

UNITED NATIONS
ECONOMIC COMMISSION
FOR LATIN AMERICA
AND THE CARIBBEAN



Distr.
GENERAL

LC/DEM/G.174
Series A, N° 309
30 December, 1997

Latin American
Demographic Center

ORIGINAL: ENGLISH

1999
INTERNATIONAL YEAR
OF OLDER PERSONS

**AGEING: FOUR DIMENSIONS
OF A SOCIETY FOR ALL AGES**

Santiago, Chile, 1997

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This document was prepared by the Population and Development Area of the Latin American Demographic Center (CELADE) and presented at the 1997 World Congress of Gerontology (Adelaide, Australia, 19-22 August, 1997).

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ABSTRACT

Ageing is product of fertility decline and results in a sustained increase of persons 60 years of age and above. In general, individuals abandon direct responsibilities in the world of work and become progressively dependent on family, community and society, involving a change in their living conditions.

Current population estimates indicated that in 1995 the number of persons aged 60 years and over in Latin America and the Caribbean was approximately 36 million and that figure is projected to more than double in the first quarter of the twenty-first century.

The Latin American and Caribbean Plan of Action on Population and Development reflects the concern of the countries in order to anticipate the effects of this process and recommends the formulation of social policies that ensures health care and social security services for this vulnerable group.

The Latin American Demographic Center (CELADE) is monitoring the trends related to the demographic transition and has observed the progressive impact of ageing. Special importance is given to the analysis of pension systems.

Concerning the aged persons, the concepts of biological age and social age are analysed as well as the multi-generational relationships, the economically active population and social security and health systems.

I. TOWARDS A SOCIETY FOR ALL AGES: A VIEW FROM THE LATIN AMERICAN AND CARIBBEAN REGION

I.1 An introductory note on ageing

Ageing is a multi-dimensional process, experienced by both the individual and the society. At the individual level, increasing age, product of the passage of time, is an irreversible chronological process leading through the various stages of the life cycle. During the final stages of the cycle, when individuals must often abandon direct responsibilities in the world of work, they become progressively dependent on family, community and society. Although the gradual transfer of age-related functions may take different forms depending on the nature of the relationships defined by a given societal context, it usually involves a substantial change in the individual's living conditions. The main challenge is to enable older persons to maintain high levels of dignity, self-esteem and physical and mental well-being. Their situation of relative dependency can be mitigated only to the extent that their individual potential is valued and actualized.

At the societal level, ageing refers to a change in the age structure of the population, manifested as a sustained increase in the proportion of persons aged 60 and over. Current population estimates indicate that in 1995, the number of persons 60 years of age and above in Latin America and the Caribbean was approximately 36 million; that figure is projected to more than double in the first quarter of the twenty-first century. It is therefore extremely important to analyse the sociodemographic characteristics of this group in order to determine its needs and capabilities. Although population ageing in Latin America and the Caribbean —brought about by a rapid decline in fertility and longer life expectancies— is a recent process, it is becoming increasingly common, and some of the problems it entails, related to social security and health care, have already become serious in several countries. The acceleration of the ageing process is demonstrated by the fact that in the 45 years from 1950 to 1995 the ratio of persons aged 60 and over to the total population rose by barely one and a half percentage points from 5.6% to 7.1%, whereas it is expected to increase by no less than seven percentage points within the next 30 years to over 14% of the population by the year 2025. Since the rate of increase in older cohorts far exceeds the rate of increase observed in other age groups, needs specific to older persons can be expected to show an accelerated increase in years to come.

I.2 Demographic ageing and the ECLAC agenda

The countries of the Latin American and Caribbean region have become aware of the importance of anticipating the effects of a process which, once initiated, has been developing at great speed. This concern has been reflected in the Latin American and Caribbean Regional Plan of Action on Population and Development adopted by the Economic Commission for Latin America and the Caribbean (ECLAC) pursuant to resolution 536(XXV). In chapter III of the Plan of Action, under the heading of population, development and the environment, one of the specific objectives (paragraph 62 (vii)) is to "consider mid- and long-term changes in population age structures in the formulation of social policies (health care and social security, employment, education and housing), in order to guarantee attention for faster growing and more vulnerable groups" (ECLAC, 1996, p.30). In the spirit of the Plan of Action, older persons form

one of those "faster growing and more vulnerable groups". Moreover, a special concern on this score is the growing significance of demographic ageing; this is made explicit in the specific objective stated in paragraph 62 (ix) of the Plan of Action: "to promote social participation and integration and ensure adequate attention, in the areas of health care and social security, for the elderly, whose numbers and relative weight will increase, given the demographic changes observed in the region" (ECLAC, 1996, p. 30).

The Plan of Action endorses recommendation II.1 (4) of the Latin American and Caribbean Consensus on Population and Development (unanimously adopted by the Latin American and Caribbean Conference on Population and Development preparatory to the 1994 International Conference on Population and Development):

"Taking into account the demographic changes expected in most of the countries of the region, including a significant increase in the number of elderly persons, it is recommended that policies be adopted to achieve more equity in the distribution of resources among the various age groups in the fields of health care, education, social security and social participation and integration. [In view of] the demographic ageing process and the consequent strong expansion of the elderly population, together with the negative effects on this population of adjustment policies and the decline in public spending on social services, it is imperative that steps be taken to develop the institutional mechanisms needed in order to provide social security and health services to this segment of the population, taking into consideration the specific needs of its various age subgroups" (ECLAC, 1993, p.8).

The Plan of Action goes further in defining regional activities to be carried out jointly by the countries. In particular, it recommends that the countries of the region organize and execute research projects to broaden and deepen knowledge about key aspects of population dynamics, paying special attention to how they interact with the socio-economic and cultural context. Along this line, the Plan of Action encourages joint research activities devoted to analysing socio-economic trends in population ageing and their effects, with a view to suggesting policy measures related in particular to social security and health care. Lastly, according to a recommendation derived from the Plan of Action, the ECLAC sessional Ad Hoc Committee on Population and Development was established on the occasion of the twenty-sixth session of the Commission in 1996. During the first meeting of the Ad Hoc Committee, the Director of the Latin American Demographic Centre (CELADE) presented a note by the secretariat which included some considerations on ageing and on the concept of intergenerational equity.

I.3 Some activities carried out by ECLAC/CELADE

Pursuant to the mandates issued by the countries at ECLAC sessions, the guidelines contained in the Plan of Action and Consensus and requests from national institutions for technical cooperation and training, CELADE has been involved in several activities on ageing. The first of these tasks is to monitor trends related to the demographic transition processes occurring in the region. It is observable that despite the differences that still persist, a significant and rapid decrease in fertility has occurred in the majority of countries. For the Latin American and Caribbean region as a whole, the total fertility rate has dropped drastically from 6 children per woman in the early 1960s to under 3 in the 1990s. Progress has also been

made with respect to mortality rates, resulting in an increase in life expectancy between 1950 and 1995 from 52 years to nearly 70 years. As a result of these changes, the average rate of natural increase has declined from 2.7% in the 1950s and 1960s to 1.8% in the early 1990s. These demographic trends, especially those related to fertility, are modifying the age structure of the population and accentuating the ageing process. The impact of the progressive ageing of the population is especially noticeable in countries in later stages of demographic transition, particularly in the Caribbean and Southern Cone subregions.

A second task CELADE is working on is that of determining the living conditions of older persons in the region. In addition to overviews of the situation of the region as a whole, a detailed analysis was done on a country in a late stage of demographic transition (Argentina), using information provided by a survey undertaken by the Pan American Health Organization (PAHO). A similar study was recently started using census data and information from household surveys conducted in two countries (Chile and Panama) which are at an intermediate stage with respect to population ageing. In addition, CELADE has sponsored several international meetings in the region on the living conditions of older persons, which have been attended by specialists from a variety of different disciplines, whose contributions have highlighted the multisectoral nature of social gerontology. One of these events was a seminar-workshop on integrated care of the elderly in Latin America and the Caribbean in late 1992, organized jointly by CELADE, PAHO and the International Centre on Ageing. This meeting culminated in the approval of a Declaration of Consensus, which addressed specific aspects of older persons' well-being and quality of life, including an review of the current status of gerontology in the region and specific guidelines for care of the aged.

As part of a third task, CELADE is concerned with studying the significance of demographic ageing for pension systems. This line of research seeks to evaluate the impact of demographic trends on social security components. Special attention has been paid to analysis of the consequences of ageing (with reference both to cohorts and to the population as a whole) on old age pension systems, the main component of most social security systems in the region. Although such systems are strictly controlled by legislation and administrative regulations and are naturally affected by conditions in the general economy and the labour market, it is undeniable that population ageing significantly impinges on their effective functioning.

I.4 Comments on the conceptual framework

The unifying theme of the International Year of Older Persons in 1999, "towards a society for all ages", and its four dimensions (situation of older persons, life-long individual development, multi-generational relationships, and interrelationship of population ageing and development) are fully consistent with the main tenets of the strategy for fostering economic and social development in the 1990s proposed by the ECLAC secretariat to the Governments of the region. This proposal, based on the concept of "changing production patterns with social equity", aims at overcoming the serious crisis the region experienced in the 1980s by addressing the structural roots of economic stagnation and social imbalances. Although it may be out of place here to discuss this proposal in detail, some of its features are relevant to the society-wide and life-long approach to ageing that underlies the preparations for 1999 and beyond.

