included the requirement of comparability between countries. From the household survey, in comparable terms, data on income and household composition were obtained for four countries: Argentina, Colombia, Guatemala and Panama 9/. A methodological appendix is included where limits and risks of studying the elderly population based on household surveys are dealt with. The P.A.H.O. survey yielded data on functional capacity and on the nature of family relationships. Unfortunately, the latter information was only available for two of the countries surveyed: Argentina and Chile 10/.

In order to palliate somewhat the limitations of studying so few countries, one can resort to the device of placing them within a typology of countries, in order to view them, not only as individual cases, but to interpret them as illustrative cases

of a category or type of countries with similar traits. The most relevant typology is that prepared by CELADE (Latin American Demographic Centre), based on changes in fertility rate, which is the key variable in the aging process of the Latin American population (CELADE, 1988). It classifies the countries into five groups which range from the youngest countries, or those with a high fertility rate (group I), to the oldest, or those with low fertility (group V). (See also chapter one.)

Thus, Guatemala (studied here) is in group I, as are Honduras, Nicaragua and Bolivia; group II includes Ecuador, El Salvador, Paraguay, Peru and Haiti; Colombia and Panama (studied here) are part of group III as are Costa Rica, Mexico, the Dominican Republic, Venezuela and Brazil; Chile (studied here) is in group IV as is Cuba; Argentina (studied here) belongs to group V together with Uruguay.

A second typology which could prove very useful, especially for interpreting differences which could arise between countries studied is that proposed by Mesa-Lago (Mesa-Lago, 1986). It is essentially based on age and scope of coverage of social security systems. Three types of countries are distinguished: a high group characterized by pensions programmes which began in the twenties and which have broad coverage which, if non-contributive or assistance programmes are added, is almost universal. Expenditure is divided almost equally between pensions and health. In an intermediate group, pensions programmes began in the 30's and 40's and in which coverage varies between 18 and 52% of the population, and gross expenditure - 60 to 80% - is dedicated to health and the rest to pensions. In a low group, programmes began between the 50's and 60's and coverage extends only to 10% of the population. Expenditure is close to 80% for health and 20% for pensions. Regarding countries studied, in the high group are Argentina and Chile. In addition, this group includes Uruguay, Cuba, Brazil and Costa Rica. In the intermediate group are Panama, Colombia, Mexico, Peru, Bolivia, Ecuador, Paraguay and Venezuela. In the low group are Guatemala, the Dominican Republic, El Salvador, Nicaragua and Honduras.

Thus, while one cannot generalize in the strict sense of the word, one may suggest that a similar situation occurs in countries with similar conditions.

Information from the household sample surveys was analyzed making consistent use of certain distinctions or controls. The first breakdown used is between the elderly who are heads of households and those who are not. Theoretical justification for this differentiation is found in section 3 of this document. The second breakdown is by age group. They are as follows: age 15 to 59 (sometimes 30 to 59), 60 to 64, 65 to 79 and age 80 and over. This distinction is based on taking the following three factors as a whole: (1) the assumption that at each stage of

life society defines roles and offers different opportunities to adults (15, or better, age 30 to 59) and those it considers to be elderly; (ii) work retirement age, corresponding to the 60 to 64 age group; (iii) the greater impact of the aging process and the appearance of fragility, thence the breakdown into the age groups 65 to 79 and 80 and over. The third breakdown is between men and women, since it is thought that the relative distinctions with regard to economic activity as well as the role of the family continue to be valid in old age. This decision is reinforced if one considers that at a physical health level it is also a significant distinction.

2. Characteristics and economic conditions of the elderly

As may be recalled, attention was focused on examining what opportunities society provides the elderly for working and for having an adequate income level.

According to what was discussed in the analytical framework it is hypothesized that as of age 60 retirement from work will occur and that this will be more noted among those who are employees and less so among those who are self employed.

The analysis focuses on heads of households which is where the topic gains greater significance. The pertinent data appears in tables II.1 and II.2. In terms of economic activity let us highlight some tendencies.

First, as hypothesized, after age 60 income decreases by close to 30 percentage points, except in Guatemala, where this occurs as of age 65. Replacing them are the retirees.

Second, the figures by countries of those who declare themselves to be retirees, confirm what was established by Mesa-Lago in his typology. Thus, for those over age 65, in urban Argentina coverage is very broad, becoming almost complete as one approaches age 80. In the other countries, however, figures border on 30% in Panama, 20% in urban Colombia and 10% in Guatemala.

Third, the rather obvious relationship between low social security coverage and the requirement to continue working should be mentioned.

Fourth, focusing attention on non-workers over 65, there is a difference between Argentina, where age and scope of the social security system makes them overwhelmingly qualify as retirees, and countries with low coverage. In these countries, upon

leaving work and not being able to rely on a retirement benefit, women become classified as housewives and men are placed in "other" and handicapped categories. This can be interpreted as an indicator of the inadequacy of the current way of categorizing the elderly. An alternative interpretation is that it is embarrassing for them to admit being in a non-working capacity; hence the disguising of this fact in very different ways. For example in light of the over 40% of those over 80 who are categorized as handicapped in Guatemala, one could ask the question, "Is this, in effect, the social price paid for the scant percentage of retirees or is it an excuse used by informants?"

Regarding the occupational category of those who continue working beyond age 60, what was hypothesized becomes a reality, since one observes, from age 60 onwards, a progressive reduction with age in the percentage of those working as wage earners and an increase in those who are self employed. The Data on those 80 and over given the small number of cases included in this category, are statistically insignificant.

The picture of the occupational situation of the elderly is completed upon examining whether work occurs in the formal or informal labour market 11/. As was to be expected, according to what was set out in the analytical framework, one observes that as heads of households age, the percentage of those employed in the informal sector increases. That is to say, as society limits the opportunities for continuing to carry out an occupational role, they create their own jobs. This has high economic costs for individuals since incomes from informal sector occupations are less than those stemming from formal sector occupations (see table II.3).

With regard to income, it should be remembered that, based on what was established in the analytical framework, it was hypothesized that from age 60 onward impoverishment would occur in relation to adult age 12/. Data used to compare this hypothesis with a standard is that of decile income distribution. 13/ The latter is studied for personal well as household income (see tables II.4, II.5 & II.6). The data show that the elderly's income decreases in relation to that of other ages, i.e., the percentage of population in deciles with the lowest income is higher among elderly age groups than among those of adults and the percentage of the elderly in deciles with highest income is lower. Something similar occurs with income distributions of heads of households. It should be noted in passing that in both cases women are always poorer than men and that this difference increases as they age.

Something different occurs with the decile distribution of per capita household income, since the income of adults and the elderly are either similar or the previously described pattern is

reversed. That is to say, per capita household income is greater for elderly heads of households than those of adult heads of households. This is an unexpected finding which requires an explanation.

Prior to this it was thought convenient to summarize the information presented on income distribution, comparing the situation of adult heads (age 15 to 59) with that of aging heads (65 and older) (see table II.7).

What follows is an attempt to find a plausible and reasonable explanation for the fact that total per capita household income is higher in households with aging heads, despite the fact that personal and household incomes are lower. For this a minimum of variables will be analyzed which, together, could yield some clues for interpreting this fact.

The first thing which it would be pertinent to find out is whether the average number of persons per household varies in relation to the age of head of the household. Likewise, it would be of interest to find out whether the average number of working persons varies per household, depending on the age of the household head. Table II.8 shows this information. The figures indicate that in those households whose heads are older there dwell a lower average number of persons and there is also a lower average number of working persons. In other words, the greater the age of the head of household the lower the average number of working persons in the household. The explicative value of these data is obtained upon examining them in terms of the ratio between dwellers/working persons. Two indicators were calculated with regard to this ratio: the number of working persons over the total number of persons and the number of persons supposedly supported by each working person. The trend observed is that the greater the age of the head of household the lower the number of working persons in relation to dwellers or, put another way, the number of persons supported by each working person is higher.

With the information presented thus far, the question raised not only is unanswered but rather has become even more intriguing. Thus it seemed timely to find out whether these differences would hold upon controlling for the number of dwellers. Table II.9 shows this information. Evidence indicates for all age groups that the amount in which household income increases is not proportional to the number of dwellers. For illustration purposes, if we look at the data for Argentina for the 15 to 59 age group, one sees that when the household is composed of one person, income is 357; when it is composed of two persons income is not double but is 1.2 times greater; when there are three persons, income is 1.5 times greater; and when there are four or more persons, income is 1.6 times greater. In accordance with this it is understandable that if households with elderly heads are smaller in size, total per capita household

income will be larger. However, this is only a partial explanation of the phenomenon, which will be better understood upon completing two other observations regarding the contents of table II.9.

The first is that if one compares what was said in the preceding paragraph (regarding the 15 and 59 age group) with what occurs in that of 65 to 79, one sees that in the latter when there is one person in the household income is 161; when there are two it is 2.4 times higher; when there are three it is 2.5 and when there are four and over it is 3.7. From this one can infer that the increase in the number of household dwellers is comparatively more favourable, since they contribute a greater difference in income to those households where heads are elderly. That is to say, in households with elderly heads, the increase in household size would be a better way of gathering resources, not only human but economic as well, to resolve the problems which they face. This point will be dealt with again in the section on family and will be seen as a mechanism in the strategy for survival.

The second observation on table II.9 is that, if one controls for the number of persons in a household, one observes that in one and two-person households, the greater the age of the head of household the lower the total per capita household income. In larger sized households, on the other hand, one observes great variability; i.e., there is not a clear tendency between variation in age of heads and that of per capita household income.

3. Conditions of organic functioning and capacity for carrying out daily activities

It is important to find out what opportunities society provides the elderly for maintaining their functional capacity.

Data were obtained from the P.A.H.O. survey. Unfortunately, only data for Argentina was available. Information prepared for that country permits one to appreciate the percentage of men and women who have seen their functional capacities deteriorate, that is to say, who have stopped being independent and who require others' help to carry out certain everyday activities. Table II.10 distinguishes between three types of activities which suggest a growing range of dependency: the old person may require help to leave his house, to maintain its upkeep, to care for himself, even in matters as crucial for his well being and which are so often carried out, such as getting in and out of bed, eating and voiding.

Three trends arise out of the data: first, the percentage of dependent older persons increases in direct proportion with age; second, it is over age 80 when there is a sharp rise in the percentage of those requiring help; third, women lose in greater proportion to men their capacity to care for themselves on their own and therefore require almost twice as much assistance than men of similar age do. This is a fact of great significance if one considers that the proportion of women is very high in this age group and that a high percentage of them live alone.

III. THE FAMILY OF THE ELDERLY

This section is composed of four parts: The first attempts to examine the role of the family with regard to social security. The second discusses which family unit is most significant for the elderly. The third describes the family structure of the elderly. The fourth deals with the nature of family relationships.

The first thing to be discussed is how the role of the family is understood vis a vis caring for the elderly. Then, the role to be played by the family will be focused on.

1. Family versus social security

The family has always been the social institution responsible for satisfying the needs for maintenance and daily care of the members of society. Given that the family is seen as being responsible for its members, it should constitute the natural context within which the elderly could obtain the care and help they might need. Nevertheless, in the case of the elderly, some of their needs run the risk of not being met, whether because there is no family to take care of doing so or because despite having one it is incapable of dealing with them. In part, policies in favour of senior citizens arise to make up for the lack of family and/or to complement services carried out by it.

This fact should not permit us to forget that there is another approach from which social policy originates. That is the idea of relying on social security to protect individuals from those risks which they are unable to adequately face on their own, as, for example, the case of death of the head of the household and the idea of ensuring an annuity for those who survive him; another case is that of workers who upon aging are physically restricted and the idea is of ensuring them with life annuity. In other words, in light of the possibility of suffering major mishaps which are difficult to foresee and/or difficult to

forestall on their own, the idea arises of not running the risks alone but rather to collectively share in the responsibility of luck, diluting the burden and of being sure of having help to rely on.

To this one may add what Rawls has stated. This author maintains that, given the impossibility of foreseeing his future social condition with certainty, the individual will in general attempt to advocate an improvement of the position of those less fortunate in his society (Rawls, 1971). This attitude adds a redistributive component to social security.

Irrespective of the basis for argument underlying the preoccupation for social security, what is important is that the granting of this type of help is not tied to the family but rather is assumed by members of society as a whole. There is a transfer, in the specific case of senior citizen programmes, from one generation to another not only within the family context, but also at a broader level of society. Thus is created what is frequently call a social network which involves social supportiveness which generally functions, in addition, with a redistributive connotation.

Since this matter will be dealt with in another chapter, suffice it to say that the idea of social security continues to be a valid and valuable one since it is supported by values of social supportiveness and redistributive justice. This, despite the fact that it suffers from two kinds of flaws: some benefit more than others and many are left out of the ambit of social security systems. These are wrongs which have to be redressed but which do not attempt against the validity of the concept of social security 14/. In short, family and social network should be seen as complementary instances in the granting of help and services to the elderly.

Despite the preceding, as has been established in the report presented by the Secretary General on the second review and appraisal of the Vienna International Plan of Action on Aging (United Nations Economic and Social Council, 1989), the idea has been generally accepted that, in developing countries the panacea for the elderly should be found within the family and in the care which the latter provides for them. Consequently, the family occupies a central role in the strategy for the elderly; with the result that it is of major importance to examine whether, in effect, the family has the capacity for caring for its elderly members which is assumed for it. This capacity varies, essentially depending on three factors: the family's social and economic situation; the nature and structure of the family unit itself and participation or not in a social security system (United Nations Economic and Social Council, 1989). One should mention that whether or not the family relies on relief provided by a social security system will not greatly affect the fact of

the family becoming responsible for caring for its older members, but rather what will be greatly affected will be the elderly person's potential. Put another way, the existence of a social security system improves the quality of life for the elderly. As Chawla says: "by far the majority of countries operate without either an adequate system of free medical care, or a social security system that guarantees a minimum of dignity and welfare to elderly people, irrespective of whether they can depend upon the informal care and security of their families... therefore to emphasize the importance of the family without any consideration of the entitlement to, and availability of medical care and social security serves only to obfuscate the issue" (Chawla, 1988 op.cit).

Having established the principle that assistance for the elderly is a responsibility shared between both types of social institutions, we shall go on to examine the family.

2. Family Unit

Knowing which is the significant family unit for the elderly presupposes an analysis of family organization norms in force in each society. Since this is beyond the scope of this document, we shall limit ourselves to a conceptual discussion of certain characteristics and principles on which its organization is based.

Who makes up the family group? 15/ There immediately arises a distinction between the group who lives under the same roof - that termed household or domestic unit - and the group composed of all those who, whether or not they share a same dwelling, feel as if they belong to a family and see each other as being mutually supportive.

Our starting point is the hypothesis that households tend to be composed, for the large part, of what is usually called a nuclear family 16/. The prototype consists of the head of the family, his spouse and dependent children. The nuclear family, contrary to what is commonly thought, is not a recent phenomenon. Historical research shows that it has always been the prevailing norm of dwelling and that multigenerational households have been and continue to be a minority 17/. In this sense it should be emphasized, in addition, that the preference of the younger generations as well as the older is to live independently. Only the pressure of circumstances forces the cohabitation of different generations in one household. Hence an important difference to be considered in analyzing the family situation of the elderly is that between the elderly who live in their own home and the elderly who go to live in the homes of their children or relatives.

With respect to the elderly's nuclear family its distinctiveness lies in that it is already at an advanced stage of its life cycle or course: the children are already grown up and have as a rule become independent, with only the elderly couple or one widowed spouse remaining in the home. Consequently, another aspect which would be important to learn about is the household composition of the elderly.

Following are two hypothesis regarding the affective and supportive ties which bond the family: (i) that family relationships are ruled by the principle of "intimacy at a distance"; i.e., although the members of different generations live (and wish to live) apart, maintaining their privacy, they admit to strong affective ties and they interact frequently (Rosenmayr, 1977). The fact of separate dwellings does not consequently imply isolation, and what is important is not so much the geographic proximity, as the affective commitment which exists between family members. Moreover, both the elderly and the younger generations wish to live in their own homes. For the elderly this is the way in which they maintain their biographic continuity, they experience less conflict and are therefore, more comfortable. On the other hand, those who live in others' households are those who experience the greatest conflict (Barros, Cereceda & Covarrubias, 1979); (ii) that there is a hierarchy in the way in which help is given among members of kinship groups, i.e., there is a given order for giving help and offering services. The main responsibility lies with members of the nuclear family, with that of parents for their children and spouses for each other being predominant. As a result, children attend first to their own homes and, to a lesser extent, to their elderly parents. Moreover, where there is competition for scarce resources to help different relatives, helping one's spouse and one's own children becomes predominant over helping elderly parents, which becomes residual. The aforesaid points to the need for analyzing relationships which exist between family members.

In light of these concepts we go on to examine the current situation in the four countries of the region under study.

3. Structure of the elderly's family unit.

From the above one can deduce the importance of studying at least two facets. The first refers to the position which those over 60 occupy in the household, differentiating between those who live in their own home whether as head or as spouse and those who live in their children's or relatives' households.

The corresponding information appears in tables II.11 through II.14. Mention should be made of certain trends observed therein.

i) The predominant position among the elderly is that of heading one's own household whether as head or as spouse, although this diminishes among those 80 and over (see table II.11)

ii) The great majority of men upon aging remain head of their households (see table II.12).

iii) The proportion of women heads of households increases with age. An increase is observed ranging from 16 percentage points in Panama to 30 in Argentina 18/ (see table II.13).

iv) As one ages, especially after age 80, the probability increases that one will live in the household of one's children or other relatives. Thus it is that among those 80 and over more than 40% find themselves in this condition; on the other hand, among those in the 15 to 59 age group, this percentage varies between 5 and 10% (see table II.11). There are major differences between sexes, with the finding that the percentage of women living in others' households is always higher than that for men. The percentage of those dependent among men 80 and over is around 20%, while among women the greater figures from the 65 to 74 age group reach figures bordering on 50% among the oldest age groups (see table II.12).

v) Relatives over 60 who live in the nuclear family households of others are fundamentally the parents of the head of the household or his spouse (see table II.14 for Argentina and Guatemala, which are the only countries which allow one to make this distinction). In addition, it should be noted that the percentage of parents who live in their children's household greatly increases as parents age. Thus it is that for Argentina between age 60 and 64 they are 9.3%; in the 65 to 79 age group this percentage is tripled and in the 80 and over age group it is multiplied more than seven fold. In the case of Guatemala it rises from 25% to 60%.

vi) In all countries studied and at all ages of the head of household it is observed that the nuclear family is also willing to take in other categories of relatives, among which should be emphasized brothers and sisters of the head of the household.

Thus, there are two main ways of extending the family which dwells in a household: one, is for it to extend vertically, by taking in the parents of the head of the household or his spouse, while another is for it to extend horizontally, by taking in brothers and sisters (Myers & Nathanson, 1983). According to the information shown, both occurs in the countries studied but the

first occurs more frequently. According to findings by Myers & Nathanson, in Latin America this form is 8 times more common.

vii) Households whose heads are between 60 and 79 years old are those who take in, proportionately, a greater number of dependent relatives.

The second facet of family organization involves analysis of the composition of households of the elderly, both in reference to the number of persons who live in the household and to the type of family relationship connecting the residents. Tables II.14 and II.15 contain the relevant information.

With regard to household size, the following trends should be noted:

First, the older the head of the household, the greater the increase in the percentage of one-person households, although these figures vary from country to country. Thus, in Argentina they reach 35.7%; in Panama 26.8%, while in Guatemala it is 18.4% and in Colombia 16.1% (see table II.15). Other studies undertaken in the region show similar figures. Thus, in a study carried out in six countries, it was found that 20% of those over 60 lived alone 19/. In the case of Barbados, 27% of those over 65 live alone (Hinds, 1986).

Second, it is important to emphasize the percentage of persons living in small sized households (of one and two persons). Those who live thus constitute an important percentage of the elderly population, which increases with age, although varying from country to country. Within the 65 to 79 age group for heads of households in Argentina, 70.5% dwell in one and two person households; in Panama it is 46.3%; in Guatemala 34.5% and in Colombia 25.9%. In comparing it with the 80 and over age group for heads of households the figures increase: in Argentina to 74.5%; in Panama to 55.6%; in Guatemala to 43.7% and in Colombia to 42.5% (see table II.15).

Third, modal household size, or that which occurs more frequently, varies according to age of the head. Thus, while in the 30 to 59 age group it consists of 4 persons in urban Argentina and urban Colombia and more than 7 persons in Panama and Guatemala, in the 65 to 79 age group it drops to 2 persons for Argentina and also for Guatemala and Panama, with Colombia being the exception.

Fourth, in households with female heads there tend to be more than double the number of one-person households and multiperson households are smaller in size.

Fifth, the average number of persons per household decreases as age of the head of the household increases (see table II.8).

Data on household composition according to existing kinship relationship between household members appears in table II.14. Data will be analyzed separately, by examining the traits associated with each type of relative.

Spouses. The difference between households with spouses and those without is very important. Spouseless households increase as heads of households age, growing to be predominant percentagewise in the 80 and over age group. This is obviously an indicator of widower and widowhood and reflects especially differences in life expectancy by sex.

Sons and daughters. Three situations are discussed: i) childless households; these increase as age of head of household increases or, stated another way, as children grow, they become independent and abandon the paternal household. If one focuses on households whose heads are between 65 and 79, the situation varies between countries; thus, in Argentina 68% of these households are childless; in Panama this figures drops to 53%; in Guatemala to 40% and in Colombia it is only 26%. If one observes heads of households in the 80 and over age group, the percentage of childless households increases while the diversity between countries remains the same and in the same order of magnitude; ii) it should nevertheless be emphasized that children continue to dwell with their elderly parents in a high percentage of cases. So it is that parents 80 years and over have one child in the household ranging from 30% of cases in Argentina up to 60% in Colombia; iii) the greatest variability among countries occurs in the magnitude of percentage of households with three children and more, which reflects their different positions in terms of the stage of demographic transition in which they find themselves.

Other relatives. In all countries studied the figures observed confirm the predominance of the nuclear family, as a standard for family organization. The former would nevertheless be willing to take in other relatives as the fact of its coexistence with a varied percentage of extended families would indicate. In this respect, there are major differences between the countries. Thus, in urban Argentina are found the largest percentage of households without other relatives, followed by Panama, then urban Colombia and lastly, Guatemala. In the latter two countries the fact is notable that in households whose heads are 60 and older the percentage of households with three or more "other relatives" borders or exceeds 15%.

It would seem, then, that adding other members under the same roof is a type of family arrangement used as a means of survival. That is to say, the presence of other family members in the household would make it possible to use survival strategies which are both economic and of assistance, which would

not be otherwise available. Consequently, there is a reaffirmation of what was said on the convenience of the extended family as a form of organization which makes it possible, under certain circumstances, to maximize resources available for resolving the problems of supporting and caring for its members. With the result that the correct attitude would not be to underrate it for being oldfashioned, but rather to appreciate it for its instrumental value.

Domestic service. Although the percentage of households with domestic service is small it is interesting, from the point of view of the elderly, that in the 4 countries studied the percentage of domestic service increases when the head of the household is 80 or over. This allows one to infer that that this would be one of the ways used by the elderly to obtain the necessary help in order to compensate for their defects.

From what has been said up to this point, there is a need to cast doubt on the validity of considering the elderly as socially dependent, since, for the large part, they continue on as official heads of their households, even showing great capacity to take in other relatives into their homes.

4. Family relationships and the family's capacity to provide help

It was said before that among family members there exist affective ties and intentions of supportiveness - although differentiated according to a determined order for giving help. However, the possibility of putting these intentions into practice obviously depends on the resources available. These resources are three-fold in nature: human, economic and expressive.

The family's human resources have tended to decline and continue to do so. The number of children has declined. Growing numbers of women have entered the labour force and many of these have set for themselves self-fulfillment goals, thus not being totally available for the family anymore, as was previously the case with women. In turn, medical progress has increased the number of the elderly and extended the period of old age. In short, today there are more old people requiring help and over a longer time, in circumstances where the family's human resources have decreased.

Regarding the economic resources a family has available for helping its elderly members, these obviously vary, according to socio-economic level. Hence the recommendation of not studying the elderly as if they were homogenous, but differentiating

between them according to the family's income level, firstly that of the old person himself and secondly that of his children.

Now we go on to study the expressive resources of the family and the possibilities of providing psycho-social support for the elderly (Barros, 1983). Expressive resources consist of the capacity to demonstrate feelings and to communicate emotions which permit the establishment of a relationship of congeniality, understanding, affectionate and loving welcome. This type of support is necessary given the point to which the aging process implies a series of changes which undermine the elderly's person: loss of abilities and social position, retirement from work, health traumas, widowhood, etc. Old age brings with it then, a series of problems: some capable of being resolved, eased or at least compensated for; others, on the contrary, generate irreversible losses which can only be assumed and accepted.

Expressive support has two functions: The first lies in facilitating adaptation of the elderly person to changes typical to old age, helping him to accept his condition. The second consists of offering the elderly person forms of sociability which, notwithstanding his limitations, keep him integrated into a network of communication and through it, to society, so as to give him a sense of belonging and valuing his identity and self esteem.

From the afore-mentioned, one can then ask "How realistic is it to expect the family to take care of its elderly members?"

The information available is unfortunately scanty and very fragmented.

With regard to the exchange of help, this occurs especially among elderly couples and between the elderly and their children. The elderly know that the primary obligation of their children is towards their own families, for which reason they turn to them only in an emergency. What they would never wish to have to do is ask for financial assistance. In terms of emotional support, the elderly highly value the understanding and affection of their relatives. It has been proven in many cases that the elderly who are seriously handicapped are able to withstand their situation on the basis of being able to rely on the affection of their relatives 20/.

There are some data which show that in relationships where help and support are exchanged, the elderly in practice give more help than they receive, except in the item "company" (see table II.17). If one observes differences based on sex, they clearly reflect the norms typical to each genre; thus, for example, men more often tend to give money and women to receive it.

This is complemented by evidence on who the elderly think could take care of them in case of sickness (see table II.18). Four trends are noted from there: i) nearly all the elderly hope that help will come from their family; ii) only a few of the elderly would have no-one to take care of them and this occurs more frequently among women; iii) elderly men overwhelming expect to be assisted by their spouses; women expect this to a much lesser extent; iv) elderly women expect to receive the most care from their children, particularly from their daughters.

Consequently, one may conclude that, as in other countries, the family is a source of help, care and emotional support and that family relationships are reciprocal and not dependent on the part of the elderly. Nevertheless, one should bear in mind where family resources are limited, the family requires that society provides assistance for the family through a network of social services and a social security system.

IV. CHANGES IN THE LABOUR MARKET FOR THOSE OVER AGE 60 BETWEEN 1982 AND 1986

This section will attempt to indicate what has occurred with work rates and the occupational situation of elderly groups between 1982 and 1986, a period of economic crisis in most countries of the region. To show occupational changes we have calculated what is called the formal and informal work sectors, which is the central theme of this part of the document.

Data corresponds to the most recent household surveys in Colombia and Panama 21/. Both involve urban surveys; coverage in Colombia included 8 major cities and in Panama the survey only covered the Metropolitan Area.

1. Variations in economic conditions of the elderly between 1982 and 1986

What is observed in the specific work rates obtained for both the total population over 15 and for heads of households for Colombia and Panama between 1982 and 1986 is as follows:

- Total work rate is slightly higher in 1986 than it was in 1982 in Colombia, for both the population over 15 and for heads of households. In Panama, the rate remains the same for total population and there is a slight drop in that of heads of households.

- On going over specific work rates by age, the two countries show different performances. In Colombia the rates for those over 60 recorded a 4% increase in 1986 over 1982. Rates for heads of households remained the same in the 60-64 age group and declined in the 65-79 age group. The 80 and over age group will not be dealt with given its small size which makes it more sensitive to errors in statement of economic activity and thus also to changes over time.

In Panama the rates for those over 60 decrease considerably, especially those for the 60-64 age group. Rates corresponding to those under 60 remain practically constant.

Work rates by sex show, for their part, differences in variation over time. In both countries an increase is recorded in female work rates, slight in the case of Panama and with a decline in rates of women over age 60. In Colombia, it would appear important to note the increase in work of women over 60, this being higher where they are heads of households (tables II.19 and II.20).

A counterpart to changes in work rates is the increase in number of retirees between 1982 and 1986. Panama, in this case, shows the greatest increase in the proportion of retirees among the total population and total heads of households. The 60-64 age group among the total population increases from 29.7% to 40.8%; and in the case of heads of households from 38.4% to 51.1% which amounts to 37% and 33% respectively in those four years; in the 65-79 age group the increase drops by half.

In Colombia the change is much less; the increase in the proportion does not reach 10%. It is possible that the elderly continue to work, since work rates would indicate this. What is most probable is that many persons over 60 are not covered by retirement systems and so declare themselves working or unemployed. It may also be an indicator of the effects of the crisis which affected the countries in these years, requiring that the elderly work (tables II.21 and II.22).

On the other hand, it is interesting to note the increase in the proportion of female retirees in the 60-64 age group of both countries. Although a decline in the housewife category is recorded, especially in Panama, it is possible to think of an increase in the retirement coverage for women.

2. The labour market of the elderly before and after the crisis

To show occupational changes for those over 60 the criteria of dividing the urban non-agricultural labour market into what is termed the formal and informal sector has been used.

The formal sector includes all workers who are all employees and wage labourers, without differentiating between occupations, plus non-wage earning professionals. The informal sector includes all self-employed non-professional workers and unpaid, family workers. By including the size of the establishment, all those employed in establishments with less than 5 employees are included in the informal sector.

This criteria has the advantage of using occupational information gathered from household surveys in a more aggregate way and therefore making it more comparable over time. Basic data refers to those employees - depending on whether they are heads of households or population over age 15 - who declare an occupational category, main occupation, branch of activity and size of establishment. The calculation of formal and informal sectors including size of establishment is only for Panama, since Colombia does not include this variable in its survey.

Tables II.23 through II.26 show the percentage distribution of the employed in each sector for the employed population over 15 and employed heads of households broken down by age groups and sex. This allows one to estimate the size of the formal and informal sectors in percentage terms. Taking into account only the urban non-agricultural sector, it is observed that:

- In Colombia, those over 60 are increasingly concentrated in the informal sector, as age advances, especially in the 65-79 age group, which also shows an increase in the differences between 1982 and 1986. For those under 60, the formal sector is more important, being 4 times the proportion of the informal sector in the age group 15-29 and twice in the 30-59 group. Panama also shows a concentration of those over 60 in the informal sector, with an increase in the 60-64 age group in 1986 over 1982.

In Colombia the proportion of the 65-79 age group in the informal sector is 3 times larger than in the 15-29 age group. In the formal sector, the latter age group appears to be twice as large as that of the elderly. In Panama the relation is reduced two-fold in the first case and to less than two in the second, with an increase in the difference in 1986.

In controlling for sex, similar behaviour is observed with very noted differences in the case of females.

Table II.23 shows the percentage changes of the non-agricultural formal and informal sectors corresponding to heads of households. According to the hypothesis stated an important change would have to occur in the informal sector, if many retirement age persons on one hand are not enrolled in a retirement system or their retirement income is so very low that they have to become self-employed. From the information obtained, we observe the following:

- In Colombia the increase in the informal sector is relatively significant: almost 4 percentage points. It is interesting to note that the increase in the 65-79 age group is higher than for the 15-29 age group, growing by almost 16%. The greatest increase in informal employment of any age group. Upon controlling for sex, the sign changes: male heads of households have the same total average performance, female heads of households within the 65-79 age group remain proportionately the same in the informal sector between 1982 and 1986. On the other hand, in the 60-64 age group an increase of 11% is recorded.

Panama has a much higher increase in informal sector than does Colombia, taking into account the informal sector both with and without including small establishments. The total proportional increase in the informal sector is 16% when small establishments are considered and 34% when only self-employed and family workers are taken into account. This difference in criteria is maintained in the elderly group, with the exception of the 60-64 age group, where a decrease in the sector is observed when establishments are not considered. In observing changes by sex within this same age group, the informal sector of female heads of households is reduced considerably. This leads one to think that there might be some distortion, since domestic servants are included in the formal sector. Also one has to bear in mind that the volume of female heads of households is small and is therefore subject to errors.

To complement these changes, table II.27 shows the distribution of employed heads according to occupational category. This information permits one to assess the change in percentage distribution between wage earners and non-wage earners between 1982 and 1986.

In Panama a major increase in self employed workers is recorded. The proportion of self employed heads of households with respect to the total number of employed was 17% in 1982, increasing to 23% in 1986. This is equivalent to an increase of 33%. In Colombia, the change reaches 3%.

If one observes the age distribution, one sees that the elderly are for the most part self employed: in Panama 62% of the active heads between age 65-79 are self employed in 1986 as opposed to 39% in 1982. Thirty two percent worked as private sector employees in 1982, which number drops to 17% in 1986. Government employees dropped from 19% to 9% of this age group in the same period.

It is also interesting to note the occupational change when size of establishment is considered. On one hand is the increase in self employed heads and those employed in establishments with less than 5 employees which reaches an increase of 13% between 1982 and 1986, with a major increase being noted in the 15-29 and 65-79 age groups. On the other hand, there is a slight increase in the category of employees and labourers in the 60-64 age group and a drop in those under 60.

In Colombia, the changes are more moderate. Self employed heads over 60 are more than 50% of the total heads of households occupied in both age group of the elderly. The self-employed heads of the 65-79 age groups are 64% in 1986 and 56% in 1982. Private sector employees were 21% and 26% of this age group in 1982 and 1986 respectively. The opposite is recorded in the 15-29 age group.

In summary, although on the whole the data is limited to heads of households, it is possible to say that in both Colombia and Panama, informal sector employment tended to increase among the elderly, and to increase more than in other age groups. The increase in the proportion of retirees in Panama could be a reflection of an improvement of the retirement and pensions systems in that country.

V. LOOKING TOWARDS THE FUTURE: DILEMMAS AND CHALLENGES

In conclusion, crucial issues or dilemmas are highlighted which would appear to be unresolvable, as well as challenges or matters which need to be addressed with greater urgency. The order in which they will be presented does not reflect priority but rather follows the sequence of the previous sections.

(a) To attempt to face the problem of the reduced work opportunities which society provides the elderly is to face a dilemma, due to the difficulties which countries of the region currently face in generating employment. The already chronic underemployment situation in the region must be remembered, as well as the indications that informal self-employment is increasing among the elderly in some countries. It is stated that this is, nevertheless, an apparent dilemma, since it could have an answer if instead of thinking about inserting the elderly

into a social life via an economic role, as occurs at the adult age, a different social role were created for them. This could be a role geared at the same time towards personal development - in terms of reflection which would help in completing their life with dignity and of work on their own inner selves - and to the development of their participation in community affairs and in public service.

(b) The opportunities offered by society to the elderly for them to remain in the health conditions required in order to be capable of fending for themselves in carrying out daily activities, exist for the large majority of individuals up to age 75, but then they decrease. This aspect of living conditions of the elderly implies three challenges: one, to overcome the prejudices which make us view them as deteriorated and dependent individuals when, in fact, this occurs in a small percentage of cases especially after age 80. That is to say, the great majority of the elderly have around 20 years of independent life and this is a social resource that should be used in pursuing development. The second is to use medical knowledge available to maintain functional autonomy, especially of women, in proportions and for longer periods of time than are current. Third, to consider that there is a percentage of individuals to whom a special type of help should be provided which is necessary for them to palliate their distinctive and concrete failings.

(c) The family, as an institution in which the elderly find care and psychosocial support, effectively acts in favour of its elder members and they, in turn, also do the same, since between them there exist mutual ties of supportiveness and affection. The exchange occurs, nevertheless, according to an order of priority. Hence, the particularly critical nature of those cases of the oldest senior citizens who are spouseless and childless.

One must also consider that today there are more senior citizens to assist and for over longer periods of time, under circumstances where the family's human resources - number of children and availability of women - have declined. Consequently, it is necessary to supplement family help, especially when the burden is excessive, as occurs in those cases of extreme dependency and those in which continuous and permanent help is required.

Beyond the solutions to these problems, the greatest challenge lies in fully valuing the family, not at the level of easy discourse which is limited to denominating it as a basic cell of society, but rather turning its reinforcement into one of the most important objectives of social policy. That is to say, the challenge, given the family's vital importance in the quality of life of its members, is for society to offer the family the necessary services to help it in its helping role and to support it in its supporting role. This, which seems a cliché, is an

enormous challenge which implies redefining what has up to now been considered to be a private matter, transforming it into a matter for collective interest and responsibility and, therefore, a matter for social policy.

(d) Women over 80 suffer two very afflicting conditions: in around 50% of cases they become dependent and view their capacity to undertake their daily activities as greatly diminished. Consequently, they will require priority consideration when it comes time for proposing projects for the elderly.

Lastly, it would be useful to clarify that the social conditions studied are the scenario within which each individual who ages shapes and constructs his own old age. In other words, each senior citizen is the maker of his own personal destiny and the latter depends on how each individual faces the particular reality of his own aging and of the way in which he adapts and acts within the framework defined by society. This implies that if the elderly wish to attain improvements, they will have to become aware of the social factors which affect them and organize themselves to assume an active role as agents for change. Together with this, one must take into account that there is a greater probability that all of us will be old, that we will become so in an adverse social environment, but that the manner in which we age will depend on ourselves. It seems obvious that it is much easier to age gracefully in some societies than in others and that if we wish to do so under better conditions, we should simultaneously undertake two tasks: a long term one, to transform current societal organization; and also that each one of us has to begin right now to prepare ourselves in order to be capable of adequately facing the challenge of fully culminating our own lives and of helping our loved ones to do so as well.

APPENDIX I: METHODOLOGICAL NOTES

METHODOLOGICAL NOTES

Sources. Computer tapes from the household survey Data Bank of ECLAC's Division of Statistics and Projections and processed at ECLAC Computer Centre arise out of a survey questionnaire given to a sample of households. Said figures are then expanded in such a way as to be representative of the properties of the total universe of households of the areas studied. For Panama and Guatemala the sample is at national level, for Argentina and for Colombia it is at a level of major cities.

Size of samples. Immediately following is the information on age distribution of the population and of heads of households in the original sample and in the expanded total.

	ORIGINAL SAMPLE		EXPANDED TOTAL	
	Total population	Heads	Total population	Heads
<u>Argentina</u>				
Age 15-9	9 027	3 152	5 965 844	2 088 765
Age 60-64	752	436	501 378	292 050
Age 65-79	1 300	782	886 729	533 752
Age 80 and over	250	119	170 643	82 488
<u>Colombia</u>				
Age 15-59	52 735	14 437	6 550 473	1 847 689
Age 60-64	1 863	1 092	221 730	132 010
Age 65-79	2 828	1 651	339 629	196 560
Age 80 and over	583	258	69 115	30 294
<u>Guatemala</u>				
Age 15-59	22 084	7 101	3 903 730	1 247 265
Age 60-64	875	516	140 982	81 024
Age 65-79	1 415	846	236 049	138 053
Age 80 and over	348	177	54 464	27 239
<u>Panamá</u>				
Age 15-59	21 901	6 736	1 133 341	345 619
Age 60-64	1 107	695	57 214	36 146
Age 65-79	1 729	1 119	85 638	54 559
Age 80 and over	395	207	19 136	9 629

In this respect, there is a concern to be posed of whether the sample which is representative at the total level of households would continue to be so at the level of each one of the age groups studied.

It is also important to note that, given that the 60-64 and especially the 80 and up age groups contain few cases, when they are cross tabulated for a greater number of variables and/or when one of the variables distinguishes among various categories, the results become more uncertain. In other words, as the number of cells increases and the number of cases in each one of them decreases, there is a greater probability that the cases included in them will not be representative of what occurs in the total population. In particular, data referring to the over 80 population should be interpreted with caution when more than two variables or categories are crossed, due to the relatively small number of cases in the samples that fall into this age group.

For definition of formal and informal sectors, see Note 18/; for definition of income, see Note 20/.

APPENDIX II: TABLES

Table II.1

WORKING CONDITION OF HEADS OF HOUSEHOLDS, ACCORDING TO AGE, FOR FOUR COUNTRIES, 1986

Working condition in %	Age 15-29				Age 30-59				Age 60-64				Age 65-79				Age 80 and over			
	Arg.	Col.	Gua.	Pan.	Arg.	Col.	Gua.	Pan.	Arg.	Col.	Gua.	Pan.	Arg.	Col.	Gua.	Pan.	Arg.	Col.	Gua.	Pan.
<u>Working population</u>																				
Employed	91,8	89,0	94,1	89,0	89,4	85,7	90,3	86,7	50,3	47,2	81,6	47,2	16,2	31,0	60,3	35,3	1,5	11,5	31,9	13,6
Unemployed	3,5	5,2	1,6	4,6	3,1	3,6	1,3	2,6	2,0	2,5	0,6	1,3	0,5	1,6	0,4	0,9	0,0	0,0	0,0	0,0
Working for 1st. time	--	0,4	0,2	0,8	--	0,1	0,1	0,2	--	0,0	0,0	0,1	--	0,0	0,0	0,0	--	0,0	0,0	0,0
<u>Passives</u>																				
Retired, pensioned	0,5	0,1	0,0	0,0	4,7	2,6	0,3	3,8	42,2	20,3	2,1	33,6	80,2	22,1	10,8	35,9	96,2	23,7	7,3	32,9
Student	3,0	2,6	0,3	1,6	0,0	0,1	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,1	0,0	0,0	0,0	0,0	0,0
Housewife	0,7	2,1	3,8	3,8	1,7	6,1	6,4	6,2	2,4	19,2	10,7	12,1	1,7	24,9	14,0	16,0	1,6	23,7	12,9	13,6
Independent income	0,0	0,0	0,0	--	0,2	0,6	0,2	--	0,7	3,2	0,3	--	0,0	4,5	1,6	--	0,0	8,3	5,7	--
Handicapped	0,0	0,0	0,0	--	0,3	0,3	0,8	--	0,0	2,0	3,6	--	0,5	6,7	11,9	--	0,0	15,2	40,4	--
Other	0,5	0,5	0,0	0,1	0,6	1,0	0,7	0,5	2,4	5,5	1,0	5,7	1,0	9,2	1,0	11,9	0,8	17,7	1,8	39,9
TOTAL ^{a/}	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
N (thousands)	272	360	284	54	1 816	1 487	963	291	292	132	81	36	534	196	138	54	82	30	27	9

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections.

^{a/} The countries are: Argentina, Colombia, Guatemala and Panama.

^{b/} May not total exactly 100% due to rounding out of figures.

Note: The symbol -- indicates no information in the survey in question.

