Care and ageing in Latin America and the Caribbean [1]

Simone Cecchini, Director, CELADE – Population Division of the ECLAC

22 October 2023

1. Towards a care society

All individuals require care during their lives, albeit more intensively at certain stages −such as old age, which is the object of this brief article, and childhood− and in certain conditions of life −such as disability−. However, there is significant gender inequality among those who provide care, as women provide the vast majority of care work. This is not merely a reflection of individual decisions, but rather it is part of the social organization of paid and unpaid work, and of more or less explicit normative frameworks and power relations in society (ECLAC, 2022a).

Over the years, the recognition and valuation of care and unpaid domestic work has become part of various international instruments and the work of the United Nations. It is present in Sustainable Development Goals (SDG) target 5.4, "recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies, and the promotion of shared responsibility within the household and the family as nationally appropriate," as well as in priority measure 31 of the Montevideo Consensus on Population and Development, which in chapter C on "ageing, social protection and socioeconomic challenges" calls for including "care in social protection systems, through allowances, social and health-care services and economic benefits that maximize autonomy, in particular for older persons, and guarantee the rights, dignity and well-being of families and older persons, including the right to a dignified death with proper care, without any form of discrimination or violence" (ECLAC, 2013).

Furthermore, the pandemic has shone a light on the importance of care for the sustainability of life, and its relevance for the economies of Latin America and the Caribbean. Consequently, the Economic Commission for Latin America and the Caribbean (ECLAC, 2022a, p. 12) has argued "that it is urgent to shift the development pattern and develop welfare states in order to move towards a care society that recognizes interdependence between people, as well as between productive processes and society: a care society that places the sustainability of life and the planet at the heart of development".

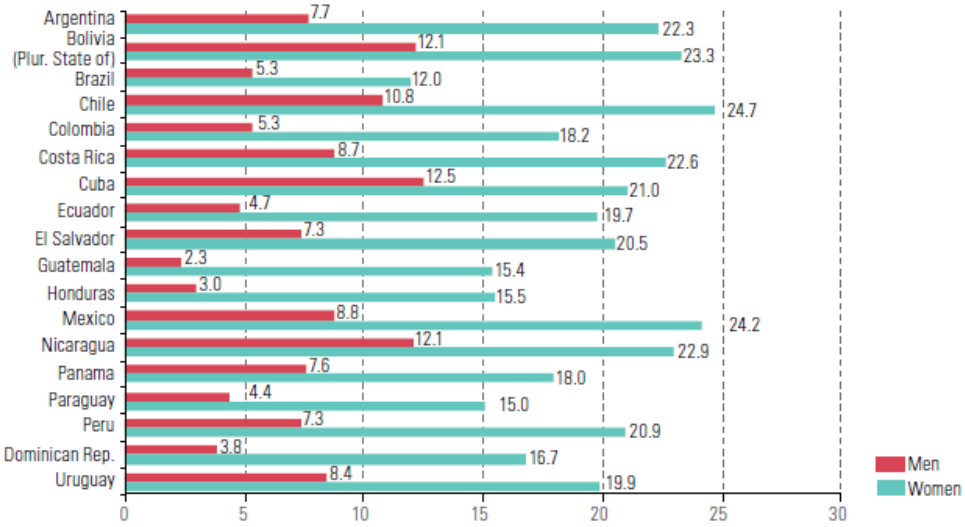
However, the pandemic has also highlighted the matrix of social inequality that characterizes the region, which means that not all citizens can fully enjoy the right to care, and care work is unfairly distributed. The unfair social organization of care in the region has placed an excessive burden on women, especially in lower-income households (ECLAC, 2020 and 2022a).