First of all, one of the main points of the proposal is that technological change must be incorporated all along the production chain. This need stems from the search for greater competitiveness, which in a globalized world economy can be achieved only by increasing productivity. Achieving a sustained increase in productivity demands a savings and investment strategy and, even more importantly, a strategy for improving the capacity of human resources by training them to adopt and adapt to technological change. Second, in order for higher productivity to be sustained, it must be extended to all sectors of the productive system and to the whole range of social agents. In consequence, improvements in human resource capacity cannot be limited to the managerial area alone, but must embrace all wage earners and all the various actors in both the private and public sectors. The productivity of a given economic unit increases not only as a result of what happens within the unit, but also as a consequence of the productivity attained by suppliers, service providers, public administrators and even competitors.

A basic assumption underlying the above argument is that all social actors are part of the endeavour to raise productivity and consequently are fully entitled to share in the fruits of the increase. Unlike a strategy based on one sector only —as, for example, the natural resources exporting sector— the proposal for changing production patterns with social equity is inherently equitable, and hence the word "equity" is part of the title. There are, of course, other social, ethical and political reasons that make equity a precondition for development and a mandate for the region. Now, the equity problem has many dimensions. There is the question of equity among the factors of production, among social strata, among the inhabitants of rural and urban areas, among different ethnic groups. There is, of course, the question of equity between genders and, lastly, equity among different age groups. In fact, it would be very difficult to conceive of an equitable society that restricted its concern for equity only to those directly participating in production.

This issue, then, has a very direct bearing on the main theme announced for the International Year of Older Persons. If the Latin American and Caribbean region succeeds in finding its way towards progress and justice, it must not leave its older persons behind. The key question is how to help this age group participate fully in what progress makes possible and justice requires. The whole subject of pension and retirement systems is dominated by this question, as are also the topics of health, housing, leisure and even education for older persons. More generally, the social integration of the elderly is a fundamental equity-related issue.

The very notion of a "society for all ages" reflects a concern for age integration. In this regard, it is well to bear in mind that many of the equity issues relating to older persons are also applicable to the rest of society. Hence the need for a comprehensive policy for older persons to be supplemented by the preparation and execution of specific initiatives aimed at supporting those groups which are most vulnerable from a socio-economic standpoint. In short, important consequences for older persons derive from the strategy of changing production patterns with social equity, especially with regard to the equity variable. Therefore, the following considerations are intended to serve as analytical background information for the design and implementation of policies to ensure equitable treatment of older persons.

third of men aged 65 and over continue to engage in economic activity. Although during the last 15 years these participation levels appear to have undergone a slight decline, all the evidence suggests that the present situation will persist until the end of the first decade of the twenty-first century.

Participation rates for older men, especially those for men over 64, naturally differ from country to country. The heterogeneity observable in the region is associated with a variety of factors, such as the degree of diversification of productive structures and the stage of demographic transition. In addition, differences within countries are also marked; for instance, labour force participation is consistently found to be higher in rural areas, where the limited coverage of retirement systems, the prevalence of traditional livelihoods in which family plays an important role and the strong tendency towards out-migration among young adults are among the contributing factors to higher participation rates among older workers.

It may appear surprising that labour force participation rates for older women are markedly lower than those for older men; the disparity, however, is not limited to older persons. According to available information, women account for barely one third of the total economically active population of the region. There is general agreement that the extent of female involvement in labour is underestimated; conventional instruments have proved inadequate to measure the full extent of the female contribution to national economies. Apart from the fact that women's work in the home is not assigned an economic value, conventional data collection instruments use criteria that are inadequate in a cultural context in which women's labour is denied real social recognition. Several research studies have found, for example, that many women who describe themselves as economically inactive are actually performing tasks that are crucial to household support. Such activities are often in traditional sectors of the economy, are difficult to distinguish from work within the family and are performed in scattered time segments. For these reasons, it is not surprising that participation rates for older women are reported as significantly lower than those for men of the same ages.

Notwithstanding these shortcomings, the regional data do show that one fifth of women aged 60 to 64 form part of the economically active population and that around 10% of women older than 64 are working. Although female participation rates vary less between countries than the figures for men, there are some differences among women in the over-64 age group; labour force participation by women in this age group tends to decline in more developed countries. Although variations in female participation between urban and rural areas are less clear than in the case of males, rural rates are higher for the region as a whole, especially for women over 64 years of age.

These figures show that in Latin America a large proportion of older persons remain in the labour force. The high figures, particularly for the age group 65 and up, suggest that the need to earn a living makes work compulsory for older persons. This type of labour force participation, far from being a voluntary choice, results from the limited coverage of retirement systems in many countries and the small income provided even when such systems do have wider coverage. As already suggested, these marginal conditions are particularly prevalent in rural areas, where low levels of productivity translate into low pay. Moreover, an analysis of available data reveals that a high percentage of economically active persons aged 65 and over work a number of hours per week that exceeds legal norms. This is a further indication that remaining economically active is neither a voluntary choice nor a way to fill "free time".

The number of persons reaching old age has progressively increased in absolute and relative terms, and the proportion of their lives lived in old age is also greater. Although the desire to live a long life has become a reality, it is not clear that this progress has been accompanied by an improvement in the quality of life. Since a number of factors contributing to population ageing, such as the availability of contraception and means to prevent premature death, cannot be directly attributed to higher socio-economic development, this ageing process has developed rapidly in societies apparently not ready for it. Moreover, a number of the most obvious manifestations of social change, such as migration of young adults, greater participation by women in the labour force or changes in family functions and structure, have undercut traditional ways of caring for the elderly. These changes have caused older persons to lose the recognition and importance they might have been accorded in the past, while at the same time depriving them of support in their daily lives. In short, society's response to the specific needs of a population of which older persons form a growing proportion has been slow and inadequate. This lag is most clearly evidenced in the area of health.

The demographic transition, the leading factor in population ageing, is interrelated with the epidemiological transition, which refers to a shift in morbidity patterns from a prevalence of infectious and acute diseases to a prevalence of chronic and degenerative diseases. It has been found that demographic transition goes hand in hand with epidemiological transition. The initial decline in mortality, which triggers demographic transition, is largely the result of a reduction in contagious diseases contracted at young ages; as children survive and grow up, they become increasingly exposed to risk factors related to chronic diseases and accidents. On the other hand, as a result of declining fertility rates and population ageing, which occur at advanced stages of demographic transition, the growing number of older persons causes national morbidity patterns to show a higher incidence of chronic and degenerative diseases. In consequence, as demographic transition progresses, the incidence of mortality progressively shifts from younger to older age groups. The heterogeneous nature of this process in Latin America and the Caribbean is illustrated by the contrast between countries in which more than half of deaths still occur among persons under the age of 15 and others in which a higher proportion of deaths occur among persons aged 65 and over. Thus, although the age structure of a population is shaped mainly by fertility, it is also affected by changes in age-specific and cause-specific mortality rates. In short, there is a gradual decrease in the incidence and lethality of infectious, contagious and parasitic diseases characteristic of childhood and youth and a simultaneous increase in chronic and degenerative diseases characteristic of old age.

If one of the aims of society is to ensure that longer life expectancy is accompanied by good health, initiatives should be designed on the basis of an adequate knowledge of the interrelationship of infectious and chronic disease; this entails an approach to the study of ageing that considers epidemiological characteristics. Although reliable data on morbidity are not yet available for the countries of the region, the prevalence of certain causes of death provides a preliminary indication of the health problems faced by older persons and can serve as a starting point for the setting of more realistic health goals. Although the data on causes of death are insufficient to evaluate the interactions of risk factors, analysis of the data reveals that despite some common patterns observable among Latin American and Caribbean countries, there are differences that point to areas in which health and education initiatives could be more effective. Indeed, differences in causes of death among countries and within countries underline the unevenness of the epidemiological transition in the region: it has progressed to an advanced

stage in more developed areas—large cities and certain subregions—while in less developed areas—rural environments and marginal urban sectors—illnesses related to underdevelopment and poverty are still very important and have a great impact. As a result of this heterogeneity, most countries are experiencing superimposed stages of the epidemiological transition, manifested by the juxtaposition of high incidences of infectious, parasitic and chronic diseases. The differences are wide enough to support the conclusion that the epidemiological transition in the region has become polarized, with obvious consequences for the health care of older persons.

The most frequent causes of death among the elderly are often assumed to be inevitable; in view of the serious implications of this assumption for public policies that influence old-age mortality, however, this apparent inevitability should be re-examined. Moreover, once substantial reductions in infant mortality have been achieved, as has already occurred in a number of countries of the region, future increases in life expectancy will depend on the extent to which adult mortality can be reduced. Some of the most frequent causes of death among older persons can hardly be considered inevitable, as can be seen from the prevalence of deaths caused by infectious and parasitic diseases in several countries. Even some non-communicable diseases may be avoidable; the high rate of mortality from circulatory system disease in Argentina seems to be related to excessive red meat intake, while the high incidence of cirrhosis of the liver in Chile and Mexico could be the result of heavy alcohol consumption. This example illustrates the connection between action taken in the health field and in other social arenas; the two above-mentioned behaviours can, as it happens, be modified through educational strategies. There is also much that can be done to prevent some other causes of death, such as diabetes, chronic respiratory disease and some malignant neoplasms, which require early diagnosis and treatment, and to raise awareness of the need to change personal habits. Early adoption of health-protective lifestyles—regarding smoking, alcohol consumption, food intake and exercise—may have a considerable impact upon the individual well-being of older persons.

In the Latin American and Caribbean countries, changes in the mortality structure make it evident that the task of health services has become increasingly complex. Although non-communicable diseases have become prominent in epidemiological profiles, in many countries communicable diseases continue to be important. This double challenge, which calls for flexible and adaptable strategies, compounds the need for wider coverage of service in order to provide care to relatively unprotected social groups and rural areas, for technological improvement and for increased productivity and human resource training. Additional efforts are also required to overcome some traditional biases, such as the tendency to stress treatment of acute diseases, the heavy commitment of resources to hospital care and the lesser importance accorded to promoting health and preventing illness and disability. The proliferation of health subsystems and programmes—in addition to hindering coordination and regulation of functions—has accentuated the inefficiency and raised the cost of care that is not necessarily either timely or of high quality. This situation also tends to replicate inequality in the nature and distribution of services.