Table II.2

OCCUPATION CATEGORY OF EMPLOYED HEADS OF HOUSEHOLDS, ACCORDING TO AGE, FOR FOUR COUNTRIES, 1986

	Age 15-59			Age 60-64			Age 65-79			Age 80 and over b/						
	Arg.	Col.	Pan.	Arg.	Col.	Pan.	Arg.	Col.	Pan.	Arg.	Col.	Pan.				
Employed	57,3	58,9	52,0	67,0	48,6	35,7	37,0	35,1	37,4	23,7	22,6	18,8	50,0	37,8	13,2	3,5
Self employed	20,9	29,8	43,8	29,8	28,9	50,8	57,5	58,6	36,0	61,2	70,2	76,2	50,0	60,9	75,8	91,0
Employer or owner	5,8	5,8	4,0	2,8	7,4	7,4	5,2	6,1	12,7	8,1	6,6	4,8	1,2	11,0	5,5	
Family worker	0,0	0,1	0,1	0,0	1,4	0,4	0,3	0,0	2,3	0,8	0,6	0,2	0,0	0,0	0,0	0,0
Domestic employee	--	0,9	--	--	--	0,6	--	--	--	1,1	--	--	--	0,0	--	--
Did not answer	16,0	4,5	0,1	0,3	13,7	5,1	0,0	0,2	11,6	5,0	0,0		0,0	0,0	0,0	0,0
TOTAL a/	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
N (thousands)	1 938	1 670	1 155	312	152	66	67	17	89	64	84	20	1,2	3,5	8,7	1,3

Source: Household surveys in the respective countries. Tabulations undertaken by ELLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ELLAC's Division of Statistics and Projections.

a/ May not total exactly 100% due to rounding out of figures.

b/ Due to small sample size, figures may not be representative.

Note: The symbol -- indicates no information in the survey in question.

Table II.3

PERCENTAGE OF HEADS OF HOUSEHOLD EMPLOYED IN THE FORMAL AND INFORMAL SECTORS, BY AGRICULTURAL AND NON-AGRICULTURAL WORK, ACCORDING TO AGE, FOR THREE COUNTRIES, 1986

Population distribution in %	Colombia				Guatemala				Panama			
	Agricultural		Non-agricultural		Agricultural		Non-agricultural		Agricultural		Non-agricultural	
	Formal	Informal	Formal	Informal	Formal	Informal	Formal	Informal	Formal	Informal	Formal	Informal
15-59	63,5	34,7	69,8	30,2	43,6	56,4	72,5	27,5	43,4	56,6	80,2	19,8
60-64	71,1 ^{a/}	24,9 ^{a/}	45,1	54,9	35,4	64,6	56,0	44,0	22,6 ^{a/}	77,4 ^{a/}	60,3	39,7
65 and over	49,1 ^{a/}	50,9 ^{a/}	33,5	66,5	23,9	76,1	40,9	59,1	16,1	83,9	34,6	65,4
<u>Average income</u> (in currency of each country)												
15-59	89 839	88 598	53 667	52 941	192	125	414	246	348	151	662	387
60-64	185 934 ^{a/}	28 646 ^{a/}	77 094	69 806	383	205	620	243	644 ^{a/}	163	726 ^{a/}	535 ^{a/}
65 and over	98 633 ^{a/}	67 525 ^{a/}	61 277	58 497	387	139	366	230	413 ^{a/}	158	535 ^{a/}	433 ^{a/}

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections.

^{a/} Due to small sample size, figures may not be representative.

Note: The symbol -- indicates no information in the survey in question.

Table II.4

DECILE DISTRIBUTION OF TOTAL PERSONAL INCOME FOR THE POPULATION AGE 15 AND OLDER
ACCORDING TO AGE, FOR FOUR COUNTRIES, 1986

Personal Income deciles	ARGENTINA			COLOMBIA			GUATEMALA			PANAMA		
	15/59	60/64	>65	15/59	60/64	>65	15/59	60/64	>65	15/59	60/64	>65
Lower 10%	9,5	15,7	18,5	10,1	6,9	8,8	8,8	10,6	19,1	10,3	17,0	18,0
2nd decile	1,7	20,9	35,9	10,3	6,8	10,8	10,8	11,8	15,0	8,8	12,1	15,5
3rd decile	7,2	13,1	17,2	9,3	9,3	11,6	11,3	8,4	14,3	7,4	7,6	8,6
4th decile	10,3	6,9	4,1	9,1	12,2	12,9	9,5	12,9	9,8	10,9	10,2	11,7
5th decile	12,8	7,5	5,0	11,2	10,2	10,6	8,8	9,4	6,7	10,8	8,5	13,6
6th decile	11,1	8,6	5,8	9,3	11,2	10,3	12,9	10,4	9,3	9,3	8,6	8,3
7th decile	11,8	5,4	4,4	10,1	8,9	8,5	9,2	11,0	7,3	13,4	9,9	7,6
8th decile	13,0	8,5	4,3	10,8	11,0	9,5	9,7	9,3	5,8	8,0	5,7	3,5
9th decile	12,5	6,1	2,2	9,5	9,9	9,1	10,4	5,8	6,9	11,1	11,6	7,2
Upper 10%	10,1	7,3	2,6	10,1	13,7	8,0	9,8	10,5	5,7	10,0	9,3	5,9
TOTAL \$/	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
N (in thousands)	3 106	336	840	3 286	116	189	2 050	83	151	662	42	73

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections.

\$/ May not total exactly 100% due to rounding out of figures. Excludes persons not reporting any income.

Note: The symbol -- indicates no information in the survey in question.

Table II.5

DECILE DISTRIBUTION OF HOUSEHOLDS BY TOTAL INCOME, ACCORDING TO AGE OF HEAD OF HOUSEHOLD,
FOR FOUR COUNTRIES, 1986

Household income deciles	ARGENTINA			COLOMBIA			GUATEMALA			PANAMA		
	15/59	60/64	>65	15/59	60/64	>65	15/59	60/64	>65	15/59	60/64	>65
Lower 10%	4,7	15,2	28,4	10,0	7,1	10,5	9,4	11,0	14,8	9,9	13,8	18,1
2nd decile	8,0	11,7	11,1	9,2	7,9	11,6	9,9	8,5	15,5	8,7	10,8	13,5
3rd decile	7,9	10,9	15,8	9,9	9,1	10,6	9,9	8,5	9,6	9,7	7,7	10,9
4th decile	10,3	9,3	9,8	11,4	10,8	10,6	10,3	9,4	9,4	10,0	10,3	11,0
5th decile	9,8	5,6	7,8	9,2	6,6	9,0	9,8	9,3	8,1	8,7	7,6	8,1
6th decile	12,6	11,7	6,9	11,2	11,3	11,5	10,9	9,8	8,7	11,1	10,9	9,9
7th decile	11,3	5,9	6,0	9,7	9,8	8,8	10,2	11,5	7,8	10,5	9,0	7,0
8th decile	11,8	11,0	4,8	9,9	12,6	9,3	10,1	9,4	9,0	10,8	9,3	7,4
9th decile	11,8	10,3	4,3	9,9	13,2	9,1	10,2	11,1	8,0	10,1	9,2	7,7
Upper 10%	11,7	8,5	5,2	9,4	11,6	8,9	9,5	11,5	9,0	10,6	11,5	6,3
TOTAL %/	110,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
N (in thousands)	1 845	271	598	1 643	116	200	1 028	80	156	345	36	64

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections.

%/ May not total exactly 100% due to rounding out of figures.

Note: The symbol -- indicates no information in the survey in question.

Table II.6

DECILE DISTRIBUTION OF HOUSEHOLDS BY TOTAL PER CAPITA HOUSEHOLD INCOME, ACCORDING TO HEAD OF HOUSEHOLD AGE,
FOR FOUR COUNTRIES, 1986

Per capita household income deciles	ARGENTINA			COLOMBIA			GUATEMALA			PANAMA		
	15/59	60/64	>65	15/59	60/64	>65	15/59	60/64	>65	15/59	60/64	>65
Lower 10%	12,3	7,6	5,2	10,8	7,8	8,7	10,5	6,5	9,0	10,3	9,4	10,2
2nd decile	9,5	9,8	13,9	10,1	8,2	9,0	10,6	7,6	7,4	9,7	9,9	10,9
3rd decile	11,1	10,4	6,7	9,8	8,5	9,6	10,1	10,7	7,5	10,2	9,3	9,0
4th decile	11,7	7,4	11,6	9,9	8,8	10,4	10,4	7,6	9,4	10,0	9,0	10,3
5th decile	3,9	9,4	20,7	9,5	12,2	9,4	10,0	9,7	9,3	10,0	9,8	9,6
6th decile	10,4	11,2	7,8	9,4	8,7	9,6	10,0	10,3	10,4	10,5	11,6	10,8
7th decile	10,5	10,2	9,2	10,7	12,3	11,8	10,4	10,3	13,2	9,8	6,1	9,7
8th decile	9,3	10,5	10,9	9,8	12,7	11,2	8,6	13,6	12,1	9,7	10,1	10,9
9th decile	10,4	13,0	7,6	10,0	9,6	10,8	9,9	11,9	11,2	9,9	11,5	8,8
Upper 10%	11,0	10,6	6,5	9,9	11,3	9,5	9,6	11,7	10,4	9,8	13,3	9,8
TOTAL g/	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
N (in thousands)	1 845	271	598	1 665	94	200	1 208	80	156	340	35	63

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections.

g/ May not total exactly 100% due to rounding out of figures.

Note: The symbol -- indicates no information in the survey in question.

Table II.7

SELECTIVE COMPARISON OF DECILE DISTRIBUTION OF INCOME
BY AGE OF HEAD OF HOUSEHOLD

	<u>Argentina</u>		<u>Colombia</u>		<u>Guatemala</u>		<u>Panama</u>	
	Age 15-59	Age 65 and older	Age 15-59	Age 65 and older	Age 15-59	Age 65 and older	Age 15-59	Age 65 and older
<u>Distribution of household heads by personal income</u>								
30% lowest bracket	18,4	71,6	29,7	31,2	29,8	48,4	26,5	42,1
30% highest bracket	35,6	9,1	30,4	26,6	29,9	18,4	29,1	16,6
<u>Distribution of households by total household income</u>								
30% lowest bracket	20,6	55,3	29,1	32,7	29,2	39,9	28,3	42,5
30% highest bracket	35,3	14,3	29,2	27,3	29,8	26,0	31,5	21,4
<u>Distribution of households by total per capita household income</u>								
30% lowest bracket	32,9	25,8	30,7	27,3	31,2	23,9	30,2	30,1
30% highest bracket	30,7	25,0	29,7	31,5	28,1	33,7	29,4	29,5

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections. Compiled on the basis of tables II,4, II,5 and II,6.

Table II.8

AVERAGE NUMBER OF PERSONS IN THE HOUSEHOLD, AVERAGE NUMBER OF WORKING PERSONS IN THE HOUSEHOLD, RATIO OF WORKING PERSONS TO DWELLERS, ACCORDING TO HEAD OF HOUSEHOLD AGE, FOR FOUR COUNTRIES, 1986

	Age of head of household					N° pers. /c.act ^{a/}	N° act/ t.pers ^{b/}	N° pers. /c.act	N° act/ t.pers	N° pers. /c.act	N° pers. /c.act
	Age 15-59	Age 60-64	Age 65-79	Age 80 and over							
Average number of persons per household											
Argentina	3,3	2,6	2,2	2,0							
Colombia	4,4	5,0	4,1	3,4							
Guatemala	3,7	3,3	3,0	2,8							
Panama	3,5	3,0	2,7	2,4							
Average number of working persons per household											
Argentina	1,6	1,2	0,6	0,4							
Colombia	1,8	2,1	1,8	1,2							
Guatemala	1,7	2,0	1,7	1,3							
Panama	1,7	1,5	1,1	0,8							
Ratio of working persons/total persons											
Argentina	0,48	0,46	2,2	3,6	0,27	0,20	5,0				
Colombia	0,41	0,42	2,4	2,3	0,44	0,35	2,8				
Guatemala	0,46	0,60	1,6	1,8	0,57	0,46	2,1				
Panama	0,48	0,50	2,0	2,4	0,41	0,33	3,0				

Sources: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections.

a/ Number of working persons per total number of persons in the household. Example: for Argentina in 15-59 age group there are 0,48 working persons per dweller.

b/ Number of persons per working persons. Example: for Argentina in 15-59 age group there are 2,0 persons per working person.

Table II.9

AVERAGE PER CAPITA HOUSEHOLD INCOME, IN CURRENCY OF EACH COUNTRY, BY NUMBER OF PERSONS IN HOUSEHOLD, ACCORDING TO AGE OF HEAD OF HOUSEHOLD, FOR FOUR COUNTRIES, 1986

Country and N° of persons in household	Age of head of household			
	Age 15-59	Age 60-64	Age 65-79	Age 80 and over
Argentina				
1 person	357	180	161	131
2 persons	437	356	391	259
3 persons	545	620	408	404 a/
4 and more persons	576	585	606	543 a/
Colombia				
1 person	40 306	17 669 a/	20 960 a/	18 530 a/
2 persons	49 719	53 260	31 570	55 849 a/
3 persons	45 432	51 436	39 200	43 771 a/
4 and more persons	54 262	70 463	61 831	50 676
Guatemala				
1 person	174	137 a/	64	124 a/
2 persons	224	153	140	120 a/
3 persons	242	202	245	166 a/
4 and more persons	250	387	289	310
Paraguay				
1 person	239	165 a/	168	122 a/
2 persons	408	547 a/	327	155
3 persons	499	647 a/	392 a/	532 a/
4 and more persons	529	536	489	486 a/

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections.

a/ Small number of cases detracts representativeness.

Table II.10

PERCENTAGE OF THOSE OVER 60 WHO REQUIRE HELP FOR CARRYING OUT VARIOUS EVERYDAY ACTIVITIES,
ACCORDING TO AGE AND BY SEX, ARGENTINA, 1985

Type of help required	BUENOS AIRES						FIVE OTHER CITIES					
	60-64		65-79		80+		60-64		65-79		80+	
	M	F	M	F	M	F	M	F	M	F	M	F
To leave the house ^{a/}	3,4	4,2	4,3	10,9	10,3	52,9	1,6	5,7	5,0	6,6	21,4	50,5
Within the house ^{b/}	6,8	4,8	11,6	10,3	20,5	43,8	8,8	8,4	13,5	9,1	28,2	41,3
For personal care ^{c/}	2,0	3,7	2,7	5,7	7,7	32,4	5,1	4,3	3,9	4,2	14,5	28,5
% for critical and continuous personal needs ^{d/}	1,4	3,2	1,5	3,1	0,0	17,6	2,4	3,5	2,4	1,8	8,5	11,5

Source: Compiled from BPHD, "A profile of the elderly in Argentina", 1988.

^{a/} Includes outings for short distances, long distances and using the bus.

^{b/} Includes preparing meals and doing housework.

^{c/} Includes getting dressed, combing one's hair, getting out of bed, feeding oneself and using the bathroom in a timely manner (being continent).

^{d/} Within personal care three activities were distinguished the lack of which implies help being required which is critical for the individual's well being and implies continuous care. These are getting out of bed on one's own, being continent and feeding oneself.

Table II.11

POSITION IN THE HOUSEHOLD OF POPULATION AGE 15 AND OLDER, ACCORDING TO AGE, FOR FOUR COUNTRIES, 1986

Position in the household ^{a/}	AGE 15-59				AGE 60-64				AGE 65-79				AGE 80 AND OVER			
	Arg.	Col.	Gua.	Par.	Arg.	Col.	Gua.	Par.	Arg.	Col.	Gua.	Par.	Arg.	Col.	Gua.	Par.
% Head	35,0	28,2	32,0	30,5	58,2	59,5	57,5	63,2	60,2	57,9	58,5	63,7	48,3	43,8	50,0	50,3
% Spouse	30,5	22,4	28,2	23,7	33,7	22,0	24,0	26,1	22,8	14,1	17,0	17,6	8,0	4,1	5,4	5,5
Sub-total (Head + Spouse)	(65,3)	(50,6)	(50,2)	(54,2)	(91,9)	(81,5)	(81,5)	(89,3)	(83,0)	(72,0)	(75,5)	(81,3)	(56,3)	(47,9)	(54,4)	(55,8)
% Son or daughter	28,6	36,0	29,2	34,4	0,8	0,6	0,4	0,7	0,4	0,1	0,1	0,4	0,8	0,1		0,0
% Son or daughter in-law	1,7	--	--	--	0,0	--	--	--	0,1	--	--	--	0,0	--	--	--
% Brother or sister	0,9	--	--	--	1,8	--	--	--	2,1	--	--	--	4,7	--	--	--
% Brother or sister in-law	0,5	--	--	--	1,1	--	--	--	1,4	--	--	--	0,5	--	--	--
% Grandson or granddaughter	0,5	--	1,2	--	0,0	--	0,0	--	0,0	--	0,0	--	0,0	--	0,0	--
% Father/mother	0,6	--	0,5	--	3,9	--	10,8	--	11,0	--	14,9	--	34,0	--	30,0	--
% Other relatives	0,9	--	7,1	--	0,4	--	6,3	--	1,3	--	8,6	--	3,0	--	10,5	--
Sub-total (dependent relatives)	(5,1)	(9,6)	(8,8)	(8,7)	(7,2)	(16,0)	(17,1)	(8,7)	(15,9)	(26,2)	(23,5)	(17,0)	(42,2)	(49,8)	(40,5)	(1,8)
% Domestic service	0,6	2,4	1,4	--	0,0	1,2	0,0	--	0,1	--	0,3	--	0,0	0,5	0,0	--
% Other services	0,4	--	0,4	--	0,1	--	0,9	--	0,6	--	0,6	--	0,8	--	--	--
% Other non-relatives	--	1,3	--	2,7	--	0,8	--	1,3	--	1,1	--	1,3	--	1,7	4,1	2,4
TOTAL %	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
N (in thousands)	5 966	6 550	3 904	1 133	501	221	141	57	887	339	236	86	170	69	54	19

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections.

Note: The symbol -- indicates no information in the survey in question.

Table II.12

POPULATION DISTRIBUTION ACCORDING TO CERTAIN FAMILY ROLES BY AGE AND SEX

	Heads				Spouses				Dependent relative				Son or daughter			
	Arg.	Col.	Gua.	Pan.	Arg.	Col.	Gua.	Pan.	Arg.	Col.	Gua.	Pan.	Arg.	Col.	Gua.	Pan.
Men																
Age 15-59	63,8	49,0	57,7	49,3	0,8	0,6	0,2	0,8	4,7	9,0	6,7	8,6	30,5	39,9	34,8	39,5
Age 60-64	95,1	90,5	93,3	92,9	0,9	1,2	0,0	0,9	2,9	6,7	5,8	4,6	0,9	0,5	0,1	0,1
Age 65-74	93,1	87,3	88,7	89,9	1,1	1,2	0,2	0,8	5,2	11,0	10,6	8,6	0,0	0,1	0,0	0,1
Age 80 and over	78,6	68,6	69,1	67,6	1,1	1,6	0,0	1,4	20,3	28,6	29,8	29,4	0,0	0,0	0,0	0,0
Women																
Age 15-59	9,5	10,6	8,1	12,1	56,4	40,9	54,2	46,0	5,5	10,1	10,7	8,9	27,0	32,7	24,0	29,4
Age 60-64	28,2	34,3	23,7	33,2	60,5	38,9	46,6	51,6	10,6	23,5	27,9	12,9	0,7	0,6	0,7	1,2
Age 65-74	36,5	37,1	28,4	35,1	38,5	23,3	33,7	36,0	23,4	36,9	36,4	26,1	0,8	0,1	0,1	0,7
Age 80 and over	32,8	27,7	35,5	34,6	11,5	5,6	9,6	9,2	53,4	63,9	48,7	53,2	1,2	0,1	0,0	0,0

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections.

Table II.13

PERCENTAGE OF HOUSEHOLDS WITH FEMALE HEADS, ACCORDING
TO AGE OF HEAD OF HOUSEHOLD, FOR FOUR COUNTRIES, 1986

Countries	Age 15-59	Age 60-64	Age 65-79	Age 80 and over
Argentina	14,3	26,6	35,2	44,8
Colombia	20,3	31,7	37,5	38,2
Guatemala	13,2	21,2	24,3	40,4
Panama	20,1	26,2	26,4	36,0

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections.

Table II.14

KINSHIP RELATION OF NON-HEAD PERSONS TO HEAD OF HOUSEHOLD, OVER AGE 60,
FOR FOUR COUNTRIES, 1986

Kinship relationship	Age 60-64			Age 65-79			Age 80 and over					
	Arg.	Col.	Gua.	Pan.	Arg.	Col.	Gua.	Pan.	Arg.	Col.	Gua.	Pan.
% Spouse	80,7	54,3	56,3	71,0	57,3	33,5	40,8	48,5	15,5	7,5	10,9	11,1
% Son or daughter	1,9	1,4	0,9	1,9	1,1	0,3	0,1	1,0	1,5	0,2		0,0
% Son or daughter in-law	0,0	--	--	--	0,2	--	--	--	0,0	--	--	--
% Brother/sister	4,2	--	--	--	5,3	--	--	--	9,0	--	--	--
% Brother/sister	2,6	--	--	--	3,4	--	--	--	0,9	--	--	--
% Father/mother	9,3	--	25,5	--	27,7	--	35,9	--	65,9	--	60,1	--
% Other relatives	1,0	39,5 a/	14,9	23,7 a/	3,2	62,1 a/	20,8	46,8 a/	5,8	88,6 a/	21,0	84,2 a/
% Non relatives	--	1,8	2,2	3,4	--	2,7	1,5	3,7	--	3,0	8,1	4,8
% Domestic service	0,0	2,9	0,1	--	0,3	1,5	0,8	--	0,0	1,0	--	--
% Other services	0,3	--	--	--	1,5	--	--	--	1,5	--	--	--
Total	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
N (in thousands)	209	90	60	21	353	143	98	31	88	39	27	9

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections.

a/ Data for Colombia and Panama do not distinguish between father/mother and other types of relatives, lumping them all in one category.

Note: The symbol -- indicates no information in the survey in question.

Table II.15

PERCENT DISTRIBUTION OF THE HOUSEHOLDS ACCORDING TO AGE OF HEAD AND BY NUMBER OF PERSONS IN THE HOUSEHOLD,
FOR FOUR COUNTRIES, 1986

No. of persons in the household	AGE 15-29				AGE 30-59				AGE 60-64				AGE 65-79				AGE 80 AND OVER			
	Arg.	Gil.	Ga.	Bn.	Arg.	Gil.	Ga.	Bn.	Arg.	Gil.	Ga.	Bn.	Arg.	Gil.	Ga.	Bn.	Arg.	Gil.	Ga.	Bn.
1 person	10,2	6,2	2,3	9,3	5,4	3,5	2,0	5,9	14,0	5,0	7,3	14,2	26,2	9,3	12,2	21,6	35,7	16,1	18,4	26,8
2 persons	24,0	19,0	9,2	14,9	14,0	6,8	5,3	9,4	37,1	12,4	13,6	19,0	44,3	16,6	22,3	24,7	38,8	26,4	25,3	28,8
3 persons	27,1	32,2	24,3	27,2	18,8	13,3	8,7	12,1	25,9	16,1	14,7	15,5	16,7	18,6	15,3	16,6	13,4	15,6	15,1	15,0
4 persons	24,7	23,2	25,8	22,4	28,1	23,3	14,0	18,1	13,7	17,0	14,7	14,4	5,6	14,9	13,8	10,5	5,8	14,8	4,6	9,9
5 persons	7,9	11,7	18,3	12,7	17,7	20,7	15,6	19,0	4,4	16,3	13,1	11,1	4,3	11,5	12,1	8,2	2,4	10,0	18,2	6,8
6 persons	3,3	4,4	12,4	7,7	8,6	13,5	17,1	14,5	3,1	10,2	9,3	8,3	1,7	9,2	7,1	6,1	3,2	5,1	5,7	5,8
7 and more persons	2,8	3,2	7,9	5,8	7,4	18,9	37,4	21,0	1,8	23,1	27,3	17,6	1,3	19,9	17,1	12,3	0,8	12,0	12,7	7,0
Total	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
N (in thousands)	272	359	284	54	1 816	2 206	963	291	292	132	81	36	534	196	138	55	82	30	27	10

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections.

Table II.16

HOUSEHOLD COMPOSITION ACCORDING TO THE AGE OF THE HEAD OF THE HOUSEHOLD, FOR FOUR COUNTRIES, 1986

Countries and age of head of household	Spouses		N° sons and daughters				N° other relatives				N° domestics				
	Without	With	0	1	2	3+	0	1	2	3+	0 1 2+				
											0	1	2+		
Argentina															
Age 30-59	20,2	79,8	18,1	20,8	30,5	30,6	84,1	11,2	3,1	1,6	98,7	1,3	0,0		
Age 60-64	33,6	66,4	47,2	33,1	15,3	4,3	79,6	14,6	4,2	1,6	99,7	0,3	0,0		
Age 65-79	44,0	56,0	68,5	20,1	8,8	2,6	83,8	10,6	3,5	2,1	99,2	0,7	0,2		
Age 80 and over	60,6	39,4	69,1	16,2	12,4	2,4	87,2	6,3	3,3	3,2	95,6	4,4	0,0		
Colombia															
Age 30-59	25,4	74,6	11,5	15,5	25,4	47,6	73,4	13,7	6,8	6,2	92,2	6,8	0,9		
Age 60-64	38,8	61,2	17,8	24,4	18,7	39,1	59,0	15,7	10,3	14,9	90,8	8,5	0,6		
Age 65-79	47,4	52,6	26,6	28,5	18,9	26,0	55,2	17,9	11,0	16,0	90,6	7,9	1,5		
Age 80 and over	56,9	43,2	39,2	29,3	18,9	12,6	61,0	16,0	9,8	13,2	84,8	13,1	2,1		
Guatemala															
Age 30-59	18,9	81,1	7,6	10,9	16,4	65,1	73,3	12,2	6,8	7,7	96,4	3,1	0,6		
Age 60-64	31,7	68,4	24,8	24,0	18,1	33,1	53,9	17,7	10,4	18,0	97,4	1,5	1,1		
Age 65-79	37,7	62,2	39,9	29,0	15,2	15,9	53,4	17,3	9,0	20,3	95,6	3,8	0,6		
Age 80 and over	55,8	44,2	53,6	26,9	12,8	6,7	48,6	18,5	8,5	24,4	92,1	6,6	1,3		
Panama															
Age 30-59	29,2	70,7	53,1	17,7	14,8	14,4	82,2	12,8	3,7	1,4	96,5	3,4	0,1		
Age 60-64	4,14	58,5	39,4	26,5	17,6	16,5	75,9	17,9	4,2	2,0	97,5	2,4	0,1		
Age 65-79	46,7	53,3	53,4	24,5	12,8	9,3	76,7	15,3	5,1	2,9	98,4	1,2	0,4		
Age 80 and over	56,2	43,8	61,3	20,3	11,7	6,7	75,8	17,8	2,6	3,9	95,2	4,0	0,8		

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections.

Table II.17

EXCHANGE OF HELP BETWEEN THE ELDERLY AND THEIR RELATIVES,
 ACCORDING TO SEX, CHILE, 1984

Type of help	% elderly receiving it		% elderly giving it	
	Men	Women	Men	Women
Money	20,5	32,6	35,2	24,6
House	10,2	19,2	36,0	31,4
Clothing	11,6	24,3	20,5	15,3
Food	21,2	34,9	31,6	26,6
Company	41,3	51,2	38,0	40,6
Other	2,8	4,8	4,5	6,3

Source: PAHO, Survey of the needs of the older adult (in press).

Table II.18

WHO WOULD BE ABLE TO LOOK AFTER THE OLDER PERSON IN CASE OF ILLNESS,
ACCORDING TO SEX, FOR ARGENTINA AND CHILE, 1984-1986

N° of persons	Argentina				Chile	
	Men		Women		Men	Women
	Buenos Aires	Other cities	Buenos Aires	Other cities		
No-one	5,0	4,2	12,5	7,4	6,0	12,0
Spouse	70,0	70,5	24,5	17,7	61,5	13,7
Son	5,2	5,4	7,7	6,0	2,8	4,0
Daughter	9,4	9,9	32,6	38,9	18,5	38,4
Other relative	7,0	6,4	16,0	20,7	5,6	18,8
Other person	2,7	2,3	5,3	4,0	4,3	10,1
Does not know	0,7	1,3	1,4	5,3	1,4	3,0
<u>Total</u>	<u>100,0</u>	<u>100,0</u>	<u>100,0</u>	<u>100,0</u>	<u>100,0</u>	<u>100,0</u>

Source: Compilation based on PAHO survey on needs of the older adult for the respective countries.

Table II.19

SPECIFIC WORK RATES BY LARGE AGE GROUPS AND SEX OF THE URBAN POPULATION AGE 15
AND OLDER. COLOMBIA AND PANAMA, 1982 AND 1986

Age groups	Colombia		Panama	
	1982	1986	1982	1986
Total	52,3	59,1	55,6	55,7
Age 15-29	48,3	56,4	51,4	51,6
Age 30-59	62,8	69,2	68,6	70,2
Age 60-64	35,3	36,7	34,7	25,3
Age 65-79	22,3	23,2	19,7	16,0
Age 80 and over	6,2	6,7	7,7	3,2
Men				
Total	74,0	77,6	73,9	71,5
Age 15-29	63,5	67,8	63,7	62,0
Age 30-59	92,2	94,5	93,6	94,4
Age 60-64	61,6	62,3	50,8	36,8
Age 65-79	40,7	42,4	31,2	26,2
Age 80 and over	14,3	13,5	16,3	5,4
Women				
Total	33,9	43,7	39,2	41,1
Age 15-29	35,6	46,8	40,7	41,6
Age 30-59	36,9	47,4	45,4	48,9
Age 60-64	13,4	15,7	14,8	14,1
Age 65-79	7,5	9,5	10,9	5,4
Age 80 and over	1,2	2,3	2,9	1,5

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections. Colombia and Panamá, 1982 and 1986.

Table II.20

SPECIFIC WORK RATES BY LARGE AGE GROUPS AND SEX OF THE HEADS OF URBAN
HOUSEHOLD. COLOMBIA AND PANAMA, 1982 AND 1986

Age groups	Colombia		Panama	
	1982	1986	1982	1986
Total	79,9	81,7	77,9	76,6
Age 15-29	91,8	94,6	95,0	94,3
Age 30-59	85,9	89,4	88,5	88,8
Age 60-64	49,1	49,7	44	34,1
Age 65-79	34,3	32,6	24,7	21,6
Age 80 and over	14,3	11,6	13,8	7,1
Men				
Total	88,2	89,6	85,3	83,4
Age 15-29	96,3	97,1	98,9	99,1
Age 30-59	93,3	95,7	94,8	95,2
Age 60-64	62,3	62,8	50,1	38,8
Age 65-79	44,9	43,9	30,9	27,4
Age 80 and over	20,3	16,6	23,1	9,4
Women				
Total	47,6	55,1	54,7	55,7
Age 15-29	66,9	82,1	79,7	71,9
Age 30-59	55,7	65,9	66,8	69,4
Age 60-64	17,3	21,6	23,3	22,0
Age 65-79	10,6	13,9	13,9	6,2
Age 80 and over	2,9	3,4	4,0	4,1

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections. Colombia and Panama, 1982 and 1986.

Table II.21

CONDITION OF WORK OF THE URBAN POPULATION AGE 15 AND OLDER BY AGE GROUPS AND SEX.
COLOMBIA AND PANAMA 1982-1986

Condition of work and sex	Age groups																								
	15-29				30-59				60-64				65-79				80 and over				Total				
	Colombia		Panama		Colombia		Panama		Colombia		Panama		Colombia		Panama		Colombia		Panama		Colombia		Panama		
	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	
WORKING PERSONS																									
Employed	42,6	44,8	42,2	39,8	60,9	64,4	65,1	66,2	34,5	35,1	33,4	24,4	21,9	22,1	19,3	15,3	6,2	6,7	7,7	3,2	48,6	51,4	49,9	48,6	
Unemployed	5,7	11,5	9,3	11,7	1,9	4,7	3,5	3,9	0,8	1,6	1,3	1,0	0,4	1,0	0,4	0,7	0,0	0,0	0,0	0,0	3,7	7,9	5,8	7,1	
NON-WORKING PERSONS																									
Retirees	0,0	0,0	0,1	0,0	1,9	1,6	3,5	3,9	13,0	14,1	29,7	40,8	14,8	15,1	38,0	44,4	10,2	13,0	29,6	38,5	1,9	1,9	5,6	6,5	
Students	29,5	26,4	30,4	33,2	0,4	0,4	0,4	0,2	0,0	0,2	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	15,3	13,1	13,8	15,2	
Housewife	17,0	14,1	14,2	13,2	31,2	26,7	25,2	24,6	37,8	40,1	30,2	28,0	35,2	41,5	29,8	28,6	23,8	29,7	19,2	15,4	24,2	21,7	20,7	19,7	
Independent means	0,0	0,0	-	-	0,5	0,4	-	-	2,6	2,1	-	-	4,2	3,1	-	-	4,7	4,3	-	-	0,5	0,4	-	-	
Handicapped	0,7	0,5	-	-	1,1	0,6	-	-	3,7	2,2	-	-	9,2	7,6	-	-	27,4	17,8	-	-	1,5	1,1	-	-	
Other conditions	4,5	2,6	3,9	2,1	2,1	1,2	2,2	1,1	7,6	4,6	5,5	5,8	14,3	9,4	12,5	10,9	27,7	28,4	43,5	43,0	4,3	2,6	4,2	2,9	
Total	100,0	99,9	100,1	100,0	100,0	100,0	99,9	99,9	100,0	100,0	100,1	100,0	100,0	99,8	100,0	99,9	100,0	99,9	100,0	100,1	100,0	100,1	100,0	100,0	
MEN - WORKING																									
Employed	55,6	56,4	54,3	49,2	89,2	89,5	89,3	89,7	59,5	59,2	49,4	35,3	39,8	40,3	30,3	24,8	14,3	13,5	16,3	5,4	68,6	69,7	67,9	63,5	
Unemployed	7,9	11,4	9,4	12,8	3,0	5,0	3,9	4,7	1,6	3,1	1,4	1,5	0,9	2,1	0,9	1,4	0,0	0,0	0,0	0,0	5,4	8,0	6,0	8,0	
NON-WORKING																									
Retirees	0,0	0,0	0,0	0,0	2,9	2,2	3,1	3,9	22,1	23,5	41,6	54,4	25,8	29,7	53,7	58,5	20,7	25,8	51,0	45,7	3,1	3,2	7,0	8,2	
Students	30,4	27,2	31,8	35,0	0,3	0,2	0,2	0,2	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	15,6	13,4	14,2	16,2	
Housewife	0,5	0,6	-	-	0,4	0,4	-	-	0,9	1,5	-	-	0,9	2,8	-	-	1,4	5,4	-	-	0,5	0,7	-	-	

Table II.21 (concl.)

Condition for work and sex	Age groups																							
	15-29		30-59				60-64				65-79				80 and over				Total					
	Colombia	Panama	Colombia	Panama	Colombia	Panama	Colombia	Panama	Colombia	Panama	Colombia	Panama	Colombia	Panama	Colombia	Panama	Colombia	Panama	Colombia	Panama	Colombia	Panama		
	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986
Independent means	0,0	0,0	-	-	0,4	0,2	-	-	3,1	2,8	-	-	6,0	3,5	-	-	8,2	8,1	-	-	0,6	0,4	-	-
Handicapped	0,9	0,7	-	-	1,5	0,8	-	-	4,2	2,6	-	-	11,6	7,8	-	-	26,8	16,5	-	-	1,9	1,2	-	-
Other conditions	4,7	3,6	4,5	3,0	2,3	1,6	3,1	1,6	8,6	7,2	7,6	8,8	14,9	13,9	15,1	15,3	28,6	30,7	32,7	48,9	4,4	3,5	4,9	4,0
Total	100,0	99,9	100,0	100,0	100,0	99,9	99,6	100,1	100,0	99,9	100,0	100,0	99,9	100,1	100,0	100,0	100,0	100,0	100,0	100,0	100,1	100,1	100,0	99,9
WOMEN - WORKING																								
Employed	31,8	35,1	31,5	30,9	36,0	42,9	42,2	45,6	13,2	15,4	13,6	13,6	7,4	9,2	10,9	5,4	1,2	2,3	2,9	1,5	31,6	36,1	33,6	34,9
Unemployed	3,8	11,7	9,2	10,8	0,9	4,5	3,2	3,3	0,2	0,3	1,1	0,5	0,1	0,4	0,0	0,0	0,0	0,0	0,0	0,0	2,3	7,5	5,6	6,3
NON-WORKING																								
Retirees	0,0	0,0	0,2	0,0	1,0	1,0	4,0	4,0	5,2	6,5	14,9	27,4	5,9	4,7	25,8	29,8	3,6	4,6	17,7	32,7	0,9	0,9	4,3	5,0
Students	28,7	25,7	29,1	31,4	0,5	0,5	0,6	0,3	0,1	0,3	0,0	0,0	0,1	0,1	0,0	0,0	0,0	0,0	0,0	0,0	15,1	12,8	13,5	0,0
Housewife	30,7	25,4	26,7	25,7	58,1	49,3	48,6	46,2	69,2	71,6	67,4	55,6	62,9	68,9	52,8	58,4	37,9	45,6	29,9	27,6	44,3	39,3	39,4	37,8
Independent means	0,0	0,0	-	-	0,6	0,5	-	-	2,2	1,6	-	-	2,8	2,9	-	-	2,4	1,8	-	-	0,5	0,4	-	-
Handicapped	0,5	0,4	-	-	0,7	0,5	-	-	3,2	1,9	-	-	7,2	7,5	-	-	27,7	18,7	-	-	1,2	1,1	-	-
Other conditions	4,3	1,6	3,3	1,2	2,2	0,9	1,4	0,7	6,7	2,4	2,9	2,9	13,6	6,3	10,5	6,4	27,1	27,0	49,4	38,2	4,2	1,9	3,6	1,8
Total	99,8	99,9	100,0	100,0	100,0	100,1	100,0	100,1	100,0	100,0	99,9	100,0	100,0	100,0	100,0	100,0	99,9	100,0	99,9	100,0	100,1	100,0	100,0	85,8

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections. Colombia and Panama, 1982-1986.

Note: The symbol - indicates no information in the survey in question.

Table II.22

CONDITION OF WORK OF HEADS OF URBAN HOUSEHOLDS BY AGE GROUP AND SEX.
 COLOMBIA AND PANAMA 1982-1986

Condition of work and sex	Age groups																			
	15-29		30-59				60-64				65-79				80 and over					
	Colombia		Panama		Colombia		Panama		Colombia		Panama		Colombia		Panama		Colombia		Panama	
	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986
WORKING PERSONS																				
Employed	88,2	89,0	89,7	87,0	83,9	85,7	85,3	85,2	47,8	47,2	42,1	32,6	33,5	31,0	24,1	20,4	14,3	11,5	13,8	7,1
Unemployed	3,6	5,6	5,3	7,4	2,0	3,7	3,2	3,6	1,3	2,5	1,9	1,5	0,8	1,6	0,6	1,2	0,0	0,0	0,0	0,0
NON-WORKING PERSONS																				
Retirees	0,1	0,1	0,2	0,0	3,1	2,6	4,3	5,0	18,6	20,3	38,4	51,1	21,5	22,1	48,1	56,8	18,9	23,7	43,0	47,2
Students	2,8	2,6	1,1	1,4	0,1	0,1	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Housewife	3,3	2,1	3,1	4,0	7,5	6,1	5,3	5,7	19,1	19,2	11,2	8,7	19,9	24,9	15,7	14,1	10,6	23,7	17,6	12,5
Independent means	0,1	0,0	-	-	0,7	0,6	-	-	3,9	3,2	-	-	6,8	4,5	-	-	12,5	8,3	-	-
Handicapped	0,6	0,0	-	-	0,9	0,3	-	-	3,0	2,0	-	-	7,6	6,7	-	-	27,4	15,2	-	-
Other condit.	1,3	0,6	0,7	0,2	1,8	0,9	1,9	0,5	6,2	5,5	6,3	6,1	9,8	9,2	11,5	7,6	16,3	17,7	25,6	33,2
Total	100,0	100,0	100,1	100,0	100,0	100,0	100,0	100,0	99,9	99,9	99,9	100,0	99,9	100,0	100,0	100,1	100,0	100,1	100,0	100,0
MEN - WORKING																				
Employed	92,6	92,7	94,5	94,3	91,0	92,0	91,8	91,6	60,7	59,5	48,6	37,2	43,8	41,8	29,9	25,8	20,3	16,6	23,1	9,4
Unemployed	3,7	4,4	4,4	4,8	2,2	3,7	3,0	3,6	1,6	3,3	1,5	1,6	1,1	2,1	1,0	1,6	0,0	0,0	0,0	0,0
NON-WORKING																				
Retirees	0,1	0,1	0,0	0,0	3,2	2,5	3,3	4,2	23,1	24,2	43,8	54,3	27,0	30,9	55,9	63,4	24,6	33,2	57,3	50,8
Students	1,8	2,2	0,5	0,6	0,1	0,0	0,0	0,1	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Housewife	0,0	0,0	-	-	0,2	0,2	-	-	0,6	1,1	-	-	0,6	2,5	-	-	0,7	4,8	-	-
Independent means	0,0	0,0	-	-	0,5	0,2	-	-	3,2	3,1	-	-	6,6	3,9	-	-	12,6	11,4	-	-
Handicapped	0,5	0,0	-	-	0,9	0,3	-	-	3,4	1,9	-	-	9,4	7,0	-	-	24,7	12,1	-	-
Other condit.	1,2	0,5	0,6	0,3	1,9	1,0	1,9	0,5	7,5	6,8	6,1	6,9	11,5	11,9	13,2	9,2	17,1	21,9	19,5	39,8
Total	99,9	99,9	100,0	100,0	100,0	99,9	100,0	100,0	100,1	99,9	100,0	100,0	100,0	100,1	100,0	100,0	100,0	100,0	99,9	100,0

Table II.22 (concl.)

Condition of work and sex	Age groups																			
	15-29		30-59				60-64				65-79				80 and over					
	Colombia		Panama		Colombia		Panama		Colombia		Panama		Colombia		Panama		Colombia		Panama	
	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986
WOMEN - WORKING																				
Employed	63,7	70,0	71,1	52,9	54,6	62,1	62,8	65,5	16,8	20,7	20,0	20,7	10,4	13,1	13,9	6,2	2,9	3,4	4,0	4,1
Unemployed	3,2	12,1	8,6	19,0	1,1	3,8	4,0	3,8	0,6	0,8	3,3	1,4	0,2	0,8	0,0	0,0	0,0	0,0	0,0	0,0
NON-WORKING																				
Retirees	0,0	0,0	1,1	0,0	2,9	2,8	7,6	7,3	7,8	12,0	20,2	43,1	9,2	7,3	34,5	39,4	7,9	8,3	27,9	42,6
Students	8,4	4,9	3,2	5,4	0,1	0,1	0,2	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Housewife	21,6	12,3	15,0	22,7	37,5	28,4	23,5	23,2	63,7	58,2	49,5	30,8	63,2	62,2	43,0	51,2	29,6	54,2	36,1	28,7
Independent means	0,4	0,2	-	-	1,6	1,8	-	-	5,6	3,4	-	-	7,3	5,5	-	-	12,3	3,2	-	-
Handicapped	1,1	0,0	-	-	0,9	0,2	-	-	2,3	2,3	-	-	3,9	6,3	-	-	32,5	20,1	-	-
Other condit.	1,6	0,5	1,1	0,0	1,2	0,8	1,9	0,2	3,2	2,6	7,0	4,0	5,8	4,7	8,6	3,2	14,9	10,8	32,0	24,6
Total	100,0	100,0	100,1	100,0	99,9	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	99,9	100,0	100,0	100,1	100,0	100,0	100,0

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections. Colombia and Panama, 1982-1986.

Note: The symbol - indicates no information in the survey in question.