As presently organized, the capacity of health systems to respond to the specific problems faced by older persons is limited. In order to enhance this capacity of social response to needs that are growing in number and diversity, it has been suggested that older persons should be included in integrated social systems that emphasize primary, decentralized and participative health care. Community care appears to

be less expensive and more efficient than institutionalized care. Small investments in this type of care are likely to be of great benefit to the health of older persons. Within this sphere it is possible to encourage self-care and informal care; participation of the family and community in promoting health may play an especially significant role with respect to care of older persons.

If health in older persons is understood as maintenance of their capacity to function (PAHO, 1982), the aim of health care systems should be to enable a larger number of older persons—in both absolute and relative terms—to remain part of their community, enjoying good quality of life for the longest possible time. Promoting long life with good health entails preventing, delaying or mitigating the problems that can affect individuals' capacity to function independently, in addition to creating support programmes. Greater emphasis on primary care—which must, of course, be adequately coordinated with the rest of the health system—would also allow for the exploration of mechanisms to ensure complementarity between health initiatives and other social services actions; in fact, traditional boundaries between social sectors result in segmented practices which prevent the achievement of integral care and create confusion among older persons. In addition, maintaining older persons in their communities requires initiatives aimed at actualizing their potential and keeping them actively interrelating with younger people and other members of their own age group; physical and mental health depends to a great extent on the quality and depth of the individual's social interactions.

Any health programme intended for older persons should be appropriate to the social context in which they live and should be consistent with other policy initiatives. In this regard, it is particularly important to identify the target groups on which the greatest efforts should be focused or concentrated. Economic insecurity (due either to a lack of gainful employment, low labour income or a small retirement pension), intensified by other forms of social inequity (unequal access to health care, for example, characteristic of many countries of the region), results in a high incidence of poverty, which in turn constitutes the biggest risk factor for poor health among the elderly. One of the first steps in reducing these inequities—product of an historical lag aggravated by the operation of market mechanisms—is to fill in the gaps in knowledge about the location and characteristics of poor groups among the older population.

Among the poor there are particularly serious manifestations of vulnerability requiring special attention, such as the increasing number of older persons who live by themselves in substandard housing. This is particularly true of women, who may live many years as widows because of their longer life expectancy combined with a cultural tradition of marrying older men. There are also a large number of women who, never having had gainful employment, lack a source of income and are not covered by social security. In many cases, the greatest limitation these individuals face is economic, although the absence of timely preventive health interventions may become a serious problem, especially for the more elderly.

Migration has also been a factor in creating situations of vulnerability. The emigration of young adults has turned many rural areas into places where only older persons reside (including many lone men) without the support necessary to ensure survival; the scarcity of social services in those areas intensifies their helplessness. On the other hand, many of the older persons living in cities are former immigrants whose relatives and friends remained at their place of origin; separation from members of their own

generation, together with the absence of children (who due to changes in patterns of family organization have formed separate households), leaves them isolated and helpless. These effects of migration are not limited by national borders; in several countries of the Caribbean it is obvious that international emigration of young adults not only accelerates population ageing, but also seriously affects the living conditions of older persons, because, among other reasons, it decreases their sources of economic support and reduces the numbers of those providing care and services.

II.2 Life-long individual development

The challenges associated with ageing should be examined from two complementary viewpoints. At the macro-social level, population ageing affects basic economic, sociocultural and politic structures and institutions; in consequence—as acknowledged by the four dimensions of the theme “a society for all”—ageing has implications both for development in general and for intergenerational relationships. At the micro-social level—family, spouse or self—the passage of time brings a variety of changes, which go beyond the biological: the individual’s perception of self (the psychological dimension), others’ perception of the individual (the cultural dimension) and the individual’s place in the community (the social, economic and political dimensions) also change with advancing age. To say that old age is a difficult stage of life that presents specific challenges is merely an unhelpful generalization. All stages of life involve biological, psychological and socio-economic problems that individuals, families and societies must work at overcoming. Old age is just another link in the long chain of life. This being so, continuing personal development can help in dealing with the progressive advance of age. The special feature of old age is that it is the last link in the chain; hence it is associated with a progressive loss of capability and carries negative social and individual connotations, which are defined and fostered by a cultural environment that tends to emphasize the effect of biological changes. Yet these changes, besides varying significantly among individuals and social groups, are not the only—in many cases not even the main—determinants of the psychological and socio-economic changes that make old age more problematic.

Chronological age has been traditionally regarded as the most appropriate measure to define old age and its sub-stages; however, there is general agreement that the relationship between age and ageing is neither direct nor causal, since the key factor is not the number of years lived, but the quality of life. Beyond its biological meaning, which is closely related to chronological age, but is modified by environmental factors and individual genetic make-up, age has subjective and social dimensions. Subjective age refers to psychological ageing and to the way the individual faces and resolves the problems posed by disorders related to the advance of biological age. Naturally, subjective age, which involves the capacity to accept oneself and to find one’s place in an externally defined context, is influenced by society’s valuation of old age and by individual experience; the individual’s self-image is to a great extent shaped by others’ perceptions. Therefore, if the society’s image of older persons is a poor one, a conflict arises between subjective and biological age. This discrepancy is at the root of a number of pathologies and psychological problems—*anxiety, depression, denial, lowered self-esteem and self-aggression*—which may affect older persons facing the coming of age and its consequences, both personal (physical limitations and dependency) and social (disparagement and under-valuation).

Social age refers to the dominant societal definition of old age and is shaped by both formal components (such as statutory provisions governing retirement) and structural components, which together determine the roles older persons can play in society and the behaviour expected of them in daily life. An aspect worth stressing is that social age varies a great deal among countries and cultures. It has often been argued that in traditional societies people have much less trouble adapting to old age. According to this argument—which equates traditional society with patriarchal society—in such societies the flow of wealth and power is from the younger to the older generations (the image of the tribe led by its eldest member is the paradigm for this argument). The assumption is questionable, since, as a number of research studies suggest, it is likely that the high mortality and the many life-threatening risks encountered in traditional societies cause the scarce resources available to be invested primarily in ensuring the survival of the children. Moreover, because of high mortality rates, families composed of more than two generations are not common enough to be of great significance. In contrast, the prolongation of life expectancy beyond the normal working age has increased the probability of coexistence of multiple generations, without necessarily implying a proportional increase in interactions between them. Although this change opens up new prospects for older persons and gives them an opportunity to redefine their social roles, society has not yet established with sufficient precision and efficacy the practical and conceptual structures needed to adapt to this new situation.

In spite of their heterogeneity with respect to the demographic and epidemiological transitions, in all the Latin American and Caribbean countries life expectancy is being progressively prolonged beyond the age normally associated with the end of labour force participation. Between 1950 and 1995, for example, the expectation of survival beyond age 60 increased from 9 to 16 years for Bolivian men; the change in this respect for Chilean women was from 16 to 22 years. Although this addition to the life span is long enough to allow older persons to figure largely in society, the increasing probability that generations will coexist entails the risk that daily intercourse between them may weaken. This could come about because of a conflict over the allocation of resources and affection in a scenario in which, given certain mortality and fertility conditions, a generation of young adults were caught between the needs of the preceding and succeeding generations. The available evidence suggests that it is not truly a widespread problem: young adults who are completely out of touch with their parents would appear to be the exception rather than the rule.

The mechanisms for adapting to the changes induced by more extensive intergenerational coexistence must go beyond economic support and health care of the elderly. The challenge is not only to improve their objective living conditions, but also to enhance the valuation of older persons as such, so that their capabilities are respected and utilized. In Latin American and Caribbean societies at present, the concept of social age exacerbates the actual limitations of older persons. There is a tendency to stress their dependency, while placing great value on youth or young adulthood; meanwhile, the accumulated and potential skills of older persons are ignored and wasted. Hence, policies directed at older persons need to take into account all three of the above-mentioned ages. Moreover, in view of the many ramifications of these three manifestations of age, such policies must take an integrated approach that is both multi-sectoral and multi-scale, embracing both the micro-social (individual and family) and macro-social (institutional and societal) spheres. In addition, to ensure their efficacy, such policies should be conceived as a set of successive interventions beginning at an early age.

With regard to biological age, as discussed in an earlier section, priority should be given to the design of strategies aimed at preventing, delaying, curing or mitigating the biological and physical deterioration that is unavoidably associated with advancing years. This entails regular monitoring of the individual's state of health, nutrition and lifestyle. The vigilance necessitated by biological age has its counterpart in initiatives aimed at the other two dimensions of age. All such initiatives should emphasize the concept of personal development, understood as a process of continuous change shaped by the active attempt to deal with different life situations. So viewed, personal development has no specific duration, and old age is just another stage of life for which individuals and societies must find new answers.

With regard to subjective age, empirical studies have shown that the predominant mood among older persons is resignation, which frequently feeds into and exacerbates their subordinate position within family and community by encouraging isolation or conformity. The reaction of a minority is desperation, which initially leads to over-exertion and subsequently to episodes of depression and anxiety syndromes. A third group of older people, also in the minority, wisely accept the arrival of old age and while recognizing the limitations it imposes, define and discover opportunities for participation that allow for their continued personal development. It is generally agreed that encouraging self-confidence is fundamental if the attitude of this third group is to become the prevailing mood of society. This is the rationale for efforts to prepare individuals early in their lives to deal with the changes old age will bring. This involves more than courses, meetings or lectures on "learning to be old" or training programmes to fit older persons for some productive or domestic work. Although such activities are always useful, other initiatives are required to enlist the household unit and the community as a whole in promoting ways and means of interaction that will foster cultural change, thus contributing to an enhanced social valuation of older persons.

Although in Latin America and the Caribbean a number of programmes addressed at promoting self-confidence have been tried, many are targeted only at older persons and lack a strategic framework for ongoing, life-long action. One of the most common approaches has been to promote interest groups and communities in which older persons may find opportunities to realize some of their potential. The formation and shaping of these communities could turn out to be politically relevant in the not-too-distant future, particularly if they prove effective as a means of civic expression for older persons. District senior citizens' organizations in Argentina and circles of older persons in Cuba are interesting experiments in this regard. Another approach is to encourage older persons to assume roles that involve some sort of work within their communities, which may entail productive activities or assisting in the community or at home. The aim is to avoid the feelings of dependency and non-productivity, so damaging to self-esteem and self-confidence, that often develop after retirement. Although the quantitative and qualitative impacts of such initiatives have not yet been evaluated, the response makes it clear that they are addressing a felt need, although they are far from being able to fill it. This unmet need will become critical if the older segment of the population increases as rapidly as expected in the next few decades.

With respect to social age, reversing the structural forces that feed into a poor image of older persons may be a difficult and fruitless task. Even so, an effort must be made to overcome inertia. At this point, it is reasonable to speculate about the changes social age may undergo in the future, in view of the projection that 20 out of every 100 persons worldwide will be 60 years of age or more by the year 2050.

This question is especially relevant for the Latin American and Caribbean countries in late stages of demographic transition (Argentina, Uruguay, Chile, Cuba and a number of the Caribbean countries), where a quarter of the population is expected to be 60 years of age or more by the year 2050. Since the public sector—and even more so, the private—is more concerned with the present than the future, it is not advisable simply to wait for the social perception of older persons to improve thanks to the sheer weight of their numbers. Initiatives are needed to bring out neglected or undervalued aspects of old age. Pity and piety are not consonant with the image of active and self-respecting older persons participating fully in their communities. Nor should it be assumed that a change of attitude is required only among those who are not old; it is also necessary to encourage older persons to have an open attitude towards subsequent generations. In other words, a general consciousness-raising is needed to facilitate and stimulate interaction between generations on terms of greater equity and respect.

II.3 Multi-generational relationships

In every society which seeks to achieve some degree of equity among its members, resources will tend to be transferred from net producers, whose production exceeds their consumption needs, to net consumers, whose productive capacity, defined both by social norms and practices and by individual capacities, prevents them from meeting their needs (their own and those of their family group). Since transfer is intrinsic to social survival, all societies throughout history have developed resource distribution mechanisms of varying kind and scope. Through systems of taxation, the State transfers resources from one cohort to another, by means of social security systems, for example. The family also acts as an agent of transfer for resource flows between generations, by, for example, providing care for older members. Yet another mechanism is the private capital market, which, among other things, makes it possible to transfer resources from an early stage of an individual's life cycle to a later one.

The above-mentioned mechanisms set up situations in which multi-generational relationships come into play and establish the conditions under which the lives of individuals progress with varying degrees of independence or interdependence. These observations are especially relevant for older adults. Apart from the role the community sometimes plays as an intermediate social entity, these three mechanisms create the main scenarios that face older persons. They may survive on contributions provided by the State; they may be supported in multi-generational households; or they may live on income derived from investments made at earlier stages of their lives. With the aim of exploring the multi-generational relationships in which older persons participate, the discussion that follows will deal with some aspects of the family—including the possibilities for independence—and with pension systems, which involve the State and the market.

As they grow older, many persons must leave their jobs, either because their productive skills are no longer in demand, because they are eligible for retirement or because they have developed some type of physical or mental disability which prevents them from working. With the consequent reduction in their economic contribution, they are at risk of becoming dependent on transfer systems; the dependency is naturally greater when physical or mental abilities are diminished. The family has historically been conceived as the social and biological unit which—in addition to sustaining and contributing to primary socialization of new members of society and providing bonds of affection throughout a lifetime—is

supposed to provide emotional, economic and social support and health care to its older members. However, the latter function of the family is a culturally defined attribute that varies among contemporary societies and through time. In Latin America and the Caribbean, the absence of a tradition of institutional and community care of older persons, explainable by the small proportion of older people among the total population until recently and by limited social security coverage, has made the family the unit responsible for caring for older persons and providing them with a place in society.

Despite the above observations on the role of the family in caring for older members who become dependent, data on Latin American and Caribbean countries indicate that a large proportion—in some countries as much as 75%— of persons up to 75 years of age—mainly men— identify themselves as heads of household (after age 75 the percentage drops off sharply). The concurrence of the rest of the household in the identification may in some cases be merely a formal recognition; cultural traditions that dictate respect for elders may mask a situation in which actual leadership is exercised by other members of the household. Although differences among countries make it difficult to generalize, the available data do not support the conclusion that dependency is broadly characteristic of older persons in the region. The high labour force participation rates discussed earlier point in the same direction.

In view of the small numbers, in both absolute and relative terms, of older persons living in collective residences, institutionalization of older adults in Latin America and the Caribbean seems to be the exception. Institutions for the elderly are few and are chiefly asylums for the most destitute supported by the public sector or by charities. While there are some for-profit institutions, a more common living arrangement for older persons—and apparently a growing trend—are one-person households, to be found mainly among middle- and high-income strata in urban areas. Nevertheless, the great majority of older adults who are not heads of household live with relatives, usually their children or spouses. This bears out the perception that in Latin American and Caribbean countries it is the normal thing for older persons, including many of those who are heads of household, to live with family members. The very strong tendency on the part of older adults, a great many of whom may not be dependants, to reside with family suggests a pattern of interdependence within the household and the family. Unfortunately, little information is available on the nature of the multi-generational relationship resulting from these residential arrangements, and it needs to be analysed more in detail.

A number of structural changes that have occurred in the region have affected the meaning and function of the family, influencing relationships among its members, particularly those between younger and older members. These structural changes have substantially undercut the importance of the family as a unit of production and consumption, and this in turn has brought about a redefinition of familial relationships and roles. The extended family, which used to be more common in the past, when conditions made it more useful, was the product of higher fertility rates and was seldom composed of more than two generations; with lower life expectancies, the probability of a family's encompassing three or four generations was small. Socio-economic changes have altered the material basis of traditional cultural values and precepts, including those regarding the value assigned to older persons. These sweeping structural changes, combined with rapidly declining mortality and fertility rates, massive rural-urban migration and increased entry of women into the labour force, have been instrumental in altering the position of older persons in society and within the family. In this scenario of change, rapid population

ageing may have become a source of tension for the family. While a larger number of older persons remain alive for longer and are therefore, other things being equal, more likely to become eventually incapacitated, responsibility for their care has to be shared by a decreasing number of children.

The above changes call into question the role of family as practically the sole source of support for older persons and pose the challenge of finding ways to harmonize equity in multi-generational relationships with intra-generational equity. Although it is commonly said that the family household is the most appropriate residence for older persons, it is not clear whether residing with other generations is a more satisfactory option for them than living with just their spouse. Since a large proportion of multi-generational households in Latin America and the Caribbean are in low socio-economic strata, it is likely that many of the living arrangements are the consequence not of family affection but of economic need. The few studies available indicate that, owing to the social inequalities prevalent in the region, most of the older persons residing in multi-generational households are living in poverty. The situation is even more serious in households composed of three generations than in those where only two generations live under the same roof. Under these conditions it is doubtful, in the absence of a formal care system, that older persons can be effectively cared for by other family members. Although care of the elderly continues to be a responsibility recognized by families (and usually assigned to the women, that is, the wives or daughters), the quantity and quality of care is reduced in multi-generational households because of the scarce resources available and the conflict entailed in allocating them among the preceding and following generations.

In short, in Latin America and the Caribbean older adults living in multi-generational households are among the most destitute and receive almost exclusively informal care. Economic deficiencies and the lack of timely preventive health care result in accentuated vulnerability and heavy dependence on other family members; these conditions are particularly marked in the case of widows. Older persons belonging to higher socio-economic strata are in a very different situation: they usually live in one-generation households, and since in general they have attained a higher level of education and have a greater probability of surviving together with their spouses (thanks in part to access to high-quality health care), their level of independence is also higher. Their independence (not inconsistent with "intimacy at a distance") is made possible by economic security, which allows, among other things, for hiring some kinds of domestic help. Although this type of living arrangement among persons at higher-income levels appears to correspond to their more individualistic outlook, it is likely that many older persons would actually prefer to live in one-generation households, but are prevented from doing so by their material circumstances. In this environment of socio-economic inequality, demographic trends have a different impact on different segments of the population. As a consequence of the demographic transition, as the number of older persons rapidly increases, the number of young persons who might care for them decreases. The effects of these trends hit poor households particularly hard. In addition, the trend towards greater labour force participation by women may exacerbate the already inadequate care of the elderly.

The conditions described above and the changing trends already observable in a number of countries make it necessary to design strategies to assist poor multi-generational households. Otherwise, the role of the family as one of the main channels of inter-generational transfer, one which is irreplaceable with respect to non-economic support of older persons, will continue to deteriorate. Fostering greater

community support for older persons in the areas of risk prevention, daily care assistance, food preparation, emergency assistance and intermediation in dealing with formal care institutions would help to alleviate part of the burden that poor multi-generational households must bear. Older persons could participate directly in some of these activities, thereby making such initiatives not only an expression of intergenerational solidarity, but also a source of support to the participants. Nor should the possibility be disregarded of involving older adults in other community responsibilities, such as shopping, child care and environmental clean-up and restoration. Their performing these tasks would strengthen intergenerational interdependence and establish bi-directional flows between generations.