Table II.23

PERCENTAGE CHANGE IN HEADS OF URBAN HOUSEHOLDS EMPLOYED IN THE NON-AGRICULTURAL FORMAL AND INFORMAL SECTORS BETWEEN 1982 AND 1986, BY AGE GROUPS AND SEX

Sectors	Age groups											
	15-29		30-59		60-64		65-79		Total			
	Colombia	Parana	Colombia	Parana	Colombia	Parana	Colombia	Parana	Colombia	Parana	w.o/e	w/e
	w.o/e	w/e	w.o/e	w/e	w.o/e	w/e	w.o/e	w/e	w.o/e	w/e		
TOTAL												
Non-agricultural	-3,0	-6,5	-0,2	-4,8	-8,3	1,2	-7,5	-21,7	-37,8	-27,8	-1,8	-5,3
Formal sector	11,4	55,2	0,3	32,6	7,7	-2,4	8,2	15,7	95,8	31,2	3,7	33,8
Informal sector												
MEN												
Non-agricultural	-3,7	-6,2	-0,3	-4,6	-6,5	-8,3	-5,6	-20,3	-49,7	-35,9	-1,8	-5,6
Formal sector	13,8	47,8	0,6	29,6	6,3	19,3	7,5	15,9	210,5	55,6	3,8	34,3
Informal sector												
WOMEN												
Non-agricultural	1,4	-6,0	2,6	-5,9	-6,6	-17,2	140,0	-2,6	45,3	9,1	0,5	-4,1
Formal sector	-5,0	109,6	-4,0	52,0	16,4	11,0	-63,7	0,8	-38,8	-4,1	-0,8	29,5
Informal sector												

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections. Tables II,25, II,26.

Note: w.o./est (w.o/e) - without considering size of establishments.

w./est (w/e) - includes establishments with less than 5 employees in the informal sector.

Table II.24

THE POPULATION AGE 15 AND OLDER BY AGE GROUPS AND SEX AND BY FORMAL AND INFORMAL SECTORS. PANAMA (METROPOLITAN AREA) AND URBAN COLOMBIA. 1982-1986

Age groups Non-Agric. Active Pop.	Formal Sector				Informal Sector			
	Colombia		Panama		Colombia		Panama	
	1982	1986	1982	1986	1982	1986	1982	1986
TOTAL	73,0	70,7	88,6	84,4	27,0	29,3	11,4	15,6
Age 15-29	83,1	80,5	91,1	86,4	16,9	19,5	8,9	13,6
Age 30-59	66,9	66,0	88,5	84,6	33,1	34,0	11,5	15,4
Age 60-64	46,6	43,4	67,9	66,7	53,4	56,6	32,1	33,3
Age 65-79	41,1	31,2	68,3	46,1	58,9	68,8	31,7	53,9
Age 80 and over	26,6	33,2	85,6	-	73,4	66,8	14,4	100,0
MEN								
Total	72,3	70,4	85,7	79,8	27,7	29,6	14,3	20,2
Age 15-29	81,5	79,1	86,9	80,6	18,5	20,9	13,1	19,4
Age 30-59	67,6	67,0	86,3	81,1	32,4	33,0	13,7	18,9
Age 60-64	49,8	46,9	70,1	63,4	50,2	53,1	29,9	36,6
Age 65-79	44,2	34,5	73,1	37,1	55,8	65,5	26,3	62,9
Age 80 and over	29,7	32,8	79,9	-	70,3	67,2	20,1	100,0
WOMEN								
Total	74,6	71,4	93,3	90,9	25,4	28,8	6,7	9,1
Age 15-29	86,0	82,8	96,9	93,7	14,0	17,2	3,1	6,3
Age 30-59	65,2	64,1	92,5	89,9	34,8	35,9	7,5	10,1
Age 60-64	30,8	30,2	59,0	72,4	69,2	69,8	41,0	27,6
Age 65-79	23,3	20,0	59,3	71,9	76,7	80,0	40,7	28,1
Age 80 and over	-	34,7	100,0	-	100,0	65,3	-	100,0

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections. Colombia and Panama, 1982 and 1986.

Note: The symbol - indicates no cases in this cell.

Table II.25

FORMAL AND INFORMAL SECTORS OF THE HEADS OF HOUSEHOLDS BY AGE GROUPS AND SEX. PANAMA (METROPOLITAN AREA) AND COLOMBIA, 1982-1986

AGE GROUPS	NON-AGRICULTURAL							
	FORMAL SECTOR				INFORMAL SECTOR			
	Colombia		Panamá		Colombia		Panamá	
	1982	1986	1982	1986	1982	1986	1982	1986
TOTAL								
Total	67,5	66,3	86,4	81,8	32,5	33,7	13,6	18,2
age 15-29	78,9	76,5	89,5	83,7	21,1	23,5	10,5	16,3
age 30-59	66,5	66,4	87,1	82,9	33,5	33,6	12,9	17,1
age 60-64	48,3	44,3	66,4	67,2	51,7	55,7	33,6	32,8
age 65-79	42,0	32,9	71,7	44,6	58,0	67,1	28,3	55,4
80 and over	33,4	39,0	83,3	-	66,6	61,0	16,7	100,0
MEN								
Total	68,2	67,0	86,0	81,2	31,8	33,0	14,0	18,8
age 15-29	79,0	76,1	88,5	83,0	21,0	23,9	11,5	17,0
age 30-59	67,4	67,2	86,5	82,5	32,6	32,8	13,5	17,5
age 60-64	49,4	46,2	69,9	64,1	50,6	53,8	30,1	35,9
age 65-79	43,9	35,0	80,9	40,7	56,1	65,0	19,1	59,3
80 and over	34,8	36,7	79,9	-	65,2	63,3	20,1	100,0
WOMEN								
Total	62,0	62,3	87,8	84,2	38,0	37,7	12,2	15,8
age 15-29	78,0	79,1	94,8	89,1	22,0	20,9	5,2	10,9
age 30-59	60,4	62,0	89,8	84,5	39,6	38,0	10,2	15,5
age 60-64	38,9	32,2	37,4	77,3	61,1	67,8	62,6	22,7
age 65-79	22,7	22,1	46,1	67,0	77,3	77,9	53,9	33,0
80 and over	-	58,5	100,0	-	100,0	41,5	-	100,0

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections. Colombia and Panama, 1982 and 1986.

Note: The symbol - indicates no cases in this cell.

Table II.26

URBAN FORMAL AND INFORMAL SECTORS WITH ESTABLISHMENTS OF LESS THAN 5 EMPLOYEES
OF THE POPULATION AGE 15 AND OLDER AND EMPLOYED HEADS OF HOUSEHOLDS
BY AGE GROUPS AND SEX. PANAMA (METROPOLITAN AREA)
AND URBAN COLOMBIA. 1982-1986

Age groups	Non-agric. Employed Population				Non-agric. Employed Heads of Households			
	Formal sector		Informal sector		Formal sector		Informal sector	
	1982	1986	1982	1986	1982	1986	1982	1986
Total	76,3	72,9	23,7	27,1	78,2	74,8	21,8	25,2
Age 15-29	75,1	70,2	24,9	29,8	76,7	18,4	23,3	18,9
Age 30-59	79,4	76,4	20,6	23,6	79,8	76,4	20,2	23,6
Age 60-64	52,9	45,8	47,1	54,2	52,2	48,3	47,8	51,7
Age 65-79	47,1	33,8	52,9	66,2	52,9	38,2	47,1	61,8
Age 80 and over	28,5	-	71,5	100,0	33,3	-	66,7	100,0
MEN								
Total	79,2	74,8	20,8	25,2	80,0	77,2	20,0	22,8
Age 15-29	79,4	73,2	20,6	26,8	82,1	77,9	17,9	22,1
Age 30-59	81,4	77,6	18,6	22,4	81,7	79,0	18,3	21,0
Age 60-64	57,2	53,8	42,8	46,2	57,2	54,0	42,8	46,0
Age 65-79	55,4	35,6	44,6	64,4	60,8	39,0	39,2	61,0
Age 80 and over	20,1	-	79,9	100,0	20,1	-	79,9	100,0
WOMEN								
Total	71,6	70,3	28,4	29,7	69,8	64,9	30,2	35,1
Age 15-29	69,3	66,4	30,7	33,6	72,9	68,6	20,8	31,4
Age 30-59	75,9	74,7	24,1	25,3	71,4	66,7	28,6	33,3
Age 60-64	35,1	31,7	64,9	68,3	12,5	30,0	87,5	70,0
Age 65-79	33,2	28,8	66,8	71,2	30,9	33,7	69,1	66,3
Age 80 and over	50,0	-	50,0	100,0	100,0	-	-	100,0

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections.

Table II.27

DISTRIBUTION OF EMPLOYED HEADS OF URBAN HOUSEHOLDS ACCORDING TO OCCUPATIONAL CATEGORY
BY AGE GROUPS AND SEX. COLOMBIA AND PARANA, 1982-1986

	COLOMBIA																	
	Government employee				Private employee				Self-employed				Employer					
	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986		
Total	13,9	12,2	48,0	47,3	32,3	33,2	5,0	6,3	26,6	27,2	45,5	41,1	7,4	6,2	17,2	22,9	3,3	2,6
Age 15-29	10,9	8,6	65,6	64,5	20,9	23,2	2,1	3,1	27,1	22	53,9	50,5	6,0	3,9	12,2	20,9	0,8	2,8
Age 30-59	15,4	13,7	45,1	45,1	33,2	33,2	5,4	6,9	27,4	29,6	45,0	40,8	8,1	6,6	16,3	20,8	3,2	2,3
Age 60-64	6,1	8,6	34,8	29,0	50,4	53,6	7,9	7,8	17,8	14	30,1	29,9	7,1	8,2	36,7	41,8	8,3	6,2
Age 65-79	7,1	3,8	26,3	21,2	55,9	64,4	8,9	8,5	19,1	8,5	31,7	16,7	0,0	7,0	39,0	62,1	10,2	5,6
Age 80 and over	3,4	8,5	20,6	29,3	65,6	60,9	6,9	1,2	14,2	0	14,0	0,0	0,0	0,0	29,4	100,0	42,4	0
PARANA																		
BNAWA																		
Government employee																		
Private employee																		
Self-employed																		
Employer																		
Owner																		
1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	
Men																		
Total	14,0	12,3	48,6	47,9	31,7	32,8	5,3	6,7	26,1	25,8	44,1	40,1	7,9	6,8	18,3	24,4	3,6	2,8
Age 15-29	10,8	8,3	65,8	64,3	20,9	23,6	2,3	3,5	27,6	22,5	52,0	48,3	5,9	4,4	13,5	22,1	0,9	2,8
Age 30-59	15,6	13,9	45,8	45,8	32,5	32,7	5,8	7,4	26,5	27,9	43,8	40,3	8,8	7,3	17,6	22,0	3,3	2,5
Age 60-64	6,4	8,8	35,2	30,1	49,5	51,9	8,2	8,6	18,3	14,2	30,5	24,6	7,7	7,1	34,5	46,6	9,1	7,5
Age 65-79	6,9	4,1	28,2	22,5	54,7	62,7	9,6	9,3	20,9	7,8	29,1	13,7	0,0	7,7	37,0	64,7	13	6,2
Age 80 and over	3,7	9,5	22,2	26,5	66,7	64,0	7,4	0,0	16,5	0,0	0,0	0,0	0,0	0,0	34,2	100,0	49,3	0
Women																		
Total	13,3	11,7	43,7	43,8	36,3	35,7	2,3	3,5	29,1	33,7	52,7	45,6	4,4	3,6	11,5	15,6	2,2	1,5
Age 15-29	12,2	10,6	63,9	65,5	21,3	20,1	0,3	0,8	24,1	17,8	64,7	68,7	6,4	0,0	4,8	10,9	0	2,6
Age 30-59	14,1	12,6	40,9	41,5	37,8	35,9	2,6	4,0	31,7	36,8	51,3	42,6	4,4	3,7	9,6	15,4	2,9	1,4
Age 60-64	3,2	7,7	31,2	22,3	58,5	63,9	5,3	2,8	12,5	13,1	25,0	54,1	0,0	13,1	62,6	19,7	0	0
Age 65-79	9,6	1,8	7,7	14,4	67,3	73,5	1,9	4,6	13,0	16,9	40,6	50,1	0,0	0,0	46,4	33,0	0	0
Age 80 and over	0,0	0	0,0	52,1	50,0	36,9	0,0	11,0	0,0	0,0	100,0	0,0	0,0	0,0	0,0	100,0	0	0

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections. Colombia and Parana, 1982-1986.

Table II.28
 DISTRIBUTION OF EMPLOYED HEADS OF HOUSEHOLDS BY OCCUPATIONAL CATEGORY AND
 SIZE OF ESTABLISHMENTS AND BY AGE GROUPS AND SEX. METROPOLITAN AREA
 OF PANAMA, 1982-1986

AGE GROUPS	SIZE OF ESTABLISHMENTS																						
	LESS THAN 5 WORKERS										5 OR MORE WORKERS												
	Gov. Employee		Private E.		Canal E.		Self. Emp.		Emplyr-Owner		Gov. Employee		Private E.		Canal E.		Self. Emp.		Emplyr-Owner		Total		
1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982	1986	1982		1986	
Total	0,7	0,5	25,8	20,4	0,5	0,4	64,5	72,8	8,4	5,7	100	35,4	38,9	52,1	50,2	9,7	8,8	1,2	0,9	1,6	1,2	100	
Age 15-29	-	-	41,0	18,6	1,2	-	54,3	73,5	3,6	7,9	100	34,5	30,5	57,5	62,9	7,3	5,4	0,7	0,4	-	0,8	100	
Age 30-59	0,5	0,8	24,3	21,8	0,5	0,6	66,2	71,7	8,4	5,0	100	35,5	40,8	51,3	48,1	10,3	8,9	1,3	0,9	1,6	1,2	100	
Age 60-64	1,9	-	19,9	22,9	-	-	68,0	68,7	10,1	8,4	100	35,3	34,3	41,3	39,9	14,9	20,0	2,1	2,9	6,4	2,9	100	
Age 65-79	2,6	-	17,4	9,5	-	-	69,4	84,7	10,6	5,7	100	38,6	28,1	48,6	38,6	-	27,7	3,1	0,0	9,7	5,6	100	
Age 80 and over	-	-	-	-	-	-	40,9	100,0	59,1	-	100	50,4	-	49,6	-	-	-	-	-	-	-	100	
Men																							
Total	0,4	0,3	19,7	13,3	0,4	0,2	70,7	79,8	8,8	6,2	100	34,5	36,6	52,1	51,5	10,4	9,6	1,2	1,0	1,8	1,4	100	
Age 15-29	-	-	35,9	13,3	-	-	59,9	78,8	4,2	7,9	100	35,3	31,0	56,4	61,6	7,6	6,1	0,8	0,4	-	0,9	100	
Age 30-59	-	0,5	17,1	14,3	0,6	0,2	74,1	79,3	8,1	5,4	100	34,2	37,9	51,5	49,8	11,1	9,8	1,3	1,0	1,9	1,4	100	
Age 60-64	2,2	-	18,2	12,8	-	-	68,2	76,9	11,4	10,3	100	34,6	34,5	43,1	41,4	15,6	17,1	-	3,5	6,7	3,5	100	
Age 65-79	3,5	-	12,2	6,2	-	-	70,3	87,6	14,0	6,2	100	40,1	25,3	47,9	37,1	-	31,2	-	0,0	12,0	6,3	100	
Age 80 and over	-	-	-	-	-	-	40,9	100,0	59,1	-	100	100,0	-	-	-	-	-	-	-	-	-	-	100
Women																							
Total	2,0	1,4	53,6	49,5	1,0	1,4	36,6	44,2	6,9	3,5	100	39,8	51,0	52,4	43,4	5,8	4,8	1,6	0,4	0,4	0,4	100	
Age 15-29	0,0	0,0	69,4	57,0	7,6	0,0	23,0	34,8	0,0	8,2	100	30,5	25,9	63,5	74,1	6,1	0,0	0,0	0,0	0,0	0,0	100	
Age 30-59	2,8	1,7	54,9	47,7	0,0	1,7	32,8	45,5	9,5	3,4	100	42,5	54,3	50,0	40,1	6,0	4,7	1,0	0,4	0,5	0,4	100	
Age 60-64	0,0	0,0	33,3	67,6	0,0	0,0	66,7	32,4	0,0	0,0	100	50,0	33,5	0,0	33,0	0,0	33,5	50,0	0,0	0,0	0,0	100	
Age 65-79	0,0	0,0	33,5	50,2	0,0	0,0	66,5	49,8	0,0	0,0	100	32,5	50,0	51,4	50,0	0,0	0,0	16,1	0,0	0,0	0,0	100	
Age 80 and over	-	0,0	-	0,0	-	0,0	-	100,0	-	0,0	0	0,0	-	100,0	-	0,0	-	0,0	-	0,0	-	100	

Source: Household surveys in the respective countries. Tabulations undertaken by ECLAC's Social Development Division on the basis of household surveys available in the Data Bank of the ECLAC's Division of Statistics and Projections. Metropolitan Area of Panama, 1982 and 1986.

Note: The symbol - indicates no cases in this cell.

Chapter Three

SOCIAL SECURITY AND THE PROBLEM OF OLD AGE IN LATIN AMERICA

I. SOCIAL SECURITY SYSTEMS IN THE REGION

1. Evolution and different situations

Different analytical paradigms have attempted to explain the development process of social security systems in Latin America. In characterizing and classifying these processes, prerogative has been given to legal, socio-political and administrative-organizational analyses. Methodologically, inputs and outputs are defined which are assumed to be exterior manifestations of the degree of development of the social security systems in the different countries (risks covered, extension of coverage, seniority of legislation, method of financing, etc). The search for common denominators and the defining of chronological stages in this process is the expositive result of this type of analysis. (ILO, International Labour Organization, 1967).

This idea of development of social security systems in stages assumes that the systems have their own dynamics, which allows one to identify degrees of maturity. In Latin America, the motor behind such dynamics appears to be the dialectics between different pressure groups (identified primarily as professional corporations) and the State, as institutional counterpart and intermediary in the resolution of social conflicts (Mesa Lago, 1978). The distinctiveness of each country derives from the individual characteristics which the dialectics assumes in them.

In distinguishing degrees of maturity in social security systems, a wellknown ECLAC study ranks the countries of Latin America into three groups (high, intermediate and low) according to values given to a selected group of variables, at the beginning of the eighties (Mesa Lago, 1985). In the "high" group are found Uruguay, Argentina, Brazil, Cuba, Chile and Costa Rica; in

the "intermediate" group are, Panama, Mexico, Peru, Colombia, Bolivia, Ecuador, Paraguay and Venezuela; and in the "low" group, the Dominican Republic, Guatemala, El Salvador, Nicaragua, Honduras and Haiti (table 1). The study referred to does not take into account non-Latin Caribbean countries, because the development of social security systems in these has been substantially different and it would complicate comparisons proposed in the study.

This classification overlaps with another which orders the countries according to the time of nascence of their social security system institutions. Based on this, a double entry table combining both classifications could be devised (Table 1). In this way, the high group countries would coincide with the pioneers in establishing social security institutions in the region, and their salient characteristic would be institutional fragmentation of the system. Costa Rica, despite its lateness in organizing its system, by the beginning of the eighties had achieved levels in indicators selected, similar to the high group. Countries included in the intermediate group organized their institutions from the forties onward and in a more unified manner. Countries of the low group are those in which social security systems only appeared in the fifties and sixties, with more formally unified systems.

For the purposes of comparing indicators, the study continues to be relevant because the indicators have not undergone major changes from the time of its writing, at least in those aspects which determine their ordering. In fact, in some cases, a certain regression has been observed in indicators, as a logical outcome of the economic crisis which affected the region during this decade.

In addition to being pioneers with regard to the establishment of institutions typical to social security, the following elements were common to the "high" group countries: coverage exceeded 60% of total and working population, covering the rest with assistance benefits; taxation on money wages exceeded 26%; system expenditure as a whole neared or exceeded 10% of Gross Domestic Product (GDP), with approximately half of it going to the pensions programme, for which reason the system experienced serious financial imbalances; the method of financing in force, at least in fact, was one of distribution; the ratio of passives to working population was very high, reaching 0.6 to 1; and life expectancy was high, while the population growth rate was low.

Countries in the intermediate group had lower coverage and a broader range (between 18% and 50%); taxation on money wage was lower (around 20%); social security expenditure averaged 3% of GDP, with the majority of it going to the health programme; the system for financing pensions programmes involved stepped mean

premiums or distribution of coverage capital; the ratio of passives to working population varied from 0.05 to 0.15; life expectancy was lower and population growth rate was higher.

In the case of countries ranked in the low group, population coverage was very limited (less than 10% of total population and 19% of working population) and it was concentrated in the capital and other major cities; social security expenditure did not exceed 2% of GDP and the greater part of it went to sick and maternity programmes (less than one fifth went to the pensions programme); the passives/working ratio was extremely low (between 0.02 and 0.08); life expectancy was low and population growth rate extremely high.

The study estimated an average of approximately 61% for both total population health coverage and working population pensions, for Latin America as a whole. Nevertheless these figures were heavily influenced by Brazil, since when this country was excluded the percentage dropped to 42.7% (table 2). In the majority of countries, the percentage of working population covered by social security is similar to that corresponding to the formal-urban sector. Although there are no recent comprehensive studies, partial data from various countries allow one to suppose that coverage has shrunk in recent years, particularly in the pensions programme. The increase in unemployment, the drop in real wages and the increase in the informal working sector, among other factors to which the functioning of the social security system is sensitive, justify this observation.

By 1982, both health and pensions programmes, together with that for occupational hazards, were institutionalized in the 20 countries considered in the study cited. On the other hand, family allowance and unemployment programmes existed only in seven and five countries respectively. In general, risk coverage in Latin America has expanded in the sense of offering more services to the same people, rather than expanding coverage, thus generating serious problems of fragmentation and inequity.

Evolution-based paradigms, with their emphasis on legal-institutional matters and financial balances, have given prerogative to analysis of the internal dynamics of social security systems, disregarding to a certain extent the conditioning factors of its reference framework. This is in part a result of the demonstration effect deriving from recommendations by international agencies and from the experience of more developed countries.

The distinctive features of the systems' internal operational logic are heavily permeated by the particular formation of the state in each type of society, by the specific characteristics of social conflict which public policies attempt to manage

in each country and the ties between them, by the predominant political and economic ideology at a given moment and by the reality construct which arises out of the same. To this are added matters which make for the specific functioning of the economic system and its interrelation with social security policies. The lack of debate on these issues has favoured the adoption of models supposedly in force universally, which in some cases have been proven inoperant in the region.

Part of the explanation of this situation should be sought in the simple fact that in many countries and for a long time debate was suppressed or delimited by the dictatorial regimes in force. Paradoxically, during the period these regimes were in force, in the sixties and seventies, structural modifications of the social security system were attempted, primarily in those countries considered to be pioneers. In Brazil the entire system was practically unified, in Argentina and Uruguay an agency was created to integrate or coordinate existing institutions and in Chile reform was initiated which seeks to eliminate the public system (conserving assistencial actions), thus creating, with help from the State, conditions for the emergence of a private system of insurance and health services.

To a certain extent, the experience of the region presents various alternatives. While inertia is confirmed in the evolution of social security systems of some countries, in others there is serious bankruptcy, more as a result of regulatory policies on the part of the State than by gains of workers acting en masse. When it is suggested that the motor behind development of the system has been the action of pressure groups, one has to read corporate interest groups negotiating separately with the State, rather than the collective actions of a specific social class.

Each pressure group's space is greatly modified not only by economic and social transformations, but also by institutional bankruptcies. This explains, in part, the fragmentation typical of the systems in the region. It also helps one to understand the widespread privileged situation of groups labourably dependent on the State, which did not change substantially under the various political regimes in force. State bureaucracy has always been a stable power group in the region, and its loyalty has been greatly linked to the perquisites and privileges obtained from the social security system.

In this study we especially focus on those examples which illustrate various situations of the region. In one case, we have Argentina, where the military dictatorship exhausted reform under the formality of unifying the system's institutions, but without modifying its operational logic. When, at the beginning of the eighties, the economic crisis deepened, the democratic

government was faced with a depleted system, chronically in deficit, which affected its own political legitimacy. In the case of pensions, in fact, initiatives have begun where complementary insurance is offered at the private sector's expense, tied to major financial entities. But, up to now, this has been an isolated attempt to attract demand unsatisfied by the public system - uncoordinated and without prior debate.

Another case is that of Chile. Here bankrupting occurred which bore no relation to the supposed evolutionary stages of social security systems. The Chilean experience clearly shows that the dynamics of an institution does not depend exclusively on its endogenous variables, but also on the environment which serves as its reference. The boost given to the private sector in capturing the social services market was unprecedented in the region. The financial and political assistance given by the authoritarian State leaves doubts as to the new system's autonomous capacity for development. In any event, it is unclear whether this represents a regression to old social security systems based on individual responsibility (in a political setting similar to a Bismarkian one), or will become an alternative for other countries of the region.

Costa Rica is presented here as an example of a country which jumped certain stages and which, under special political conditions, including a constitutional amendment in 1961, was surprising in its accelerated evolution of indicators over the last three decades. The motor behind the development of Costa Rica's social security system has been political consensus, which has allowed for innovative institutions to arise, as in the case of non-taxable pensions for basic amounts. At the same time, the experience of the current decade clearly shows the objective constraints imposed by the economic context, even in places where no major political contradictions are manifest.

Ecuador is another distinctive case where what is most interesting is the recent development of peasant social security, in an attempt to overcome constraints placed by the urban formal sector. Also observed are the serious problems of savings accumulation in a relatively undeveloped pensions programme, when the capital market is small and the financial crisis acute.

2. Social security systems and economic crisis: the search for a new paradigm

The evolution of social security systems in the eighties clearly shows how economic concerns have dominated centre stage. This aspect had been underrated to a certain extent by students of the subject, probably because social security development in pioneer

countries coincided with a stage of relative economic prosperity, or at least, with less sharp cyclical swings in the economy. Nevertheless, the economic crisis which the region is experiencing has caused economic discourse to prevail over legal-political and even to confront the latter. To a certain extent, it can be said that social security in the region has been left without a paradigm and this makes its immediate future more indeterminate.

The social security crisis in the region goes hand in hand with the crisis in economic paradigm which boosted its development. The view which Keynes popularized with regard to the functioning of the economic system claimed effective demand as the system's motor and guarantor of its stability. In practice, the consequence was that all "consumption stabilizers" turn functional for a policy which attempts to maintain income and employment levels. If current consumption and investment determined income, this meant that current expenditure, and not savings, would determine future expenditure. In this way, proposals for the accumulation of large masses of capital, as required by the capitalization systems of pensions programmes, lost all sustenance.

Social security systems were structured along two key lines of Keynesian policy: fiscal and labour market. Precisely these two areas were particularly affected by the economic crisis of the eighties and explain in part the severity with which limits to the systems' expansion have been manifested. The other aspect of the link between Keynesian policies and social security systems of the region, which it is important to highlight, has to do with an assumption or prerequisite of the conceptual paradigm: the existence of available capital to reply to demand pressure, which, among other things, conditions the inflationary or recovery impact of the fiscal deficit. The disinvestment process, the net flight of capital from 1982 onward as a result of the external debt and the cutting of international credits, the fall in price of internationally traded products, the concentration of liquid capital in large entrepreneurial groups, have all deepened the process of decapitalization and lack of liquidity of the region's economies.

The traditional practice of analyzing the social security system as an isolated system, with specific inputs and outputs, may hide certain essential issues which make for the very construct of the model of analysis. In formalizing the Latin American social security model, not only has the exogenous become endogenous, but also variables have become parameters and vice versa.

The formalized wage relationship has been the axis along which social security institutions in Latin America have been constructed, and for this reason is the main limitation to their

expansion. Limits imposed by the labour market do not refer exclusively to employment levels, but are also related to its legal forms, its mobility, productivity level and the economic sector in which it is found. From the socio-political standpoint, these characteristics define specific forms of relations between the corporate power of professional groups and the State, and have also conditioned the bureaucratic organizational structure of both. To a certain extent, social security's explicit objective was lost. Instead of being an income distribution mechanism for citizens as a whole, it became a mechanism for mediation between demands and the granting of perquisites.

For this reason, an initial stage has traditionally been recognized in the countries of the region, in which only certain privileged sectors obtained benefits from the system, followed by a period of "massification" of these privileges. But this massification of privileges was not universal (if it had been universal they would no longer have been privileges). For this reason too, equitable systems were not created, but rather institutions stratified by privileges. It is not surprising that State-dependent labour sectors were the first to receive coverage and are those which enjoy the best services.

Use of the wage relationship as the system's axis has conditioned fiscal treatment. Money wage has traditionally been the taxable base on which taxes for financing the system are calculated. As a result, the wage-earning mass sets precise limits on financing. The increase in unemployment and informal activities of the eighties has crudely demonstrated the sensitivity of this type of financial set-up. If to this we add declines in productivity, in real wages and in the State's power of fiscalization, we can better understand the considerable impact had by evasion on the part of both ensured and employer. This phenomenon is more evident in the case of self employed workers. Attempts to incorporate them through typical insurance system benefit-compensation schemes (whether voluntary or imposed) have failed (primarily among the lowest income groups).

In the case of pensions programmes, evasion or delays in receipt of funds or in compliance with legal regulations have increased the gap between the real and potential rate of support. In the case of health programmes, service has become fragmented, and where the market is sufficiently developed, a shift has occurred among higher income levels to the private sector. The result has been an increase in the demand placed on public infrastructure to which is added the scarcity of resources. Even those with institutional coverage go on to use services destined for those not covered due to their inability to meet additional expenses required to effectively access the service.

Identifying money wage as the source of financing for social security - a legacy from social security system schemes based on employer responsibility - has generated the idea that such programmes are self-financed and independent from the other fiscal policies. This has caused a lack of coordination between social security policies themselves and between these policies as a whole and the remainder of public policies.

3. Social Security and The Problem of Old Age: Pensions Programmes

The specificity of the time in one's life cycle at which one may have access to retirement benefit is what links it to the old age problem. But in reality, pensions programmes were not constructed thinking of old age as a "contingency", but rather viewing the issue of work retirement and labour market regulation as an objective of the system. For this reason, in nearly all countries of the region (Mexico and Ecuador are some exceptions) the old age programme is integrated with that of disability and death. Within the complex issue which encompasses old age, social security sought to take care of loss of income through inability (alleged or determined) to offer one's work in the labour market.

All countries in Latin America and the Caribbean have instituted old age retirement programmes (information on groups covered, sources of financing, requirements for accessing benefits and characteristics of benefits granted, are presented in the Appendix). Retirement programmes existing in the region recognize the right to old age benefits for the most part between age 60 and 65. There are a few exceptions, but always involving lower retirement ages: in Bolivia 55 (men) and 50 (women), in Ecuador 55 with 360 months of contributions or any age with 420 months of contributions and in Haiti age 55.

In some countries, primarily the pioneers, the age limit is lower for women (Argentina, Brazil, Cuba, Chile, El Salvador, Honduras, Panama, Uruguay and Venezuela). These differences are essentially based on the idea that the incorporation of women into the work force is marginal and that women work mainly in the home. Since women's life expectancy is higher (from 45 onward, there are more women than men in Latin America and the Caribbean), this has caused the receipt of double benefits by those women who receive their own pensions and simultaneously receive an annuity for surviving their insured spouses.

Benefit levels granted by the pensions system are not determined on the basis of retiree needs, but rather are linked in one way or another to working income levels: wages, income scales,

contributions are the bases for benefit calculation. In very few cases are benefits granted in a uniform amount (Mexico, Costa Rica). In some cases, pensions are complemented by family allowances for wife, underage or disabled children (Argentina, Colombia, Chile, El Salvador, Guatemala, Mexico, the Dominican Republic, Nicaragua, Panama, Peru and Uruguay).

The result is a pensions system organized to reproduce for passives an income position similar that attained while working. Thus, in distributive terms, these systems are negative or regressive. The proliferation of assistance programmes is not to be wondered at, then, since these seek to meet the specific needs of senior citizens, whether or not they are covered by the social security system. But these programmes are seen as assistance policies and not as compensators by right.

In defining pension programme assistance, the concept of labour "dependence" tends to be attached to the concept of "retirement". Thus, in the majority of countries affiliation to the pensions programme is not mandatory for self-employed or "independent" workers (Argentina, Brazil, Costa Rica, Cuba and Uruguay are exceptions). In fact, whether affiliation is voluntary or mandatory, there are very few of these who incorporate themselves into the system, especially at lower income levels.

In this way the State becomes receiver for the complex demands of the non-working population, whose practices are determined to a large extent by their activities during working life. A relevant question posed regards the degree of individuality to which public policy can or should aspire. Thus, the pensions programme, in the majority of countries, seeks to guarantee a proportion of the working income of passives, whereby the same heterogeneities and fragmentation which characterize labour markets of the region are reproduced. The outcome is that, while for some groups a basic level of consumption cannot be maintained, for others even a savings capacity of beneficiaries is guaranteed.

Special pension programmes for certain categories of professionals, primarily in the public sector, are common in the region. Privileges may occur in the flexibility of requirements for access to them or in benefits received. This generates a situation of irritative inequality, above all if one considers that the cost of these privileges is passed on to the community as a whole, whether directly through taxation or indirectly through prices or tariffs.

Only in a few countries is retirement or pension granted for old age, in some cases without previous contribution and in others with minimum contribution (Argentina, Ecuador and Uruguay). In other words, in only a few countries is age - one of

the indicators of the old age situation - a "reason" for retirement. In general, age is a "requirement" for accessing retirement and those who are theoretically less old at a determined age (women) are those that have access to it before.

In Brazil and Ecuador, for example, there are pensions for years of service without age requirements. In practice, this type of benefit serves to protect those persons who lose their job at an advanced age and have serious difficulties in reentering the labour market. Theoretically, the legislation of certain countries has similar practical effects, where reduced or early pensions are offered after a set number of contributions have been paid (Colombia, the Dominican Republic, Ecuador, El Salvador, Panama and Peru).

In summary, retirement programmes cover only one aspect of old age: loss of the insured's source of income due to assumed physical disability or to obsolescence in the labour force. Retirement is conceived as coverage for loss of productive social function. For this reason, in effect, it is an instrument for labour market regulation. This idea is reinforced when one notes that, although in the majority of Latin American countries exercising the right to an old age pension is optional, in some (Argentina, Brazil) the worker can be told to retire when he meets the stipulated requirements for access to maximum retirement. In Honduras, retirement is mandatory once requirements have been met.

The majority of countries in the region possess minimum pensions (usually at very low levels) and with adjustment mechanisms for easing deterioration of purchasing power due to inflation. Adjustment criteria are varied; in some cases, according to variations in wages (Argentina, Bolivia, Colombia, Uruguay), in others as a function of cost of living (Costa Rica, Ecuador, El Salvador), of the price index (Brazil, Chile, Nicaragua), according to a combination of prices and wages (Venezuela) or by legal provision (Mexico, Panama). Nevertheless, in few cases have the legal provisions been met lately, due to the very effects of the fiscal crisis and maturation of the systems. In any case, this issue encompasses another matter which has not been clearly defined either: retirement "mobility". This is not merely a technical issue, but is greatly dependent on the very concept of retirement adopted.

In terms of financing, in the majority of countries the old age pensions programme is financed by three sources: contributors, employers and the State (whether as employer, transferring a preset amount of resources or covering occasional deficits of the system). The final impact of this type of fiscal burden is a subject for debate, but it seems logical to assert that given oligopolic markets, characteristic of the region, and the per-

sistent fiscal deficit, a great portion of the burden is passed on to prices. More debatable is the potential effect in the selection of production techniques. In many cases there are maximum contribution ceilings, which not only reduce the systems's financing capacity, but which also generate distortions in income distribution.

Another matter concerns the method of financing. The fact that one particular method is in force is not the outcome of technical considerations, but rather results primarily from the economic situation and the system's degree of maturity. In a survey carried out on the topic, the majority of countries answered that the main cause of change in their methods of financing was the system's economic situation (Brenes, 1986). It is necessary to bear in mind that, at the time of their constitution, and independently of the financing mechanism, it is logical to suppose that all pensions systems must function with a high rate of support. Thus, they are all systems which are potentially capable of accumulating reserves. The difference lies in that a capitalization system requires maintenance of a technical reserve in order to exist, while those based on distribution can dispense with them.

In the beginning, nearly all countries used a regime of pure capitalization or stepped premiums. But the need to adopt a distribution method due to pressing economic needs, has not allowed legislation to adapt to the new reality. As a result, there are countries, mainly the pioneers, which evince an institutional hybrid: legal standards conceived in terms of a capitalization method with respect to the rights which it grants individuals, while the system is financed as a distributive one.

The distinctiveness of the pensions programmes, analyzed within the context of old age policies, is that they grant benefits in money which are not linked to the capital equity position of the beneficiary. The rest of the policies offer assistance in kind, or, if in money, it is related to a specific end use. This difference in logic is what makes it difficult to coordinate the whole.

The most important assistance in kind is that of health service. In the majority of the region's countries, pensioners are incorporated into the working population's health programme. Argentina is an interesting case where an attempt was made to institutionalize a special programme for retirees, within the general logic of the health system in force.

This situation is illustrative when it comes time to propose structural reforms. The increase in number of senior citizens, the majority of which depend on public assistance for meeting their basic needs, may be a fundamental element in confronting a

modification of the costly and inefficient health systems of the region.

II. SOME ILLUSTRATIVE CASES

1. Argentina: The Inertia of a Depleted System

As of the mid sixties the Argentine social security system began to manifest problems typical to pioneer countries and mature systems. Nevertheless, reform attempts which were progressively undertaken at no time substantially altered their operating logic. The eighties saw an acceleration of the crisis of the system and the democratic government was forced to declare a social security emergency. This not only affected its legitimacy but also clearly demonstrated the latent conflicts and contradictions which exist between a rigid legal set-up and a dynamic political-economic reality.

In order to adequately interpret the current social security situation in Argentina, one must remember certain issues central to the constituting process and development of its institutions. The first laws basically applied to pensions programmes and the first groups covered were those linked to public services. Nevertheless, towards 1944 those affiliated to the various Funds only accounted for 7% of the working population.

In 1946 the stage of pension programme massification began, as did the start of social security in the area of medical attention. The massive incorporation of new contributors occurred simultaneously with legislation which was generous in its requirements for accessing the systems's benefits (table 3 shows the high growth rates of benefits in the fifties). In the area of health, support was given to the creation of "social works" (union social security plans), successors of mutual associations. The first to arise were linked with state unions and that part of the private sector with greatest economic power, which allowed them to create their own medical attention establishments and to offer affiliates a direct attention modality. For unions with lesser power, "indirect" attention was developed. Simultaneously, in this era, government promoted major development of public hospital infrastructure.

During the first years of establishment of the new pensions plan, the various Funds had sizeable surpluses which were used to finance other social policies. At the end of the fifties this surplus had all but disappeared yet; paradoxically, in 1958, a new law was enacted which established the obligation to pay up to

82% of the wages that had been received by pension beneficiaries in their final working stage, depending on retirement age. Thus, the system began to function, in effect, as a distributive one, and, concurrently, it institutionalized the severing of links between wage calculation and revenue. As a result, from the mid sixties onward, the system as a whole began to show systemic financial deficits (Diequez y Petrecola, 1974).

Faced with this situation the military dictatorship which took political power in 1966 decided to implement a reform on which the current system is based. The State Secretary's Office for Social Security was created within the Ministry of Labour to regulate and supervise the system, the various Funds were merged into three (Commerce and Industry, State and Autonomous) and age requirements for accessing benefits were raised. Nevertheless, this attempt to establish a more uniform system was reverted by events. Within the very ambit of the State, a short time later, special regimes were authorized for officials of the Judicial Branch, the Presidency of the Nation and the Federal Police. Simultaneously, complementary Funds for different occupational groups became increasingly widespread.

In 1970, at a time when the military dictatorship was growing politically weaker, the Law of Social Works was approved for the purpose of disencumbering the financial problems of an important group of social works and ordering its operation. To this end the National Institute of Social Works, (I.N.O.S.) was created, which agency was given the task of coordinating and planning social works activities as a whole, in addition to controlling their resources, financing and investment. In this way, the social works subsystem was institutionalized, which, together with those of the private and public sector, from thereon formed the tripod on which Argentina's health system is structured. The original aspect of this scheme involved legally setting a minimum base for contributions calculated on money wage, from which resources were extracted, and passed over into the hands of union representatives, to whom the task of administering social works was given.

In May 1971 a special social work was created for beneficiaries of the social security system: the National Social Services Institute for Retirees and Pensioners (I.N.S.S.J.P.). To meet its objectives, the establishing of a medical attention system throughout the entire country was proposed, which was called the Integral Medical Assistance Programme (P.A.M.I.). The programme was structured into different levels of medical attention. A first level was organized around a general "head" doctor, who was responsible for a limited group of beneficiaries who chose him from a list made up by the Institute. The second level of attention was made up of specialized cross-consultation services requested by the head doctor and services for scheduled

or emergency hospitalization of acutely ill patients, in addition to highly complex diagnostic or therapeutic treatments. The third level was reserved for beneficiaries who suffered from prolonged afflictions of any sort.

The payment modality of PAMI substantially modified two key practices prevailing up to that time and which were defended by medical corporations: free choice of doctor and payment by benefit. In PAMI, the head doctor received a fixed amount per beneficiary and for a set amount of time. An overall capital amount was estimated for those providing assistance at the second level, while those of the third level charged per medical service rendered.

Active resistance by the medical corporation resulted in PAMI's only being able to be developed in the Federal Capital and its conurbation. The loss of political support for the programme caused INSSJP policy to center on entering into comprehensive agreements with medical federations, social works associations or municipalities. In these cases the Institute acted only as collecting agent, transferring what was stipulated in agreements to contracted parts. In 1986, 43% of those affiliated to INSSJP were covered by the PAMI system, 32.3% by comprehensive contracts and the remainder by mixed systems, arising out of a combination of the first two (Golbert, 1988).

The pensions system structure has not undergone any modifications since the reform of 1967, and since that time, political power has faced serious difficulties in meeting what was stipulated by legislation. The process of deterioration has deepened in the last years (see table 4). In 1980, the government of the new military dictatorship, initiated in 1976, eliminated employer contribution to the pensions programme, supplanting it with a transfer of funds collected through value added tax (VAT). This transfer was calculated on the basis of collections carried out through personal contributions to the system, with which the overall amount of resources would theoretically not suffer modifications, with reform being limited to a supposed attempt to reduce labour costs and favour competition, within the framework of a political economy of indiscriminate aperture and lagging of exchange rate.

The isolated and irrational nature of this situation became manifest when in 1984 the constitutional government had to reintroduce employer contributions in the face of the system's pressing financial needs. The systematic deterioration of the financial system in 1985 became translated into Law 23270, which establishes the transfer of 25% of total collections undertaken by Family Allowance Programme, over to the social security system, thus reducing the amount of former programmes' benefits. In 1986 employer contributions were raised to 12.5%.

The financial flows were insufficient for meeting legally established obligations and so began a generalized process of lawsuits filed by beneficiaries of the system. This situation led government to decree the "social security state of emergency", establishing the stoppage of all existing lawsuits up to that moment and impeding the filing of new suits until 1988.

The political delegitimization produced by this measure is often cited as one of the causes of the official electoral defeat in parliamentary and governor elections held in late 1987. In light of this, in May 1988 the Executive Power decreed a revoking of the social security emergency, a return to the ordinary regime for pensions calculation, as provided for by law 18037 of 1967, a modification of contribution percentages, a raising of pension ceilings with regard to minimum retirement and the establishing of a new regime for judgement executions by readjustment of unfulfilled social security benefits as provided for by law. Simultaneously, a special tax was levied on fuel prices and on certain public service rates to finance recomposition of the value of social security benefits, it being estimated at the time of implementation, that the additional contribution would be 2% of GDP. Thus the systems's inability to finance itself through taxes which it has classically collected was explicitly exposed.

In health, the military dictatorship in power during 1976-1983 approved a new Social Works Law which attempted to curtail union power by eliminating them from its administration and which promoted the idea of free choice of social security scheme by citizens. In practice, the social works remained in the hands of government interventors and no disaffiliation of workers occurred, the latter continuing in social works associated with their occupation. At the end of 1988 a national health insurance law was approved which seeks to unify and rationalize the system. But because it has not been regulated as of this writing, it will not be considered here.

The social security system which results from the process described is highly fragmented. In the National Social Security System, there are Funds for public and private sector workers and one for self employed workers which seeks to attract the non-formalized labour sector. In addition, there are a set of special regimes for judicial and legislative officials, armed and police forces and various agencies within public administration itself. There are special Funds for provincial and municipal government employees and special regimes for provincial judges, legislators, and police (in 1981 there were at least 67 provincial pension Funds in existence).

At the time National Health Insurance was approved, there were around 300 social works schemes in existence, each with

diverse administrative systems (unions of the private and public sector, state and "mixed" etc.). In addition to institutional diversity, social works were characterized by a great heterogeneity in number of affiliates and economic power. In 1985 it was estimated that 74% of the country's population was covered by the social works system (table 5), but 50% of total beneficiaries were affiliated to 5 of these (pensioners, business employees, metallurgical and construction workers). That year, INSSJP had around 2,070,000 nominal members plus 904,000 as dependent family members (as a whole, they accounted for 13.3% of total population covered by the various social works in the country). For 1984, it was estimated that 32% of joint social works' payouts corresponded to INSSJP, which gives an idea of the latter's importance within the social security system as a whole. The impact on expenditure resulting from the age composition of its affiliates explains, to a large extent, this situation: 25% of INSSJP affiliates were over 75 years of age (table 6).

Fragmentation is one of the main characteristics of social security in Argentina and this translates into a total lack of coordination between services. Powerful sectorial interests have modelled the Argentine social security system, transforming it into one which is inequitable, irrational and markedly stratified. While sizeable sectors enjoy very high quality services, even holding multiple institutional coverage, others are totally devoid of any coverage.

This lack of universality is accompanied by great regional inequities. Estimates carried out in 1980 exclusively on the male population over 65, showed that while in the Federal Capital there existed the phenomenon of overcoverage, in the less developed provinces coverage was estimated at 30% to 40% (table 7). Percentages are notably reduced if we take into account legal ages for access to retirement (age 60 for males and 55 for females): in 1980 it was estimated that only 60% of the potential beneficiary population had access to this type of benefit.

Institutional heterogeneity also poses inequities with regard to benefits granted for various special pensions programmes and conditions for accessing these. The various systems are characterized by differences in age requirement, years of contribution and contribution quotas. In the area of medical attention, there are major economic differences among different social works: total per capita expenditure and medical per capita expenditure vary greatly among them (see table 8).

With regard to INSSJP, although from the legal point of view all affiliates have the same right to utilization of services, in actuality additional complementary expenses and different bureaucratic procedures hamper compliance with standards. Supposedly, affiliates' contributions to the Institute should cover all

medical expenses without there being a need for any additional expenses; in actuality, in many cases co-insurance stipulated by agreement has to be paid, and even direct differential fees have to be paid to the professional at the time the medical service is rendered. The same comments made on National Social Service System coverage apply in the case of INSSJP, given that the same group of beneficiaries is involved.

The financial pensions programme situation has steadily worsened in the last years, becoming transformed into an element of political delegitimization. The fall in the potential dependence rate, high evasion, the existence of privileged regimes, the decline in real wage and the wage-earning rate in the economy are determinants in the financial crisis. The situation is not the same for the various Funds: the Industry and Commerce Fund has been subsidizing the rest of the system. Simultaneously, the National Treasury has recycled funds arising out of a highly regressive taxation system, to the detriment of other programmes.

The dynamics of the financial deterioration process has been translated into an increase in the expenditure burden of the social security system as compared with public policies as a whole. Recent estimates place total expenditure of the Argentine public sector on the social security system at 9% of GDP at market prices. Out of that total, 6% would be the part destined for the national system, 1% for the special Funds which the National Treasury directly supports and the rest is for the provincial and municipal employee systems. Comparatively speaking, the Argentine public sector spends 4% of GDP on education, 5.2% on health (including social works) and around 2.5% on housing, unemployment insurance and social assistance.

Weaknesses in tax collection are reflected in the high indices of evasion. In 1983 it is estimated that the Industry, Commerce and Civil Activities Fund had a potential support rate of 2.85 to one while the actual one was 2.46. The Self-Employed Workers Fund showed the inefficiency of social security schemes for incorporating non wage-earners: while the actual rate was estimated at 1.92 the potential one was approximately 3.3. The situation in the State Fund reflects the consequences of using the social security system as an instrument for perquisites: whereas the rate of support, assuming nil evasion, was 1.4, the State Fund was the one which in 1985 paid the highest intermediate benefits and had the lowest weight of minimal wages over total wages.

The lack of serious debate regarding possible alternatives and of political consensus regarding model depletion has allowed for the arising of isolated and contradictory actions. Towards the end of May 1988 a resolution by the Insurance Superintendency

was passed, authorizing the operation of insurance companies exclusively dedicated to granting retirement insurance and complementary life insurance. This type of operation began to be marketed as "private retirement" by groups of national and international financial entities and to date has had very little market penetration.

The very ambit of regulation of these activities (insurance) indicates their independence from the public pensions and retirement system. Nevertheless, if fiscal and financial benefits continue to be conceded, it may prove attractive for high income sectors and powerful entrepreneurial groups. All this may result in the anarchic development of a complementary system which could rapidly contribute to delegitimize the public one even more.

In summary, Argentina is an example of a hybrid system, depleted in its capacity for development. On one hand, a public system exists whose legislation is inspired in spirit and in mechanism by social insurance financed by capitalization methods, while in actuality it functions as a deficit-showing distributive system. The absence of political consensus on the need for modifying the systems's functional bases fosters the development of private situations which increase fragmentation, inequity and lack of coordination between policies.

2. Chile: Substitution of the Public System for a Private One Assisted by the State

Chile, having been a pioneer in the institutionalization of social insurance, at the beginning of the seventies had one of the most fragmented and onerous systems of the region, while its benefits were among the most generous. The bases of the Chilean social security system were established in 1924-25 during the government of Arturo Alessandri Palma. At that time the most important pensions programmes were created: Social Insurance Service (SSS) which covered workers, Social Security Fund for Private Employees (EMPART) and the Public Employees and Journalists' Fund (CANAEMPU). In the fifties, independent pensions programmes multiplied, with even the establishment of different ones for the same professional category.

From 1938 onward, development of health insurance began and new benefits were incorporated (family allowance, unemployment insurance for private, railroad and municipal workers, maternity subsidies, etc). In 1952 the National Health Service (SNS) was created, which absorbed the original Workers' Illness-maternity Programme, incorporated other services and proposed assistance for indigent persons. The system's fragmentary dynamics became

apparent with the creation of a separate programme for white collar employees, Employees National Medical Service (SERMENA), together with others for the armed forces, police, banking and other groups.

The Chilean social security system, at the beginning of the seventies, was one of the most notorious examples of a fragmented and stratified system. There were multiple pension programmes: for old age, according to seniority, disability, illness-maternity, family allowance, etc. Each institution had its own legislation and administration and granted different benefits, while at the same time various public bodies existed which were responsible for supervision. On the other hand, as a whole, it had one of the most developed protection systems in Latin America: it included all typical social risks, with generous benefits and liberal access conditions. In 1973 it covered approximately 71.2% of the population and 75.9% of the working population, and in health it was outstanding for its services and coverage levels (see table 9). The cost of this system recorded an historic maximum in the early seventies: around 17% of GDP.

The military dictatorship, with the elbow room obtained by coercively eliminating the social sectors' capacity for political pressure, in 1974 began one of the boldest reform undertakings of the social security system. Thus, between 1974 and 1979 costly privileges were eliminated, uniform and universal subsidies were introduced into the unemployment insurance system, family allowance amounts were equalized for the population as a whole and a common fund was created for them, a minimum uniform amount was set for pensions, seniority pensions were eliminated and age retirement was equalized, pension adjustment methods were unified and social service benefits were extended, employer contributions to pensions programmes were suspended while at the same time the two main health programmes (blue collar workers and white collar employees) were coordinated under the Ministry of Health. The reforms did not modify the occupational hazards programme and excluded the armed forces and the police, who continued to enjoy a preferential system.

Once reforms in the State-administered systems were established, in 1981 consolidation of the new social policy strategy was completed. Thus, new pensions and health systems were created, administered by private corporations, for profit: Administrators of Pension Funds (AFP) and Institutes for Health Insurance (ISAPRE).

The new pensions system is a mandatory, private, individual savings program for all workers (except the Armed Forces), with the initial granting of a five year period to those who were under the state system, to affiliate themselves under the private system. Since 1983 all wage-earning workers who enter into the

labour market are forced to affiliate themselves to the private system (where contributions are lower than those which existed under the old system), while self-employed workers can do so voluntarily on their own. In 1987, 75% of working contributors were enrolled in the private system but 98% of pensioners and retirees were being paid by the state system. The logical outcome is that, while the State supports a large deficit in its social security programme, private financial institutions earn considerable profits, which feed the financial circuit.

The old health systems (SNS and SERMENA) were unified under the Ministry of Health, and are administered by the National Health Fund (FONASA), which centralizes the public health budget. As opposed to the private pensions system, whose ultimate objective is to substitute the public system, the private health system seeks to complement the public one.

In 1987 the Social Insurance Programme (retirements and pensions) in its State segment, was assisted by 11 Social Security Funds, including those of Defense and Police, while there were 12 AFP, which administered the private system supervised by the Ministry of Labour. The Health Insurance Programme (illness-maternity) came under the National Health Fund (FONASA) and the National System for Health Benefits (SNPS), while there were 25 private ISAPRES, supervised by the Ministry of Health.

In 1984 the Social Insurance Programme accounted for 58.5% of the net Social Security Budget for administrative expenses, and confirmed a rising trend, despite privatization (table 10). Thus, the public sector began to allocate a greater portion of the social budget to support the consequences of the pensions programme transfer to the private sector. According to estimates, the social security deficit accounted for 5% of GDP for the State in 1985, while the AFP undertook financial investments equivalent to 29% of total financial system deposits, or 50% of term deposits (Frediani, 1986). In December 1986, AFP financial investments were tied up as follows: 46.7% in State financial instruments issued by the Central Bank or the National General Treasury, 25.5% in short term mortgage bonds issued by official and private banks; 23% in fixed term deposits and only 3.76% in shares issued by private companies (table 11).

In this way, a strong State presence was observed in the formation of the AFP rate of return. Although legislation sets maximum limits for each type of financial investment claim held, those used up to the maximum involved precisely public assets. Besides, the State not only guaranteed a minimum rate of return for funds, which is related to the average interest rate of the economy, but also guaranteed a minimum pension level. If to this we add the high concentration of the insured in a few AFP (2 of the 12 AFP concentrate half the number of insured) not only does

the argument of market competitiveness lose ground but it accentuates the idea of prebendary capitalism as being an inescapable requirement for this type of system to function, at least with the small capital markets of Latin America.

The age structure of individuals affiliated to the state system leads one to forecast that it will continue up into the first quarter of the next century. In 1987 it had 448,000 working contributors and had to pay 655,800 beneficiaries from 9 Social Security Funds. To this one must add 60,000 passives in the National Defense Social Security Fund (Armed Forces) and 44,000 in the Police Social Security Administration which, in 1985, received pensions four times greater than the average of civilian Funds.

In general, State employees have not enrolled for AFP services because benefits obtained from the public system are better. Thus, it may be affirmed that the public social security system deficit, in particular, benefits State employees themselves. This is yet another facet of Chile's political paradox: an authoritarian and repressive State which claims to encourage private responsibility over public yet offers perquisites to its own employees and guarantees rates of return to entrepreneurs in their activities.

The impact of the reform on trends in the number of passives was significant. While in 1980 there were 1,070,000 Social Security beneficiaries (9.6% of total population), in 1987 this number had dropped to 702,300 (5.6% of total population). This reduction is complemented by a drop in coverage rate. Recent estimates place coverage in 1987 at 56.7% of total population and 50.7% of working population, while in 1980 these percentages were 67.3% and 61.3% respectively (see table 9).

These actual coverage figures contrast with the spirit of the legislation which is one of the broadest in Latin America. In effect, in Chile all wage earners are legally covered (including agricultural labourers and domestics) and self employed workers (who had mandatory coverage under the old system but voluntary under the new). Although it is probable that the statistical clearing undertaken by partially unifying the system did eliminate multiple affiliations, the magnitude of the drop evidently deserves sounder explanations.

There is a high proportion of the population without social security coverage in Chile, and the two main causes seem to be high unemployment rates and evasion of the system. In the last decade, Chile had one of the highest open unemployment rates in Latin America: despite its reduction in the last few years, in 1984-1987 it reached 14%. To this is added the majority of self-employed workers who do not enroll in the system (in early 1983,

96% of those affiliated to AFP were wage-earners) and those who are under special compensatory employment programmes for out-of-work Heads of Households.

In the case of self-employed workers, the Chilean experience demonstrates that, at least in labour markets such as those of Latin America, actual coverage of self-employed workers through a social security plan is unthinkable (whether it be mandatory or voluntary, private or state). In early 1982, it was estimated that only 21% of self employed workers were incorporated into the social security system (state and private). Those who do not join the social insurance system had the right to an assistance annuity, free health attention and special family allowance. In other words, the Chilean system institutionalized market-derived differences and fragmentation: benefits of one kind for those with the capacity to repay and assistencialism for lower income levels.

It is also interesting to note that not even privatization of the system has succeeded in eliminating evasion. In 1987, out of over 2,600,000 affiliates, only 1,600,000 regularly contributed to AFP's. All these indicators cast certain doubts as to the efficacy of the market and of private management for meeting demands. Between May 1981 and May 1986 the private system absorbed around 1,600,000 working contributors under the old system while in 1987 it paid only 35,000 benefits, out of which only 10% were for old age. (Frediani, 1987). It is not surprising that the working/passive ratio in the state system is 0.68 (without taking into account the Armed Forces and Police) while for the entire system it is 3.2. This factor, added to transfers to the private sector carried out by the State in recognition of previous contributions by those now enrolled in the private AFP's, explain the State system's deficit.

Thus, private saving has accumulated at the expense of the public deficit. The Pensions Fund accumulated up to 1987 was equivalent to 11.5% of GDP, approximately 2 years of national savings and 2.5 times the value of M1 (currency plus sight deposits). The other side of the coin is the increase in the social security deficit, which in 1981, when privatization commenced, was equivalent to 1.7% of GDP and in 1987 had risen to 5.5%. All indicators permit one to forecast that it will continue to grow.

On the other hand, the private system mechanism has been fundamental in accentuating the concentration of financial capital. Seventy percent of the Fund is accumulated in only 4 AFP, and, controlling their own insurance companies and major banks, they wield enormous power of control over the functioning of the economy. What is interesting is that while the Pensions Fund grows at an increasing rate, the limited nature of the Chilean capital market forces investment of the greater part of the Fund

in public securities or in the official banking system. This should not be interpreted as an unexpected outcome, but rather as a logical effect of the system's own functioning; one could even think that it is a requirement for its own survival.

A similar transformation is taking place in the health system. The ISAPRES are absorbing those persons with higher incomes while the National Health Fund (FONASA) is undergoing capital depletion because it has to absorb lower income workers. It is interesting to note that, because affiliation is not mandatory, the evolution of ISAPRES, although significant, has been less than that of AFP. In 1987, ISAPRES had approximately 1,200,000 affiliates, of which only 300,000 were contributors and the rest dependent family members. It is not to be wondered at then that in 1986, the State SNSS dealt with around 73% of medical appointments of the entire health system and covered 90.5% of hospitalization days (Ministry of Health, 1988).

In summary, Chile is an atypical case within the region, but it undoubtedly exemplifies a possible scenario for the future. The military dictatorship government has clearly shown, in all its crudity, the extent to which institutions are subordinate to the prevailing economic and social strategy in effect at a given moment in history.

3. Costa Rica: Political Consensus, Rapid Development and their Limits

Costa Rica is one of the countries that established the basic institutions of its social security system in the forties. Consequently, the system's structure was heavily influenced by the ILO and the Beveridge Report recommendations, in terms of institutional unification and centralization. Despite its late appearance and at scarcely twenty years of development, in the last three decades Costa Rica has advanced at a breakneck pace, to the part where it now shows indicators typical of more mature systems.

In the first four decades of this century, scant industrialization and lack of political participation prevented the development of social security institutions beyond certain easily granted pensions and independent pension funds for certain public servants. In 1941 the institutional bases of the current social security system were established with the creation of the Costa Rican Social Insurance Fund (CCSS), whose two main programmes, administered within the social insurance scheme, were that of illness-maternity and that of pensions. Nevertheless, the independent funds which existed at that time were not absorbed by

the Fund; on the contrary, others (always linked to public services) were progressively added later .

Up until the early sixties only a small proportion of the urban labour force, concentrated in the capital, was covered by CCSS. As of that time, coverage was extended to workers in industry, construction and commerce, while at the same time the wage ceilings which had excluded workers earning medium and high wages were raised. In the seventies, wage ceilings were eliminated and coverage was extended to the remainder of agricultural workers, self-employed, and to domestics. Pensioners were incorporated into the health programme and a social services programme was introduced, which granted pensions and health services to indigent persons. Around 1980, approximately two thirds of Costa Rica's population was covered by social insurance.

The rapid extension of CCSS coverage in the seventies is distinctive in certain aspects. The high proportion of wage-earning workers as opposed to self employed workers and unpaid family workers, low open unemployment and underemployment rates, lower proportions of labour force in agriculture and the small size of the country, are some of the factors which allowed for this process. To this favourable context was added political consensus, even shaped in a constitutional amendment in 1961, which gave a definite boost to making coverage universal.

The other facet of this accelerated development is seen in the increase in social security expenditure (see table 12). In 1980 the cost of social security in Costa Rica, as a percentage of GDP, placed Costa Rica at levels similar to those of pioneer countries. But unlike the majority of these, the basic burden lay in health expenditure and not in the pensions programme: in 1980 Costa Rica headed Latin America in per capita health expenditure. Health indicators reflect the results of this process: between 1960 and 1982 health coverage of the population under CCSS grew from 15% to 77%, the infant mortality rate dropped from 69 to 18 per thousand and life expectancy increased to over 71 years of age.

In 1974-78 all Ministry of Health hospitals were placed under CCSS, with the former being left responsibility then for the administration of programmes for preventive medicine, indigent persons (both rural and urban) and child nutrition. Three quarters of CCSS expenditure in 1982 went to illness-maternity and the remainder to the pensions programme, which, nevertheless, already showed a marked tendency to increase its share in expenditures. The demographic load quotient has progressively increased in the last few years, although the situation appears to be more difficult for independent funds which have been established longer than those administered by CCSS.

The increase in the number of pensioners, a product of the system's own maturity, had already begun to be felt by the mid seventies. A large part of the reserve funds of the taxable pensions programme has been used to subsidize the illness-maternity programme and it is probable that its market value will not be regained in the future.

The social security system in Costa Rica is quite uniform and administratively unified. CCSS, an autonomous institution, administers practically all the country's curative medicine, through the illness-maternity programme and social assistance programmes attended to by public funds. Services are rendered directly by CCSS, which even has a hospital specializing in geriatrics. Some experimentation with private sector agreements has commenced, given that CCSS has been facing financial problems in the last few years and has problems in continuing to absorb the medical personnel of the country. This institution also operates the taxable (old age, disability, death) and non-taxable pensions programmes.

The sector of the population not insured for health by CCSS includes high income non-wage earners who, although they could voluntarily be insured, in practice pay for their own medical attention; wage-earners who evade their obligation of becoming affiliated to the Fund and are attended as indigents; those low resource non-wage earners who receive assisted attention or who work for a relative, although - despite their not being directly insurable - they could be insured as dependents. The uninsured can turn to Ministry of Health's services.

CCSS administers two pensions programmes: that of Disability, Old Age or Death and the Non Taxable Regime. Recent information indicates that the first programme covers approximately 46% of working population and the second slightly over 4% (Brenes, 1986). Although data sources vary and one cannot establish methodological differences, these levels of coverage are lower than those estimated by ECLAC (table 13). Non taxable pensions are subscribed to in basic amounts and are financed by transfers (a percentage from the Social Development Fund and the Family Allowance Programme).

The Mixed Institute for Social Assistance is responsible for supervising and for social welfare services aimed at senior citizens. Independent funds are administered to a large extent by the Ministry of Labour and their beneficiaries are public employees. Although they are not as marked as in countries with more fragmented regimes, major differences exist between pensions paid to different professional groups (table 14).

A contradiction arises within the State itself regarding organization principles which are supposedly adopted for the rest of the social security system. This is all the more serious if one considers that the State's contribution to independent funds, in relation to other sources of financing, is greater than that which it provides CCSS. In other words, in Costa Rica privileged regimes also co-exist, despite its having one of the most rational situations of the region.

4. Ecuador: The Boost by Peasant Social Insurance

A regime of benefits with typical social security characteristics was initiated in Ecuador in 1928, with the creation of the fiscal and municipal employees and teachers' Pension Fund, which was responsible for protective as well as cooperative and financial actions. In 1935 the National Social Security Institute was created for the purpose of implementing the Mandatory General Insurance regime, and from then onward, various Funds were progressively created to incorporate other occupational groups. In terms of benefit development, in 1928 the first retirement regime was established for disability, old age and survivors; in 1937 illness-maternity benefits and only recently from 1957 onward was the process of granting unemployment benefits begun.

The sixties and seventies were characterized by integration of the system, merging of Funds under the Ecuadorian Social Security Institute (IESS) as a unitary, national and obligatory model. From 1964 onward, coverage - which up until that point had only reached those with stable and formalized work - was expanded: craftsmen, domestics and construction workers, etc. were incorporated.

Although Peasant Social Security was established in 1968, only recently in 1981 was the "Law for the Extension of Peasant Social Security" enacted, where by progressive broadening was established to include all members of a peasant family, whether they belonged to communes, cooperative associations or any other form of organization, as well as those who, while not belonging to any organization, expressed the desire to affiliate themselves. As a result, in 1986, 1364 organizations and approximately 434,000 beneficiaries were covered (between 1980 and 1986 those insured by Peasant Social Insurance increased at a yearly cumulative rate of 26.11%). That year, it was estimated that 13.4% of the total population and 36.5% of working population was covered by social insurance in Ecuador (Ribadeneira et al, 1988). The coverage growth process has been slow and in the eighties was due fundamentally to the impetus of Peasant Social Insurance (table 15).

Coverage by sector of the economy approximately reproduces the working population of the country. The greater percentage of benefits is concentrated in the tertiary sector (42% of total working population), while the secondary sector has only approximately 17% coverage (table 16). Growth of primary sector coverage as a result of Peasant Social Security, has meant an increase from 10.84% in 1982 to 26.24% in 1984 (table 17).

To a certain extent, this has gone hand in hand with the intense growth of the agricultural product during the period of 1985-87. Estimates for 1988 suggest that this performance has markedly decreased, while unemployment climbed to 13%. This has been offset, to a certain extent, by the increase in oil production, after the dramatic drop registered in 1987.

The Institute grants all types of benefits: insurance against illness, disability, old age, death, occupational hazards and unemployment. These programmes are financed through personal, employer and State contributions, the latter being equivalent to 40% of retirement benefits due to old age and death, and in addition, by profits from capital investments by IESS.

Within the Institute itself, the typical contradiction is apparent in financing of the various social policies: the health programme is financed by a simple method of distribution and pensions by capitalization. Over the last few years, there has been a major increase in medical benefit expenditures (table 18), with funding being recycled from pensions programme surplus.

In terms of investment of surplus from the capitalization fund, Ecuador provides a clear example of the parcidity of avenues available for this in Latin American countries with weak capital market development. The average rate of return on investments for the period 1978-83 was a yearly 9% in the face of average inflation of 30%. In addition, a major part of investments were in securities emitted or guaranteed by the State.

Besides, the State does not meet its obligations with the system, but permanently reschedules its debt. To a certain extent, IESS became a source of cheap resources for the State. Its financial activities are multiple and range from investment in productive and service companies to land purchases and mortgage loans. Liquidity, which has characterized the Institute, is a permanent source of financing for other State agencies and, indirectly, for private capital through its investments.

Certain conclusions may be drawn from the Ecuadorian experience. The high percentage of working population in the primary sector makes extension of coverage dependent on the

capacity to attract this sector of labour. To this end, various instruments must be resorted to, which link policy not only to individuals but primarily to their social organizations. On the other hand, the social security scheme, in this case applied to a system under formation and relatively undeveloped, shows the same defects as more mature ones. The inability to maintain the market value of funds accumulated, the attraction of these to other ends, the reproduction of fragmentation and inequities are characteristic of the Ecuadorian case as well.

III. THE FUTURE OF SOCIAL SECURITY AND THE PROBLEM OF OLD AGE

There is a traditional evolutionist view which sees social security systems as a road of no return towards a principled end. Solidarity, equity and universality are the organizational principles which are supposed to rule the system in its final stage. Everything is reduced to a matter of timing, inputs and outputs are perfectly defined: there is man with a determined set of contingencies and a service which satisfies them.

Nevertheless, man is a "placed" being and institutions are constructs and regulations heavily conditioned by the environment which serves as a reference for them. The actions and reactions which define the institutions do not always determine dynamics with a univocal direction: the final stage may well be indeterminate. One cannot talk of the future of social security in Latin America and the Caribbean without expressly assuming a future scenario for the societies of the region.

This does not seem to be very promising from the economic point of view. The region's aggregate GDP, which had increased more than 80% between 1970 and 1980, grew by only 8% in 1980-86, while population increased by 15%. The gross investment coefficient of the region, which was approximately 23% of GDP, on average, during the 1970's, has decreased to an average of barely over 15%. The net flow of capital vis-a-vis the rest of the world turned negative as of 1982, while the external debt continued to accumulate. In this way, the pivotal issue of the vicious circle of underdevelopment - the insufficiency of capital - continues without any avenues of solution being found in the region. Even the rise in international prices, confirmed in 1988, of numerous products which the region exports, with the exception of oil, did not translate into an improvement of the situation, because it was neutralized by an increase in transfers to the exterior.

The first estimates on performance in 1988 do not allow for optimism. Per capita output of Latin America and the Caribbean decreased for the first time since the 1981-83 recession, dropping to a value 6.5% below that of 1980. According to ECLAC, between 1980 and 1988 per capita product dropped by 39% in Trinidad and Tobago, more than 26% in Nicaragua and Bolivia, 24% in Panama, around 20% in Guatemala and Haiti, 15% in Argentina, El Salvador and Venezuela, 14% in Honduras and Peru and 11% in Mexico. After increasing by almost 4% in 1986 and 2.5% in 1987, the region's GDP grew by only 0.7% in 1988.

Stabilization plans managed to stem inflation in only a few countries. The average rate of increase of consumer prices, weighted by population, surpassed 470% in 1988, thus more than doubling the previous year's record. The effect on the personal income of wage-earners can be easily deduced.

The fiscal deficit, despite having decreased in many cases, is a constant in the region, essentially pressured by capital servicing (external to internal). From 1982 onward, a trend is perceived towards reducing public expenditure. In 1985, two thirds of the countries in Latin America and the Caribbean had decreased the participation of transfers and subsidies in the public expenditure total. On the other hand, internal revenue is the main source of financing for central governments, giving a marked regressive slant to fiscal collection. The pressing need for financing and problems in collection, have even caused a shift in the tax burden from personal income taxes to taxes on goods and services and other forms of indirect taxation.

All this provides a context for a productive sector which faces the dilemma of juxtaposing rapid expansion of production and installed capacity, with a restructuring process and the improvement of productivity. The outlook is not optimistic with a panorama of critical strangulation by the external sector, decline in terms of trade, acute unemployment, limited potential for import substitution, intensification of competition in international markets and transformation of supply and demand in them.

On the other hand, the sustained increase in life expectancy has determined the absolute and relative increase in the old age population. This is yet another fact which is added to a very complex and conflictive social reality. However, it is not a fact which is exogenous to the social security system, but rather an outcome of its own operational dynamic and of the type of social model which this institutional set up implies. The State's inability to deal with this new reality may result in a conflictive paradox. The political legitimacy implicit in a system which ensures coverage of the future can be transformed into delegitimization of the present.

This delegitimization involves the passive population itself as well as the working population, because the future of social protection systems will depend to a large extent on the transformations which the labour force is now undergoing. Worthy of mention among these are the stabilization of its agricultural component, the increase in female participation, the slowdown in growth of the labour force, the rise in unemployment (open and disguised) and the larger number of informal workers.

In a context of disinvestment, one of the major problems will continue to be the insufficient dynamism of the industrial sector to absorb labour force. Thus exerting pressure on the services labour market and on the State's employment policy. All of this will greatly hinder continuing progress in coverage and in the provision of social security system services.

The logical limit which the wage contract mechanism typical to social insurance faces in the formal labour market, becomes more acute in Latin America. The exclusionist nature of its economies, the heterogeneity and fragmentation typical of the labour market are reproduced in pensions programmes. The neutrality or regressiveness of these programmes, in terms of income distribution, are the result of both their own organization principle and the socio-economic environment in which they operate.

On one hand revenues are collected on nominal salaries which, given the imperfect structure of markets, are easily transferrable to prices or to employment levels, setting a balance point below full employment. On the other hand, financial imbalances, primarily in countries with mature systems, are dealt with by using contributions from the national treasury whose collection methods give prerogative to indirect taxes. The regressive context worsens if we consider that a significant part of the population has no coverage, yet finances the system as taxpayers.

Likewise, given the way in which pensions programmes are organized, it becomes very difficult to plan and coordinate their dynamic with that of the remainder of public policies. The latter usually function with a mechanism typical to fiscal policy: revenues are collected along "taxable bases" and expenditures are made according to politically determined priorities. On the other hand, in pensions programmes, and in social security systems in general, certain requirements are needed to access "rights". These rights are individual and their values are measurable according to established criteria, which facilitates the advance of their expenditure over the rest. But because in addition, these rights are acquired by meeting contribution quotas, the abrupt fall in personal income in broad sectors of

the population has repercussions in the form of a loss of capacity to acquire them.

All of this has clouded the very objectives of social security policy and in particular, of pensions programmes. The origin of these programmes did not lie in the phenomenon of the aging of the population but rather was a mechanism for labour market regulation, as part of a social contract. But the agreement was based on the working, not the passive, labour force. With the passage of time, the system itself has created a new social category which demands, pressures and even defines policy orientations: retirees. In democratic and participative political systems, this pressure becomes more explicit and conflictive.

Political delegitimization of this new reality deepens as dependence shifts from working population to the State: to a certain extent there is a new "dependency ratio" which is determined by considering those whose incomes depend on the State (who are not necessarily non-productive, as the elderly are assumed to be, but rather encompasses those who are unemployed, underemployed, indigent, etc.). This is the logical outcome of a social agreement which shifted the conflicts linked to the mode of production, onto the State's lap.

The denouement is uncertain. The case of Chile is illustrative. A coercive attempt is made to remove conflict from the State, but paradoxically conflict returns indirectly via financial and political dependence. There is demand "induced" by the current social security system itself, which views the pensions programme service as a deferred salary, thus immediately identifying it as an individual savings system. The problem shifts to defining who is capable of guaranteeing the maintenance of market value of said savings. In certain countries, the State failed to achieve this and in others it is headed in that direction, which leaves room for attempting other results with the private sector, assisted by the State.

This is an outlet which may define the future of certain systems, but there is lack of debate as to its implications. The need for countries to be integrated into the world economy and for modernization of the productive apparatus' through mechanisms which favours obsolescence of capital equipment over ordinary wear and tear, renders the old scheme of the autonomous and competitive financial system non-functional. The new dynamic of the capitalist reproduction process needs organizations with greater power of disposal and control over the various cycles of capital valuation.

Formation of these autonomous capital valuation centres requires adequate financial conditions. In particular it is necessary to have available large masses of capital that can be

circulated. In prolonged recessive periods, like those experienced lately by countries of the region, stagnation in the formation and renovation of fixed capital causes major swings in cash-flow utilization and in the formation of liquid funds which can be withdrawn from the circulatory valuation movement. The variety of securities representative of monetary capital facilitates exchanges and massive transfer operations, as well as the integration of major financial institutions integrated with major productive centres.

The boom in social security policies coincided with a Keynesian view of the economy where what was important was "to stabilize consumption". The neoclassical resurgence has inverted the problem and now it is a matter of "stabilizing saving", where centre stage is dominated by those who can save and not those who claim consumption capacity. Those who attract savings via private insurance mechanisms, such as those implemented in Chile or those rough-draughted in Argentina and Brazil, obtain long term financing and at a low cost from their own current expenditure (cost of hiring labour). This cost drops even more if one considers tax benefits which are usually granted.

With these funds, and with a reduced capital market, investment alternatives consist of title deeds of controlled companies or the public debt. In a context of great restriction of external credit and of enormous problems in fiscal collection, this form of domestic debt creation may be tempting. But the other side of the problem is presented by the onerous nature of public financing and by the control which will be obtained from future fiscal collections by those who control these funds. This will undoubtedly detract political flexibility from the State, delegitimizing its actions and fostering institutional fragmentation.

This is a reality which may appear alien to the least developed countries, but which should illuminate the debate on their near future. Broadening of social coverage is their most urgent problem, but they cannot develop without considering the link to the political and economic context. Economic development and social security are processes which are mutually connected through distinctive and shared contradictions.

The elderly population is one of the most vulnerable groups in a context such as the one described, through their very non-working condition. Few other sectors see the present being confused with the future and feel so strongly the dearth of alternatives. In summary, their problem depends greatly on the economic situation.

Nevertheless, this should not create the false image which attributes all problems of social security systems to the economic crisis. There are flaws intrinsic to their very principles

of organization, which magnify the effects of the crisis. In any case, the crisis, by exposing them crudely, offers opportunities for reviewing the very bases of their foundation.

APPENDIX I: TABLES

Table 1

LATIN AMERICA: ORDERING AND GROUPING OF COUNTRIES ACCORDING TO SOCIAL SECURITY DEVELOPMENT: 1980

Groups/ countries	Initial pensions law ^{a/}	Population covered ^{b/}		Percentage of legal contribut. ^{c/}	Social security expenditure as % ^{d/}		
		Total	Working		GDP	Fiscal	Pensions
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
<u>High group</u>							
Uruguay ^{e/}	6	69	81	33	11	39	79
Argentina	6	79	69	46	10	38	55
Chile	6	67	62	29	11	32	53
Cuba ^{e/}	6	100	93	10	9	13	44
Brazil	6	96	96	26	5	38	45
Costa Rica	4	78	68	27	9	36	21
Typical range ^{h/}	6	67-100	62-96	26-46	9-11	32-39	44-79
<u>Intermediate group</u>							
Panama	4	50	46	21	7	23	34
Mexico	4	53	42	18	3	18	21
Peru	5	17	37	21	3	15	35
Colombia ^{i/}	4	12	22	20	4	20	20
Bolivia	3	25	18	25	3	14	40
Ecuador	5	8	23	21	3	10	48
Paraguay	4	18	14	20	2	22	31
Venezuela	2	45	50	14	3	15	33
Typical range ^{h/}	3-5	12-53	18-50	18-25	3-7	14-23	20-40
<u>Low group</u>							
Dominican Republic	4	8	14	14	2	16	21
Guatemala ^{e/}	2	14	33	20	2	14	14
El Salvador	3	6	12	12	2	12	18
Nicaragua	3	9	19	16	2	19	16
Honduras ^{i/}	3	7	13	14	3	12	7
Haiti	2	1	2	12	1	...	10
Typical range ^{h/}	2-3	1-9	2-19	12-16	1-2	12-16	7-18

Table 1 (cont.)

Groups/countries	Deficit or profit as percentage of income ^{e/}	Ratio: passive/working pop. ^{f/}	Population 65 and over ^{f/}	Life expectancy at birth (years)
	(8)	(9)	(10)	(11)
<u>High group</u>				
Uruguay ^{g/}	(60)	0.65	10.4	70
Argentina	(13)	0.32	8.2	69
Chile	17	0.46	5.5	68
Cuba ^{h/}	(46)	0.21	7.3	73
Brazil	(7)	0.18	4.0	64
Costa Rica	0	0.06	3.6	71
Typical range ^{h/}	0-(60)	0.18-0.65	4.0-10.4	68-73
<u>Intermediate group</u>				
Panama	(11)	0.12	4.4	70
Mexico	17	0.08	3.6	64
Peru	12	0.09	3.6	58
Colombia ^{i/}	(8)	0.05	3.5	62
Bolivia	8	0.33	3.2	51
Ecuador	36	0.15	3.5	60
Paraguay	15	0.07	3.4	64
Venezuela	26	0.06	2.8	66
Typical Range ^{h/}	26-(11)	0.05-0.15	3.2-4.4	60-70
<u>Low group</u>				
Dominican Republic	4	...	2.9	60
Guatemala ^{g/}	3	0.06	2.9	58
El Salvador	23	0.08	3.4	62
Nicaragua	34	0.08	2.4	55
Honduras ^{i/}	19	0.02	2.7	57
Haiti	15	...	3.5	51
Typical Range ^{h/}	3-34	0.02-0.08	2.4-3.4	51-60

Source: Mesa-Lago, Carmelo, "Social security development in Latin America", ECLAC Studies and Reports No. 43, Santiago, Chile, 1985. 274-275. Data prepared by ECLAC, on the basis of a survey answered by countries and/or Statistics Yearbooks, Reports and other official publications.

^{a/} Number of decades previous to 1980 in which the first pension law appeared.

^{b/} Percentage of total population covered by the sickness programme and of working population covered by the pensions programme.

^{c/} Total of legal percentage above nominal salary which the insured, employers and State must contribute as such.

^{d/} Social security expenditure includes total health cost.

^{e/} Deficit or profit, resulting from subtracting expenditure from total social security revenue, as a percentage of revenue.

^{f/} Demographic burden quotient: number of passives insured (pensioners) divided by the number of working population insured (contributors).

^{g/} 1981 for Cuba and Uruguay only some figures, others correspond to 1980.

^{h/} Calculated subtracting an outlier maximum.

^{i/} 1979.

^{j/} 1982.

Table 2

LATIN AMERICA: TOTAL AND WORKING POPULATION COVERED BY SOCIAL SECURITY, 1980

Country	Total population		Total insured ^{a/}	Coverage %	Distribution %	Working population		Actives insured ^{b/}	Coverage %	Distribution
	Thousands	Thousands				Thousands	Thousands			
Argentina	28,237	22,278	78.9	10.3	10,690	7,391	69.1	10.5		
Bolivia	5,570	1,412	25.4	0.7	1,754	1,324	18.5	0.5		
Brazil	121,286	116,800	96.3	54.1	40,292	38,523	95.6	54.6		
Colombia ^{c/ d/}	25,247	2,925	11.6	1.4	8,477	1,900	22.4	2.7		
Costa Rica	2,279	1,733	76.0	0.8	770	528 ^{e/}	68.3	0.7		
Cuba	9,724	9,724 ^{f/}	100.0	4.5	3,618	3,364 ^{f/}	93.0	4.8		
Cuba ^{g/}	11,104	7,418	67.3	3.5	3,788	2,337	61.7	3.3		
Chile	8,021	636	7.9	0.3	2,393	555	23.2	0.8		
Ecuador	4,797	300	6.2	0.1	1,611	187	11.6	0.3		
El Salvador	7,480	1,064	14.2	0.1	2,314	767	33.1	1.1		
Guatemala ^{h/}	5,809	288	0.8	0.5	2,815	44 ^{g/}	1.6	0.1		
Honduras ^{h/}	3,955	288	7.3	0.1	1,172	156	14.4	0.2		
Mexico	69,393	37,056	53.4	17.2	19,423	8,138	42.0	11.6		
Nicaragua	2,771	253	9.1	0.1	773	146	18.9	0.2		
Panama	1,956	985	50.3	0.4	701	319	45.6	0.4		
Paraguay ^{d/}	3,168	575	18.2	0.3	1,077	151	14.0	0.2		
Peru	17,295	3,016	17.4	1.4	5,719	2,142	37.4	3.0		
Trinidadian Rep.	5,558	440 ^{g/}	7.9	0.2	2,019	283 ^{g/}	14.0	0.4		
Uruguay	2,908	1,993	68.5	1.0	1,123	912	81.2	1.3		
Venezuela ^{d/}	15,024	6,790	45.2	3.1	4,723	2,350	49.8	3.3		
Latin America	352,774	215,730	61.2	100.0	115,252	70,535	61.2	100.0		
Excluding Brazil	231,488	98,930	42.7	45.9	74,960	32,012	42.7	45.4		

Source: Ibid. Table 1, page 270. Total & Working Population, based on CELADE, Demographic Bulletin, 15:29 January 1982 and 17:33, January 1984, except Cuba from Census 1980. Insureds: based on a survey answered by the countries and Statistics Yearbooks and Reports, with the corresponding adjustments.

^{a/} In the sickness-maternity programme.

^{b/} In the pensions programme.

^{c/} 1979.

^{d/} Excludes various groups of insureds.

^{e/} 1981.

^{f/} Estimates based on legal coverage.

^{g/} Gross estimate.

^{h/} 1982.