Community initiatives in favour of a reinforcement of the role of poor families with respect to older persons are feasible only if there is social consensus on resource transfer. Moreover, the effectiveness of initiatives to support informal care will be greater if at the same time the coverage of social services administered by the public sector is extended. Public-sector services should include, among other things, specialized institutions for the severely incapacitated, although such institutions, because of their high economic and psychological costs, should be a last resort. A system of intervention such as that just described is, of course, merely a palliative and will be more effective if it is accompanied by systematic and sustained efforts to eradicate the most serious forms of poverty by attacking their root causes.

A particularly important factor affecting the living conditions of older persons, one that has a direct bearing on independence and intergenerational solidarity, is their marital status. According to the information provided by censuses conducted in Latin American and Caribbean countries, between one quarter and one third of those aged 60 to 64 have no spouse, being either widowed or single. Among those aged 75 and over, the proportion rises to more than half, and in some countries exceeds three fifths. As is readily apparent, a large percentage of older persons have lost a spouse, a situation that leaves them with unmet emotional needs and undermines their emotional stability. Widows are more common than widowers: among women, only one quarter to one third of those aged 75 and over live with a spouse. The more isolated situation of women is to a great extent due to differences in gender-specific life expectancies. However, there are other contributing factors, such as the cultural patterns that men tend to marry younger women and are more likely to form a new union after widowhood and in general throughout their adult life. One finds a higher proportion of women living alone in urban than in rural environments; this difference may be due to the historical selectivity of internal migration by gender.

In general, loss of a spouse intensifies dependency on the other members of the family; it is also a personal stress factor that makes daily existence more difficult and reduces social interaction. Death of the person with whom an important portion of life has been shared has social and personal repercussions: it affects family relationships and often results in a degree of isolation from friends and neighbours. In short, losing a spouse forces a person confront a new stage of life, one that entails a drastic change in roles; for women these changes seem to be particularly critical. Although the progressive reduction in mortality in recent years has contributed to the survival of pair members to increasingly older ages, the pattern of a greater incidence of female widowhood has tended to be accentuated. Moreover, the more extended period of survival involves more intensive health care and a greater risk of eventual incapacity. These burdens fall upon the families, which in many cases do not have the capacity to respond to a need for support that has become more intensive and prolonged.

During the last stage of their life cycle, sometimes marked by retirement from gainful employment, individuals find that they have a greater amount of free time, which they are not adequately prepared to utilize. The conflict arising from this maladjustment may constitute a source of insecurity, one that becomes all the more serious after the loss of a spouse. A way of enriching this stage of life is to promote an appropriate use of time, perceived by many older persons as their most abundant resource. This is a topic that deserves to be included among public policy concerns. In this regard, one must take into account—exercising some imagination—the abilities and interests of the individuals concerned. The opportunity to enjoy this time of life largely depends on economic security. As indicated above, a large percentage of older adults in Latin America and the Caribbean are in a vulnerable position: they must continue to work to ensure their livelihood, or they suffer from social inequity in their access to decent housing and basic services. These constraints make them dependent on a household that also lacks the resources to care for the needs of all of its members.

The educational level of older persons is another factor that has a direct bearing on the design of programmes intended to help them use their free time to advantage. Although the educational level of the population varies widely among the countries of the region, in many of them a good proportion of older adults are illiterate or have very little education. These deficiencies are even greater among women belonging to older cohorts, whose educational possibilities used to be limited. Older persons in rural areas generally show higher levels of illiteracy. Education is more widespread among younger generations. Although their higher educational level holds out the prospect of a brighter future for them as older persons, the present disparity between the generations may make it harder to achieve positive interactions. One possibility for public action in this area is to promote literacy among older adults and to motivate them to take advantage of opportunities for cultural enrichment and forms of recreation such as reading. Initiatives of this kind can not only enhance the independence of older persons, but also promote interdependence through contact with younger generations, who can be recruited to participate in these initiatives.

As previously discussed, social security, and specifically old age pensions, constitute another major area of intergenerational relations. The opportunity for formal retirement from economic activity for a reason other than incapacity is a relatively new phenomenon in Latin America and the Caribbean. Except in a few countries, not until the mid- twentieth century was any provision made for the support of older persons apart from the family. In a context of high fertility and short life expectancy, parents who did manage to survive to an advanced age were usually able to count on their children for the support they needed. The profound social, economic, cultural and demographic changes the region has undergone in the last few decades, in addition to altering the significance of having children and redefining the functions of the family, have given rise to institutional systems of support for older persons.

Because of the relative newness of social security systems, the differences in level of development among productive sectors and the social inequity that persists in the countries, nowhere in the region is there a uniform or universal pension system. A variety of institutions, covering different groups of workers, apply different protection plans. Systems extend their coverage chiefly to workers in the formal sector of economy, most of them urban wage earners, and generally exclude those who work in rural areas and the informal sector. Because of these limitations of social security systems and their relative novelty,

in most of the countries only a small percentage of older persons have a retirement pension, and even then the benefit is usually too small to cover basic subsistence needs. Many pension systems are not financially sound for one or more of the following reasons: contributions are set too low, there is considerable evasion, fund management is inefficient or the funds have been used to finance other public sector commitments (such as the health programmes). It has also been pointed out that because of the rules under which they operate, some pension systems, through overly generous benefits, actually result in a transfer of resources to privileged groups.

Criticism of social security institutions, which intensified during the severe macroeconomic crisis of the 1980s and the subsequent structural adjustment period that lasted the rest of the decade, has resulted in movements towards reform. Some countries have modified their publicly administered models of social security pensions based on the distribution or "pay-as-you-go" principle (pensions for retirees are paid out of contributions of those still working). Other countries have made even more drastic changes by introducing capitalization or funded systems (in which the individual's pension depends on his or her own contributions) and allowing for private pension fund management. Yet other countries are examining the possibility of combining the two approaches. The reforms also involve a clear separation between pension funds and health insurance schemes, some of which are also managed by the private sector. It has been pointed out that unless carefully designed, funded systems may replicate existing socio-economic inequalities, since few people in low-income strata would be able to take advantage of them.

Without prejudice to open discussion about social security systems in the Latin American and Caribbean countries, it should be noted that the quickened pace of population ageing is creating problems for funding of retirements and pensions—not to mention health services—regardless of the model in vogue. As indicated earlier, the over-60 population is growing at a faster rate than younger cohorts, resulting in an increase in the proportion of older persons to the total population, and it is projected that during the next quarter of a century these trends will intensify. Ultimately, society as a whole will have to make greater efforts to fund pensions. Some idea of the magnitude of the effort involved is given by the potential dependency ratio—the ratio of the number of persons aged 60 and over to those aged 15 to 59 (the potential labour force). For the region as a whole, this ratio, which was just a little over 10% in 1950 and around 13% in 1995, should rise to over 20% by the year 2025 and should be over 30% that year in the countries at a later stage of demographic transition (Argentina, Chile, Cuba and Uruguay).

Since the potential dependency ratio expresses the proportion of retired persons to (potential) contributors, its values have implications for the budgets of pension systems based on the "pay-as-you-go" principle. In view of these trends, if the aim is to maintain a given pension level, in order to preserve financial equilibrium it will be necessary to adopt such measures as increasing contributions, raising the legal retirement age or extending the contribution period. Population ageing, of course, is by no means the sole factor responsible for the financial difficulties encountered by pension systems. In addition to the serious problems already mentioned, during the 1980s pension systems were severely weakened by a sharp drop in revenues attributable to higher unemployment, a shift of workers to the informal sector and low wages. A simulation exercise based on projections to a stationary state (characterized by a much older age structure than at present and very high potential dependency rates) indicates that three countries at different demographic transition stages (Argentina, Colombia and Paraguay) could achieve financial

balance or a surplus even at the present contribution and replacement rates (CELADE/IDB, 1996). If, under the assumed conditions, financing insolvency should occur, the explanation should be looked for among other factors (diversion of contributions to finance other programmes, a sharp decrease in enrolment, high administrative costs); it is estimated, for example, that in some countries cutting evasion to half its present level would have a financial effect not very different from increasing the retirement age by 10 years (CELADE/IDB, 1996).

Although the impact of population ageing on funded systems is fairly minor, since they are based on the accumulation of funds throughout the working life and eliminate the link between contributors and retirees, the life expectancy of retired persons in numbers of years (cohort ageing) does indeed have a major effect. A useful indicator in this regard is life expectancy at retirement age. It is projected that in the countries that have chosen funded systems, life expectancy at retirement age will increase steadily from 1995 to 2025. There are some major gender differences that could result in substantially lower social security pensions for women: their earned income is on average lower than that of men, their contribution (accumulation) period is shorter and they live longer. These findings point up the risks of inequity inherent in the way the system is presently applied (CELADE/IDB, 1996).

A pension system based on the "pay-as-you-go" principle has an implicit rate of return characteristic of an intertemporal transfer scheme: after retirement, individuals receive a pension in return for the contributions they made while working. Therefore, under this system, financial equilibrium is affected, among other factors, by trends in population ageing, the legal retirement age and the contribution period. The implicit rate of return in financially balanced systems depends on the growth rate of the economically active population and the rate of increase of average pay—which in turn depends on the general dynamism of the economy and the increase in labour productivity. In contrast, the rate of return of a funded pension system is not greatly influenced by demographic factors, with the exception of mortality trends, particularly life expectancy at retirement age, which determines the number of years among which the capital accrued during the earning period must be distributed. In this case, involving the accumulation of funds, the rate of return is explicit and can be expressed as the average rate of interest or yield on fund investments; the average interest rate depends both on general economic conditions and on the pension investment criteria applied by the fund in which the individual is enrolled.