Table 3
 BENEFITS OF THE NATIONAL SOCIAL SERVICE SYSTEM, ARGENTINA

Years	No. benefits	Quantity of benefits (in thousands)	Industry & commerce	State & public service	Auto-munous	Total benefits	% Variation observed in each year re. previous year	Industry & commerce	State & public service	Auto-munous
1950	188.2	43.2	145.0	-	-	-	-	-	-	-
1951	223.9	68.6	155.3	-	-	-	-	-	-	-
1952	259.6	92.9	166.7	-	-	-	35.4	7.3	-	-
1953	300.8	119.3	181.5	-	-	15.9	28.4	8.9	-	-
1954	391.0	187.5	203.5	-	-	30.0	57.2	12.1	-	-
1955	473.0	247.1	225.9	-	-	21.0	31.8	11.0	-	-
1956	521.0	275.7	245.3	-	-	10.1	11.6	8.6	-	-
1957	565.9	302.0	263.9	-	-	8.6	9.5	7.6	-	-
1958	615.8	335.0	280.8	-	-	8.8	10.9	6.4	-	-
1959	675.3	365.3	290.0	-	-	10.0	15.1	3.3	-	-
1960	749.2	427.8	313.4	8.0	10.9	10.9	11.0	8.1	-	-
1961	821.6	461.2	341.4	19.0	9.7	9.7	7.8	8.9	-	-
1962	888.7	501.9	366.0	20.8	8.2	8.2	8.8	7.2	-	9.5
1963	870.2	547.6	394.9	27.7	9.2	9.2	9.1	7.9	-	33.1
1964	1,013.6	596.2	389.6	27.8	4.4	4.4	8.9	-1.3	-	0.3
1965	1,086.4	642.2	408.7	35.5	7.2	7.2	7.7	4.9	-	27.7
1966	1,132.2	666.2	408.8	57.2	4.2	4.2	3.7	-	-	61.1
1967	1,149.9	673.7	410.8	65.4	1.6	1.6	1.1	0.5	-	14.3
1968	1,255.7	711.1	416.4	128.2	9.2	9.2	5.6	1.4	-	96.0
1969	1,301.6	746.7	430.6	134.3	3.7	3.7	5.0	1.0	-	4.8
1970	1,380.4	786.6	439.0	164.8	6.8	6.8	5.3	4.4	-	22.7
1971	1,422.6	799.8	441.3	181.5	2.7	2.7	1.6	0.5	-	10.1
1972	1,461.2	815.3	436.0	209.9	2.2	2.2	1.9	-1.2	-	15.6
1973	1,537.1	833.3	436.0	267.8	5.2	5.2	2.2	0.2	-	27.6
1974	1,596.6	844.8	436.6	315.2	3.9	3.9	1.4	0.2	-	17.7
1975	1,694.8	886.9	437.7	370.2	6.2	6.2	4.9	0.2	-	17.4
1976	1,802.6	915.4	443.5	443.7	6.4	6.4	3.2	1.3	-	19.9
1977	1,962.2	971.8	465.7	524.7	8.9	8.9	6.2	5.9	-	18.3
1978	2,111.8	1,012.9	495.9	608.0	7.6	7.6	4.2	6.5	-	14.9
1979	2,225.6	1,035.6	519.1	670.9	5.4	5.4	2.2	4.7	-	11.3
1980	2,362.4	1,087.6	541.6	713.2	5.2	5.2	5.0	4.3	-	6.3
1981	2,428.5	1,134.1	562.2	732.2	3.7	3.7	4.3	5.8	-	2.6
1982	2,524.4	1,179.8	583.5	761.1	3.9	3.9	4.0	3.8	-	3.9
1983	2,626.4	1,229.2	594.5	802.7	4.0	4.0	4.2	1.9	-	5.5
1984	2,698.1	1,264.4	601.4	832.3	2.7	2.7	2.9	1.2	-	3.7
1985	2,759.4	1,290.5	606.6	862.4	2.3	2.3	2.1	0.9	-	3.6

Source: Feldman, J., Colbatt, L. & Isard, E., 1986, page 79.

Table 4

REVENUE AND EXPENDITURE PER FUND, ARGENTINA. IN MILLIONS OF AUSTRALES FROM OCTOBER 1987,^{a/}

	Salaried workers			Autonomous			System total		
	Revenue	Expendit.	Balance	Revenue	Expendit.	Balance	Revenue	Expendit.	Balance
1975	9,836	7,489	2,347	268	1,951	-1,683	10,105	9,440	664
1976	8,545	5,600	2,945	110	1,477	-1,367	8,655	7,077	1,578
1977	8,274	6,117	2,157	196	1,528	-1,332	8,470	7,645	825
1978	9,942	7,999	1,243	441	2,081	-1,641	9,682	10,081	-398
1979	10,655	8,795	1,860	854	2,484	-1,630	11,509	11,279	230
1980	11,550	10,926	625	1,115	3,181	-2,066	12,666	14,107	-1,441
1981	4,824	10,327	-5,503	1,154	3,111	-1,957	5,978	13,438	-7,460
1982	3,615	7,170	-3,555	866	2,460	-1,594	4,481	9,629	-5,148
1983	3,902	7,141	-3,238	825	2,940	-2,115	4,727	10,081	-5,353
1984	5,714	7,077	-1,364	799	2,976	-2,177	6,512	10,053	-3,541
1985	8,121	8,383	-262	597	2,850	-2,253	8,718	11,233	-2,515
1986 ^{b/}	8,163	8,718	-555	616	3,070	-2,454	8,779	11,788	-3,010

Source: Schultess, Walter, "Presente y Futuro del Regimen de Jubilaciones y Pensiones" (Present and Future of Retirement and Pensions Regime). Mimeo 1988.

^{a/} Revenue through contributions. Expenditure through services. Deflated through consumer price index.

^{b/} Estimate.

Table 5

NATIONAL POPULATION ACCORDING TO SOCIAL WORKS COVERAGE
ARGENTINA
(December 1984)

Coverage	Population number	Percentage
Social works Law Sys. 22,269/80 (art.18,610/71)	17,305,918	57,50
Provincial and municipal social works (includes M.C.B.A. - Judicial Power and the Nation's Congress)	4,005,160	13,30
National social works Includes Armed and Security Forces	1,046,000	3,50
Population covered	22,357,078	74,30
Population not covered	7,739,840	25,70
Country's total population INDEC forecast for 1984	30,096,918	100,00

Source: INOS. Planning Administration Office. Assistant Manager's Office for Organization and Information. Information Area. July 1985.

Table 6

ARGENTINA: DISTRIBUTION OF N.S.S.I.R. & P. BENEFICIARIES, BY AGE GROUPS
(1981-1982/1986)

Year	Age 0-59	%	Age 60-64	%	Age 65-69	%	Age 70-74	%	Age 75 & older	%	Total
1981	562,762	25,32	325,203	14,63	422,504	19,01	391,962	17,63	519,748	23,38	2,222,181
1982	678,669	26,61	372,500	14,60	454,196	17,80	443,914	17,40	601,851	23,58	2,551,139
1986	895,000	28,22	438,000	13,81	519,000	16,36	510,000	16,08	809,000	25,54	3,171,000

Source: Golbert, L.. 1988, Based on figures provided by the National Social Services Institute for Retirees and Pensioners (I.N.S.S.J. y P.)

Table 7

ARGENTINA: BENEFITS AND MALE POPULATION AGED 65 AND OLDER IN 1980

(In thousands)

Jurisdictions	Benefits for males aged 65 & older (NPS & other regimes) (1)	Males aged 65 & older (2)	Rate of Retirement (1/2)
Federal Capital	168,5	161,6	104,3
Buenos Aires	336,6	384,9	87,5
Catamarca	4,0	6,6	60,6
Córdoba	68,3	87,7	77,9
Corrientes	9,1	18,9	48,1
Chaco	8,8	16,8	52,4
Chubut	3,1	5,5	56,4
Entre Ríos	23,7	33,4	70,1
Formosa	1,8	6,2	29,0
Jujuy	4,4	7,7	57,1
La Pampa	5,7	7,9	72,2
La Rioja	3,0	5,0	60,0
Mendoza	27,0	34,1	79,4
Misiones	4,8	12,0	40,0
Neuquén	1,5	3,8	39,5
Río Negro	3,9	8,6	45,3
Salta	9,6	14,7	65,3
San Juan	8,4	12,3	68,3
San Luis	4,6	7,7	59,7
Santa Cruz	1,2	2,1	57,1
Santa Fe	94,7	103,7	91,3
Santiago del Estero	8,6	19,5	44,1
Tierra del Fuego	0,1	0,3	33,3
Tucumán	20,3	27,0	75,2
Country total	821,7	988,0	83,2

Source: Feldman, Golbert & Isuani, 1986, page 83.

Table 8

ARGENTINA: EXPENDITURE FOR MIXED ADMINISTRATION INSTITUTES (1964)

Mixed administr. institutes	1	2	3	4	5	Total per capita expenditure thousands values	Per capita medical pharmac. service expendit. thousands values
	1	2	3	4	5	1:5	3:5
	13,081	10,139	7,027	754	528,244	24,76	13,30
Ministry of Health	1,656	1,343	1,097	174	193,903	8,54	5,65
Meat & foodstuffs	1,322	1,207	1,199	68	185,901	7,11	6,45
Commerce	10,021	8,675	8,346	885	2,171,162	4,61	3,84
Teachers	5,127	4,260	4,018	456	607,902	8,44	6,61
Rail workers	6,147	5,255	5,277	477	591,124	10,50	8,93
Fishers	1,199	914	815	158	70,059	13,04	11,63
N.S.I.R.& P.	45,342	42,332	39,597	2,614	3,030,031	14,97	13,06
Social works	557	409	369	108	41,907	13,29	8,80
Rural	4,048	3,296	2,267	538	1,311,819	3,08	1,73
Insurance	2,459	1,655	1,529	96	100,961	24,19	15,14
Class	223	175	175	30	48,730	4,58	3,59
Total	91,182	79,660	71,715	6,355	8,881,743	10,27	8,07

Source: Isauri, E. & Mercer, H., 1966.

Table 9

CHILE: SOCIAL SECURITY COVERAGE FOR THE POPULATION, 1960-1987

(In thousands and in percentages)

Year	Total population	Working population	Insured population		Total dependants	Total population	Coverage %		Working/ passive ratio
			Working	Passive			Total population	Working population	
1960	7,585	2,389	1,691	269	2,590	4,550	60,0	70,8	6,29
1965	8,510	2,660	1,964	441	3,064	5,469	64,3	73,8	4,44
1970	9,368	2,932	2,217	614	3,523	6,354	67,8	75,6	3,61
1973	9,861	3,156	2,404	713	3,911	7,028	71,2	75,9	3,36
1975	10,196	3,322	2,625	810	4,025	7,260	71,2	73,0	2,99
1980	11,104	3,788	2,337	1,071	4,070	7,478	67,3	61,3	2,18
1987	12,520	4,327	2,196	702	4,180	7,078	56,5	50,7	3,12

Source: Item Table 10, p. 68. Based on ECLAC data, "Development of Social Security in Latin America", Santiago, Chile, 1985 and OBERLIN Reports, 1986 and 1987.

Table 10

CHILE: SOCIAL SECURITY EXPENDITURE STRUCTURE, 1970-1984

(In percentages)

Programme	1970	1975	1978	1980	1982 ^{a/}	1984 ^{a/}
1, Social security	43,7	48,1	46,3	52,8	56,4	58,5
2, Health insurance	13,7	16,9	24,5	21,7	11,6	11,5
3, Family allowance	30,8	25,3	19,7	14,5	8,6	8,2
4, Occupational hazards	1,1	1,4	2,4	2,7	2,3	2,4
5, Unemployment insurance	0,6	1,0	2,1	2,3	3,1	1,7
6, Other programmes	10,1	7,3	5,0	6,0	9,6	9,5
Total	100,0	100,0	100,0	100,0	100,0	100,0

Source: Frediani, R.O., 1987, p. 65, Based on data from Social Security Secretariat and ODEPLAN.

^{a/} 1982 and 1984 figures are net administrative expenditures which in those years were 8,4% and 8,2%, respectively, of total expenditure.

Table 11

CHILE: SOCIAL SECURITY FUND INVESTMENT IN THE PRIVATE SOCIAL
SECURITY SYSTEM
(December 1986 - millions of pesos).

Assets	Amount invested	Percentage
1, Central Bank & national treasury bonds	202,585	46,69
2, Short-term mortgage bonds	110,773	25,53
3, Term deposits	99,405	22,91
4, Company stocks	16,314	3,76
5, Bank debentures and bonds	4,816	1,11
Total	433,893	100,00
A) Private instruments	214,994	49,55
B) Public instruments	218,899	50,45
Total	433,893	100,00

Source: Idem Table 10, p. 67. Based on data from the Boletín Oficial de la Asociación Gremial de las AFP (AFP Official Trade Union Bulletin) No. 23, Santiago, Chile, January 1987.

Table 12

COSTA RICA: COST OF SOCIAL SECURITY, 1960-1980

(Millions of colones at current prices and percentages)

Years	GDP	Total expenditure by the central government	Social Security Expenditure ^{a/}	
			Total	Percentage of GDP Government expenditure
1961	2,929	419	56	1,9 13,4
1965	3,928	649	90	2,3 13,9
1970	6,524	1,192	349	5,3 29,3
1975	16,805	3,544	1,104	6,6 31,2
1979	34,584	8,658	2,764	8,0 31,9
1980	41,405	10,436	3,716	9,0 35,6

Source: Idea Table 1, p. 282, Based on: GDP 1961-1975: Anuario Estadístico de Costa Rica (Statistics Yearbook for Costa Rica), 1977; 1979-1980: IMF International Financial Statistics, February, 1983, General Government Expenditure 1961-1975: Central Bank of Costa Rica, Cifra de Cuentas Nacionales de Costa Rica: 1957-1977 (Figures from National Accounts of Costa Rica: 1957-1977); 1979-1980: IMF, Government Finance Statistics Yearbook 1982, Social Security Expenditure 1961-1965: ILO, The cost of social security; 1970-1975: CCSS, Anuario Estadístico, 1970-1976 (Statistics Yearbook, 1970-1976); and Ministry of Health, Memoria 1982 (1982 Report); and 1979-1980 IMF, op.cit.

^{a/} Including CCSS and Ministry of Health expenditures, excluding occupational hazards expenditure.

Table 13

COSTA RICA: EXTENT OF COVERAGE FOR WORKING POPULATION BY AREA OF ECONOMIC ACTIVITY, 1973 AND 1979

(In thousands and percentages)

Areas	1973			1979		
	Working population	Working pop. insured ^{a/}	% coverage	Working population	Working pop. insured ^{a/}	% coverage
Agriculture, stock raising, silviculture, hunting & fishing	213	49	23,1	207	63	30,4
Manufacturing industries, mines and quarries	71	59	82,3	122	84	68,7
Construction	39	20	51,4	58	26	44,5
Electricity, gas, water, transportation & communications	30	21	68,1	42	30	71,9
Commerce & financial services	81	52	63,3	131	87	66,6
Community, social & personal services	119	88	74,4	172	137	79,9
Unspecified & searching for work	31	-	-	13	-	-
<u>Total</u>	<u>585</u>	<u>289</u>	<u>49,4</u>	<u>743</u>	<u>427</u>	<u>57,5</u>

Source: Idea table 1, p. 280, Based on: Working population: Encuesta nacional de hogares, empleo y desempleo, 1979 (National home survey, employment and unemployment 1979). Insured: CCSS, Anuario Estadístico (Statistics Yearbook), 1979.

^{a/} Includes only wage earners; since coverage of self-employed workers did not begin until 1974, the first distribution includes all those insured but the second one excludes self-employed workers.

Table 14

COSTA RICA: DIFFERENCES IN YEARLY AVERAGE PENSIONS BETWEEN
INSURED GROUPS, 1982

(Colones at current prices)

Insured Groups	Average Pension (colones)	Ratio ^{a/}
General (CCSS)	33,485	1,0
Public works & transportation	61,494	1,8
Education	74,472	2,2
Communications	87,104	2,6
Judicial	89,433	2,7
Registrar	97,864	2,9
Finance & Congress	129,322	3,9

Source: Idem table 1, p. 281. Based on: Jorge Montt D., "Pensiones por jubilación en Costa Rica" (Retirement pensions in Costa Rica), Heredia, 1982; and interviews with the author in San Jose, July 1983, in the various institutions insured.

^{a/} Using CCSS as a basis (1,0)

Table 15

ECUADOR: INSURED IESS POPULATION 1970-1986

Year	Affiliates	Pensioners	Peasants	Insured population
1970	308,347	44,957	4,093	357,397
1971	328,658	47,918	4,093	380,669
1972	349,944	51,022	4,093	405,059
1973	372,205	54,267	5,419	431,891
1974	395,441	57,655	16,344	469,440
1975	419,652	61,185	44,291	525,128
1976	444,839	64,858	54,496	564,193
1977	471,000	67,071	70,495	608,566
1978	498,137	71,681	72,796	624,614
1979	526,248	72,966	78,694	677,908
1980	555,335	80,599	107,900	743,834
1981	585,397	87,288	108,522	781,207
1982	598,986	91,572	120,516	811,074
1983	623,460	96,373	202,345	922,178
1984	648,224	102,883	305,822	1,056,929
1985	715,396	106,452	389,806	1,211,654
1986	750,334	109,827	434,034	1,254,195

Source: Ribadeneira et al, 1988. Based on: IESS Boletines Estadísticos (IESS Statistics Bulletins), I, II, III, IV; Memoria Institucional 1986 (1986 Institutional Report). Prepared by UDIFOM.

Table 16

**ECUADOR: INSURED POPULATION STRUCTURE AND WORKING POPULATION
STRUCTURE BY SECTOR. 1984**

Sectors	Insured population	%	Working population	%
Primary	319,569	29,31	1,217,686	39,93
Secondary	179,267	16,44	517,082	16,95
Tertiary	461,398	42,32	1,170,091	38,37
Other	27,022	2,49	144,692	4,75
Pension	102,883	9,44	-	-
Total	1,090,139	100,00	3,049,551	100,00

Source: Idem Table 15. Based on: INEC, IESS. Prepared by UDIFOM.

Table 17

EQUADOR: POPULATION PROTECTED BY IESS BY ECONOMIC SECTOR AND IN RELATION TO WORKING POPULATION
1982-1983-1984

Sector	1982			1983			1984		
	Working population	Population protected	% Working population	Working population	Population protected	% Working population	Working population	Population protected	% Working population
Primary	1,225,175	132,917	10,84	1,224,414	218 338	17,83	1 217 686	319 569	26,24
Secondary	471,359	176,908	37,53	493,626	172 419	34,95	517 082	179 267	34,67
Tertiary	1,041,140	402,344	38,64	1,102,149	411 830	37,37	1 170 091	461 398	39,43
Other	129,472	24,781	19,14	136,013	25 989	19,11	144 692	27 022	18,68
Pensioners	-	87,728	-	-	97 980	-	-	102 883	-
Total	2,867,146	824,678	28,76	2,956,202	951 452	32,18	3 049 551	1 090 139	35,75

Source: Idem Table 15. Based on: INEC, IESS. Prepared by UDIFOM.

Table 18

ECUADOR: TRENDS IN MEDICAL SERVICE

Years	Revenue	Expenditure	Differences	% Saving
1980	2,418	2,472	(54)	-2,23
1981	2,884	2,658	226	7,84
1982	3,338	3,424	(86)	-2,58
1983	3,847	4,178	(331)	-8,60
1984	4,999	5,001	(2)	-0,04
1985	6,492	6,670	(178)	-2,74
1986	8,440	10,679	(2,239)	-26,53
1987	9,846	14,346	(4,500)	-45,70
Total	42,264	49,428	(7 164)	-16,95

Source: Idem Table 15, Annex 6, Based on: Aspectos Economicos y financieros del I.E.S.S. (I.E.S.S. Financial and economic aspects), E08.87.

APPENDIX II:

MAIN CHARACTERISTICS OF OLD AGE PENSIONS PROGRAMMES
IN THE LATIN AMERICAN AND CARIBBEAN COUNTRIES 2/

2/ Prepared on the basis of U.S: Department of Health and
Human Services (1986)

A. HIGH GROUP

A.1) ARGENTINA:

Coverage:

Wage earners and self-employed workers. Separate systems for private and public employees (same coverage) and self-employed workers. Voluntary affiliation for non-workers under age 55.

Source of Funds:

Insured workers: 10% of wages. Self employed workers 15% over income scale. In agriculture this is replaced by a sales tax on agricultural production. Employers: 11% of nominal salary. Government: pays as employer and covers the system's deficits.

Requirements:

Age 60 for men and 55 for women (65 and 60 for self employed workers), with 30 years of service and 15 years of contributions. Insured workers may substitute 2 years after retirement age, for one year of contributions. Retirement age as well as required minimum employment and contributions, is reduced by 5 years for hazardous or unhealthy occupations. Pensions reduced, age 65 (70 for self employed workers) after ten years of work of which at least 5 shall be within the last 8 years. Monthly pensions are reduced if the pensioner continues in paid employment.

Benefits:

70% of adjusted wage average, of the three years with the highest income out of the ten last years, plus extra income for differed retirement: 8% after 3 years, 10% after 4 years, 12% after 5 years, with a maximum benefit of 82%. Self employed workers, 100% of income average. Pension adjustments in general go by the wage variation index for changes of 10% or more. There is a minimum pension, with the amount set by the application authority. Service for the poor at age 70,

A.2) BRAZIL:

Coverage:

Industry and commerce, domestic service and self employed workers (in urban areas). Voluntary coverage for the clergy. Special systems for students, public employees, rural workers and employers.

Source of Funds:

Insured worker: 8.5% to 10% of wage, plus 0,75% of bonus. Self employed worker: 19.2% of income. Rural workers: do not contribute. Rural employers, 1.44% of previous year's production, plus 0,72% of the value of fallow land. Employer: 10% of nominal wage, plus 1.5% of bonus. Urban employers also contribute with 2.4% of nominal wage to rural workers social security programmes and rural producers contribute 2% of the value of exploitation production. Government: various taxes, especially destined to finance administrative expenditures and to cover deficits.

Requirements:

Age 65 for men and 60 for women, in addition to 60 months of contributions; age 50 if it involves between 15 and 25 years in hazardous jobs. Pensions for prolonged services: 30 years of service. Rural workers: age 65 and 3 years of contributions; rural employers, age 65 and 1 year of contributions. Retirement not mandatory. Assistance for indigents: age 70 for the poor or invalids with at least one year of remunerated employment.

Benefits:

For income less than 10 times minimum wage, 70% income average in the last 36 months plus 1% of wage average for each year of contribution, up to 95% wage average. For wages equal to 10 times the minimum wage or more, 70% of the wage average for each year of contribution plus 1/30 of wage average for each year of contributions, up to 80% of wage average. For rural workers, 50% of the highest minimum of the country, for rural employers, 90% of the average of the monthly base contribution value, during the last 36 months. Pensions for prolonged service: 80% of wage average, plus 3% per year over the 30 year limit, up to 95% of wage average, with 30 years service. Minimum benefit: 90% of the regional minimum wage. Pensions are automatically adjusted biannually according to changes in prices. Indigent allotment: half of the highest minimum wage of the country.

A.3) CHILE:

Coverage:

Old System: Workers, self employed workers and wage earning employees in the private sector. Special systems for railroad and maritime workers, longshoremen, public employees and 35 other occupations.

New System: Workers and wage earning employees: mandatory coverage. Self employed workers: voluntary coverage.

Source of Funds:

Old System: Insured: workers, 18.89% of wage; wage earning employees, 19.94% of wage. Employers: do not contribute. Government: special subsidies necessary for financing programmes.

New System: Insured: minimum for old age pension, 10% of wage. Employer: does not contribute. Government: special subsidies for guaranteeing minimum pension.

Requirements:

Old System: Workers: for men age 65 and with 800 weeks of contributions and 50% of weeks as of initial coverage. For women aged 60 and with 500 weeks of contributions. Employer: for men age 65 and 35 years of contributions; for women age 60 and 35 years of contributions.

New System: Age 65 (men) and 60 (women), 20 years of contributions (in the transition, 12 months of contributions in the last 5 years prior to November 1980). Retirement may occur before minimum age if the pension is equal to 70% of the average of the last 10 years of wages and is at least equal to the minimum old age pension.

Benefits:

Old System: Workers: 50% of basic wage (monthly average of the last 5 years, the first 2 years adjusted due to wage variation), plus 1% of wages for each 50 weeks of contributions over 500 weeks. Minimum, 85% of minimum industrial wage; maximum, 70% of basic wage. 10% increases for each 150 weeks of contributions. Wage earners: 1/35 of basic wage for each year of contribution. For women with over 19 years of contributions, increases of 1/35 of basic wage per dependent child, for women with over 19 years of contributions. 100% maximum of basic salary. Automatic annual adjustment for changes above 15% of the price index.

New System: Beneficiaries' contributions plus accrued interest. Minimum pension guaranteed by the government. Upon retiring, the insured can make withdrawals from his account, regulated to guarantee income throughout his life expectancy; contract life annuities with private insurance companies.

A.4) CUBA:

Coverage:

Employees, members of production cooperatives, self employed workers and liberal professionals. Special system for members of the Armed Forces.

Source of Funds:

Insured: does not contribute. (Own account contribute 10% of income). Employer: 10% of nominal wage. Government: covers deficits and also contributes as employer.

Requirements:

Age 60 for men or 55 for women, with 25 years of work (55 and 50, if the last 12 years or 75% of the work were in hazardous employment). Pensions reduced at age 65 for men and 60 for women with 15 years of work. Non mandatory retirement, but current income cannot exceed past income.

Benefits:

50% of income average (when it exceeds a set limit the percentage is reduced) of the 5 greatest years within the last 10, plus 1% of wage for each year of employment over 25 years (1.5% if it involved hazardous work). Increases of 1.5% to 4% of wage for each one of the 5 years for differed pension, and 1% yearly from there on in. Pensions reduced, 40% wage average, plus 1% of the wage for each year of work over 15 years. Minimum pension, depending on the wage average level and on the number of years of work. Maximum: 90% of wage salary.

A.5) URUGUAY:

Coverage:

Employees and self employed workers. Separate systems for bank employees, court clerks and liberal professionals.

Source of Funds:

Insured: 13% to 16% of wages in industry and commerce; rural workers, 9% of wages; public employees, 13%. Employers: 10% to 14% of nominal salary in industry and commerce; rural workers, 10% of nominal salary; public employment, 15%. Government: various taxes for financing deficits.

Requirements:

Age 60 for men and 55 for women and 30 years of contributions. Additional years of service are accredited for hazardous occupations and teaching. Reduced pensions, at age 70 for men and 65 for women and 10 years of service. Early pensions exist for politicians and judges (20 years of service with the last 3 years in judicial or political office) and teachers (25 years of service or age 50 and 20 years of service).

Benefits:

60 % for men or 65% for women of wage average in the last 4 years plus 5% for each additional 5 years of work, up to 75% of wage. Minimum pension: 85% of minimum salary on retirement day. Maximum pension: 7 minimum wages. (Maximum for early pensions: 15 times minimum salary). Reduced and early pensions: 40% of wage average of the last 4 years, plus 1% of the wage for each year of service, up to 70% of wage. Teachers, 50% of wage average in the last 4 years, plus 2% of wage per year of service over 20 years, up to 70% of wage. Pensions are adjusted following variations in wages. Allowance for indigents: are paid to needy persons, 70 years and older.

A.6) COSTA RICA:

Coverage:

Public and private sector employees. Voluntary coverage for self employed workers.

Source of Funds:

Insured: 2.5% of wage. Self employed workers pay 7.25% of income. Employers: 4.75% of nominal salary. Government: 0,25% of total guaranteed income.

Requirements:

Age 57 for men with 408 months of contributions or 65 years with 120 months. For each month over age 57, the number of months of contribution required is reduced by 3. For women age 55 is required with 408 months of contributions, or 65 with 120 months. For each month over age 55 and up to age 58, the number of months required is reduced by 1; for each month over age 58 and up to age 65, months required are reduced by 3. Retirement from occupation covered is not mandatory.

Benefits:

40% of average of 48 highest monthly wages, within the last 10 years of contributions. Basic benefit increases by 1/8 of 1% of income average for each month of contribution. Benefits increase by 20% per wife and children; or 10% in the case that only one of these dependents exists. A 0,5% increase in pension for each month of deferred retirement, over the age limit. Pensions are adjusted periodically. There is a minimum and maximum pension.

B. INTERMEDIATE GROUP

B.1) PANAMA

Coverage:

Wage earners and domestic workers (self employed workers can be voluntarily incorporated). Public employees are covered under the general and special systems. Excluded: agricultural workers employed under 6 months of the year and family workers. Occasional and seasonal workers are covered by the subsequent regulation.

Source of Funds:

Insured: 6.25% of income. Employer: 2.75% of nominal wage. Government: does not contribute.

Requirements:

Age 60 for men or 55 for women. Reduced pensions up to 5 years prior. 180 months of contributions. Pensions reduced as a function of income.

Benefits:

60% income average during the highest 3 to 5 years in the last 15 years of contributions (less years are averaged for prolonged professions), plus 1.25% of income for each 12 months of contributions between 120 and 240 months, 1.5% over 240 months and 2% of income for each 12 months of contributions beyond the adequate retirement age. Supplements for dependents (at normal retirement age); monthly sums of money, per wife, children under age 18 (no age limit if they are handicapped); with a maximum limit for benefit contribution. Minimum and maximum pension, at a set sum of money. Pension plus supplements for dependents shall not exceed 100% of income used as a pension base. Reduced pension: ordinary pension, including minimum and maximum pension, being reduced by 3.5% for each year of early retirement. Old age subsidy: one month of pension for each 6 months of contributions, if inelig-

ible for taxable pension. Pensions are adjusted on an ad hoc basis.

B.2) MEXICO:

Coverage:

Wage earners, member of production, agricultural and credit cooperatives. Coverage began to be extended gradually to rural areas. Coverage has been extended by decree to agricultural workers, small farmers, small businessmen, community farmers, silvicultivators, commercial and industrial cooperatives, self employed workers, family and domestic workers. All those not covered can affiliate themselves voluntarily. Special systems for oil workers and public employees.

Source of Funds:

Insured: 1.5% of income average. Employer: 3.75% of nominal salary. Government: 20% of employer contribution (for workers affiliated through production, agricultural and credit cooperatives, the organization pays 50% and the Federal Government the remaining 50% of the employer-employee contribution). Maximum income for contribution and benefits: 10 times the minimum wage in the Federal District. Minimum: 1 minimum wage of the region. Special contribution rates for voluntary affiliates.

Requirements:

Age 65 (75% to 95% of complete pension at age 60-64, if involuntarily unemployed), 500 weeks of contributions. Retirement from employment covered is not mandatory if the new work is with a different employer, and after 6 months of waiting.

Benefits:

35% of average income during the last 250 weeks of contributions, plus 1.25% of income per year of contributions beyond 500 weeks. Pensions are increased by 15% if there are no dependents. Supplement per dependent: 15% of the pension for the wife, 10% of the pension per child under age 16 (25 if he/she is a student and no age limits for handicapped). If there is no wife or kids, 10% for each dependent father or mother. Maximum pension: 100% of income with 2000 weeks of contribution or more.

B.3) PERU:

Coverage:

Wage earners, including public employees, employees in cooperative or worker owned companies, artists and domestic workers. Voluntary affiliation for self employed workers and for those workers who abandon activities covered.

Requirements:

General system (for men born after July 1, 1931, or women born after July 1, 1936, self employed workers and new insured workers after May 1973): age 60 (men) or 55 (women), with 15 and 13 years of contribution, respectively (pensions reduced if have less than contributions). Special system (all others insured): age 60 (men) or 55 (women) and 5 years of contributions. Complete pension: 5 years earlier for hazardous or arduous occupations. Retirement anticipated at age 55 for disability unrelated to employment or after 30 years of contributions (men) or 50 years after 25 years of contributions (women). Mandatory retirement.

Benefits:

General system: 50% of income average in the last 3, 4 or 5 years (whichever is more), plus 2% yearly over 15 years (men) or 2.5% yearly beyond 13 years (women). Special increase of 1.2% (men) or 1.5% (women) for each additional year of contributions. Minimum, 3 times the minimum salary in Lima. Maximum, 80% of ten times the minimum salary. Supplements for dependents: 2% to 10% of income per spouse and 2% to 5% per child. Maximum, 80% of total benefit. Reduced pension: 1/30 (men) or 1/25 (women) years of contribution. Automatic quarterly adjustment of pensions, according to changes in the cost of living.

B.2) COLOMBIA

Coverage:

Wage earners in industry and commerce in the majority of regions and self employed workers. Excluding: agricultural and domestic workers and temporary employment. Special systems for national and local level public employees (teachers, railroad workers, military officers and national police).

Source of Funds:

Insured: 1.5% of income, according to type of wage.
 Employer: 3% of nominal wage, according to type of nominal wage. Government: contributes to extend the system. Minimum income for contributions and benefits: minimum legal salary; maximum: 22 times minimum legal salary.

Requirements:

Age 60 for men and 55 for women; 500 weeks of contributions in the last 20 years. Early retirement in certain occupations with 750 weeks of contributions, or pensions for prolonged services if have over 1000 weeks of contributions (except if born prior to 1919/22). Pensions reduced when current income plus pension exceeds previous income.

Benefits:

45% of income average during the last 3 years, plus 1.2% income increases for each 50 weeks of contributions over 500 weeks. In the case of insufficient contribution payments is made which is equivalent to 1 month of pension for each 25 weeks of contributions (with a minimum of 100 weeks of contributions). Subsidies for dependents: wife aged 60 or handicapped, 14% of minimum pension. For each dependent child under age 16 (18 if a student and without age limit if handicapped), 7% of minimum pension. Maximum subsidy: 42% of minimum pension. Yearly minimum pension: minimum wage; maximum, 22 times minimum salary. Yearly adjustment of pensions due to changes in wage levels.

B.5) BOLIVIA

Coverage:

Wage earners in industry, commerce, mining and government services. Voluntary coverage for self employed workers. Excluded: Agricultural and domestic workers, craftsmen, conductors, businessmen and occasional workers. Special systems for bank employees and military personnel. (17 funds complement the compulsory programme for individual categories of workers, administered separately by unions, under the direction and coordination of the Social Security Institute.

Source of Funds:

Insured: 1.5% of income. Employer: 1.5% of nominal wage. Government: 1.5% of insured wages. There exists a maximum income amount for contributions and benefits.

Requirements:

Age 55 for men or 50 for women (five years earlier for hazardous occupations), with 180 months of contributions. Reduced pensions: age 50 men or 45 women, following prolonged and involuntary unemployment.

Benefits:

30% of income average in the last 12 months of contributions plus 2% increases in guaranteed income, for each 12 months of contributions beyond 180 months. Maximum and minimum pension. Reduced old age pension, 8% for each year of early retirement. Pensions are adjusted automatically on a yearly basis due to changes in wages. Old age subsidies: 1 monthly pension for each 6 months of contributions (or fraction thereof), if have 24 months of contributions and is not eligible to obtain other pensions.

B.6) ECUADOR

Coverage:

Wage earners in industry and commerce, banks, public employees, self employed workers, professionals, domestic workers and clergy. Coverage for agricultural workers has been gradually extended geographically. Excluded: temporary workers, family work and home-based workers, also foreign employees for periods not exceeding 1 year. Special programmes for craftsmen.

Source of Funds:

5% of income, plus 1% for life insurance, 1% for 13th and 14th yearly payment combined and 0,35% per agricultural programme. Employer: 6.35% of nominal salary, including 0,35% for agricultural programme. Government: yearly subsidy. There is no maximum income limit for contributions. There is for benefits. Minimum for contributions: legal minimum salary.

Requirements:

Age 55 and 360 months of contributions or at any age with 429 months of contributions; beginning at age 60, the minimum number of monthly contributions is reduced. Reduced pensions at age 45 with 300 months of contributions and 6 months unemployed.

Benefits:

43.75% of income average during the highest 5 years (not necessarily consecutive), plus 1.25% increases in income average per year of contributions beyond 5 years. After 40 years, 100% of income average. Minimum pension same as legal minimum wage. Pensions are adjusted according to changes in cost of living.

B.7) PARAGUAY

Coverage:

Wage earners. Special systems for railroad workers, bank and public employees.

Source of Funds:

Insured: 9.5% of income. Pensioners, 5% of pensions. Employer: 16.5% of nominal wage. Government: 1.5% of income. Minimum income for contributions: minimum salary. These contributions also finance benefits for sickness, maternity and work accidents.

Requirements:

Age 60 with 15 years of contributions, or age 55 with 20 years of contributions. Retirement is not mandatory. Pensions are paid abroad. Supplement for ordinary retirement: age 60 with 20 years of contributions or age 55 with 25 years of contributions.

Benefits:

42.5% of average income during the last 3 years. Pensions increased 1.5% per 50 weeks of contributions over 750 weeks. Mandatory supplement for ordinary retirement: 50% of income average during the last 3 years. The combination of pension and supplements may not exceed 100% of average income during the last 3 years.

B.8) VENEZUELA

Coverage:

Wage earners in private and public employment (members of production and service cooperatives, domestic workers and taxi drivers covered by special regulations). Excluded: temporary and occasional workers and self employed workers. Coverage for public employees has been gradually extended to different regions.

Source of Funds:

Insured: 2% of income. Employer: 2.75% of nominal wage. Government: at least 1.5% of total tax revenue, to cover administrative costs (in addition to contributions as employer, for public employees). A monthly amount is fixed as maximum income for contributions and benefits.

Requirements:

Age 60 for men and 55 for women; lower ages for work which is hazardous to health or arduous. 750 weeks of contributions (reduced to a minimum of 250 weeks for old workers in the new regions covered). Retirement id not obligatory.

Benefits:

A sum of money is determined monthly plus 30% of income average in the last 5 or 10 years (whichever is greater). Increases of 1% of income, for each 50 weeks of contributions beyond 750 weeks. Minimum pension: 40% of income, but subject to a minimum amount of money. Increases for differed pension: 5% of the pension per year beyond pensionable age. Old age subsidy: 10% of total income guaranteed, if inelegible for pension, but with at least 100 weeks of contributions during the last 4 years. Occasional adjustments of benefits for changes in prices and salaries.

C. LOW GROUP

C.1) DOMINICAN REPUBLIC:

Coverage:

Wage earners, domestic workers and wage earners in State companies, aged between 14-59 (64 in some cases). Excluded: service workers with incomes over a set limit, self-employed worker, family work and low income apprentices. Special system for public workers.

Source of Funds:

Insured: 2.5% of income according to 15 wage levels.
 Employer: 7% of nominal wage, according to type of salary.
 Government: 2.5% of total taxable income, and cover deficits. Maximum income for contributions and benefits. These contributions also finance sick and maternity benefits.

Requirements:

Age 60 (65 if insured after age 45) and 800 weeks of contributions (pensions reduced if between 400 and 799 weeks). Retirement from covered work is mandatory at age 65.

Benefits:

40% of income average in the last 4 years, plus 2% of income per 100 weeks of contributions (or fraction thereof) beyond 800 weeks. Additional benefits: 5% per wife, children under age 14 or dependent relatives over 60 if not receiving pension. Minimum pension. Maximum, 70% of income. Reduced pensions: percentage of total pension in proportion to weeks of contribution. Reimbursement of contributions: payment of employee contributions, plus 5% interest, if have between 1 and 399 weeks of contributions.

C.2) GUATEMALA:

Coverage:

Wage earners, including agricultural workers and certain public employees. Special system for other public employees.

Source of Funds:

Insured: 1.5% of income. Employer: 3% of nominal wage. Government: 25% of cost of benefits paid, as well as contributing as employer and for pensions under transition. Voluntary continuation of coverage: 4.5%.

Requirements:

Age 65 (or 60 if unemployed for 12 months or if continuation of work is detrimental to worker's health) with 180 months of contributions. Retirement is mandatory from the last employment. Reduced pension if income plus pension exceed basic salary.

Benefits:

40% of monthly income average during the last 5 years of contributions, plus increases of 0,5% of income for every 4 months of contributions beyond 120 months. Subsidies for dependent persons: 10% of pension for wife or invalid spouse, and for each child under age 18 or handicapped. Maximum and minimum pension.

C.3) EL SALVADOR:

Coverage:

Wage earners in industry and commerce. Excluded: self-employed workers, also farm, domestic and occasional workers. Special system for public employees.

Source of Funds:

Insured: 1% of income. Those receiving sick, maternity and work accident benefits, contribute in addition 2% of benefits. Employer: 0,5% of income. Maximum and minimum income for contributions and benefits.

Requirements:

Age 65 (men) or 60 (women) with 750 weeks of contributions. Pensions reduced up to 5 years prior to the age required, with 1,250 weeks of contributions, if unemployed during the last 12 months or 50% disabled due to health hazardous or psychically debilitating occupation. Mandatory retirement. Paid overseas. Old age subsidies: age 65 (men) or 60 (women), with at least 250 weeks of contributions and unemployment during the last 3 months.

Benefits:

40% monthly income average, plus 1% of income per 50 weeks of contributions beyond 150 weeks. There is a minimum benefit. 3% increase in income, for every 50 weeks beyond retirement age. Child allowance: an amount is set for every dependent child, under age 16 (21 if a student) or handicapped. Maximum pension: 90% of monthly income average. Reduced pension: 30% of monthly income average, plus 1% of income for every 50 weeks of contributions beyond 150 weeks. Old age subsidy: total sum equal to 50% of monthly income for every 50 weeks of contributions or fraction thereof. Pensions are adjusted due to variations in cost of living.

N.2) NICARAGUA:

Coverage:

All persons receiving remuneration for salaried work or services. Excluded: domestic workers, temporary agricultural workers who work for employers who do not have a minimum of 5 permanent employees. Special systems for miners and those who have rendered services for the country.

Source of Funds:

Insured: 1.75% of income. Employer: 3.5% of nominal wage. Government: 0,25% of income (plus contribution as employer, for public employees). There is no maximum income limit for contributions.

Requirements:

Age 60 (miners, teachers, physically and mentally handicapped, age 55), 750 weeks of contributions. Temporary pensions if have under 750 weeks of contributions. If enter after age 45, contributions are for half of weeks from initial contribution up to retirement age, with a minimum of 250 weeks. Retirement is mandatory from work covered at age 70,

Benefits:

40% (45% if less than 20 minimum salaries) of income average during the last 3 years, plus 1.36% (1.591% if income average is below 20 minimum salaries) for each additional year of contribution. In addition, 1% of income for every year of work beyond age 60, Subsidies for dependent persons: 15% of pension for wife or common-law partner, 10% for each child under age 15 (21 if a student, no limit if handicapped), 10% for non-insured relatives over age 60 or invalid. Temporary pensions: 1 month for each year of contribution, with a minimum of 4 months. Maximum pension: 80% of income if it exceeds twice minimum wage; no limit if under; 100% if have persons under one's care. Periodical adjustment of benefits for changes in prices, depending on financial conditions.

C.5) HONDURAS:

Coverage:

Public and private company employees, also professionals and self employed workers. Excluded: Domestic, occasional, agricultural (except those whose employers have more than 10 permanent workers in their

pay). Special systems for teachers and public employees.

Source of Funds:

Insured: 1% of income. Employer: 2% of nominal salary. Minimum and maximum income amounts set for contributions.

Requirements:

Age 65 for men and 60 for women, 180 months of contributions. Retirement from employment covered by the system is mandatory.

Benefits:

40% of monthly income average, plus 1% increases of income for every 12 months of contributions beyond 60 months. Increases for work beyond age 65 for men and 60 for women: 3% of monthly basic income for each year of contribution. Minimum pension: 50% of income; maximum: 80%. Contributions reimbursed if not eligible to receive pensions.

C.6) HAITI:

Coverage:

Wage earners in industry, commerce and agriculture. Excluded: non-remunerated family work, members of religious orders and foreign diplomats. Special systems for public employees.

Source of Funds:

Insured: according to income level (2% for the lowest and 3%, 4% or 6% for higher incomes). Employer: idem. Government: covers deficits.

Requirements:

Age 55 and 20 years of contributions.

Benefits:

1/3 of income average during the last 10 years. Reimbursement of contributions plus interest, if ineligible for pension.

D. NON HISPANIC CARIBBEAN

D.1) ANTIGUA BARBUDA:

Coverage:

Employees between age 16 and 59. Not included are family or sporadic employment with wages under a set amount.

Source of Funds:

Insured: 3% of wage. Employer: 5% of nominal wage. Government: does not contribute funds. There is a maximum limit for calculatable income for benefits.

Requirements:

Age 60 and 500 weeks of contributions (reduced pensions with between 156 and 500 weeks). Old age subsidy: age 60 with 26 weeks minimum contribution.

Benefits:

25% of income covered, plus 1% of income for every 50 weeks of contributions, beyond 500 weeks.

D.2) BAHAMAS:

Coverage:

Employees and self employer workers.

Source of Funds:

Insured: 1.7% of wages below a fixed amount, 3.4% of additional wages. Self employed workers: 8.8% (includes 2% for work accident programmes). Employer: 7.1% of nominal wage for wages under a set amount, 5.4% for the remainder, 2% of employer contribution is destined for work accident benefits. Government: does not contribute funds, except for indigent allowance in force from before October 1984. There is a maximum limit for contributions destined to obtain benefits.

Requirements:

Age 65 with 750 weeks of paid or accredited contributions. Minimum requirements: 150 weeks of paid contributions. Employees over age 35 in 1974 (self employed workers over age 35 in 1976) receive special credit of 25 weeks per year over age 35, up to a maximum of 600 credits, provided that 150 contributions are paid

during the first 3 years that the Programme under operation is in effect. Mandatory retirement.

Benefits:

40% of insured salary with 750 paid or accredited contributions. 1% increase in insured salary for every 50 contributions over 750 paid or accredited, up to a maximum of 60%. Between 15% and 38% of insured salary, if have between 150 and 749 paid or accredited contributions. Indigent allowance: for retired workers, age 65 or over, who are not enrolled in the national insurance system.

D.3) BARBADOS

Coverage:

Employees, including public employees and self employed workers. Excluded: temporary employment, family work and foreign diplomats.

Source of Funds:

Insured: 3% of income; self employed workers, 6%. Employer: 3% of nominal wage. Government: does not allocate funds (pays total cost of subsidies). There are minimum and maximum taxable incomes.

Requirements:

Age 65, 500 weeks of accredited contributions with at least 150 weeks paid. In transition, 25 weeks accredited for every year after age 45, with a maximum of 350 weeks of accredited contributions.

Benefits:

50% of income average of 3 highest years among the last 15 (less if contributed in less years) plus 1% of total income over 500 weeks of accredited contributions. Maximum benefit: 60% of income average. Minimum: set quantity. Old age subsidy: total contribution equal to 6 weekly wages for every 50 weeks of contributions, if ineligible for pension.

D.4) BELIZE

Coverage:

Wage earners between age 15 and 64, including public employees. Excluded: temporary workers, family workers, domestic employees who work under 24 hours weekly and military personnel. Voluntary coverage extension

for certain workers who enter the work force as self employed workers.

Source of Funds:

Insured: weekly contributions according to four wage levels. Employers: contributions according to the four wage levels. Government: as employer. Also covers deficits.

Requirements:

Age 60 with 500 weeks of contributions (150 paid). Mandatory retirement.

Benefits:

30% of weekly income average, based on the 3 highest income years within the last 15, plus 2% of income for every 50 weeks of contributions over 500 weeks, up to 750 weeks and 1% of income for every 50 weeks of contributions over 750, Maximum benefit: 60% of income average.

D.5) BERMUDA

Coverage:

Individual employees and workers, over age 16, except temporary or very low income workers. Excluded are: those who are not regular residents, unless occupied in salaried employment for over 13 consecutive weeks. Insurance is voluntary for ex-covered workers.

Source of Funds:

Contributions differ for wage earners, self employed workers and employers. They are set as a fixed weekly amount. Government: does not contribute.

Requirements:

Age 65 and 250 weeks of contributions with 50 weeks of contribution for every year of insurance (pensions reduced if have between 25 and 49 weeks). Retirement not mandatory. Pensions not taxable: age 65 and 10 consecutive years of immediate residence prior to application and not qualified for regular old age pensions.

Benefits:

Stipulated in money, plus allowances for every 26 weeks of contributions over 250, Pensions reduced for cases of lower periods of contributions. Lower amounts for non-taxable pensions and minimum pension for income

under a stipulated amount. One-time subsidy for persons ineligible to access pensions.

D.6) GRENADA

Coverage:

Wage earners between ages 16 and 59, including public employees.

Source of Funds:

Insured: 4% of income. Employer: 4% of covered salary. Government does not contribute. There is a maximum taxable income.

Requirements:

Age 60, 500 weeks of contributions, with at least 150 weeks paid. Old age subsidies: age 60, must be ineligible for pensions, with at least 50 weeks paid or accredited contributions.

Benefits:

30% income average, plus 1% of income for every 50 weeks of contributions, over 500, Old age subsidies: total amount equivalent to 5 times weekly income average, for every 50 weeks of contributions.

D.7) GUYANA:

Coverage:

Employees between age 16 and 59 in the public and private sector and self employed workers. Coverage voluntary for those previously insured. Excluded are: employees with wages under a weekly minimum, occasional workers and family work.

Source of Funds:

Insured: 4.9% of income, according to 10 wage levels. Self employed workers: 10,5% of income. No contributions beyond age 60, Employer: 7.4% of nominal wage, in accordance with the 10 levels of wages. Workers over age 60 do not contribute. Government: does not contribute, save as employer. It gives loans to cover deficits. There is a maximum for contributions and benefits. These contributions also finance payments for sickness, maternity and work accidents (except for self employed workers).

Requirements:

Age 60 with 750 weeks of paid or accredited contributions. Minimum pension with 150 weeks paid (25 weeks accredited for every year over age 35 in 1969; maximum accreditation: 600 weeks). Retirement not mandatory.

Benefits:

40% of income, in accordance with 10 levels of wages in which the greatest number of contributions have been accredited. (Increased by 1% of income for every 50 contributions over 750, up to a maximum of 60%). Old age services: 1.3 times weekly wage, for every 50 contributions paid or accredited, if ineligible for pension, but at least with 50 contributions prior to age 60

D.8) JAMAICA:

Coverage:

employees, including self employed workers and those voluntarily insured. Excluded are: occasional workers with wages below a minimum and non-remunerated family workers.

Source of Funds:

Insured: Basic component, contributions set as a fixed amount, depending on which one of the following one is: employees, self employed workers, military officers, domestic workers or voluntarily insured. Extra component: set as percentage (2.5% for employees and 5% for self employed workers), over income between a set range. Employer: basic component, set as a fixed amount for employees and slightly lower for domestic workers. Extra component, 2.5% of nominal wage, for income placed within a set range. Government: contributes as employer, plus administrative expenditures. These contributions also finance subsidies for maternity and work accidents.

Requirements:

Age 65 men and 60 women, 156 weeks of paid contributions and a yearly average of 39 weeks paid or accredited. Pensions reduced for a yearly average of between 13 and 38 weeks. Total amount granted if between 52 and 155 weeks of contributions have been paid.

Benefits:

Basic amount paid over which an amount is added, related to contributions paid during working life. Addit-

ional benefits per spouse. Old age subsidy: payments vary with the number of contributions for basic pensions and number of contributions related to income.

D.9) SURINAM:

Coverage:

All wage earners and self employed workers not covered by special programmes. Special systems for public sector workers.

Source of Funds:

Insured: 2% of income. Employer: does not contribute. Government does not contribute.

Requirements:

Age 60 and 10 years of contributions.

Benefits:

Monthly allowance.

D.10) TRINIDAD AND TOBAGO:

Coverage:

Social Insurance: wage earners between age 16 and 64, including agricultural and domestic workers, apprentices and public employees. Insurance voluntary for senior citizens and pensions for survivors. Social assistance: for residents with scarce resources.

Source of Funds:

Insured: approximately 2.8% of income, according to 8 classes of wages. Voluntary insured persons, 5.6%. Employer: approximately 5.6% of nominal wage, according to 8 levels of wages. Government: covers total cost of pensions for indigents. There is a maximum income for contributions.

Requirements:

Age 60 with 750 weeks of paid or accredited contributions at the beginning of the system, in 1972, 25 weeks of contributions were accredited to workers for each year over age 35, with a maximum of 600 weeks). Retirement mandatory at age 60-65. Pensions for the poor: age 65, with 20 years of residence and incomes below a set limit.

Benefits:

25% to 75% of weekly income average (there is a minimum), according to 8 levels of wages, plus 1% for every 25 weeks of contributions, over 750 weeks. Pensions for indigents: monthly allowance. Old age subsidies: 3 times the total of contributions paid by employer-employee, if ineligible for pensions. There is minimum subsidy.

Chapter Four

A PROFILE OF INFRASTRUCTURES FOR POLICY AND PLANNING IN THE AREA OF AGING WITHIN THE LATIN AMERICAN AND THE CARIBBEAN REGION

INTRODUCTION

Society's preoccupation with a phenomenon, and with the resulting challenges that flow from it, is reflected the institutional infrastructure that is put into place to respond to them. It is the purpose of this chapter to explore the type of institutions that have been created at the regional, national and community levels to address individual and societal aging in Latin America and the Caribbean. In addition, this section will assess the manner in which international co-operation is nurturing or supporting those organizations working in the areas of geriatrics and gerontology. An evaluation will be made of the aging paradigm that is being transferred, and in many cases, uncritically accepted in the exchange that exists. Also, this chapter will analyze those areas where social policy, program development and social practice can be enhanced through international co-operation.

On the surface, it would appear that a chapter describing the regional and national infrastructures on aging would be a useful, yet, relatively easy exercise. However, this was not the case, and as such, it reflects the incoherence and fragility of the organizations or groups working in the area of aging whether governmental, voluntary or private. No one source exists that lists, and then, categorizes such organizations not to mention outlining their respective mandates hence programs and practice. No umbrella coalition exists which brings together such organizations at the regional or national levels in order to exchange information, share practical experiences and identify common problems, and ultimately, methods to resolve them. Moreover, the short time frame in which this document had to be produced meant that field visits to identify and assess such organizations or groups were impossible. Therefore, the

information and impressions in this chapter are based on secondary sources and on field experience throughout the continent which, while related to aging and development, only indirectly provide some insights into the nature and efficacy of the existing infrastructure to promote policy and program development in the area of aging. For the most part, the information underlying the discussion in this section comes from a myriad of sources all with limitations. They range from:

- the original responses of those Latin American and Caribbean governments to the questionnaire examining and evaluating the implementation of the World Plan of Action on Aging;
- the Second Review and Appraisal of the Implementation of the Vienna International Plan of Action on Aging;
- the Handbook of Organizations Active in the Field of Aging produced by the United Nation's Centre for Social Development and Humanitarian Affairs;
- "Condiciones Existentes: Trabajo con Los Ancianos a través de las Organizaciones No Gubernamentales", a report based on a questionnaire sent to ninety three local non-governmental organizations in Chile. (Consejo de Educación de Adultos de América Latina, 1985);
- "Los Ancianos en Chile Hablan: El Primer Encuentro Nacional de la Tercera Edad", the proceedings of a congress unique to Latin America where the elderly evaluated their needs and stated their aspirations for the future (Edwardh and Fernández, 1985);
- the proceedings of a workshop on education and the older adult held at the World Assembly on Adult Education, Buenos Aires, Argentina, 1985;
- the deliberations of an expert group meeting on policies and strategies for the participation of the elderly in development, Valletta, Malta 1988.
- selected discussions with persons in the area of international aging and development;
- data from relevant publications and/or surveys.

I. REGIONAL GOVERNMENTS: IMPLEMENTATION OF THE WORLD PLAN OF ACTION ON AGING

Unfortunately, of the 43 nation states that comprise the Latin American and Caribbean region only eleven responded to the United Nations Centre for Social Development and Humanitarian Affairs' questionnaire evaluating for the second time the advances made in the implementation of the World Plan of Action on Aging. They are: Costa Rica, Guatemala, Nicaragua and Panamá of Central America; Chile and Uruguay of the Southern Cone; Mexico; Columbia of the Andean region; Cuba and the Dominican Republic of the Spanish speaking Caribbean; and Jamaica of the English speaking Caribbean.

The rich diversity -culture, language, history, geography- found in the countries of this region makes generalizations difficult, and at the same time, masks great differences. For our purposes, it is helpful to acknowledge that these nations are in transition from young to mature to old societies, and complementary to this, they are moving along a continuum from rural to mixed to urban societies. This may facilitate the identification of a historical moment when critical consciousness develops to the point where specialized mechanisms are created to respond to demographic change with its corresponding economic and social impact on a society.

A profile of the national infrastructures and focal points on aging provided by the responses of the eleven nation states identifies those trends which are setting the parameters, and in some cases the limits, to our vision of the needs and role of the elderly in society. While the quality of the responses is variable, the patterns outlined lead to important questions about the political will and the capacity of governments to respond to the phenomenon of individual and societal aging.

Without mitigating the importance of the few special efforts that exist in the region, the overriding impression generated by a synthesis of these documents support the central conclusion of the "Report on the Second Review and Appraisal for the Commission for Social Development" which states:

at the global level, there seems to have been little progress in implementing the Plan of Action. In a few parts of the world, there doubtless has been progress. Even if considered collectively, this is not sufficient to change the global assessment. The world's population continues to age, with increasing rapidity. Awareness of this phenomenon continues, also, to grow. But responsive policies and programmes have grown little. Far from anticipating the process of aging,

they have not even kept pace with it. (United Nations Economic and Social Council, p.1).

For the most part, the nation states of Latin America and the Caribbean have yet to develop a social policy -integral and comprehensive in nature- anticipating individual and societal aging. 22/ However, those activities and processes that exist and are promoted by the present infrastructure on aging will be discussed briefly.

First, of the countries that responded all but two stated that no national mechanisms for policy and planning in the area of aging existed. Surprisingly, this corresponded to the two states -Chile and Uruguay- that are not only well into the demographic transition but also are considered modern, highly urbanized societies within the region. One should not deduce as erroneous the argument that national machineries promoting aging policy are determined by (i) the level of social and economic development in the country concerned and (ii) the extent to which its population structure reflects the aging process: (United Nations Economic and Social Council, p.20). The explanation for the lack of national machinery might well be explained by the recent historical experience of these two countries which bear the legacy of military dictatorship. In national security states, social policy does not address the most basic needs of people whether young or old. As the Government of Uruguay pointed out in their response to the questionnaire, it was:

On the return to a democratic government in 1985, we began the process of redesigning and establishing priorities in our social policy. Within this framework a dialogue has been established between governmental and non-governmental organizations in order to elaborate a policy of attention toward the elderly.

The experience of post dictatorship Argentina also suggests that the two above mentioned factors regain importance as the state and non-governmental organizations come together to respond to population aging. A reflection of this effervescence would be the proposal of the Government of Argentina to the 31st session of the United Nations' Commission for Social Development, March, 1989, to create a Subregional Center on Aging. This will be the first such center in the region.23/

Of the eleven nations responding, nine countries located the national mechanism for aging policy and planning within the Ministry of Public Health. Mexico and Jamaica stand out as two very different exceptions: the former viewing aging as part of an entity addressing the integral development of the family and the latter reflecting the council/coalition structure

intrinsic to the cultural and political experience of the British Commonwealth. It is important to emphasize at this point that Ministries of Health are the purview of the health and medical sciences which, most often, have a perspective that reduces the aging process to a medical issue. 24/

Notwithstanding the health needs of old and young throughout the region, one must question the fact that a phenomenon such as aging, which touches all aspects of human experience, would be enveloped in one Ministry dominated by the medical sciences. To be old is not to be sick. The all too common belief that old age brings with it such quantitative changes in the physical and the mental ability of individuals so that their participation in the unfolding history of their society is over has been repudiated by recent studies. Findings such as the following implore societies to develop a comprehensive and integral approach to aging which creates opportunity rather than economic and social marginalization: (Mc Pherson, 1983, Chapter 5).

- over time most physiological systems become less efficient and less capable of functioning to the maximum capacity of adolescent years. However, whether in the industrial world or the Third World, human beings live in sophisticated social systems which no longer require only physical agility and force as basic characteristics for survival. We live in social settings which can exacerbate or mitigate physical losses, yet, we ignore this fact when we hear what will happen to, for example, muscle elasticity and bone mass as we age.

- most individuals do not experience functional losses that seriously change or influence their social, physical and intellectual functioning until they are over 80 years of age. It is in this group that an increasing number of individuals begin to see functional losses due to organic changes in their bodies. In the industrial world approximately 5 - 8 percent of the aged are institutionalized with the great majority being female and over 80. This is a long way from the popular view of most people ending their days in an institution.

- while physiological aging is inherent in the human condition, health throughout one's life is directly linked to the social system in which one lives. Inadequate nutrition, sanitation, primary health care, overcrowded housing, unemployment or employment in high risk sectors, low income, polluted environments, political upheaval all lead to high rates of illness and disability over a life cycle. It is illness over a lifetime which affects the quality of people's lives in old age that is the ability to work, to play, to participate in the activities of a society.

- health status by social class is well documented, the poor and the marginal will suffer greater rates of acute and chronic illness and disability throughout their lives and in old age. In old age they will suffer disproportionately more limiting diseases -heart disease, cancer, diabetes, arthritis. Today, for example, cardiac and cerebrovascular diseases, followed by cancer, are now the primary causes of death among the elderly of both sexes in Latin America while the causes of death in other Third World countries still reflect the diseases associated with poverty -tuberculosis, infectious diseases, parasites, etc.

- with increasing age there is a slowing of motor, cognitive and sensory processes which are reflected in a loss of speed in decision-making and a concomitant increase in reaction time; however, as with all human beings, with motivation, practice and time to perform a task, older people perform as well as they did when they were young.

- if older people are labelled by others as sick, infirm, slow, incompetent, etc. they may internalize this message and alter their perception of self, and ultimately, their behavior.

- while myths suggest that the elderly experience a general decline in mental capacities, research in the area of human intelligence suggests that aspect of intelligence which is the product of education, experience and acculturation increases with age.

- the normal aging process does not diminish the ability to problem solve and the elderly can continue to learn, as with all human beings, when adequate personal and situational conditions are present.

- aging does not bring with it a progressive decline in memory.

- old age does not bring with it personality changes, studies suggest that after early adulthood personality characteristics are relatively stable.

This does not imply that health is not an issue particularly in countries where the conditions in which people live produce premature aging and increased morbidity (Edwardh and Miller, 1983; Kirsh, 1984; Pan American Health Organization, 1985). But to define the issues of aging exclusively within the realm of health, an area most often dominated by medicine, relegates a great majority of old people to a sick role instead of assuming the challenge of integrating the old into society with rights and responsibilities, in other words, to empower the elderly to be protagonists in the creation of new social forms

which include them rather than ostracize them. As the previous chapters have indicated, the elderly represent an immense source of human potential which could contribute to the meeting of both individual and collective needs.

It is important to stress the fact that most of the governments in the region base their policy decisions on data generated by studies carried out in conjunction with the Pan American Health Organization. For policy formulation a comprehensive data base is needed which provides quality information on all aspects of individual and societal aging. This prevents a skewed vision of not only the old as persons but also the aging process in general. This, ultimately, affects one's perspective on the social participation of the elderly in development. Research is needed that provides information in many arenas so that misinterpretation does not occur, thus creating false images and societal stereotypes not to mention erroneous public policy options.

Another characteristic that should be viewed as problematic is the fact that few countries have built national mechanisms on aging with a direct link to the national planning entity in their respective country. Since aging is a phenomenon with long term social and economic implications, it seems imperative that the issues generated by this demographic transition should be carefully woven into the national economic and social development plans. Again, of concern, is that only one half of the national bodies responsible for planning policy and human service development on behalf of the old include representatives of this social group in their structure. To evolve from a social welfare perspective defining the old as dependent to a development approach nurturing personal and collective self-reliance where the elderly contribute to the construction of a future demands the active participation of this social group in the decisions that affect their lives and that of their communities.

The responses of the respective nations provide information, albeit, sketchy and incomplete on their activities in a number of areas. This provides an overview of the program orientation of the national mechanisms on aging. The following highlights those policies, orientations and/or activities that have significant ramifications for the future.

- Increasingly the literature in social gerontology is questioning the policy of a compulsory retirement age and advocating a more flexible retirement policy (Mc Pherson, 1983 p. 385). Research also has shattered the myth of the inefficient, less capable older worker. (Kirsh, 1983; Meir and Kerr, 1976; Sheppard, 1976; Schwab and Heneman, 1977; Baugher, 1978; Meltzer and Stagner, 1980; Foner and Schwab, 1981; Yolles et.al 1982).

Moreover, in this document, Ruben Lo Vuolo's description of the powerful economic forces in the region which place severe restrictions on the already limited social security systems, also augers for a new relationship among work, retirement and income security. However, flexible retirement was not the dominant trend and few governments had made provisions to reassess their retirement policies. The Cubans appear to have initiated innovations in the area of work as an age of entitlement to retire exists but persons selecting to remain in the labour force can. Cubans can also opt for a part-time work schedule.

- In conjunction with the debate between compulsory or flexible retirement is a critical analysis of the dependency ratio that is the ratio between the number of persons actively employed and those, for the purposes of this document, retired. Few countries had researched, and then, debated this issue to determine if it affects development positively or negatively. No state felt that the concept of dependency, while perhaps a useful descriptive tool, might allow sectors of society to misinterpret information and, thus, assume a "blaming the victim" stance which sees an aging population as a problem. They are viewed as a problem because they are a non-productive group which has a negative impact on capital formation, which dampens the savings rate, all of which leads to a slowing down of economic growth.

- All countries in the region have a social security system which, outside of Uruguay and Cuba, has limited coverage. Moreover, whatever programs exist to adjust the value of pensions, most income security measures relegate the recipient to economic hardship and poverty.

- Outside of widow's pensions and public welfare, governments appear to have little sensitivity to the situation of older women. As the statistical data provided in chapter one illustrate an aging population is an increasingly female population. Aging is a women's issue!

- Most countries suggested that gaps, and in some cases, chasms exist in their data base on aging and development interpreted as the effects of an aging population on economic growth and social welfare spending. Some research is underway in many countries to attempt to meet their data needs but it is only a beginning. The comment of one state summarized the opinion of the majority. "The data gaps prevent a satisfactory response to the section of the questionnaire concerned with the effects of aging on development".

- Given the paucity of information in gerontology and geriatrics, 25/ only four countries mentioned that they planned to create research and training centers in these fields. Further questioning revealed that, in fact, governments felt this was

the responsibility of the existing universities. However, no state suggested that special funding should be made available to the university systems to develop programs in gerontology and geriatrics.

- All governments acknowledged the important contribution of non-governmental organizations in improving the quality of life of older persons. They emphasized their critical role in the provision of social assistance and in cultural and recreational activities. Also, many states depend on the good will of religious congregations and service organizations to provide institutional care for the aged.

- The accessibility to human services (health and social services) of the elderly in rural areas was very limited. Although, most of the countries of the region provided a range of health care services, 26/ accessibility was rarely based on the principles of universality but on an ability to pay. 27/ This means that in highly stratified societies one's social class is a major factor determining access to care. This usually comes hand in hand with social services to the poor based on means testing and/or the provision of basic assistance for survival. This would take the form of, for example, primary health care, food and clothing distribution, and clubs for the aged. Within this paradigm the volunteer from the non-governmental sector provides solice and assistance but does not act as a social animator.

- Co-ordination among the different components of a human service system such as between health and housing is almost non-existent.

- For the most part existing social services fall within the traditional social welfare perspective. Few specialized services have been developed for the fragile elderly that is those over 80 years of age.

- Most countries felt that some training was being given to health and social service workers involved in the care of the elderly. However, further probing by the questionnaire revealed that whatever training existed, it was most limited.

- Governments believed that they had in place a policy geared to protecting the elderly consumer. In addition, they felt that they provided programs of consumer education. Field observation in the majority of countries in the region would suggest that this is not the case. In areas of particular concern to the elderly such as the distribution and of (i) drugs and (ii) prothetic devices, consumer protection is conspicuously absent.

- A comment heard frequently by government officials and service providers is that "old people aren't a problem in the Third World where tradition is still strong. They are cared for by their families." (Edwardh, 1987, p.32). The question arises that if the family is the basic caring unit in society what policies are being advocated and implemented by the national machineries on aging to help families care for their own. Less than one half of the responding states had any family policy. Limited social services to families with older members and educational programs cultivating filial responsibility represented the most important efforts to support families.

- All countries of the region have institutions for the aged. However, an assessment of the need for institutional beds is almost non-existent. Also, tepid standards, if any, exist to protect the institutionalized elderly. A number of states wish to refocus their attention from institutions to home support services. However, the impression received from the responses suggests that this shift is the result of political expediency rather than part of a strategy to build a continuum of human services available over the life cycle.

- Special policies, laws and programs preventing age discrimination whether on the job, in financial institutions etc. were non-existent.

- The majority of nations responding ascribed to the principle that education was a basic human right and, as such, included the old. The governments believed that the old have access to a wide gamit of educational programs. However, field work in a number of countries in the region suggested that actual practice does not confirm this with the possible exception of adult literacy classes.

- Only three countries felt that negative stereotypes of the old were prevalent in their society.

- All but four governments had received international assistance in the development of their programing in the area of aging. However, as was pointed out earlier, international assistance translates into support from essentially one organization, the Pan American Health Organization. Only two international organizations were mentioned as having provided some technical and financial co-operation: (i) the London based Help Age International and (ii) the Israel based Wetzman Institute of Science. This analysis is not all inclusive, and as such, other organizations and foundations may be facilitating work in Third World aging. However, this does not affect the conclusion that midst the many such organizations, it is the very few which have supported the endeavours of the national machineries on aging. While some networking exists between the

non-governmental organizations and the international agencies the expectations for support and sustenance created by the World Assembly on Aging and the resulting World Plan of Action on Aging have not been met. It is important to mention at this point, that the big international development agencies have not moved to include aging in their activities. As a matter of fact, they remain uninformed of the demographic transition occurring not only in Latin America and the Caribbean but also throughout the globe. They appear unconcerned about the impact of this phenomenon on social and economic development. They have not modified their technical and financial support to include development projects with the old.

- All nation states responded positively to the inquiry of whether in the next four years they would need technical and financial assistance in the area of aging. Most felt that they required assistance in the formulation and evaluation of policies and programs in this area. However, given this desire for support at the level of policy and planning, one finds it difficult to comprehend why only one half prioritized gerontology as an area for assistance and technological exchange. Gerontology, as the study of the old in society, would greatly enhance the development of relevant policy options and, thus, programs in a region marked by great diversity. Support for programs in "training of health care of the elderly" was designated as of utmost importance by the governments. In conjunction with this, support for the establishment of health care projects for the elderly was considered crucial.

- Given the economic crisis dominating Latin America and the Caribbean, hence, the impoverishment of large sectors of the population, the elderly included, one is perplexed why most states would not be promoting income generation projects for the old. Only three states mentioned an interest and support for projects such as small scale businesses, cooperatives and productive workshops. 28/

The overwhelming impression received from an evaluation of country responses to the second review and appraisal of the implementation of the World Plan of Action on Aging is that of official neglect. Latin America and the Caribbean member states often insinuate that their problems are so ubiquitous that aging amidst these other concerns is simply not a priority. What is curious is that all persons age, and through time, all persons have fundamental human needs which must be met. Regardless of the question of aging, the issue appears to be the political will of governments to implement economic and social supports that empower people throughout time and space to meet their fundamental human needs. If governments are tepid in their desire to respond to population aging and its affects on people

and development, this section will now explore how the non-governmental organizations have reacted to the challenge.

II. NON-GOVERNMENTAL ORGANIZATIONS AND AGING

To assess the progress being made in the implementation of the major objectives of the World Plan of Action on Aging, the United Nations Centre for Social Development and Humanitarian Affairs, Vienna sent a second questionnaire to the different world agencies or non-governmental organizations interested in aging to inquire into their progress in achieving the aims of the Plan. A summary of the data received from the questionnaire is contained in "The Handbook of Organizations Active in the Field of Aging". * (1988)

The information is organized effectively and will be a most useful source for organizations and individuals working in the field of aging. It provides ready access to the addresses, the particular areas of interest and the functions of 270 organizations and academic institutions. However, it must be understood that the information presented in The Handbook is based on the organizations and institutions (NGO's) which responded to the questionnaire. Thus, it does not give global coverage of the work being carried out in the field of aging.

This section begins with a commentary based on impressions of the 270 descriptive summaries of the organizations which responded to the questionnaire. Following this, the responses of ten organizations working in the Latin American and Caribbean region will be examined.

A problem common to the questionnaires is that of the definition of terms and the lack of specificity which may lead to misunderstandings and inaccuracies. In addition, one must be aware that the precise connotation given to each word is influenced by national attitudes resulting from differences in environmental conditions, values, culture, and economic, political and social systems. An illustration of the problem is evident in the use of the word "collaboration" which has many possible interpretations: (i) exchanging information; (ii) providing technical and financial assistance; and (iii) educating through conferences, seminars and lectures.

Developing countries with limited resources most often are unable to participate in collaborative activities which involve expenditures of money. The developed nations must realize that collaboration will only reach the desired level if activities are either fully funded or at least highly subsidized.

An indication of the number and type of projects in which an association collaborates would be enlightening. Despite such problems, a concentrated effort has been made to give reliable information which will be pertinent and useful.

The document classifies a number of NGO's as working in the field of aging but their mandate is such that their work is peripheral to meeting the needs of the elderly. It would be advantageous to know the amount of time, along with the budget, allocated to the problems of aging by specific organizations in order to assess their contribution to meeting the issues of aging in the developing world.

An imposing number of universities with highly trained personnel are willing to collaborate in the many problems of aging. There is no way of knowing if these services are only available for a fee. If such is the case, the offer of collaboration means little to the nations of the Third World. The descriptions pay scant attention to the role of volunteers, the structure of the communities and the skills of the elderly which are the resources the developing countries could mobilize to meet the needs of their older citizens.

Language and geography seem to play a significant role in available collaboration. Associations in some developed countries offer help to all nations while others limit severely their assistance to geographical areas. It is interesting to note that a disconcerting number of the organizations in the developed countries restrict collaboration to the wealthier Western Nations. The overwhelming conclusion that one draws from a perusal of this Handbook is that instead of effervescence and activity in the field, a paucity of programming and project development exists in respect to aging in developing countries.

A more detailed examination of the responses of the ten organizations located in six countries of the Latin American and Caribbean region involved in the field of aging indicate similar information limitations as evidenced in the responses of the organizations forming the total study. Table I illustrates the organizations in the region identified in the Handbook and displays the areas in which they work, their functions and, as best can be identified, their support base.

As this Table demonstrates, the majority of organizations in this geographic area indicate involvement in research. Of the programs being carried out by nine of the ten associations, five indicate a socio-economic focus to their studies and two state demographic inquiry as their emphasis. It is surprising that nine are active in research, yet, only six organizations gather data and conduct analyses.

The replies to the questionnaire, as summarized in Table I, indicate that eight of the ten organizations are concerned with education. However, there is no clarification as to the functions and various aspects of the activities conducted under the rubric of education. Once again, a question of precise definition arises, thus the responses are based on assumptions which may lead to inaccuracies. Furthermore, there is no information to indicate whether these activities are either practical or academic.

The same number of organizations designating activity in education show, as a function, information exchange. It may be that the work in the two fields is interrelated more thoroughly than appears. It seems that information exchange takes the form of convening conferences, holding seminars, offering courses and issuing newsletters. These efforts are most commendable and worthwhile since they make available to professionals, paraprofessionals and volunteers the latest knowledge in gerontology and geriatrics.

Seven of the ten organizations involved in the field of aging in Latin America and the Caribbean indicate work in family welfare. Unfortunately the term family welfare is not defined to illustrate the complex range of social and economic supports that can comprise programs in this area. Moreover, the manner in which services and programs are conceptualized and implemented will determine whether they move beyond survival assistance to self-reliance and self-sufficiency. From the nature of the information available, it is difficult to draw conclusions as to the extent of the work being conducted in the area of aging and the family.

There are areas of endeavour common to six of the ten organizations, such as, advocacy, training, organization of self-help programs and collaboration throughout Latin America. It seems reasonable to expect the organizations that share a common language and a similar culture would feel the need to collaborate; however, the means and methods of such co-operation remain illusive.

It might be assumed that any organization working with the many problems of aging would select certain areas and functions to which it allotted more of its resources than to others. The activities in this area of specialization were not outlined in any detail. Such a practice would help other associations to identify with more reliability those organizations with which collaboration would be of greater value to them.

1. A Case Study: Grass Roots Organizations: Work with the Elderly

A study of local NGO's working at the grass roots throughout Chile corroborates the author's observations of the activities of many small local NGO's located throughout Latin America (Consejo de Educación de Adultos de América Latina, 1985). These impressions were the result of a 1984 field trip the objective of which was to contact organizations working at the scale of community with an interest in aging and development. The intervening time period most probably has not changed the diagnosis of the type of programing occurring within NGO's working in local communities, and for that reason, the salient points of the CEAAL study are presented.

The study suggested that a number of local NGO's and Catholic Church organizations were concerned about the elderly in their communities and had a desire to understand better the "problematique" of aging and its relationship to their ongoing work. The following remark summarized this perspective:

...the truth is that we could not respond with more profundity to your questionnaire since we had insufficient experience in this area and had little knowledge of the subject. It is for this reason, we request that you take us into account in your planning of future activities concerning the reality of the old. We would like to remain in contact with you as you develop this area of work.

The responses to the Chilean study indicated that although interest was high only a few NGO's actually worked with the elderly and this usually occurred where older people participated in activities not as old people but as women, workers or community members. Organizations, sponsored by the Roman Catholic Church, have assumed an active role with the elderly, a reflection of their mission with the poor. This normally takes the form of social assistance to guarantee subsistence. The role of the Catholic Church will be elaborated further in the next section of this chapter. The Chile study concluded:

The information provided indicated that very few organizations had moved beyond a social assistance perspective in their treatment of the elderly. It is important to note that a number of the NGO's clearly had a desire to analyze the relationship between

individual and societal aging in such a manner so as to include the old in the construction of a future for all.

The NGO's concurred in their diagnosis of the situation of the elderly in society. Based on their experiences in local communities, they identified the following problems as most common:

- a difficult economic situation due to pensions, at best considered miserable, which influence adversely the elderly's access to food, clothing, health care services, housing and recreation.
- limited access and poor quality health care -often for financial restraints older persons can not pursue treatment as drugs prescribed are too expensive.
- social structures that impede an older person from encountering paid work or from continuing in the labour force ie. compulsory retirement.
- marginal status of the elderly -older people are marginal to the everyday activities of our society. Their experiences and opinions are not taken into account and this, in turn, has consequences such as social isolation and a lack of comprehension by both family and society.
- a lack of social integration and participation.
- a lack of critical consciousness on the part of the community who fail to consider older people as persons.
- a low concept of self-worth in a society that values youth, beauty and force instead of knowledge, feeling and experience.
- paternalistic treatment of the old which creates dependency.
- role loss which produces a sense of abandonment, a sense of uselessness and a sense of dependency.
- physical deterioration.
- a lack of education geared to learning life skills rather than a vocation.

The fact that aging affects women differently from their male peers was clearly identified by the NGO's. The special plight of old women and programs to rectify their

TABLE I
ACTIVITIES OF ORGANIZATIONS IN THE FIELD OF AGING
IN
LATIN AMERICA AND THE CARIBBEAN

COUNTRIES AND SUBREGIONS	NUMBER OF ORGAN.	ORGANIZATION	AREAS										FUNCTIONS										SPONSORSHIP									
			Health and Nutrition	Housing and Environment	Social Welfare	Family Welfare	Education	Advocacy	Data Collection/Analysis	Research	Training	Organization of Self-Help-Programs	Care/Assistance	Leisure	Culture	Information Exchange	Electronic Data Bank	Residential Alternatives	Evaluation of Services for Aged	Open to Collaboration with Latin America	Church	Government	United Nations	Private	N.G.o.	Community	Pensioners' Advocacy	No Information				
Andean PERU	1	United Nations Association of Peru		X	X	X	X	X											X			X										
Southern Cone ARGENTINA	3	Argentine Interprovincial Associations for Gerontology and Geriatrics				X	X	X	X	X	X	X	X	X			X						X	X								
		Centre for Population Studies			X						X	X												X								
		National University of Luján				X	X	X	X	X	X	X	X			X																
URUGUAY	2	Agrupación Nacional de Entidades Privadas pro Bienestar Social del Anciano	X		X	X	X	X	X	X	X	X	X	X		X							X	X								
		Interamerican Integrated Movement of Mature Adults			X	X	X	X	X	X	X	X	X	X		X							X	X								
BRAZIL	2	Social Service of Commerce	X					X	X	X	X	X	X	X		X							X	X								
		Social Work of Commerce			X			X															X									
Central America COSTA RICA	1	Institute for Social and Population Studies				X	X	X	X	X	X	X	X	X		X													X			
CARIBBEAN BARBADOS	1	Barbados National Council on Aging	X	X	X																		X									
TOTALS	10		3	2	6	7	8	6	6	9	6	6	3	1	2	8	1	1	1	6	0	1	1	7	0	0	0	1				

SOURCE: HANDBOOK OF ORGANIZATIONS ACTIVE IN THE FIELD OF AGING, Centre for Social Development and Humanitarian Affairs, United Nations Office at Vienna, 1988.

situation demands transformations not only of the economic and social system but of cultural values which have relegated women to a position of inferiority where access to opportunity over a lifetime has been limited. Moreover, the NGO's were sensitive to the fact that life in an urban center for an old person is different, and given their prejudices, more difficult than being old in rural areas. Whether this opinion is based on myth or a selected experience or a common norm, the NGO's believed that:

- the process of urbanization affected negatively family relations, cultural values respecting the elderly's wisdom and experience and, most important, the participation of the elderly in the workforce.

- in rural areas the elderly could work until they were physically unable to do so.

- in rural areas the family tended to remain intact thus supporting older family members.

This optimistic view was tempered by the observation of some NGO's which believed that premature aging was endemic to life in rural areas as "transport and health care services were often inaccessible." Also, they noted that with the migration of the young to urban centers a number of elderly persons had been left alone.

Some NGO's which work with indigenous peoples felt that oppressive relations between the dominant society and the indigenous communities have affected adversely the social well being of this group, particularly, the elderly. This is especially the case where ancestral lands have been lost. These NGO's maintain that some of the detrimental effects of the relationship with the dominant culture group are ameliorated somewhat by the important role of the old in their community where they are central to the transmission of language, culture and traditions.

The social class of the old was considered by the NGO's as a determining factor in guaranteeing access to the opportunity structure of society. It meant that basic services to meet a persons basic human needs were attainable. Those without financial resources must seek assistance from their families in order to survive. When families can not help or do not exist, the old person becomes the responsibility of charitable institutions administered by the State or the Church. These persons live out their last years destitute and dependent.

The problems of being old were, from the point of view of NGO's, a mirror reflecting the level of social injustice throughout the society. It was, therefore, important to analyze

and resolve the situation of the old in conjunction with the great majority of persons. One NGO captured the sentiments of the many in the following statement:

The problems dominating society are reflected but more intensely in the lives of the elderly whose possibilities to enhance their self-worth, to react creatively and to understand the rapid changes occurring in their society are very constrained.

The NGO's suggested that work with the old should occur within the search for an alternative development, where the elderly are concerned about others and others are preoccupied about the elderly. How the old should become involved in the social transformation of their society was unclear. The strategies necessary to demystify old age and aging also remained a mystery. However, these local NGO's, working in community development at the grass roots level, believed that the elderly should take the leadership in defining a new orientation toward individual and societal aging. This is the challenge of the present for a better tomorrow. Perhaps within the conceptual framework purported by this group of NGO's, new development projects will evolve characterized by self-reliance and self-sufficiency. However, it must be noted that these organizations without financial and technical support and/or animation continue to ignore the old whether in their research or in their alternative development plans.

2. Non-Governmental Organizations, Adult Education and the Elderly

The World Assembly of Adult Education was held in Buenos Aires, Argentina in November of 1985. This congress brought together those organizations, governmental and non-governmental, that work in adult education throughout our globe. It is essentially a grouping of organizations concerned with education in the broadest sense of the word. For the most part, this group has not addressed the educational needs of the elderly. Notwithstanding, one of the workshops in the World Assembly was related to education and the older adult. This theme also had been included in the meetings of adult educators held in Paris in 1982 and in Helsinki in 1979. However, the members of the workshop in Buenos Aires noted that adult educators had had at least six years to venture into this area but as yet little progress had been made. Adult educators had not internalized the question of aging, and thus, incorporated the elderly into their work in order to nurture their energies and knowledge.

In the case of Latin America, this meant including the old in the process of social transformation. The workshop participants argued that adult educators must move to include actively this theme in their theories, in their practice and, in their networking. To facilitate this, the workshop recommended to the Assembly the following Plan of Action which characterized the type of work in which they believed the old should be involved. (World Assembly of Adult Educators, 1985).

Plan of action: Education for all and for all one's life

1. Self-management

- intergenerational
- principles of solidarity
- survival strategies
- participative education
- co-operative action

2. Advocacy Organizations

- supporting the advocacy organizations of the elderly which not only take into account their rights but that of the society at large.

3. Personal Development

- extension courses
- universities of the Third Age
- clubs

4. Consciousness Raising

- education of adult educators so that they understand the "problematique" of aging and integrate it into their work.
- governments
- international organisms
- national and international NGO's

5. Research

- basic applied research for social policy and planning.

To initiate this plan; needs:1. Institutionalization

- the institutionalization of a network of older adults into the International Council for Adult Education (ICAE) and its regional bodies such as the Latin American Council for Adult Education (CEAAL).
- that means a staff
- resources - international funding, universities, foundation, etc.

2. Formation of the International Network

- formation of an international network for exchanges of information and experience.

3. Composition of Network

- all those working with older adults
- international organizations of aging
- old peoples organizations

The workshop participants tried to orient the Assembly by outlining some characteristics of work with the elderly which, as the plan indicates, is both dynamic and developmental in its perspective. They also described concrete measures to advance the incorporation of older adults into the world of adult education. While this plan was ratified by the Assembly, the Latin American Council for Adult Education has not been able to respond to this mandate. The International Council for Adult Education has taken the first step to initiate a network of older adults by selecting, albeit recently, a co-ordinator. From England, this person is attempting to facilitate the development of such a network. The expectation is that this network will meet at the next World Congress in 1990 in Thailand and address literacy and the older adult.

In conclusion, this may be a first step but it is a long way away from the workshop recommendations made four years ago and from the seeds planted many years ago in Paris and in Helsinki.

III. THE ROMAN CATHOLIC CHURCH 29/

Few documents articulate the Church's position regarding the elderly. However, those position papers that do exist in conjunction with conversations with church staff working in the area of aging indicate some important trends useful for the analysis presented in this chapter. (La Conferencia Episcopal Latinoamericana, CELAM, 1981; 1986). An important contribution to gerontology would be a thorough analysis of the roots of the Church's work with the elderly in Latin America for this institution has provided the paradigm for social assistance in which programing for the old unfolds. This section will only touch on pertinent patterns of work and possible new program directions.

Historically, the poor and the down-trodden of which a disproportionate number are older people have received supports for subsistence or survival from the Church. It is interesting to note that programs of assistance were not geared to the old but to the poor of whom some were old. One historian aptly summarized old age in the past:

The past is peppered with old people: old and sick, old and poor, old and weak, old and decrepit, old and crazy --but no one who is just old. Or, to put it another way, no one is thought of as old in years unless he is also sick or weak or decrepit or crazy. One does not retire when one is merely old in years, but only when, if a peasant, one is too weak to handle a plough, or, if a priest, too palsied to hold the chalice without spilling it: if a merchant, too weak in the eyes to manage his accounts; if a bishop, too decrepit to tolerate the strain of continual travel through his diocese. (Zacour, 1983, p.61).