Whatever the pension system, an analysis of demographic factors should focus on the issue of equity. In this regard, pensions systems in Latin America and the Caribbean include examples of both progressive and regressive distributive effects. Regardless of the effects of different policies and methods of operation, "pay-as-you-go" systems do, by definition, allow for the possibility of effecting intergenerational income transfers: they make it possible to pass on wage increases—in whole or in part—from economically active to retired persons. However, this intergenerational solidarity could deteriorate and become a source of conflict if the whole cost of demographic ageing fell upon the economically active (through a sharp increase in contributions) or upon the retired (through a drastic reduction in benefits). The reduced demographic growth that population ageing implies does, of course, create problems for pension financing under a "pay-as-you-go" system. Nevertheless, statistical simulations suggest that such systems can be financially viable even when the population has settled into a stationary state characterized by a large older cohort (CELADE/IDB, 1996). To remain viable, however, the system must set an

appropriate ratio between benefits and contributions, reduce servicing costs and establish an efficient and flexible system of administration which can enforce compliance and act with foresight to compensate for negative trends and contingencies by, for example, setting up reserve funds with the surpluses accumulated in early stages of the demographic transitions in order to finance deficits at later stages.

Funded schemes can also have serious equity implications. In this regard, it is pertinent to recall the gender-based disadvantages resulting from women's lower pay during their working life and the shorter contribution period resulting from the earlier statutory retirement age that is common for women. Both factors reduce their capacity to accumulate funds. The effects of this constraint become evident because women spend more years subsisting on social security owing to a longer life expectancy. While a funded system breaks the direct tie between generations—and this in itself is a source of some concern—, during the stage of transition from a “pay-as-you-go” system to a funded system problems of intergenerational equity arise. In addition to continuing to pay pensions to individuals who remain enrolled in the old scheme, the State must come up with the equivalent of the contributions made under the old scheme for individuals who are transferring to the new scheme. Since the transfer of contributors means a loss of contributions to the “pay-as-you-go” system, meeting these commitments implies a significant deficit, which persists as long as those who retired under the old system remain alive. Financing the deficit by general taxes places the burden solely on the present economically active generation; financing it through public debt spreads the burden over several generations—present and future—which makes for greater intergenerational equity (CELADE/IDB, 1996).

Perhaps the greatest shortcoming of social security systems in Latin America and the Caribbean is that they cover too few people. Although the magnitude of the problem differs from country to country, there are large segments of the population that are uncovered, even in some countries with a longer tradition of social security. Moreover, the retirement pension is often inadequate to live on. This being the case, a substantial part of the responsibility for the maintenance of older persons falls upon the family. Furthermore, as indicated above, these conditions force older persons to continue working or to live in multi-generational households. For all these reasons, then, expanding the coverage of social security systems is a prerequisite for progress towards more dependable forms of social equity, of which intergenerational equity is an important aspect.

II.4 Population ageing and development

Since many of the important interrelations between population ageing and socio-economic development have already been touched upon, this brief section will consider only the more general manifestations. The first observation to be made is that regional population ageing, which is part of the demographic transition as experienced in Latin American and Caribbean countries, is the product of economic and social development. The technological, cultural and psycho-social changes development entails have brought about a decline in mortality and fertility, thus prolonging human life and increasing the proportion of older persons. Along with considerable progress in controlling some causes of death, there has been a drastic modification in reproductive behaviour. The proportion of children has gradually decreased, while that of adults and older persons has increased, so that the base of the demographic pyramid has narrowed.

Although these changes have not taken place simultaneously or with the same degree of intensity in all countries of the region, the common denominator is a clear tendency towards rapid population ageing. Although some of the relevant indicators are still moderate compared to the levels for more developed regions, the pace of change is certainly faster. While the growth rate of other age groups progressively declines, the growth rate of the population aged 60 years and over remains at around 3% per year for the region as a whole and is expected to reach around 4% in the first decades of the next century. In the short and medium terms, the countries that initiated demographic transition earlier and already have an older population structure will show more reduced rates of growth of the over-60 age group (around 2%); in countries that began demographic transition later, on the other hand, those rates will exceed 4%. A number of variables support the conclusion that it is only in this last decade of the twentieth century that the population ageing process has become obvious and widespread in Latin America and Caribbean.

Until the present decade, the most significant changes in the age structure of the region's population were a decline in the proportion of children and an increase in the proportion of working age adults. The next 25 years should see a reduction in the proportion of young adults and a sharp increase in that of older adults. The age structure replacement rate —i.e., the ratio of those under 15 year of age to those over 59— dropped from around 7 in 1950 to 4.5 in 1995; by the year 2025 it should be around 2. According to projections, 67% of the total net increase in the population of Latin America and the Caribbean over the period 1995-2025 will be in the middle group (15 to 59 years) and a little less than 5% in the under-15 age group; a little over 27% of the increase will be among persons aged 60 and over. In absolute terms, the latter group will increase by 62 million people, almost six times the increase foreseen for those under age 15. There will also be a gradual increase in the growth rate of the oldest cohorts: by the year 2025 one out of every four persons in the over-60 age group will be 75 or over.

In short, by the end of the next quarter of a century the Latin American and Caribbean demographic situation will not be very different from that observed in more developed regions in 1975—not long before the World Assembly on Ageing. Nonetheless, the situation in the region will continue to be heterogeneous to the year 2025 and beyond: in Uruguay around a fifth of population will be 60 years and over, while in Guatemala no more than 8% of its inhabitants will be in that age group. Several countries, including some with a large population, will still be at relatively early stages of population ageing by the year 2025, with proportions of older persons similar to those observed in more developed regions in 1950. If the rapid pace of change observable in the 1990s is maintained, however, that situation will change drastically after the year 2025. Moreover, population growth trends among the different age groups will bring about important changes in some basic ratios. Dependency rates will experience an initial decrease due to the declining percentage of the under-15 age group, followed by a rapid increase due to the increasing proportion of those over 59 years of age. After the year 2000, there will be an accelerated decline in the ratio of the working age population to the population over retirement age.

As the experience of more developed countries has shown, the progress achieved through socio-economic development has not forestalled public debate about some of its potentially negative effects. One of the effects perceived as negative is population ageing, as the costs of health care and social security for older persons are compared with the costs of providing services to other age groups. It is undeniable

that, in general, changes in the population age structure, in addition to their social, cultural and political consequences, affect some basic economic categories, such as consumption, saving, investment and income distribution. A number of studies have suggested that the effects of an increase in the proportion of older persons upon those economic categories are basically negative. In Latin American and Caribbean countries concern has been expressed about the capacity of the public sector to commit an increasing portion of its resources to improving the living conditions of older persons. However, this line of argument is open to question, owing to the great difficulty of separating out the specific effects of ageing from the effects of other economic and social variables, including other demographic changes.

In consequence, neither the conclusions suggested by certain studies nor the concerns expressed by the countries in connection with the negative implications of population ageing can be considered sufficiently well-founded. In other words, there are still no final answers to these questions. For example, the extra public expenditure that must be allocated to health services and social security for older persons may have more to do with expanded coverage of these services—a much-needed investment in human resources—than with an increase in the proportion of older persons. This is not to suggest that that society should not prepare for the changes that population ageing may entail, which will involve, among other things, adjustments in the economy and in intergenerational relationships.

It should be stressed that the relationships between ageing and development are bi-directional and interactive. Population ageing—like individual ageing—is influenced by the social, economic and cultural conditions of the historical context in which it takes place. Population ageing may, in turn, bring about social, economic and cultural changes. Consequently, understanding it properly requires recognition of the specific characteristics of each particular case. Despite some common patterns, the situation varies a good deal among Latin American and Caribbean countries and within those countries among social strata, ethnic groups and geographic areas. This being the case, any general conclusion is subject to exceptions. Furthermore, many of the "social problems" often thought to be associated with demographic ageing are in fact wider in scope and affect society as a whole. For instance, survival to advanced ages was until recently in Latin America and the Caribbean a phenomenon observed chiefly among high-income groups; more recently, thanks to a sustained decrease in mortality, it has become widespread among other strata. On the other hand, more widespread survival into old age has been accompanied by an increase in the proportion of older persons living in poverty. Obviously, this result is due not to population ageing, but to the severe socio-economic inequities inherent in the development model prevailing in the region. Life-long poverty beginning in the parental household is the main reason for the poverty observable among older persons.

Another aspect to be taken into account when analysing the implications of the ageing process is that the older population is heterogeneous in more than social, economic and cultural features. Until recently, perhaps because they constituted a small group in absolute and relative terms, older persons were thought of as a single age group. With the increase in average life expectancy and the survival rates of older adults, it is now recognized that they constitute more than one group. In this regard, a number of age stratification schemes have been proposed. In the case of Latin America and the Caribbean, it seems reasonable to begin by distinguishing two subgroups within the population aged 60 and over, namely, those under and those over age 75. The first subgroup is composed of persons who are generally fully

capable and self-sufficient; a large proportion of them are still working, are heads of household and are not widowed. The second subgroup consisting of those 75 and above (a large proportion of them women) are in a different situation: they are more apt to suffer from physical and mental incapacity; they have usually withdrawn from the labour force and are no longer heads of household; they are often widowed and are essentially dependent. The two subgroups differ sharply in their daily routines, their capacities and their needs. For policy purposes, this distinction based on function can supplement classifications based on vulnerability, like those discussed earlier, to facilitate the design of strategies narrowly targeted to specific groups.