Obviously, the nature and form of assistance to the poor, in this case the poor old, depended upon the dominant culture's understanding of the roots of poverty. The Church's paternalism through time may well flow from its own deliberations related to poverty; however, in recent decades strategies of assistance, particularly in Latin America, are beginning to reflect the following ethical considerations:

- (i) the needs of the poor take priority over the wants of the rich
- (ii) the freedom of the dominated takes priority over the liberty of the powerful

- (iii) the participation of marginalized groups takes priority over the preservation of an order which excludes them. (Hollenbach, 1979 p. 204).

In 1981, CELAM held a regional meeting to reflect on the family and the Third Age. The document emerging from the discussions at this meeting was brought to Vienna to contribute to the deliberations at the World Assembly on Aging. This document affirmed:

the need for concerted action in Latin America so that each human being that reaches the so called Third Age does so with all the rights that correspond to a person, and that recognition is given to the role which this person can play within society and that services are provided that nurture the development of this person to his or her fullest capacity. (CELAM, 1981, p.2).

Lines of action are encouraged through the assertions and recommendations in the area of family, environment, retirement, spiritual life, education and health. The Church maintains that the family is the basic unit or cell of social organization. As such it was affirmed that:

- 0 positive changes in the well being of the old begin in the family. In other words, all programs that support, strengthen and/or stabilize the family, improve the well being of the elderly.
- 0 the family has both the right and the responsibility to guarantee the satisfaction of the basic needs of the old family members. They, in turn, should collaborate in all aspects of family life especially sharing their wisdom with those family members who need their support and solice.
- 0 the old person and the family should receive support from the State guaranteeing security and equality (CELAM, 1981, pp. 2-4).

In the area of environment, the Church recognized the need to plan human spaces to create access to those services and opportunities available throughout the society. With reference to housing, architectural design for the needs of different families was considered important so that individual privacy was preserved, yet, the family unit sustained.

The Church leaders, while excepting retirement as a social fact, believed that a pension must be sufficient to assure economic dignity. They also suggested that flexible rather than compulsory retirement better reflected the needs of human beings. Thus, legislation must be commensurate with such a retirement policy. Since retirement is a social creation requiring an adjustment in the daily life of a person and his or her family, the CELAM document recommended preretirement education and planning.

In relation to religion, this document advocated the right of all persons to practice their faith without inhibitions or restraint. Moreover, in the area of ethics, this document addressed the topic of death so often considered tabu and morbid. It recommended that all human beings -old and young- have the right (i) to die naturally; (ii) to die attended by the rituals that correspond to the person's philosophical orientation and with the respect that a human being merits; and (iii) to die surrounded by one's family whenever possible. Logically, this document proposed a number of concrete changes in the Roman Catholic Church to integrate better the elderly into the pastoral mission and spiritual life of the Church.

Education, either formal or informal, is considered by this document a fundamental factor in the integration and active participation of the elderly in society. This principle might take form in educational programming over the life cycle. It emphasized that educational institutions, particularly those under the auspices of the Church, could include in their curricula individual and societal aging so that real images about the old rather than social myths are promoted.

The document also affirmed the elderly's right to health as defined by the World Health Organization, that is, as a state of optimum physical, psychological, social and environmental well being and, not merely, the absence of disease and disability and the avoidance of premature death. However, concrete programs to realize this vision of health were left unspecified.

While this document may prescribe a social vision including the elderly, the Church has moved very slowly to allocate resources and to institutionalize their concern about the members of the Third Age. Congruent with the philosophy of this document, the Church in some countries of Latin America included their work with the old within the pastoral of the family. In some countries, such as Chile, the Church has chosen to base its aging focal point in CARITAS, their charitable organism.

In countries, such as Bolivia, the Church has yet to or is just beginning to respond to the issues of aging. Outside of CELAM, no co-ordinating network of Latin American church people working in the area of aging exists. This impedes an exchange of both policy and programs. It exacerbates the sense of isolation of staff and volunteers whose work is considered indispensable when caring for the sick and fragile but relatively insignificant when advocating new roles for the old in the development of the society. It is important to note that while Church leaders have acted cautiously to put into practice their reflections, staff working in local communities, buttressed by the Doctrine of Liberation Theology, push to confront more actively the nature of the marginalization of large segments of Latin American society. This perspective tends to promote concrete action strategies to confront directly the poverty and the pathos found in the lives of the great majority. Pressure exists to develop experiences with the elderly characterized by self-management for self-sufficiency which are geared to meeting the fundamental needs of the elderly. This orientation is along the lines of that developed with the unemployed and with women. There is a great breach between this work and the traditional perspective and programming of the Church in the area of aging. The seeds of this orientation are taking form in small unique experiences often removed from similar endeavours with other social groups in the same community. This is seen in projects which are organized by the elderly and which provide services to the community, such as, bakeries, laundries, health promotion activities. Also, the elderly work in popular economic organizations -workshops and co-operatives producing goods, usually handicrafts, to be marketed. In rural areas, self-managed projects in the area of rabbit and fish farming have been initiated. 30/ These are experiments and the results are far from conclusive.

In summary, at present the initiatives within the Latin American Church in the area of aging generally take the following form:

- 0 clubs for the elderly -the majority of these can be characterized as social.
- 0 day centers for the elderly.
- 0 homes for the aged -usually the elderly who are destitute and without family.
- 0 support for the organization of groups of the elderly, usually clubs, but with an emphasize on the development of one's personal capabilities and interests.

- 0 programs stimulating an understanding of the aging process and respect for the old members of one's family and community.

This section concludes that the Roman Catholic Church, like the Governments of Latin America, the non-governmental organizations and the popular educators, has not responded with alacrity to the "problematique" of aging and has not strived to sustain efforts encouraging the participation of the elderly as protagonists in the ongoing development of their communities and countries.

IV. THE ELDERLY: A VOICE TO BE HEARD

And what of the elderly in Latin America? Are they organized or are they organizing? Is there a collective voice heard in the halls where public policy and budget allocations are made? The images of senior citizens' organizations and advocacy groups that function in Europe and North America are far from the Latin American experience. That powerful organizations exist is not the case. That old people are beginning to organize and to advocate policies in the area of income security which will affect positively their lives is the case. Since retirees are grouped according to the sector in which their past work experience fell, there is a tendency for these organizations to be extensions of their unions or professional associations with a limited focus on income security issues. At present, no central mechanism exists which could provide information on the extent and nature of pensioners' organizations in the various countries of Latin America and the Caribbean. Few such organizations participate in the programming decisions taken by the church, governments and non-governmental organizations. Moreover, these organizations have neither the knowledge of nor resources to participate in international federations on aging or gerontological meetings. ^{31/} On the whole, they remain peripheral to the organizations and persons who work and advocate in their name.

Recent events suggest that pensioners' associations are in the throes of forming a Latin American network under the auspices of the Confederation of Latin American Trade Unionists (Central Latinoamericana de Trabajadores, CLAT). In April of 1989, a representative of the CLAT announced at the Fourth Congress of the National Union of Pensioners of Chile (UNAP), the formation, under the auspices of the CLAT, of an organization of retired persons in order to bridge the artificial separation of active members of the labour force and those now retired. ^{32/} He emphasized that the important issues that dominate the lives of

both groups are similar rather than distinct. Together all workers -old and young- must toil to resolve the massive social and economic problems confronting the societies of Latin America. This strategy became a reality in August 1989 in a meeting convened by the CLAT in Caracas, Venezuela where the Latin American Confederation of Retired Workers (CLATJUP) was formed. It is possible that older workers now have a means of putting their concerns on the political agenda of their respective countries.

Within Latin America, information indicates that only one group of older people, elected by their peers throughout Chile, came together to discuss and debate the issues which affect their lives and to reach conclusions that would have practical implications for both the old and the larger community. (Edwardh and Fernández, 1985). These included:

- suggesting ways for implementing the recommendations of the World Assembly on Aging.
- specifying data and service needs.
- promoting individual and organizational networking.
- formulating a program of action.
- increasing the interest in and the involvement of the larger community in the issues of old age.

The "Primer Encuentro Nacional de la Tercera Edad" flowed from the World Assembly on Aging. It was a major endeavour aimed at following up what was started in Vienna in 1982. Links to the World Assembly on Aging were assured through the following activities.

First, a document for pre-conference analysis which synthesized the World Plan of Action was distributed to local communities and old people's organizations. This document set out a series of issues which, according to the World Assembly, affect the lives of most old people.

Second, the workshops of this "Encuentro" reflected themes outlined as important and problematic by the World Assembly. The six themes upon which the conference participants focused their attention were: (i) Family and Community; (ii) Social Security in Old Age; (iii) Health and Nutrition; (iv) Activity and Work; (v) Self-Development: Education, Training, Culture and Recreation; and (vi) Housing and Environment.

A third link to the World Assembly occurred in the inauguration of the conference where the "Encuentro" was placed within the context of the World Assembly on Aging and where the participants were challenged to move beyond what might appear as platitudes. In other words, the elderly of Chile were encouraged to define their own needs, but to do so within the context of the social, economic and political development of their country. In addition, the elderly participants were invited to assess their relationship to the popular organizations located in their community.

The recommendations of this "Encuentro" or conference are a significant expression of the needs, desires and social vision of the elderly participants. Their conclusions could serve as a guide for policy and program development in this country. A most notable characteristic of the "Encuentro" deliberations was that the old saw themselves at one with the members of their community and as such the solution to the most crucial problems affecting their society would be those policies and programs affecting positively the well being of all people-old and young. Intergenerational rivalry was not part of the experience of this group. Unfortunately, it appears that this type of experience was not duplicated throughout the region.

V . CONCLUSIONS

This chapter is an overview based on incomplete information. While valuable and creative experiences exist, they are isolated and non-institutionalized. They, in themselves, do not change the observations made in this chapter. The aging process in the Latin American and Caribbean region remains a neglected and most often misunderstood phenomenon. The great majority of the old are relegated to poverty, and simultaneously, suffer the extenuating circumstances associated with scarcity and social injustice. That the prevailing institutions of the region are sensitive to the issues of aging is not the case. That the few organisms that work on behalf of the elderly do so based on humanitarian perspective. The integration of the old into the development of their society, thus altering the prevalent patterns of entitlement stands in juxtaposition to the dominant prejudices and stereotypes of the elderly throughout this region. In only a few isolated pockets is aging and development deemed a concern. The organizations of the elderly are in an initial stage of formation. Whether they can articulate a new vision of the old in society is unclear. In conclusion, the national mechanisms and focal points on aging have made little progress in implementing the World Plan of Action on Aging. Those isolated foci of concern prevail in spite of the benign neglect of

governments and non-governmental organizations. While these small points or pockets need to be nurtured so that individual and societal aging can be anticipated and planned for, the political will to do so is, at best, limited.

Chapter Five

OLD AGE IN LATIN AMERICA: A NEED FOR A SOCIAL AGENDA

I. INTRODUCTION

"Cheshire puss, would you tell me please, which way I ought to walk from here?"

"That depends a good deal on where you want to get to", said the cat.

"I don't much care where", said Alice.

"Then it doesn't matter which way you walk", said the cat.

"...as long as I get somewhere", Alice added.

"Oh, you're sure to do that", said the cat, "if you walk long enough".

(Lewis Carroll, Alice in Wonderland)

In the Latin American and Caribbean region, we, like Alice are wandering and undoubtedly will end up somewhere. But where? Where will we go with the issues of individual and societal aging? What is the responsibility of the state and civil society to the aging of our populations? Why have we yet to anticipate the complex changes throughout the fabric of our societies initiated by the aging process? What is the social consensus that guides our perspective on aging, hence, programs of social development?

The purpose of this chapter is to comment on those processes or strategies or attributes within our societies, that in a short time period are transforming a social issue, that of aging, into yet another social problem. Moreover, this chapter purports to offer alternative perspectives for debate in order to promote policies and programming at both the macro and micro levels of society that will contribute to the satisfaction of the fundamental human needs of people -young and old. It is not

within the purview of this discussion to elaborate another set of recommendations which would duplicate the years of preparation culminating in the 1982 World Assembly on Aging held in Vienna and the recommendations articulated in the International Plan of Action on Aging. This document along with others, such as, the Universal Declaration of Human Rights, 1948; the World Programme of Action Concerning Disabled Persons, 1983; and the Nairobi Forward-Looking Strategies for the Advancement of Women, 1985, offer a vision of what could be in the societies of this continent, and for that matter, this globe. Their recommendations are not only assessments of the present but also possible action strategies to alleviate human suffering in the future.

The recommendations of the International Plan of Action on Aging have not been incorporated into the social and economic development plans of the great majority of nations throughout Latin America and the Caribbean. Frequently, the following comments of politicians, development planners, civil servants and ordinary people are used to justify the lack of importance attributed to individual and societal aging.

- "Aging is not a significant phenomenon in Latin America".
- "This continent is full of other problems."
- "Increased economic growth will generate income for social development."
- "Economic development will allow the government to channel resources into social security programs."
- "Old women, but their productive years are over."
- "The old aren't a problem in our societies as families care for their elderly".
- "Society can't afford to support the elderly more than we already are."
- "People should retire so that young people can have an opportunity to work."
- "The old have nothing to contribute to society."
- With curiosity, Alice and the Cheshire cat might rightly ask: "What path have they followed to arrive at these conclusions or this 'somewhere'?"

II. A CONTINENT IN CRISIS: THE SOCIAL CONTEXT OF AGING IN LATIN AMERICA

Latin America is a continent in crisis. Few would argue with this statement. However, no social consensus has been constructed that guides us along a path that leads to a 'somewhere' characterized not by crisis but by justice, equality, equity and dignity. Any attempt to develop social policy and programs for the elderly must take into account the fact that over the last twenty years development policies and practices have not lead to the assumed levels of economic growth sufficient to generate social development; on the contrary, in Latin America we are in the midst of a profound economic, social, political and moral crisis.

At a political level, the crisis becomes very acute owing to the inefficiency of the existing representative political mechanisms in coping with: the actions of the financial power elite; the increasing internationalization of political decisions; and the lack of control of the citizenry over public bureaucracies. The increase in technological control over society, the arms race, and the lack of a deep-rooted democratic culture in Latin American societies also contributes to the configuration of a political universe which does not have an ethical foundation.

At a social level, the increasing fragmentation of socio-cultural identities, the lack of integration and communications between social movements, the increasing impoverishment and marginalization of the masses have made the conflicts within the societies unmanageable, as well as rendering constructive responses to such conflicts impossible.

At an economic level, the system of domination is undergoing widespread changes as a result of the following processes: the internationalization of the economy; the boom of financial capital with its enormous power of concentration; the crisis of the welfare state; the increasing participation of the military complex in the economic life of the countries; and the multiple effects of successive technological changes in the patterns of production and consumption.

These complex and interacting forces place Latin American countries in a position of enormous disadvantage. They are forced, with the complicity of governments and the ruling classes, to demand tremendous sacrifices at great social costs in order to 'heal' their financial systems and meet their well-known debt servicing obligations to the creditor countries of the industrialized world. In the face of this uncertain combination of circumstances, which is more awesome than gratifying, the

answers and quests for alternatives to authoritarianism, to neo-liberalism to development models with their corresponding human service models and to populism, have been limited to false debates and inadequate programming....

There are different reactions to the current situation. There are those, for instance, who hold that the disaster has not taken place after all. They make their point by stating that over the last two and a half decades income levels have more than doubled, that there has been a remarkable economic growth in most of the region and exports have multiplied. All of this is true. There are, however, those who unveil the other reality: that poverty is increasing in the popular sectors; that more than one third of the economically active population struggles between unemployment and underemployment; and, finally, that the existence of a foreign debt, which regardless of ethical considerations as to its solution, is clearly unpayable unless we increase our poverty and deplete our resources to structurally irreversible limits. (Max-Neef et al. 1986, pp.1-11)

Omnipresent, ubiquitous and structural describe the social and economic problems of the region. At the same time, the respective countries of this region, each according to its own rhythm, are in demographic transition. In the twentieth century a number of factors have interacted to alter fertility and mortality rates such that the age structure of the countries comprising the region is changing. While the percentage of the population 60 years and over in the next 50 years may appear small, the actual numbers are startling. As CELADE pointed out: in 1950 there were 8,860,000 persons over 60; in 1975 there were 20,140,000 over 60; in 1980 there were 23,350,000 and by the year 2025 there will be approximately 93,000,000 persons over 60 years of age. (CELADE, 1982, p.17).

A number of trends associated with this demographic transition must be considered in a social agenda for the future. For example:

- that the demographic transition affecting Latin America and the Caribbean will occur in a compressed time period and as such is a social issue on the frontier of tomorrow. 33/
- that women live longer than men -a trend now recognized as universal in aging.
- that as life expectancy increases more persons will live to an advanced old age that is over 80 years of age. 34/ The great proportion of those in the old old age group are women.

- aging affects both rural and urban areas.

Given the growing population over the age of 60, societies must add to their social agenda the issues of individual and societal aging. The question is whether the elderly are viewed as a human resource or as a human burden. Each of these perspectives demands social energy and social expenditures, one to create the conditions which empower the old to be protagonists in the development of their society, that is, a policy of social development, and the other to create environmental supports which care for the vulnerable of the society, that is, humanitarian gestures to alleviate suffering.

Obviously, the two--humanitarian and developmental aspects of aging-- are intricately related, and therefore, are best conceived of as a continuum of participation and support over the life cycle. However, the paths we have followed have emphasized a humanitarian perspective on aging at the expense of strategies involving the elderly in social and economic development.

Can a change in our conceptual framework accompanied by the implementation of a methodology or practice alter the 'somewhere' we are creating for old people? Such a social development policy would be focused and based on the satisfaction of fundamental human needs, on the generation of increasing levels of self-reliance and on the construction of organic articulations of: people with nature and technology, of global processes with local behaviour, of the personal with the social, of planning with autonomy, and of the civil society with the state. 35/

III. A TRANSDISCIPLINARY APPROACH TO AGING

This paper posits the development of a transdisciplinary^{36/} perspective on aging which facilitates the explanation of large scale structural changes and the form these changes take at both the micro level of the individual and the macro level of society. It represents an attempt to understand the 'interweave' of social lives and large scale changes in social structure. The requirement for such a unifying theoretical perspective is well stated by C. Wright Mills. He wrote:

The facts of contemporary history are also facts about the success and the failure of individual men and women. When a society is industrialized, a peasant

becomes a worker; a feudal lord is liquidated or becomes a businessman. When classes rise or fall, a man is employed or unemployed; when the rate of investment goes up or down, a man takes new heart or goes broke. When wars happen, an insurance salesman becomes a rocket launcher; a store clerk, a radar man; a wife lives alone; a child grows up without a father. Neither the life of an individual nor the history of a society can be understood without understanding both. (Mills, 1959, p.3)

To reach this understanding, Mills calls for a sociological imagination which "enables us to grasp history and biography and the relations between the two with society." (Mills, 1959, p.6). In short, while it might be possible to talk about the aging of an individual or to describe the aging of the society as isolated phenomena, any meaningful analysis will have to discuss aging in an aging society. To be significant, such an analysis will require concepts which link social fact and individual fate, social change and personal experience. Mill's commentary concurs with a transdisciplinary approach for one is rarely analyzing a specific problem, but instead, a web of complex issues that cannot be resolved through the application of conventional policies founded upon reductionist disciplines. A transdisciplinary orientation allows us to understand, for instance, how politics, economics and aging interact. One discovers an increasing number of cases where poverty in old age is the outcome of political expediency, unsound policies and bad economics.

This chapter is a plea for an alternative perspective which does not treat old people as objects or as problems but rather as participants in the unfolding events of their society. The complex interaction between individual lives, in this case old people, their community, the history of their nation state and the relationship of that nation state to world economic and political processes are at best taken as a given, and at worst, ignored by gerontologists and development planners. (Neysmith and Edwardh, 1984).

To arrive at a new consciousness, it is important to examine at the micro level of the individual our personal fears related to aging, and at the societal level the social creation of old age most often conducive to the interests of an economic order. It is common whether in the industrial nations of the world or in the Third World to concern ourselves with what appears on the surface to be innate characteristics of old age: devaluation, social exclusion, marginality. These characteristics are the end product of a lifetime of social relations determined by the structure of a particular society. A French gerontologist summarizes this point of view:

Old age is regarded as an expression of society's fundamental social relations. It is suggested that the contours of old age are shaped by the system of social positions established by the state of social relations of production in a given society. (Guillemard, 1981, p.222).

In other words, an old person's activities and perspectives are forged over a lifetime by the social relations of his/her society and world community. What has been accepted as universal is that biological aging is an inevitable process. All of us will grow old. But how we age and the quality of our lives in old age are directly related to the resources-intellectual, social, biological and material built up over the life cycle. (Townsend, 1981). What resources we have access to is directly linked to one's position in the productive process hence the opportunities available to one through time. Other factors that make aging a complex issue to understand are the differing effects of sex, race, ethnicity, residence in rural areas and history.

An example of the history of an era that has affected the lives of various groups of age peers or age cohorts 37/ and will affect their old age was the emergence in the 1970's of military dictators in the southern cone of Latin America. While all age cohorts will bear the marks of these dictatorships, the age cohort 15-25 years of age at the time of Argentina's dirty war suffered physical and mental disability as the result of torture, the loss of friends and colleagues, and the interruption of studies which truncated career opportunities. All of these events will affect the quality of life of this group in old age, for example, the inability to finish a career will affect one's retirement income as social benefits are still directly linked to one's work. Across the border in Chile, the neo-liberal economic policies promoted by an authoritarian regime have created a level of unemployment which not only destroys the aspirations -the vision of a future- of a young age cohort, 15-25 years, but has created a large unemployed cohort, 40-50 years, who under this system will never work again. Unemployment over the life cycle means poverty in old age.

This document argues that the issues that affect the lives of the old are essentially the same as those that affect the lives of all people. Fundamentally the 'problematique' of old age, as is that of women, or the unemployed, or indigenous peoples, is that of social justice and human rights. On the following page, Table 1, Economic and Social Costs of the Politics of Dependency, illustrates the relationship between the economic policy of capital accumulation in the Third World and the social policies needed to sustain it. This schema portrays the impact of capital accumulation on (i) four policy areas -labour, state

authority, income distribution and social welfare- and (ii) the social production of an old age dominated by stress and the struggle to survive. Obviously, the patterns demonstrated in this table, while pertaining to the industrial sectors of the Third World, indicate that social transformation is a necessary condition to the construction of an old age where human well being and dignity are a priority.

The dominant myths about the old prevent people from seeing an old person as only one more member of the community who through education and organization will also participate in the development of his/her community. To marginalize the old from the struggle for dignity and social and economic justice is to succumb to the stereotypes and myths that separate the old from the rest of humanity.

Myths about the elderly often become the basis for social, psychological and biological beliefs about old people. As one author notes: "although most of these beliefs are unfounded and negative in orientation, they tend to be accepted as fact". (Mc Pherson, 1983, p.12). Stereotypes of the elderly based on limited observations or gerontological research on captive populations such as the institutionalized elderly help legitimize our social practice toward the old. For example, the elderly, are often characterized as chronically ill, passive, poor, senile, asexual, lonely, obsolete, ineffective, conservative, and in need of constant care or institutionalization -in other words dependent. Such beliefs or myths stigmatize the old and push them to the periphery of society. On the other hand, counter beliefs are also prevalent such as the old as wise and respected counsellors. According to Simone de Beauvoir concern for the dignity of the elderly applied only to situations where the old retained power. (Beauvoir, 1972).

In summary, a transdisciplinary perspective will move us beyond mere description and explanation to an understanding of both individual and societal aging. This, in turn, will facilitate social policies and economic development strategies which together will attempt to ameliorate the situation of the many that are the marginal ones -old and young- who predominate in the human landscape of Latin America and the Caribbean. However, Manfred Max-Neef in his speech to the 19th World Conference of the Society for International Development argued that confusion continues to dominate our approach to understanding the economic crisis encapsulating the region and the role of social actors such as the elderly in alleviating this crisis. He stated that our lack of understanding or our incapacity to understand "is evident in (i) our involvement with options of secondary relevance; (ii) the utilization of simplistic theories for the interpretation of social complexity; and (iii) the impoverishment of our language", therefore, constraining our creative capacity to reconceptualize

alternative strategies for social and economic improvement. (Max-Neef, 1988, p.1).

For example, one of the most pressing options, pertinent to young and old in Latin America today, is that of dictatorship or political democracy. This issue is rarely, if ever, addressed by those planning for the elderly. Max-Neef commented further:

It would seem outrageous to say that this is not a highly relevant option. Nevertheless, its importance notwithstanding, a still more important option should be tackled first. We may phrase it thus: "Are the Latin American societies going to consolidate an authoritarian (and often repressive) culture, or are they capable of constructing a democratic culture that is a democracy of everyday life. This question is, of course, of primary relevance. No political democracy can expect to last if it is constructed upon the foundations of an authoritarian culture. It will collapse sooner or later, as we have so often witnessed. (Max-Neef, 1988, p.2).

The simple fact is that answers must follow relevant questions.

Peter Townsend in a seminal article reflecting on the structurally created dependency of the elderly confirms the above reservation. He wrote:

Many scholars and practitioners have asked only how can people adjust to retirement or how can the burden for relatives and the state be lightened, or can the administration of institutional care be made more efficient ... The inexorable process by which the status of older people has been lowered, or rather defined at a lower level, in the course of the development of industrial societies, has been largely ignored ... The evolution of the economy, state and social inequality has been taken for granted and implications for the trends for people neglected. (Townsend, 1981, p.6).

He too suggests that the way one poses a question influences the answers one seeks. Therefore, one of the principle challenges for those of us in the Latin American region concerned with aging is to explore, through a transdisciplinary perspective, those issues and questions that will allow us to overcome both the socially constructed dependency of the aged and the limitations inherent in traditional models of development.

TABLE 1

ECONOMIC AND SOCIAL COSTS OF THE POLITICS OF DEPENDENCY

Policy Arena	De Facto Social Policies	Policy Outcomes	Impact on Old People
Labour	Lowest possible real wage	Wages and fringe benefits are 10-20% of those in industrial western countries.	
		Increasing employment of women at wages 20-50% lower than men.	
		Increasing employment of minors and children under 14 years at wages lower than those paid to women	
		Planned high turnover rates of 50-100% per year so that labour never received higher wages or benefits.	
		Workers are dismissed after they suffer disabling accidents, debilitating illness or exhaustion.	
		High unemployment rates. Forced mobility.	Subsistence-level incomes
	Increased work intensity	Extension of the working day, longer average working hours (45-58 hours) in underdeveloped countries than developed ones (40-44 hours)	Destitution/pauperism
		Productivity is enhanced solely through extracting more from labour rather than through the introduction of labour-saving technology.	Break-up of families
	Dangerous working conditions	Temperature, noise, light, crowding, clothing and other protective measures are poor	Obsolescence, social and physical
		Disabling accidents	
		High morbidity and mortality rates -heart, respiratory, cancer, etc.	Premature aging
State authority	Programmes to guarantee stability	Institutionalization of repression	Persecution Stress
		Militarization Labour laws prohibit the growth of trade unionism	Break with tradition
Income distribution	Highly stratified society	Widening gap between high and low income earners	Abandonment of old people
		Marginalization of subpopulations economically and socially through unemployment and poverty	
		Largest gains have occurred to the better organized upper middle class (managers and technocrats) Privatization -little redistribution of income through state employment, welfare and other social expenditures	Chronic disease
Social welfare	Meeting need is defined as a private responsibility Limited investment in physical infrastructure No planned urban environment Inadequate preventive health services Inadequate educational services	Deplorable living conditions: housing; clean water; sanitation; transportation	
		Diseases of poverty -tuberculosis, malaria, tetanus, acute diarrhoea, diphtheria, acute poliomyelitis	
		High infant mortality - malnutrition; mental illness	
		Illiteracy	

Source: Neysmith, S. and Edwards, J.
 "Economic Dependency in the 1980s: Its Impact on
 Third World Elderly", *Ageing and Society*,
 Vol. 4, No 1, 1984: pp. 36-37.

IV. LANGUAGE: THE POWER TO RELEGATE THE OLD TO THE MARGINS OF SOCIETY

There is another issue, most often never explored, that contains our capacity to implement alternatives to the social construction of old age and the pathos that dominates the lives of the great majority of old people in the Latin American and Caribbean region. It is how our use of language frames our ideas and our actions in respect to the elderly and to development. To be more specific, the dominant system of language controls and influences perception and behaviour. A system or systems of language can be coherent with the historical moment in which we are living or can be a remnant of a past set of perceptions and actions that have outlived their time, and in fact, can influence negatively options for the future. This is particularly important in the case of the elderly. For example, exploring language, aging, and social and economic development, we can conclude:

to every system of knowledge corresponds a given language. A system of knowledge can give rise to a "system of domestication" if its language manages to permeate the forms of expression of everyday life. The concept of a "system of domestication" refers to the way in which different groups utilize a language system or are influenced by it. Every social action depends on the manner in which the situation is defined. Therefore, the crucial question that arises is: "who defines?". Those who govern the language conform (and control) the "system of domestication". It should be added that the concept of a system of domestication, as used here, does not always carry a negative connotation. The language's key words (concepts) become "justifiers", in the sense that their invocation justifies a given behaviour, or generates a certain perception. (CEPAUR, 1989, p.1).

For example, examine the sentence: "Development will be achieved through efficiency and intensified industrial expansion". Development, even as a word that remains undefined, acts as a justifier for the action proposed in the sentence. The justifier is not an object of discussion, while that which it justifies may be. This is the most interesting attribute of a justifier, that discussions almost always concentrate on the arguments that are expressed around the justifier, while leaving the justifier itself and its direct or subliminal influence untouched. In the case of the sentence offered as an example, discussion may concentrate—save exceptional cases—on the nature of efficiency or on the argument of industrialization but not on the concept of development. Obviously, prevalent stereotypes of the elderly--

passive, sick, inefficient, obsolete-- would not exclude them as actors in a development process characterized by efficient and intensified industrial expansion.

Another example is: "Retirement income is guaranteed by hard work during many years of employment." As in the illustration above, the justifier, the institution of retirement, is not questioned. It is the individual's responsibility to work hard and/or the woes and throes of an economy that produces unemployment that are the focus of debate. The justifier, retirement, continues to be considered a legitimate social and economic practice.

A language system concerned with transdisciplinary perceptions of aging has not been created, thus producing an alternative system of domestication which is penetrating the public conscious and influencing people's conceptions of the aging process and the older individual. Simultaneously, new justifiers would affect the elderly's view of themselves as contributors with rights and responsibilities rather than as dependents. Sandeep Chawla synthesizes the challenge to those working in the area of aging -a challenge that only can be met with a new perspective and a new methodology of work.

If the developmental potential of the elderly is actualized, then, a fortiori, the elderly are participating in the development process. There is a compelling need for public policy to concentrate on the realization of such objectives. Orthodox concepts of retirement, pensions, institutionalization, passive community care, all of which tend to reinforce the social dependence of the elderly, need to be replaced by more dynamic policies that maximize participation and reduce dependency. There is much empirical evidence, from all over the world, that elderly people have both the desire and the capacity for productive occupation and self-help. The actual entitlement to this productive occupation is quite another matter. Public policy, however, can guarantee precisely such an entitlement. If the quantum of entitlement increases, elderly people are likely to be able to acquire more capabilities to do a variety of different things, many of which would contribute greatly to the developmental effort of the society in question. A determined public policy can thus ensure, for instance, that the elderly continue in paid employment, find alternative forms of productive occupation, and have greater control over community services which they benefit from, but also contribute to. (Chawla, 1988, p.12). 38/

V. HUMAN NEED: OLD PEOPLE ARE PEOPLE TOO!

The previous analysis has demonstrated that a variety of factors, some as powerful and omnipresent as the structure of our economic and social system, determine through their logic of efficiency and accumulation the limits to the satisfaction of human needs. Also, the prior discussion has illustrated that the elderly fall disproportionately into that large subgroup of the population of Latin America living on the margins of society. It appears that regardless of the policies of a macrocephalic state and the implementation of economic models to guarantee the accumulation of wealth which at some date in the future might be redistributed throughout the multifarious layers of society, it is evident that the great majority are not involved in either the articulation of their basic needs or the development of alternatives to satisfy those needs. From this disturbing situation emanates the question similar to the polemic raised in the conversation in Wonderland between Alice and the Cheshire puss: Where do we want to go? Which path should we follow?

This section of the chapter offers a path that is an alternative--human scale development-- which emphasizes the identification of fundamental human needs by the elderly and the solution of those needs by the elderly themselves as protagonists in the processes of social transformation. 39/

Development at a human scale means that solutions to meet fundamental human needs will take form at the micro level of neighbourhood and community, but also must be resolved at the macro-environment of state and world. Human scale development is, at once, a philosophy and a method which incorporates the old, along with other members of society, in the definition of and construction of a future.

Three pillars support human scale development. They are: human needs, self-reliance and organic articulations. However, these pillars must be sustained on a solid foundation which is the creation of those conditions where people, in this case the elderly, are the protagonists of the future. If people are the central actors in human scale development both the diversity as well as the autonomy of the spaces in which they act must be respected. Attaining the transformation of an object-person into a subject-person in the process of development is, among other things, a problem of scale. There is no possibility for the active participation of people -old or young- in gigantic systems which are hierarchically organized and where decisions flow from the top down to the grass roots.

Human scale development assumes a direct and participatory democracy. This form of democracy nurtures those conditions which will help to transform the traditional semipaternalistic role of the Latin American State into a role of encouraging creative solutions flowing upwards from the grass

roots. This is more consistent with the real expectations of people. In a chapter attempting to provide a paradigm that includes the old in development rather than designating them as a social problem which at best promotes a social welfare response to their situation, for example, homes for the aged which in Latin America translates into homes for the destitute; a minimum income through subsidies --cash and goods-- to the poor which barely guarantees subsistence, and as such assures deprivation in all its forms. It is not the objective of this section to critique social welfarism which through programs of social assistance provide sustenance for those in need without addressing the causes of these needs. Rather, it is to argue that a conceptual framework oriented primarily to the solution of fundamental human needs exists and may provide a key to the construction of new social and economic roles for the elderly. The satisfaction of needs must be seen not only as the fulfillment of deprivations but also the empowering of the old (i) at the scale of society as active participants in the development of their society and (ii) at the individual scale as protagonists in the personal growth of each as an integral human being. The polarization of the social from that of the individual apparent in much public policy towards the elderly is redressed in the paradigm of human scale development. 40/

The combination of the personal with that of the social obliges the stimulation of self-reliance at all levels: the locale, the region and the nation. A healthy and sane society must clearly establish the dual priority of the development of all its members as a collective and of each individual as a person within this social unit--different sides of the same coin.

1. Self-Reliance

Public policy which is inclusive that is promoting, in an integral manner, personal growth and social development cannot be set aside in the design of national public policy on the grounds of limited financial resources. Both conventional and non-conventional resources with their synergic effects 41/ can be used to promote the development of integral public policy and its corresponding programs. It is important to stress that attribute or pillar of human scale development, self-reliance, which is a necessary condition to be promoted if old people are to create a place for themselves in their society as useful and contributing members with rights and with responsibilities. The active promotion of self-reliance --often ignored or inhibited in conventional development plans-- assumes that old people play a central role in those domains affecting their lives and that this participation engenders a personal and community development process with synergic effects

geared to the satisfaction their fundamental human needs. Human scale development interprets self-reliance in the following manner:

Self-reliance is understood in terms of a horizontal interdependence, and in no way, as an isolationist tendency on the part of nations, regions, local communities or cultures. Interdependence without authoritarian relationships is able to combine the objectives of economic growth, social justice, personal development and freedom. For example, when self-reliance is understood as a process capable of promoting participation in decision-making, social creativity, political self-determination, a fair distribution of wealth, and tolerance for the diversity of identities; self-reliance becomes a turning point in the articulation of human beings with nature and technology, of the personal with the social, of the micro with the macro, of autonomy with planning, and of civil society with the state (Max-Neef et al., 1989, p.49).

Table 1, Economic and Social Costs of the Politics of Dependency, identifies clearly the effects of dependent relations which are vertical in form flowing from the macro to the micro, the international to the local, and the socio-economic to the individual. On the contrary, relations based on the concept of self-reliance flow from the grass roots with their synergic and multiplying affects upwards, thereby, stimulating self-reliant behaviour at the regional and national levels in the domain of the individual and in that of the collective or social. This does not mean that public policy determined by the State is incapable of nurturing self-reliance in the microspaces that dominate the landscape of the Latin American and Caribbean region. However, the State must resolve the following dilemmas:

i) To prevent the creation of vertical or hierarchical relations in the design of public policy, programs, and implementation strategies (decentralization), while invoking the name of self-reliance.

ii) To assure in operative terms that strategies to nurture self-reliance in micro spaces are participatory and democratic, combining effectively individual growth and social development.

It is precisely in the micro spaces of society -family, neighbourhood, community, locale- where the essence of human scale development is most visible for it is at this level of organization that the social does not annul the individual, but on the contrary, the individual empowers or capacitates social and economic development. It is in these spaces that synergic satisfiers of fundamental human needs are generated. For example, in democratic

societies the active participation of old people in grass roots organizations such as women's centers or neighbourhood councils, both linked directly to municipal or regional governments with the power to influence policy and program design in order to resolve local problems, affects positively quality of life -transportation, health, housing, work centers, delinquency etc.-and reinforces if not recreates the role of older citizen activist. The old participants have assumed, through their participation, responsibility not only for the "I" but also for "the other". As will be discussed further, in the schema of fundamental human needs presented in this chapter, the active participation of the elderly contributes directly to the need for Participation, and simultaneously, stimulates the fulfillment of the needs of Protection, Understanding, Creation, Identity and Freedom.

The nurturing of self-reliance whether in the political, economic, social or individual realms is dependent on the initiation of processes that will motivate those relations. Therefore, in the area of aging it is critical to reconcile initiatives at the local level with forces exogenous or external to that initiative. The spontaneous activity of older people or isolated events involving the elderly most often will not transcend that historical moment to become a social or economic movement without the support of public policy and relevant programs. What is called for in human scale development is global planning for local autonomy, with strategies capable of motivating the embryonic organizations found in grass roots communities so that they are capable of transforming their struggle to survive into life options and alternatives based on dignity and creativity not poverty and human denigration. An example of government initiatives in this area can be found in Canada's New Horizons program and a similar such endeavour in the Netherlands. (Diessenbacher, 1988, p.4).

The difficulties that arise among the different levels of society in the search to increase self-reliance must be confronted not only through social mobilization to consolidate those practices and spaces nurturing self-reliance but also through respect for the diversity of cultures and of organizational forms that exist in this process. Also, inherent in the pursuit of self-reliance is the increasing growth of critical consciousness associated with the active participation of many social sectors which, ultimately, leads to demands that mobilize for change. However this transformation should be harmonious with a shared global vision.

A few of the barriers that must be overcome are as follows if human scale development -sustained by the pillars of self-reliance, the fulfillment of fundamental human needs and the creation of organic articulations- is to provide an option for the future:

i) The hierarchical and exclusive nature of Latin America's social, economic and political organizations make reallocation of resources to reflect the heterogeneous structure of the population difficult. The state's logic of power comes into direct conflict with the political autonomy that emerges from civil society that is the grass roots organizations of the people.

ii) The assumption that centralized decision making is efficient. This belief might be relativized through successful experiences of self-reliance in the micro spaces of society.

iii) The tendency for authoritarianism in Latin American societies to find sustenance in the state and civil society instead of processes nurturing the growth of a democratic culture and democratic practices.

iv) A growing culture of violence.

v) Capital accumulation is viewed as a panacea which will resolve the issues of poverty and justice. This most often occurs at the expense of support for grass roots groups and organizations building social and economic relations and a practice consistent with growing self-reliance. It is precisely these groups that will assure that the accumulation of wealth will be employed in such a manner as to meet the fundamental human needs of the population. The capacity of diverse groups and organizations to decide and determine the use of resources prevents exclusion and discrimination.

vi) The economic rational dominating society neutralizes the many who remain silent in the face of indiscriminant accumulation, conventional economic indicators whose sensitivity to the social well being of the great majority is limited; an incapacity to satisfy fundamental human needs; and the ruthless destruction of the globe's ecosystem.

vii) The inability to take into account the impact of non-conventional resources in the development experience.

viii) Competition in all forms of human interdependence is the norm. Instead, this competitive energy should be channelled into relations of solidarity between equals. This recognizes that certain goods and services cannot be produced at the local, regional, and in some cases, the national level, and therefore, true self-reliance motivates people to view themselves as autonomous beings within a global solution.

ix) The existing political structures have not assumed the challenge of capturing and incorporating the dynamism of new social movements comprised of important actors in civil

society. For example, the tendency for new groups to operate (i) non-bureaucratically and informally; (ii) with collective modes of decision making; and (iii) with an orientation that is more practical than ideological in the formation of objectives argues for a new sensitivity and redefinition on the part of the existing political structures. Such a redefinition would force these structures to forge mechanisms of participation in their decision making processes, and simultaneously, new organizational forms to combine their ideological exigencies with the practical and ethical issues of grass roots movements.

Human scale development requires all social actors, of which the elderly are a growing group, to pursue self-reliance as their form of individual and social involvement in their daily lives. Through their practice, self-reliance becomes an example for other sectors of society. Self-reliance implies a regeneration or revitalization of those forces, capabilities and resources existing within each one of us. This is particularly relevant for the elderly whose creative capacity as a human resource is often considered obsolete in modern societies. Thus, inherent in human scale development is the premise that the old are a resource for development. What is critical in this development philosophy is the choices to be made concerning what should be produced and what problems should be solved in one's local spaces. It is participation in these choices that empowers the elderly to act in order to develop solutions which satisfy their fundamental human needs. This is a key to affecting positively their quality of life.

2. A Theory of Needs for Development: The Basis of Public Policy for the Elderly.

As had been argued, self-reliant development permits a more complete identification and satisfaction of fundamental human needs. Before an analysis of this development's diagnostic tool and methodology, the Matrix of Needs and Satisfiers, it is important to outline the following assumptions which determine the role of fundamental human needs in human scale development which is no less a theory of needs for development. They are:

- Human needs must be understood as a system: that is, all human needs are interrelated and interactive. With the sole exception of the need of subsistence, that is, to remain alive, no hierarchies exist within the system.

As the literature in this area demonstrates, human needs can be classified according to many criteria. We have organized human needs into two categories: existential and axiological, which we have combined and displayed in a matrix.

(See Table 2). This allows us to demonstrate the interaction of, on the one hand, the needs of Being, Having, Doing, and Interacting; and, on the other hand, the needs of Subsistence, Protection, Affection, Understanding, Participation, Idleness, Creation, Identity and Freedom.

- Fundamental human needs (such as those contained in the system proposed) are the same in all cultures and in all historical periods. What changes, both over time and through cultures, is the way or the means by which the needs are satisfied.

Each economic, social and political system adopts different ways to satisfy the same fundamental human needs. In every system they are satisfied (or not satisfied) through the generation (or non-generation) of different types of satisfiers. We may go as far as to say that one of the aspects that defines a culture is its choice of satisfiers. Whether a person belongs to a consumerist or to an ascetic society, his/her fundamental human needs are the same. No matter the age cohort in which a person falls, his/her fundamental human needs are the same. What changes is his/her choice of the quantity and quality of satisfiers. In short: What is culturally determined are not the fundamental human needs, but the satisfiers for those needs. Cultural change is, among other things, the consequence of dropping traditional satisfiers for the purpose of adopting new or different ones.