Finally, it should be recognized that in Latin America and the Caribbean there is still a strong need for a deeper understanding of the interaction between changes in the age structure of the population and the various dimensions of socio-economic development. Although theoretical background data and illustrative case studies are available for some countries, a greater research effort is needed to address the specific questions raised in earlier paragraphs. In particular, more research is needed into the living conditions of older persons in view of the great heterogeneity of situations in the region. The celebration of the International Year of Older Persons in 1999 and the operational activities planned for 2000 and beyond may contribute to a greater awareness of the urgency of such initiatives. The political and working agreements between the countries of the region exemplified by the Latin American and Caribbean Regional Plan of Action on Population and Development and the related Consensus open up promising operational possibilities. Lastly, despite the bias and distortion that may creep in, public debate on ageing will also help to arouse interest in better and more complete information, which can serve as policy input.

ANNEX

Table 1
**LATIN AMERICA: POPULATION OF 60 YEARS AND OVER IN COUNTRIES
 GROUPED ACCORDING TO DEMOGRAPHIC TRANSITION STAGES, 1950-2020**
 (in thousands)

Countries	1950	1960	1970	1980	1990	2000	2010	2020
Latin America	9188	12630	17166	22711	30703	41022	56249	81063
Group I								
Bolivia	152	184	234	292	384	513	695	988
Haiti	268	297	328	363	401	469	581	777
Group II								
El Salvador	92	110	162	222	302	419	557	729
Guatemala	127	173	229	310	467	672	915	1325
Honduras	54	74	106	152	222	335	478	734
Nicaragua	45	59	81	112	154	223	320	513
Paraguay	133	169	186	201	229	293	412	704
Group III								
Brazil	2259	3476	5152	7473	10677	14637	20325	29901
Colombia	670	818	1118	1508	2017	2633	3780	5899
Costa Rica	49	61	86	126	194	283	412	649
Dominican Rep.	122	157	205	275	400	574	830	1270
Ecuador	276	311	376	472	630	876	1224	1845
Mexico	1963	2545	3099	3622	4880	6844	9808	14539
Panama	56	75	96	130	174	231	330	482
Peru	433	560	731	962	1317	1856	2572	3704
Venezuela	174	316	511	759	1114	1594	2438	3754
Group IV								
Argentina	1207	1820	2573	3345	4204	4930	5853	7132
Chile	417	569	735	910	1180	1550	2124	3003
Cuba	427	555	797	1047	1247	1534	2013	2475
Uruguay	264	300	362	429	510	555	581	639

Source: CELADE, Current population projections.

Table 2
**LATIN AMERICA: PROPORTION OF THE POPULATION OF 60 YEARS AND OVER IN COUNTRIES
 GROUPED ACCORDING TO DEMOGRAPHIC TRANSITION STAGES
 1950-2020**

Countries	1950	1960	1970	1980	1990	2000	2010	2020
Latin America	5.8	6.0	6.2	6.5	7.2	8.1	9.6	12.4
Group I								
Bolivia	5.6	5.5	5.5	5.5	5.8	6.2	6.8	8.1
Haiti	8.2	7.8	7.3	6.8	6.2	5.9	5.9	6.5
Group II								
El Salvador	4.7	4.3	4.5	4.9	5.8	6.5	7.2	8.0
Guatemala	4.3	4.4	4.4	4.5	5.1	5.5	5.8	6.7
Honduras	3.9	3.9	4.1	4.3	4.5	5.2	5.8	7.4
Nicaragua	4.1	3.9	3.9	4.0	4.3	4.8	5.4	7.2
Paraguay	8.9	9.2	7.9	6.5	5.4	5.3	5.9	8.2
Group III								
Brazil	4.2	4.8	5.4	6.2	7.2	8.4	10.2	13.6
Colombia	5.6	5.1	5.2	5.7	6.2	7.0	8.8	12.4
Costa Rica	5.7	4.9	5.0	5.5	6.4	7.5	9.1	12.3
Dominican Rep.	5.2	4.9	4.6	4.8	5.6	6.8	8.5	11.8
Ecuador	8.1	7.0	6.3	5.9	6.1	6.9	8.2	10.9
Mexico	7.1	6.9	6.1	5.4	5.9	6.9	8.7	11.6
Panama	6.5	6.7	6.4	6.7	7.3	8.1	10.1	13.3
Peru	5.7	5.6	5.5	5.6	6.1	7.2	8.6	11.0
Venezuela	3.4	4.2	4.8	5.0	5.7	6.6	8.5	11.4
Group IV								
Argentina	7.0	8.8	10.7	11.9	12.9	13.5	14.4	16.1
Chile	6.9	7.5	7.7	8.2	9.0	10.2	12.5	16.0
Cuba	7.3	7.9	9.4	10.8	11.8	13.5	16.9	19.9
Uruguay	11.8	11.8	12.9	14.7	16.5	17.0	16.8	17.7

Source: CELADE, Current population projections.

Table 3
**LATIN AMERICA: AVERAGE ANNUAL GROWTH RATE OF THE POPULATION OF 60 AND OVER IN COUNTRIES
 GROUPED ACCORDING TO DEMOGRAPHIC TRANSITION STAGES
 1950-2020**

Countries	1950-60	1960-70	1970-80	1980-90	1990-2000	2000-10	2010-20
Latin America	3.2	3.1	2.8	3.0	2.9	3.0	3.7
Group I							
Bolivia	1.9	2.4	2.2	2.8	2.9	3.0	3.5
Haiti	1.0	1.0	1.0	1.0	1.6	2.1	2.9
Group II							
El Salvador	1.8	3.9	3.1	3.1	3.3	2.8	2.7
Guatemala	3.1	2.8	3.0	4.1	3.6	3.1	3.7
Honduras	3.1	3.5	3.6	3.8	4.1	3.6	4.3
Nicaragua	2.6	3.1	3.3	3.2	3.7	3.6	4.7
Paraguay	2.4	0.9	0.8	1.3	2.5	3.4	5.4
Group III							
Brazil	4.3	3.9	3.7	3.6	3.2	3.3	3.9
Colombia	2.0	3.1	3.0	2.9	2.7	3.6	4.4
Costa Rica	2.1	3.5	3.9	4.3	3.8	3.8	4.5
Dominican Rep.	2.5	2.7	2.9	3.7	3.6	3.7	4.3
Ecuador	1.2	1.9	2.3	2.9	3.3	3.3	4.1
Mexico	2.6	2.0	1.6	3.0	3.4	3.6	3.9
Panama	3.0	2.4	3.0	2.9	2.8	3.6	3.8
Peru	2.6	2.7	2.8	3.1	3.4	3.3	3.6
Venezuela	6.0	4.8	4.0	3.8	3.6	4.3	4.3
Group IV							
Argentina	4.1	3.5	2.6	2.3	1.6	1.7	2.0
Chile	3.1	2.6	2.1	2.6	2.7	3.1	3.5
Cuba	2.6	3.6	2.7	1.7	2.1	2.7	2.1
Uruguay	1.3	1.9	1.7	1.7	0.9	0.4	1.0

Source: CELADE, Current population projections.

Table 4
LATIN AMERICA: DEPENDENCY RATE OF POPULATION AGED 60 AND OVER
IN COUNTRIES GROUPED ACCORDING TO DEMOGRAPHIC TRANSITION STAGES
1950-2020

Countries	[Population 60 and +]/[Population 15-59], in percentage									
	1950	1960	1970	1980	1990	2000	2010	2020		
Latin America	10.7	11.7	12.2	12.0	12.6	13.5	15.5	19.8		
Group I										
Bolivia	10.6	10.6	10.8	10.5	11.0	11.4	11.9	13.4		
Haiti	14.9	14.8	14.0	12.9	11.5	10.9	10.7	11.4		
Group II										
El Salvador	9.0	8.5	9.2	10.0	11.5	11.9	12.3	12.9		
Guatemala	8.3	8.4	8.8	9.0	10.3	10.7	10.5	11.5		
Honduras	7.7	7.9	8.5	8.8	9.0	9.7	10.0	12.0		
Nicaragua	8.0	8.2	8.2	8.3	8.7	8.7	9.2	11.6		
Paraguay	17.1	19.6	16.6	12.6	10.3	9.6	10.1	13.8		
Group III										
Brazil	7.9	9.3	10.3	11.0	12.3	13.6	16.1	21.5		
Colombia	10.8	10.6	10.7	10.5	10.7	11.1	13.6	19.5		
Costa Rica	11.2	10.3	10.1	9.9	11.2	12.5	14.7	20.2		
Dominican Rep.	10.3	10.0	9.7	9.1	9.8	11.2	13.5	18.6		
Ecuador	15.5	14.2	12.8	11.6	11.2	11.7	13.1	17.1		
Mexico	13.9	14.3	12.9	10.8	10.6	11.5	13.8	18.2		
Panama	12.2	13.3	12.8	12.6	12.6	13.4	16.0	21.0		
Peru	10.8	11.1	11.0	10.6	11.0	12.2	13.7	17.2		
Venezuela	6.4	8.3	9.6	9.3	10.2	11.1	13.7	18.2		
Group IV										
Argentina	11.3	14.6	17.9	20.7	22.9	22.8	23.9	26.4		
Chile	12.1	14.0	14.6	14.0	14.8	16.6	19.9	26.2		
Cuba	12.8	13.8	17.4	18.8	18.0	21.1	26.5	32.3		
Uruguay	19.5	19.6	21.8	25.3	28.5	28.6	27.9	29.2		

Source: CELADE, Current population projections.

Table 5

**LATIN AMERICA: LIFE EXPECTANCY AT AGE 60 IN COUNTRIES
GROUPED ACCORDING TO DEMOGRAPHIC TRANSITION STAGES**

Countries	1960-1965		1990-1995		2020-2025	
	Males	Women	Males	Women	Males	Women
Group I						
Bolivia	13.2	14.3	15.2	16.8	19.2	21.9
Haiti	13.9	14.2	14.8	15.3	16.1	17.3
Group II						
El Salvador	14.9	16.0	18.1	19.9	19.3	22.6
Guatemala	14.9	15.4	17.8	19.9	19.0	22.3
Honduras	14.1	15.4	18.7	20.8	20.9	24.0
Nicaragua	14.1	15.3	17.8	19.8	20.5	23.5
Paraguay	16.0	17.9	16.5	18.7	19.5	22.3
Group III						
Brazil	16.3	17.2	18.7	20.2	21.0	23.7
Colombia	15.5	16.4	17.9	19.8	19.1	22.1
Costa Rica	16.9	18.6	19.5	22.4	20.7	24.3
Dominican Rep.	14.8	16.4	18.1	20.1	20.6	23.9
Ecuador	16.1	17.1	18.6	21.1	20.2	23.6
Mexico	17.2	18.2	19.3	21.6	21.1	24.4
Panama	16.5	17.7	18.9	21.5	20.1	23.4
Peru	14.0	15.2	17.7	19.6	20.2	23.6
Venezuela	15.8	17.5	17.7	20.5	20.2	23.8
Group IV						
Argentina	15.1	18.9	16.7	21.3	19.7	24.6
Chile	15.2	17.7	18.3	21.8	20.4	24.7
Cuba	16.9	18.1	20.0	22.2	21.5	24.7
Uruguay	15.9	19.7	16.8	21.2	17.6	22.1

Source: CELADE, Current population projections.

Table 6
 DEMOGRAPHIC INDICATORS FOR LATIN AMERICA AND SELECTED COUNTRIES,
 CORRESPONDING TO DIFFERENT STAGES OF DEMOGRAPHIC TRANSITION:
 1995, 2005, 2015 AND 2025

Years and indicators	Region and countries				
	Latin America	Uruguay	Mexico	Guatemala	Bolivia
1995					
Population (in thousands)	467363	3186	91145	10621	7414
Growth rate a/ b/	1.9	0.6	22.2	2.9	2.6
Total fertility rate b/	3.1	2.3	3.1	5.4	4.8
Life expectancy at birth b/	68.7	72.4	71.5	64.8	59.3
Infant mortality rate b/ c/	45.1	20.0	34.0	48.5	75.1
Population percentages					
Under 15 years	33.8	24.4	35.5	44.3	40.6
15-59	58.6	58.6	58.2	50.3	53.4
60 and +	7.6	17.0	6.3	5.4	6.0
2005					
Population (in thousands)	546345	3365	106147	13971	9275
Growth rate a/ b/	1.6	0.5	1.7	2.7	2.2
Total fertility rate b/	2.6	2.2	2.5	4.4	3.9
Life expectancy at birth b/	71.1	73.2	73.4	69.1	63.6
Infant mortality rate b/ c/	37.1	15.5	28.2	34.1	55.6
Population percentages					
Under 15 years	30.0	23.5	30.8	41.3	38.2
15-59	61.3	59.7	61.5	53.1	55.4
60 and +	8.7	16.8	7.7	5.6	6.4
2015					
Population (in thousands)	620020	3535	119178	17752	11219
Growth rate a/ b/	1.3	0.5	1.3	2.3	1.8
Total fertility rate b/	2.3	2.1	2.2	3.6	3.1
Life expectancy at birth b/	73.2	73.9	75.1	71.3	67.7
Infant mortality rate b/ c/	29.8	14.5	23.3	27.0	38.1
Population percentages					
Under 15 years	26.5	22.4	26.3	37.1	33.7
15-59	62.6	60.6	63.7	56.7	58.9
60 and +	10.9	17.0	10.0	6.2	7.4
2025					
Population (in thousands)	685822	3691	130247	21668	13131
Growth rate a/ b/	1.0	0.4	1.0	1.9	1.5
Total fertility rate b/	2.2	2.1	2.1	2.9	2.5
Life expectancy at birth b/	75.0	74.5	76.6	72.3	71.5
Infant mortality rate b/ c/	24.2	13.5	19.2	23.9	27.1
Population percentages					
Under 15 years	23.7	21.2	23.2	32.6	29.2
15-59	62.1	60.4	63.3	60.0	61.9
60 and +	14.2	18.4	13.5	7.4	8.9

Source: CELADE, Current population projections. a/ Annual average, per hundred;

b/ For the quinquennium previous to the year indicated; c/ Per thousand.

Table 7

**AGE SPECIFIC RATES OF PARTICIPATION IN THE ECONOMIC ACTIVITY OF POPULATION
AGED 60-64 AND 65 AND OVER ACCORDING TO RESIDENCE AREA.
LATIN AMERICA, BOLIVIA, EL SALVADOR, MEXICO AND URUGUAY
1980, 1995 AND 2010
(Percentage of population in each age group)**

Countries	Year	Urban area						Rural area						Total			
		Male			Female			Male			Female			Male		Female	
		60-64	65+	60-64	65+	60-64	65+	60-64	65+	60-64	65+	60-64	65+	60-64	65+	60-64	65+
Latin America	1980	61.9	34.2	15.4	8.0	83.9	59.0	18.3	12.0	69.9	43.4	16.3	9.1				
	1995	61.5	31.2	19.5	8.4	82.4	55.8	21.9	13.5	67.4	38.4	20.0	9.5				
	2010	59.8	26.1	23.3	7.9	79.6	50.4	23.4	12.2	64.2	31.8	23.3	8.7				
Bolivia	1980	73.5	51.9	16.9	13.8	94.9	87.9	23.7	20.4	80.9	75.0	22.3	17.8				
	1995	65.6	44.5	22.2	17.7	92.7	82.4	35.7	29.4	71.2	64.0	31.5	23.3				
	2010	65.4	39.4	24.0	17.1	89.4	72.5	36.7	26.1	63.7	52.8	34.3	20.4				
El Salvador	1980	82.5	61.1	24.2	15.1	92.5	76.8	9.8	6.9	88.0	69.7	17.6	11.5				
	1995	73.8	50.2	26.3	14.9	88.5	71.6	12.7	7.9	80.7	60.3	20.9	12.3				
	2010	70.0	42.2	27.3	11.4	87.0	66.0	16.4	7.6	76.8	51.7	23.6	10.2				
Mexico	1980	82.9	55.1	23.0	15.9	89.0	66.5	11.3	8.4	85.2	59.6	19.3	13.5				
	1995	71.3	41.0	21.9	12.0	83.9	57.8	13.2	8.5	75.0	46.3	19.8	11.2				
	2010	64.1	29.7	24.8	9.9	80.8	50.9	16.7	8.2	67.9	35.0	23.2	9.5				
Uruguay	1980	46.1	15.7	17.5	5.1	72.7	34.1	16.6	5.6	51.0	18.5	17.4	5.2				
	1995	49.9	16.9	23.9	7.5	73.0	35.1	24.8	8.2	53.4	19.3	24.0	7.6				
	2010	50.0	16.0	24.0	7.5	73.0	31.4	25.0	7.8	52.9	18.0	24.1	7.6				

Source: CELADE (1996), "América Latina: población económicamente activa, 1980-2025", Boletín Demográfico, año 29, N°57 (LC/DEM/G.158), Santiago de Chile. CELADE (1995), "América Latina: proyecciones de población urbana-rural, 1970-2025, Boletín Demográfico, año 29, N°56 (LC/DEM/G.155), Santiago de Chile.

Table 8

**LATIN AMERICA: PROBABILITY OF SURVIVING FROM BIRTH TO AGE 60
IN COUNTRIES GROUPED ACCORDING TO DEMOGRAPHIC TRANSITION STAGES**

Countries	1960-1965		1990-1995		2020-2025	
	Male	Female	Male	Female	Male	Female
Group I						
Bolivia	0.40	0.47	0.62	0.67	0.78	0.83
Haiti	0.40	0.44	0.56	0.61	0.70	0.77
Group II						
El Salvador	0.52	0.58	0.70	0.78	0.82	0.88
Guatemala	0.44	0.48	0.67	0.75	0.79	0.86
Honduras	0.45	0.51	0.71	0.78	0.81	0.87
Nicaragua	0.46	0.51	0.69	0.77	0.81	0.86
Paraguay	0.70	0.76	0.76	0.83	0.84	0.89
Group III						
Brazil	0.55	0.61	0.70	0.76	0.81	0.85
Colombia	0.60	0.66	0.73	0.83	0.83	0.89
Costa Rica	0.69	0.73	0.86	0.91	0.90	0.94
Dominican Rep.	0.55	0.60	0.77	0.82	0.85	0.90
Ecuador	0.57	0.61	0.74	0.81	0.81	0.87
Mexico	0.58	0.66	0.75	0.85	0.83	0.90
Panama	0.67	0.70	0.81	0.86	0.87	0.92
Peru	0.49	0.55	0.72	0.79	0.82	0.88
Venezuela	0.63	0.68	0.78	0.86	0.85	0.92
Group IV						
Argentina	0.68	0.79	0.77	0.87	0.85	0.92
Chile	0.56	0.67	0.82	0.89	0.87	0.93
Cuba	0.72	0.77	0.84	0.88	0.88	0.92
Uruguay	0.73	0.83	0.78	0.87	0.81	0.89

Source: CELADE, Current population projections.