For example, the family plays a critical role in meeting an older persons need for Affection. However, the form of family relations (satisfier) may be quite diverse such as (i) an extended family situation in the alti-plano of Bolivia where the old mother continues to work in the family compound, caring for her grandchildren and performing necessary domestic tasks or (ii) as in another culture where a retired elderly couple live in another city from that of their adult children but exchange occurs through a transfer of goods and regular visits especially during holidays that have become family rituals. The need for Affection in these two very different cases may be actualized through a sense of solidarity, generosity, friendship, love, tolerance and family intimacy and togetherness.

- The very essence of human beings is expressed palpably through needs in their two fold character: either as deprivation or as potential.

Understood as much more than mere survival, needs bring out the constant tension between deprivation and potential which is so peculiar to human beings. Needs, narrowly conceived as deprivation, often are restricted to that which is merely physiological and as such the sensation that 'something is

lacking' is felt acutely. However, to the degree that needs engage, motivate and mobilize people, they are a potential and eventually may become a resource. The need to participate is a potential for participation, just as the need for affection is a potential for affection.

For example, economic deprivation dominates the lives of the great majority of older people most often because of inadequate social security measures in urban areas and limited if no protection for old people in rural areas. However, evidence suggests that in a few cases this scarcity has been met proactively by older people who have formed co-operatives and/or micro-businesses. This response to economic deprivation by grass roots groups not only promotes income (a satisfier of Subsistence) but also facilitates the satisfaction of other needs (Participation, Identity, Creation). An active role for the elderly has been created which stands in opposition to the social images of passive and dependent old people.

- Satisfiers define the prevailing mode by which a culture or a society actualizes a need.

Satisfiers are not just available economic goods. Satisfiers may include, among other things, forms of organization, political structures, social practices, subjective conditions, values and norms, spaces, contexts, modes, types of behaviour and attitudes, all of them in a permanent state of tension between consolidation and change. For example, food is a satisfier of the need of Protection in much the same way that a family structure might be. Also, a political order may be a satisfier of the need of Participation. The same satisfier can actualize different needs in different cultures and in different time periods.

A theory of needs for development poses the problem of constructing a taxonomy of fundamental human needs which may serve as an instrument for both policy and action. Undoubtedly, there are many ways in which needs may be classified. Hence, any categorization must be regarded as provisional and subject to modification as new evidence arises and calls for change. For the purposes of development, a multidimensional taxonomy which establishes a clear-cut difference between needs and satisfiers is a useful and a feasible tool.

Thus, within the context of this proposal, needs not only indicate deprivations, but also, individual and collective human potential. On the other hand, satisfiers are individual or collective forms of Being, Having, Doing and Interacting in order to actualize needs. Finally, economic goods are objects or artifacts which affect the efficiency of a satisfier, thus altering the threshold of actualization of a need, either in a positive or negative sense.

Table 2, Matrix of Needs and Satisfiers, indicates satisfiers can be organized within the grids of a matrix which, on the one hand, classifies needs according to the existential categories of Being, Having, Doing and Interacting, and, on the other hand, according to the axiological categories of Subsistence, Protection, Affection, Understanding, Participation, Idleness, ^{42/} Creation, Identity and Freedom. This matrix is by no means normative nor conclusive. It gives only an example of possible types of satisfiers.^{43/} In fact, this matrix of satisfiers if completed by individual or groups from diverse cultures and in different historical moments might be quite distinct. What would this matrix look like if filled out by the elderly of the respective countries of the Latin American and Caribbean region? What would it look like if filled out by a group of persons involved in policy and planning for the elderly? How might this guide our praxis?

3. Applications of the Matrix: Alternative Planning for the Elderly

The schema proposed can be and has been used for purposes of diagnosis, planning, assessment and evaluation. The matrix of needs and satisfiers may serve, at a preliminary stage, as a participative exercise of self-diagnosis for groups located within a local space. Through a process of regular dialogue -preferably with the presence of a facilitator acting as a catalyzing element- the group gradually may begin to characterize itself by filling in the corresponding squares.

The outcome of this exercise will enable the group to become aware of both its deprivations and potentialities. After diagnosing their reality, they may repeat the exercise in propositional terms: that is, identifying which satisfiers would be required to actualize adequately the fundamental needs of the group. As the satisfiers are selected with increasing levels of specificity, they should be discussed critically by the group in terms of their characteristics and attributes, in order to determine if they are -or should be- generated exogenously or endogenously, that is, by the community itself. Such an analysis will demonstrate the potential capacity for local self-reliance. The same analysis of proposed satisfiers will enable the group to assess not only whether their positive effects are singular or synergic, but also whether the negative effects are violators, inhibiting satisfiers, or pseudo-satisfiers. The next stage of reflection of the group is to determine whether access exists to the necessary economic goods and material resources.

Table 2
MATRIX OF NEEDS AND SATISFIERS

Needs according to existential categories	Being	Having	Doing	Interacting
Subsistence	1/ Physical health, mental health, equilibrium, sense of humour, adaptability	2/ Food, shelter, work	3/ Feed, procreate, rest, work	4/ Living environment, social setting
Protection	5/ Care, adaptability, autonomy, equilibrium, solidarity	6/ Insurance systems, savings, social security, health systems, rights, family, work	7/ Cooperate, prevent, plan, take care of, cure, help	8/ Living space, social environment, dwelling
Affection	9/ Self-esteem, respect, gregariousness, passion, sensuality, sense of humour	10/ Friendships, partners, family, domestic animals, plants, gardens	11/ Make love, express emotions, share, take care of, cultivate, appreciate	12/ Privacy, intimacy, home, spaces of togetherness
Understanding	13/ Critical conscience, receptiveness, curiosity, astonishment, discipline, intuition, rationality	14/ Literature, teachers, method, educational policies, communication policies	15/ Investigate, study, experiment, educate, analyze, meditate	16/ Settings of formative interaction, schools, universities, academies, groups, communities, family
Participation	17/ Adaptability, receptiveness, solidarity, willingness, determination, dedication, respect, passion, sense of humour	18/ Rights, responsibilities, duties, privileges, work	19/ Become affiliated, cooperate, propose, share, dissent, obey, interact, agree on, express opinions	20/ Settings of participative interaction, parties, associations, churches, communities, neighbourhoods, family
Idleness	21/ Curiosity, receptiveness, imagination, recklessness, sense of humour, tranquility, sensuality	22/ Games, spectacles, clubs, parties, peace of mind	23/ Day-dream, brood, dream, recall old times, give way to fantasies, remember, relax, have fun, play	24/ Privacy, intimacy, spaces of closeness, free time, surroundings, landscapes
Creation	25/ Passion, intuition, boldness, autonomy, curiosity	26/ Abilities, skills, method, work	27/ Work, invent, build, design, compose, interpret	28/ Productive and feedback settings, workshop, cultural groups, audiences, spaces for expression, temporal freedom
Identity	29/ Sense of belonging, consistency, differentiation, self-esteem, assertiveness	30/ Symbols, language, habits, customs, reference groups, sexuality, values, norms, historical memory, work	31/ Commit oneself, integrate oneself, confront, decide on, get to know oneself, recognize oneself, actualize oneself, grow	32/ Social rhythms, everyday settings, settings which one belongs to, maturation stages
Freedom	33/ Autonomy, self-esteem, determination, passion, assertiveness, open-mindedness, boldness, rebelliousness, tolerance	34/ Equal rights	35/ Dissent, choose to be different from, run risks, develop awareness, commit oneself, disobey	36/ Temporal/spatial plasticity

Source: Max Neef, Manfred Elizalde, Antonio Hyperbain, Martin. "Human scale development", *Development Dialogue*, Vol. 1, CEPN/Dir Hamarskjold Foundation, 1989, p.33

The proposed exercise has a twofold value. First, it makes it possible to identify at a local level a strategy for development aimed at the actualization of human needs. Secondly, it is an educational, creative and participatory exercise that brings about a state of critical awareness: that is to say, the method is in itself a generator of synergic effects. 44/

The technique described is not restricted only to an analysis of local spaces. It is applicable to regional and national levels. In local spaces it can be a broad based participatory process where those representing the interest of the economic, political and social domains of the community may express their ideas.

At a regional level the exercise should be undertaken by a carefully chosen team which not only represents the different domains of endeavour, but also, by virtue of its representative nature, combines both public and private interests. At the national level it is essential that the task should be approached in a transdisciplinary manner due to the complexity of the issues.

In summary, human scale development from the beginning attempts to alleviate processes producing the marginalization of any social group. It does not exclude conventional goals such as economic growth, so that all persons may have access to required goods and services. However, the difference with respect to the prevailing development styles lies in considering the aims of development not only as points of arrival, but as components of the process itself. In other words, fundamental human needs can and must be realized from the outset and throughout the entire process of development. In this manner the realization of needs becomes, instead of a goal, the motor of development itself. This is possible only inasmuch as the development strategy proves to be capable of stimulating the permanent generation of synergic satisfiers.

To integrate the harmonious realization of human needs into the process of development gives everyone the possibility of experiencing that development from its very outset. This may give origin to a healthy, self-reliant and participative development, capable of creating the foundations for a social order within which economic growth, solidarity and the growth of all men and women as whole persons can be reconciled. If old age is, for the most part, a socially constructed reality, human scale development would change from the outset those forces stigmatizing and pushing the old to the margins of society.

VI. VALUES AND VISION: PUBLIC POLICY FOR ALL

Human scale development offers a vision of development relevant for all persons regardless of age, sex, race, ethnicity and nationality. As Alice and the Cheshire cat commented, it is a path that can be followed if we know "where we want to get to." It articulates a set of principles on which our society can respond to public issues. Public policy should not occur in a vacuum, it should be planned based on clearly understood principles that are the concrete components of human well being.

In terms of the elderly, the following rhetorical question is pertinent: On what commonly understood set of values do the societies of Latin America, through their respective governments and non-governmental organizations, develop public policy to affect the lives of the elderly? To change the situation of the great majority of the elderly, or that of women, or that of young people, demands that all people plan within the context of a shared vision and with adequate information on which to base decisions. This is a prerequisite to the reduction of social divisions and bitterness among people. However, this is dependent on a revival of public debate and public responsibility. What is critical is the active participation of all people through organizations and social movements at all scales of community to express collectively:

- i) What kind of society they want
- ii) What needs they want met
- iii) How they want to be involved in the development and articulation of plans to fulfill these needs.

It is people who should place the limits on accumulation and on social spending. It is people who should solve the dilemma of planning the distribution of environmental supports in relationship to need. Always it is important to remember that without a vision as to the society and macro environment they want, and without the plans to make it come true, people will suffer.

As this paper has emphasized those problems that most affect the old are, for the most part, those that touch the great majority of people in Latin America, for example, poverty and all its consequences. However, there are additional issues, points of convergence or ancillary concerns that those of us working in the area of aging must raise for public debate and collective action. This document will highlight briefly policy areas particularly pertinent to individual and societal aging.

First, universal guidelines should be considered in the creation of social policy for the elderly. They are as follows:

- that the basis upon which social policy for the elderly will be formulated are ethical considerations. It is not enough to add years to the life cycle. The issue is the quality of those years.
- that a new transdisciplinary perspective is needed to understand individual and societal aging.
- that aging is an issue of development and, as such, a development philosophy and methodology must be implemented in order to nurture self-reliance, the fulfillment of fundamental human needs and the construction of organic articulations: of people with nature and technology, of global processes with local behaviour, of the personal with the social, of planning with autonomy, and of civil society with the state.
- that social policy options along with good judgements must be based on adequate information. The countries of Latin America lack an adequate data base for the development of social policy for the elderly.
- that aging is a gender issue, and thus, special consideration must be given to women in the development of social policy for the elderly.
- that education over the life cycle is a necessary condition for personal growth and social development.

More specifically, public policy affecting the old should take into consideration the following:

1. Micro Environments: Home, Neighbourhood and Community

That social policy for the elderly consider the social spaces in which the daily life of the old unravel. The recent data that human ecology has generated on the importance of space and place in the lives of old people are a major contribution to the work of us all. (Saarinen, 1976). Powell Lawton in his book, Environment and Aging, confirms the importance of space and place. He wrote:

The kinds of places where people live can be of major importance in determining many aspects of their inner lives and their behavior. Regional or local norms for acceptable behaviour and attitudes

will vary; a greeting to a stranger encountered on the street may be expected in a small town but cause an urban resident to quickly cross the street. The characteristics of other people—their dress, their age, their colour, their homogeneity or heterogeneity—may have a behaviour-instigating effect. The place where one lives may be critical to the satisfaction of a variety of human needs, from basic life-supporting needs, such as medical care, to the most complex social and self-realizing needs. Consequently, the more we know about social, service-providing, and physical aspects of places where people live, the better a position we will be in to know how resources outside the person can be mobilized to attain greater need satisfaction for each person. (Lawton, 1980, p.22).

That it is in the micro spaces where a myriad of forms of participation in the development of one's community must be created. Neighbourhood and community organizations along with local advocacy organizations of the elderly must be supported to guarantee the fulfillment of basic needs. It is people through their organizations that will create options and alternatives. Research on popular sectors throughout Latin America has demonstrated this. (Razeto, 1984; Hardy, 1985; Razeto et al, 1983). Public policy could nurture community based development organizations of the elderly. As Hartmut Diessenbacher emphasized in his article, "Self-Help Initiatives Among the Elderly and their Contribution to a Social Culture for Later Life":

The experience, creativity and dynamics of the older population are to be taken seriously, and no limits should be set to their intervention and imagination. If this were a component of community policy for the elderly, it would over the years enrich society with interesting, creative and socially useful expressions of a participatory culture for later life. (Diessenbacher, 1988, p.5).

2. Income Security

That income security for the elderly, while a national question, may find part of its solution in small scale productive enterprises (co-operatives) organized at the grass roots level. Such endeavours ultimately may ameliorate the poverty of many old people, and at the same time, use their skills and energy that are lost to society upon the invocation of the institution of retirement. More important, this proposal is most relevant for

those who have never worked in the formal sector, and therefore, are excluded from the benefit packages associated with work in this sector.

The ethical considerations for social policy concerned with income security are, in the case of older people, that of the right to work and that of the right to retire and, in the case of the vulnerable, that of the right not to work. Those outside the labour force need a guaranteed income that meets their basic needs. Retirement with its associated pension benefits, limited in its coverage, is only one mechanism to address the income needs of the elderly. Responsible social policy must explore the range of alternatives that can provide income in old age. Inherent in resolving the dilemma of income security is the need for a critical reflection on the institution of retirement.

The arguments against mandatory retirement are increasing. They are as follows:

- mandatory retirement is discriminatory and violates human rights.
- it forces an experienced and skillful worker out of the labour force, and both society and the individual are the losers.
- it increases the national debt because most of those beyond the mandatory age must be supported by social security payments.
- it contributes to the alienation, isolation and dissatisfaction of the elderly.
- because of individual differences chronological age is an inaccurate predictor of work capabilities in the later years of life. (McPherson, 1983, p.385).

The importance of work in the life of an individual regardless of age, is eloquently articulated by a group of Catholic Bishops. They spoke of the special value and dignity of human work in God's plan for Creation. They stated:

It is through the activity of work that people are able to exercise their creative spirit, realize their human dignity, and share in Creation. By interacting with fellow workers in a common task,

men and women have an opportunity to further develop their personalities and sense of selfworth. In so doing, people participate in the development of their society and give meaning to their existence as human beings. (Canadian Conference of Catholic Bishops, 1983, p.1).

Their words help us chose paths that will create productive alternatives to the present economic organization of society. Creative and insightful public policy can stimulate income generating alternatives. In addition, financial support from non-governmental organizations, the creation of alternative banking and credit institutions-"barefoot banking", the design of technical assistance programs request by rather than imposed on grass roots groups and the development of community controlled marketing entities will expedite the promotion of micro-enterprises.

3. The Family

That the family should be the focus of social policy. A full debate on the role of the family in the respective societies of the region and the nature and form of human services and economic programs for families is critical if social policy is to support this basic unit of social organization. In any full debate on the family, social facts rather than societal or cultural myths must form the basis of the reflection. Moreover, in the complexity and diversity of the Latin American and Caribbean region, all forms of family life must be recognized and respected, whether traditional or innovative, which encourage its members to live and love fully, as responsible persons in community with one another. There is no ideal family form around which social policy should be elaborated. At the same time as individuals and families are undergoing change and experiencing severe stresses, the expectations for them to perform caring and nurturing functions have not lessened. Most families in the region live outside their society's opportunity structure, under the pathos, duress and stigma of poverty, excluded from participating fully in the economic and social life of the society. One critique of those invoking the family to care for its members stated:

To expect family solidarity to survive economic policies which concentrate on capital development is unrealistic. It is these policies which are leading to rural depletion and selective labour use ... Although one can identify with the concerns about the weakened extended family, one has to ask

if the recommendations for strengthening it are on the same level as economic policies which work against its continued existence. (Neysmith and Edwardh, 1982, p.14).

Families' needs and resources are often out of balance. Families must cope with unequal financial and human demands -for example, in the case where there are dependent members with physical, emotional and/or intellectual disabilities. But, as has been pointed out, families also have unequal resources -inadequate income, learning opportunities, underemployment, unemployment and limited access to human services. Thus, people in these families have unequal life chances.

The expectations of society that families should "take responsibility for the care of their own" has not diminished, even though supports to enable them to cope are at best weak, and at worst, non-existent. Research on families indicates that where they are able, families have attempted to care for their own members -aged, mentally ill, physically or mentally disabled, poor. Relations in families are symbiotic and accounts of the role of the elderly in families suggest that the old provide important services to the family whether it be continuing the work of one's lifetime in the fields or maintaining the family home and raising the grandchildren while adult children work. In some societies the old participate actively in the informal market. In others, they provide economic resources, such as, in the "poblaciones" of Chile today, where the small pension of an old family member is often the only income on which a family lives. However, it must be emphasized that knowledge of the family life of older people throughout the region is limited. Little qualitative research has been carried out and quantitative data often is not available.

We must not assume that families should be able to take care of themselves. All families in society at whatever stage of the family life cycle, may require assistance and support to enable them to carry out their functions effectively, that is to care for and nurture their members both for personal development and to contribute to the society. Productive enterprises generating income is critical for families from Third World countries where poverty is ubiquitous. Personal care services, such as nursing homes, family counselling, meals on wheels programs, friendly visiting, daycare, respite services, parent-child centres, neighbourhood support services and many other programs are also vital resources for many families.

In addition, it should be remembered that an individual or a family in distress is the result of a process yet so often our caring institutions provide support at the point of crisis rather than those preventive services essential to circumvent the forces

producing dependency and vulnerability. Thus, the basic thrust of public policy is to support families and strengthen family life. This requires transferring resources and opportunities to families to enable them to discharge their rights and responsibilities. Most importantly, it means assisting families to be economically and socially self-reliant.

4. Comprehensive Human Service System: The Integration of Social and Health Services

Health promotion and the prevention of disease associated with aging appears to be the challenge confronting countries. The application of science in the promotion of healthy life styles is the issue facing public health. This will require new strategies to orientate health planning in order to implement the necessary measures in such heterogenous populations as those in the developing countries. (Litvak, 1989, p.6)

That a comprehensive human service system, universally accessible, be created as a necessary complement to sound economic policies rather than as a substitute for such policies. ^{45/} The health care of the people living in the Latin American and Caribbean region must be promoted through public policy which advocates a comprehensive care system which treats the whole individual as he or she lives. Experience has taught us that the problems which effect individuals -old and young- and families can not be neatly divided into the areas of health, social, economic, legal, education, employment or housing. It follows then, that treating people where they live and work and play means that social and health services must be integrated- that is the creation of a human service system. ^{46/} This system must be distinguished by the continuity and high quality of its services. In such a system the well being of individuals would be supported by a network of services, to be used as needed, which would extend from the locus of living to organized settings for the treatment of physical ill-health. All services would be designed to meet accepted, current and system-wide standards of quality. ^{47/} A mix of socio-health services including prevention, education, diagnosis, treatment and rehabilitation services would be made available by teams of practitioners and other personnel working together at various levels of community to solve people's problems in a holistic manner. In such a system, the socio-health resources used, the functions of the team members and the teams precise composition would vary in response to the specific needs of the individual and the scale and type of community being served. Such a human service

system must be accountable and responsible to the community through the direct involvement of those served as well as those with specialized expertise.

5. Community Involvement in a Human Service System

The degree of responsiveness required of communities so that they may deal effectively with special needs populations, such as the frail elderly or the old old, highlights the importance of community involvement. Community members must actively involve themselves in programs of health promotion and health maintenance, assuming a wider responsibility for their own health, that of their families and neighbours, and using socio-health services in as an effective way as possible. In addition, they must assume responsibility for monitoring and addressing factors in the work place and the physical environment ^{48/} which adversely affect well being. More specifically, community members must participate in:

- 0 the expression and definition of socio-health care goals and objectives.
- 0 the determination of community socio-health requirements beyond the universal minimum standards.
- 0 the implementation and continuous review of socio-health plans.

The involvement of the community in priority setting, policy development and decision making -in short, in the organization and management of their socio-health system- allows for the early recognition of, and solution to a wide range of problems in a manner which is adaptive to each particular situation.

Nonetheless, in the Latin American and Caribbean region, we are far from comprehensive human service systems. Critical problems have been identified in the provision of human services throughout Latin America. (ECLAC, 1987; CEPAL, 1988).

- 0 narrow disciplinary interpretations of an issue
- 0 fragmentation and overlap of service delivery patterns
- 0 competition between service providers for jurisdiction and funding
- 0 non-consultative decision making

- 0 exclusion of individuals in need from eligibility for services
- 0 inadequate data for planning purposes
- 0 inadequate funding levels

As a result of these problems, many old people do not receive services in an effective manner. Others remain outside of the health care and social services systems, and thereby, do not have access to support that could assist them in becoming more active and productive members of society.

VII. SOCIAL PLANNING DILEMMAS: SOME OBSERVATIONS

How can social policy better support people-old and young? As we have stressed throughout this chapter, a process to build a new social consensus which includes the old must be forged throughout the countries of the region.

Together, they must debate and make explicit the following:

- 0 What kind of society do they want?
- 0 What should be the social contract between individuals and society? That is, what are the rights, obligations and benefits of social participation?
- 0 What interventions should be made to fulfill the social contract?
- 0 Does this, then, define the parameters of a human service system?
- 0 Does this, then, establish minimum standards for services to guarantee human well being?
- 0 Does this, then, define a threshold of need at which point society will respond?
- 0 How will the social responsibility for carrying out the social contract be divided? For example, what is the relative responsibility of government, the non-governmental and private sector and the family?

The answers to these questions will form a social agenda for the 1990's.

The elaboration of social policy and the implementation of social objectives outlined in a social agenda is dependent upon a planning system. A planning system is a dynamic information/decision making mechanism for allocating financial, human and material resources in accordance with social objectives. (As has been illustrated, the Matrix of Needs and Satisfiers is an important tool for decision making in a planning system). It is used to improve decision making and the targeting of resource allocations by:

- 0 improving the information on which decisions are based;
- 0 clarifying options and alternatives;
- 0 identifying optimal or best strategies to implement desired programs; and
- 0 providing feedback on the impact of activities.

In the implementation of a social agenda on aging, for the 1990's, planning dilemmas, such as the following, will emerge that must be resolved by the state and the organizations of civil society.

- 0 a data base -the inadequacy and inaccessibility of the existing data bases have proved to be a major barrier in the development of social policy in the area of aging, and thus, the implementation of action strategies. The development of a comprehensive data base which adequately describes the life situation of the population -old and young- is critical. A data base adequate for social policy development should be able to answer the following questions: 49/
 - . What are the demographic characteristics of a geographic region or population group?
 - . What are the characteristics, supply and costs of services available in that geographic area or to a specific population group, such as, the elderly?
 - . What is the degree of fit between available

services and the needs of people, particularly of the elderly in the geographic region?

- 0 jurisdictional issues and relationships -the existing jurisdictional boundaries inhibit, if not prevent, the rational development of comprehensive social and economic development strategies. Most important, are the following jurisdictional relationships:
- . inter-government (federal, provincial or state, municipal)
 - . intra-government (ministries or departments)
 - . government - non-government - private sectors.
 - . all levels of government with the organizations of civil society.

To resolve the problems associated with jurisdiction, the following questions are relevant:

- . What criteria are to be used in dividing up jurisdictions?
 - . How are the respective jurisdictions empowered to fulfill their responsibilities?
 - . What mechanisms exist to guarantee collaborative planning and implementation?
 - . How are the organizations of civil society represented in the above set of relationships?
- 0 human and financial resources -often the limits placed on social policy, particular in the case of the elderly, hence, the provision of human services have been less a response to need than a response to available funding. Without adequate planning, funding availability can distort service development. An example of this might be the construction of private institutional settings at the expense of public community based services.

Planning the allocation of resources is dependent on an understanding not only of the definition of "need" but also society's political will to respond to the deficits in the life situation of

the elderly. Questions such as the following are pertinent.

- "demand"? . How do we define or recognize "need" and
- demands? . How do we identify and measure needs and
- . At what threshold of need/demand will society respond? 50/

The answer to these questions are essential to the allocation of financial and human resources.

An Example: Social Policy and Planning:
The Elderly and the Family

Table 3, Social Policy and Planning: The Elderly and the Family, depicts two different yet feasible preferences concerning the elderly and the family in society. The input of these different preferences into the planning model (social consensus, working principles, data, policy and programs) demonstrate the varying responses that can emerge. The implications of these two scenarios for the old, as they live in families, is far reaching.

As Table 3 illustrates, Consensus 1 views the family as the basic social unit in society and as such is a grouping that should be nurtured. This orientation accepts the fact that all families at times require differing degrees of access to human services that complement and nurture the family unit, and thereby, facilitate the family to support old family members in an environment engendering social well being. Flowing from this social consensus is the policy of integral and comprehensive human services which support the elderly to live as active persons in their communities. To build such a system demands a transdisciplinary orientation to aging and the family.

On the other hand, Consensus II also views the family as the basic social unit in society but assumes that most families can cope with the stresses of everyday life. Social services are provided to those special families that can not provide for their own. These social services are discrete and usually emphasize crisis intervention and problem solving. Each service is the responsibility of separate disciplines and distinct governmental organizations.

TABLE 3: SOCIAL POLICY AND PLANNING:
THE ELDERLY AND THE FAMILY: TWO MODELS

CONSENSUS	PRINCIPLES	PLANNING QUESTIONS	RESPONSE OPTION	PROGRAM OPTIONS
I	I	I	I	I
1) Family is the basic social unit in society.	1) Comprehensive human services should be of the highest quality.	What services should be provided to all people?	Community Support Centre operating under auspices of Ministry of Human Services providing one door access to socio-health services on treatment/referral basis for:	.income security .occupational health & safety .preventive health programming .home support and family relief .community development: income generation etc....
2) To guarantee the integrity of the family unit, comprehensive human services must be developed to support the myriad of family forms existing in society.	2) Public policy should be developed from an analysis of community needs, in conjunction with an assessment of society's fiscal and human resources.		(a) Direct primary services, medical, dental care, family counselling, nutrition and health education, vision and hearing care, crisis intervention	
3 & 4) That all families at times require differing degrees of access to human services that complement and nurture the family unit and, thereby, facilitate the family unit to support old family members in an environment nurturing social well being.	3 & 4) A comprehensive human service system should be developed as the mechanism through which our society provides psychological and material support to the community at large, to families, and to specific target populations to ensure physical, mental and social well being. A comprehensive human service system should promote an holistic approach to human development, recognizing the inter-dependent and collective nature of society. This system should foster an environment which protects, supports, prevents and educates to enable citizens to develop an awareness and capacity for social participation and cooperation, self-help, self-development and self-reliance. The human service network should be an integral part of the community fabric.		(b) Information and referral; assessment and referral for income security, home support, child care, specialized medical and mental health services. .respite care .shelters for abused women and children .comprehensive educational programming	
5) Old people are part of a family unit. Moreover, both old people and the family unit are together and separately part of the greater society. Family members -old and young- together and separately, are responsible to society, and are at the same time, the responsibility of society. Neither owns one or the other.				
6) Becoming a high risk family is a process.				
II	II	II	II	II
1) Family is the elementary social group in society.	1) Service provided should be the highest quality possible within existing levels of funding.	What services should be provided to special groups such as the elderly?	.Children services -under auspices of Ministry of Social Services. .Adult services -under auspices of Ministry of Social Services providing income maintenance, family counselling, old age residential facilities.	.income maintenance .mental health institutions .day care (business day) .public health nursing .nursing homes .home care
2) Families that need help should have access to social services to mitigate existing problems and prevent ancillary concerns.	2) The development of a public policy is circumscribed by the present allocation of resources.			
3) Most families can cope with the stresses of life in our society.	3) A social service network is maintained which, while improved, is not fundamentally altered in form.		.Health services -under auspices of Health Ministry providing medical care -diagnosis/treatment, out-patient emergency services.	
4) Most families alone are capable of providing their older family members with an environment nurturing social well being.	4) A social service network exists that is discrete from the family's daily existence. It is a network that the user moves into either voluntary or involuntarily.		.Educational programming -under auspices of Ministry of Education providing elementary, secondary, university and continuing adult education services.	
5) Inherent in family relations is the ownership of the child, in the case of the elderly the adult child, either legal or social.	5) The social service network continues to emphasize crises intervention and problem solving.			
	6) The social service network continues to be ancillary to the family.			

CONCLUSION

This chapter has argued that the elderly are not a social problem; that aging is not a conundrum. This growing group of elderly persons live an old age that is socially constructed. The social creation of old age in Latin America and the Caribbean means poverty and dependency for the great majority. This section indicates that there are no easy answers or quick responses to the issues of individual and societal aging, for this question confronts our values, our social and economic practice and the structure of our society. The solutions to the life situation where many elderly people eke out an existence are those which resolve poverty and injustice throughout the region. To concentrate on highly specialized services or frivolous activities for the elderly only increases their marginal status.

For this reason, this chapter has argued that the elderly must become part of the development of their society but not just any type of development. Human scale development has been put forth as a development option and as a methodology for implementing development projects which will change the material conditions in which older people live. It is a development philosophy based on the actualization of the fundamental human needs of old people through satisfiers that the elderly themselves identify. This illustrates new ways of measuring human well being. Inherent in human scale development is the active participation of old people, protagonists, in the creation of their future through their activities in the micro spaces of society. Human scale development is based on the creative and synergic energy of human activity as it takes form in everyday life. It respects the diversity of the old which time and history have made more heterogeneous than homogeneous. It nurtures the growth of a democratic culture.

This chapter suggests that social policy for the elderly is not that distinct or diverse from social policy for all people. Various policy areas have been identified for public debate, analysis and action. Deliberations on these policies cannot take place outside the economic and social crisis which envelops the region. Moreover, the conversation between Alice and the Cheshire cat, quoted at the beginning of this chapter, highlights the need to build a new social consensus which will guide policy development in the area of aging; it will help us determine "where we walk from here".

The paper argues that it is people who should choose the limits of our social and economic policy. It is people who must solve the dilemma of planning the distribution of societal resources and opportunities in relation to needs, for if they do not, they will only increase social discord.

NOTES

1/ Due to the large size of China's population and its atypical age structure for a less developed country, the age structure of the less developed regions as a group is more representative of the existing in most of the countries in these regions if China is not included in the calculations.

2/ Hans Thomae, renowned German gerontologist, former president of the International Association of Gerontology and professor in the Department of Psychology at the University of Bonn.

3/ There is a third kind of change which is as important as the two mentioned, but which shall not be dealt with in this document. It involves sociocultural change, which has to do with the importance that society assigns to old age and the elderly.

4/ It is worth pointing out, even in passing, that this way of assessing human activity places secondary importance on other activities, which, being sustained, systematic and creating value, although of a different nature, could be considered work in a broad sense. This is the case with reproductive work and work on personal development. The latter is vitally important in the case of the elderly, where, perhaps, what is most appropriate is working on one's inner self.

5/ In a survey undertaken in 1970 in the European Economic Community it was shown that 81% of those between ages 50 and 55 often thought about retirement and that a third of these were anxious about retirement. A large part of this anxiety derived from the understanding that, after retirement, older persons lose their place in society and, according to their own perceptions, are divested of useful social function.

This coincides with findings of case studies in Chile. The majority of senior citizens studied expressed the wish to continue working because they felt capable of doing so, expressing at the same time discouragement because nobody accepted them, to the point of asking themselves, "What is left for us?" and convincing themselves that they were facing the end and that they declined because they were useless. Veronica Botteselle, Otro rostro de la vejez (Another facet of old age), Master's Thesis, School of Public Health, Santiago, 1982.

6/ At no time should one think that the solution would be to abolish retirement. What would be useful would be to create a role for the elderly, which is not an easy task since there are few precedents to follow and this role must be invented. For this there are some clues at large, such as the idea of senior citizen.

7/ One should specify that this situation affects men and women differently. The psychological impact caused by work retirement is greater for men, for whom remaining at home means becoming a nuisance to others, having nothing to do, getting bored and losing their value as individuals. The economic impact is greater on women, since the majority of them are economically dependent on their spouses and, upon widowhood, their annuities

and pensions are even more reduced than retirement pensions.

8/ This view coincides with the definition of health adopted in 1959 by the World Health Organization, (World Health Organization, Report of the Working Group on Aging), Report No. EURO 112, Geneva, 1959. There, health with regard to aging is defined in terms of pathological functioning and non-functioning. This report states that "...health in the elderly is best measured in terms of function...(and that the) degree of functional capability, rather than the magnitude of pathology, may be used as a measure of the amount of services which the elderly will require from the community".

9/ In order to understand the nature of the information it should be pointed out that the sample studied is at the national level for Panama and Guatemala, at the metropolitan area level for Argentina and at the level of seven major cities for Colombia.

10/ In Argentina the sample included Buenos Aires and five other cities with populations of 500,000 or more. In Chile it included Santiago and other cities with populations of 20,000 or more.

11/ The informal sector was operationally defined, following ILO practice, as that which includes those employed in the occupational categories of self employed workers - excluding those who are professionals and non-paid family workers. The formal sector includes employees and wage labourers, employers and self-employed professionals.

12/ Data available allow one to compare between cross sections of the population, i.e., comparing whether certain age groups earn more or less than others. To talk of progressive impoverishment, on the other hand, as was done in the analytical framework, presupposes, studying individuals' life histories and comparing periods of their lives.

13/ Definition of income. The definition of income varies from country to country. For Argentina, information given here refers to total net monetary income (excluding social security payments and in-kind income); for Colombia, total disposable net income, including in-kind envolments of salarial workers (excluding social security payments, capital income and income in-kind of self-employed workers); in Panama, total gross income (including social security payments and other forms of income; in Guatemala, income from work and from transfers (pensions, gifts, etc.).

Most income tables in this chapter are presented in terms of percentile distribution of the population or of households by income; only Table II. presents absolute income levels. Thus, in tables dealing with individual persons, those reporting no income are excluded and all income earners over age 15 are grouped by deciles, from the poorest 10% of income earners to the richest 10% of income earners. In tables dealing with households, these are grouped by deciles ranging from the poorest 10% of households to the richest 10% according to two forms of income measurement: total household income reported by all members, and total

household income per capita for each household.

14/ Problems in operation and especially financing should not lead one to cast doubt on the idea either, but rather to redefine the system's operative modalities, requirements for accessing benefits, etc.

15/ Defining the family is very difficult due to the wide variety of forms it assumes. The concept used here sees it as involving a set of persons united by a sense of belonging to a kin group and who feel tied by bonds of solidarity and affection.

16/ It is worth mentioning some of the many varieties and types of family which are often distinguished. The main one is between nuclear family - head/spouse/children - and extended family - head/spouse/children and other relatives. These two main distinctions may be : a) simple or composite, depending on whether the children are single, in the first case, or married in the second; b) complete if the head has a spouse or incomplete if not. Another important distinction refers to whether the bonds linking members are organized around the conjugal couple or are based on kinship ties.

17/ This hypothesis is not accepted by all authors. Moreover, the view is widespread that one of the traits of modern times is the passing of the predominance of the extended type of family organization to a nuclear one. This has led to the underrating of the extended family for not being modern. The opinion held here is that this type of family organization should be viewed as a strategy for survival which could be very appropriate given certain circumstances as opposed to being a backward or oldfashioned modality.

18/ This trend is confirmed if one compares it with census data available for other countries of the region.

19/ (Susan de Vos, 1986), using information from the World Fertility Survey, studied six countries: Mexico, Costa Rica, Dominican Republic, Panama, Colombia and Peru.

20/ From case studies undertaken by various classes of students in the course "Problemas Sociales" (Social Problems) given by the Catholic University of Santiago, Chile, throughout the decade.

21/ In this section we deal with the metropolitan area of Panama, since the 1982 survey is only available for that area. In other sections of this chapter, the 1986 Panama survey is at a national level.

22/ An exception within the Latin American and Caribbean region is the Cuban experience where the material basis for social well being, equality and dignity, as Cubans define it, is clearly outlined in their Constitution. This establishes the parameters for public policy which translates their principles into environmental supports for all Cubans which, of course, includes the old. Therefore, in the response to the questionnaire the Cubans stated that: "policy for the old is designed in conjunction with the State Committee of Work and Social Security; Ministry of Industry, Finance Committee, Committee of Prices, Committee of Statistics etc."

23/ Unfortunately, the Government of Argentina did not respond to the questionnaire on which the second appraisal of the implementation of the World Plan of Action was based. This, along with the fact that field visits were not possible has meant that the Argentinean experience with individual and societal aging, of necessity, has been left aside in this chapter. Clearly, the role of PAMI, the National Institution of Social Services for Retirees and Pensioners, must be understood and evaluated in order to assess if it might serve as an example throughout the region.

24/ Health as defined by the World Health Organization, that is, as a state of optimum physical, psychological, social and environmental well being, and not merely, the absence of disease and disability and the avoidance at premature death is a perspective far from being incorporated in the daily practice of most Ministries of Health in the region.

25/ Gerontology and geriatrics as academic fields often are confused. The Britannica World Language Dictionary defines gerontology as the scientific study of the processes and phenomena of aging while geriatrics is described as that branch of medicine which deals with the structural changes, physiology, diseases and hygiene of old age.

26/ Services such as primary care clinics, dispensaries, day centers, day hospitals, domiciliary care, physical and rehabilitative therapy, mental health services, institutional care etc. Data on the quality and quantity of such services, not to mention the principles guiding them, was unavailable.

27/ The Republic of Cuba is a notable exception where the State has established the material basis of human well being.

28/ Notably, Costa Rica mentioned that they are developing a productive experience managed by the old, and once this is evaluated, it will be made available to other organized groups of the elderly.

29/ Latin America is a continent whose population is overwhelmingly Roman Catholic. This is not to say that protestant denominations are not active but their presence is limited. Due to time constraints, it was not possible to incorporate into this study an analysis of the activities of various religious organizations in the Caribbean.

30/ The location of these experiments have not been identified as no evaluative information is available to indicate whether, in fact, these ventures can be considered self-management projects leading to autonomy and self-sufficiency.

31/ For example, in the membership list of the International Federation on Aging only two pensioners organizations appeared among the Latin American members. They are (i) Asociación de Pensionados del Gobierno de Puerto Rico and (ii) Sociedad de Jubilados del Litoral Atlántico, Barranquilla, Colombia.

32/ Greetings of Alfredo Di Pacce, representative of the CLAT, Central Latinoamericana de Trabajadores, to the Fourth National Congress of UNAP, the National Union of Pensioners of

Chile, April 21-22, 1989. Santiago, Chile.

33/ It has become common practice to use chronological age to define a point in time usually age 60 to indicate old age. There are many problems with this definition essentially static in nature rather than dynamic. It does not reflect the functional changes in individuals as they age. This is particularly important in many countries where the influence of socio-economic factors produce pre-mature aging and/or aging replete with disabilities.

34/ Some gerontologists classify the old old as those over 75 years of age while others prefer to categorize the old old as over 80 years of age.

35/ By 'articulation' is meant the construction of coherent and consist relations of balanced interdependence among given elements.

36/ Transdisciplinarity is an approach, that in an attempt to gain greater understanding, reaches beyond the fields outlined by strict disciplines. While the language of one discipline may suffice to describe something (an isolated element, for instance) an interdisciplinary effort may be necessary to explain something (a relation between elements). By the same token, to understand something (a system as interpreted from another system of higher complexity) requires a personal involvement that surpasses disciplinary frontiers, thus making it a transdisciplinary experience. (M. Max-Neef, et. al 1989, p.18)

37/ As used in demography and gerontology, cohort refers to all those born during some specified period.

38/ Chawla is using A.K. Sen's concept of entitlement and capability. An entitlement is the set of alternative commodity bundles that a person can command in society using the totality of rights and opportunities that he or she has. This entitlement can either enable a person to acquire some capabilities (the ability to do this or that, for example, be well nourished), or it can prevent him from getting some other capabilities. Thus, economic development can be seen as the process of expanding the capabilities of people. (For this discussion, see Chawla, 1988, p. 9-10).

39/ The following section on human scale development has been extracted from sections of Max-Neef, Manfred; Elizalde, Antonio; Hopenhayn, Martin. "Human Scale Development", Development Dialogue. No. 1, 1989, CEP/AUR/Dag Hammarskjöld Foundation.

40/ Housing programs that provide a roof to protect the physical being but that ignore the spaces necessary for social development and well being such as housing size, safe building standards, green areas, proximity to human services.

41/ Synergy in this context refers to the mutually cooperating action of separate substances which together produce an effect greater than that of any component taken alone.

In human scale development synergic satisfiers of fundamental human needs are those which, while satisfying a given need, stimulate and contribute to the simultaneous satisfaction of other needs.

42/ Although in the Judeo-Christian culture we have been told that "idleness is the mother of all vices", we strongly believe that inherent in idleness are many virtues. In fact, idleness and creation seem to be inseparable if the former is understood as "the state of mind and spirit that is inviting to the muses". A brilliant argument in defense of idleness is found in Bertrand Russel's "In Praise of Idleness".

43/ While explained in detail in Human Scale Development: An Option for the Future, it is important to note that for analytical purposes satisfiers have been grouped into five classifications: (i) violators or destroyers, (ii) pseudo-satisfiers, (iii) inhibiting satisfiers, (iv) singular satisfiers, and (v) synergic satisfiers. (See pp. 34-37).

44/ UNAP, the National Union of Pensioners of Chile, is employing this matrix as a diagnostic and planning tool to facilitate the development of policies to be advocated during the coming years of transition from dictatorship to democracy. Also, it is proving to be a useful tool in identifying internal modes of functioning and administrative procedures that must be changed.

45/ A progressive rather than regressive tax system could redistribute resources rather than, for example, a health care system based on an ability to pay.

46/ It is interesting to note that a new research project of the World Health Organization is to study the determinants of healthy aging, a process closely related to political objectives and programs intervening in the lives of old people. A healthy old age is defined as the conservation of autonomy (Litvak, 1989, p. 11)

47/ This calls for the same regulations for caring institutions whether they be public, voluntary non-profit or private profit making.

48/ In Mendoza, Argentina, the elderly are organizing into a system of monitors of the environment.

49/ The World Health Organization has identified applied research to meet data needs as one of its four major priorities for the period 1989-1995. (Litvak, 1989, p.3)

50/ This document has proposed a philosophy of human scale development based on the fulfillment of fundamental human needs.

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