Figure 1 allows to compare the time spent on unpaid domestic and care work by gender. It compares the average amount of time that women and men each spend performing domestic services for

[1] This article is mostly based on chapters I and V of Economic Commission for Latin America and the Caribbean (ECLAC), *Ageing in Latin America and the Caribbean: inclusion and rights of older persons* (LC/CRE.5/3), Santiago, 2022 [online] https://www.cepal.org/en/publications/48568-ageing-latin-america-and-caribbean-inclusion-and-rights-older-persons .

household consumption (SDG monitoring indicator 5.4.1)[2]. Large gender disparities exist in all countries of the region, although. Chile, Mexico and the Plurinational State of Bolivia are the countries in which women spend the most time performing household chores and unpaid care (around 25% of their total time). In terms of the gender gap, women in Chile and the Plurinational State of Bolivia spend about twice as much time as men on these activities; in the cases of Argentina, El Salvador and Mexico, almost three times as much; in Colombia and Ecuador, four times; in Honduras up to five times, and in Guatemala seven times as much.

Figure 1. Latin America (18 countries): average proportion of time spent on household chores and unpaid care work, by gender, latest available year [a] *(Percentages of total time per week)*



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of CEPALSTAT.

[a] Average time = (time spent on unpaid domestic work for own or other households + time spent on care work for own or other households) / (total weekly time spent on paid and unpaid work, including domestic and care work), for the population aged 15 years and older.

2. Ageing increases the demand for care

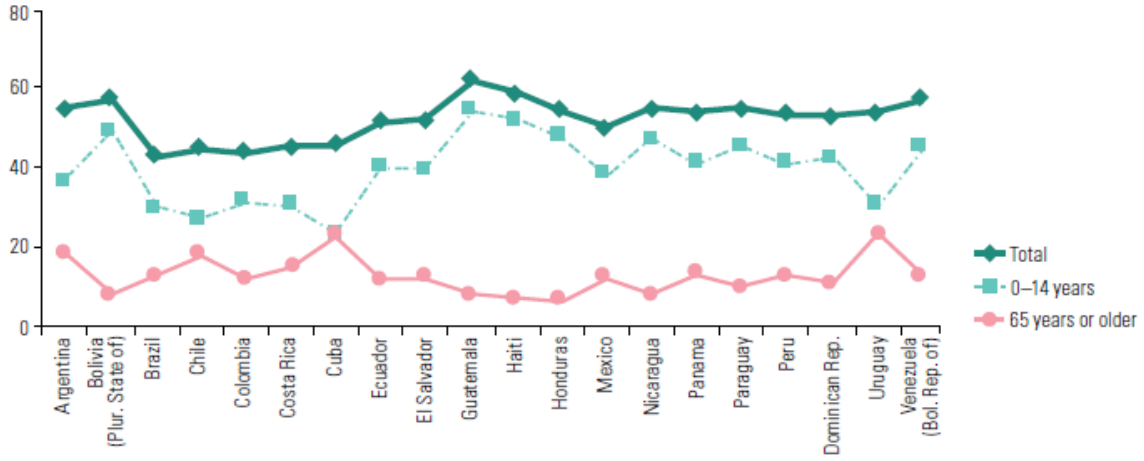
The demographic dependency ratio —defined as the ratio between the number of children (0 to 14 years) and older persons (65 years and over) on the one hand, and the number of persons of working age (15 to 64 years old) on the other— is an indicator of the potential demand for care. In Latin America and the Caribbean, demographic dependency started to fall in 1967, reaching 48.5 dependents for every 100 persons of economically active age in 2020, and will continue to do so until 2029.

Although in the region the population group of children below 14 has shrunk because women of reproductive age are having fewer children, it is still large relative to the older adult population. Consequently, the dependency ration is still explained mainly by the size of the under-14 age bracket. Nonetheless, in countries such as Chile, Cuba and Uruguay, which are at an advanced stage of the

[2] Indicator 5.4.1 (Proportion of time spent on unpaid domestic and care work, by sex, age and location) considers activities related to unpaid domestic services and unpaid care services performed by households for consumption by their household or other households. Domestic and care work includes, among other activities, food preparation, dishwashing, cleaning and maintenance of the dwelling, washing and ironing clothes, gardening, pet care, household shopping, installation, maintenance and repair of personal and household goods, as well as care of children, the sick and older persons or persons with disabilities.

demographic transition, the child dependency ratio and older persons dependency ratio were relatively similar in 2020, which implies a high demand for ageing-related care (see figure 2).

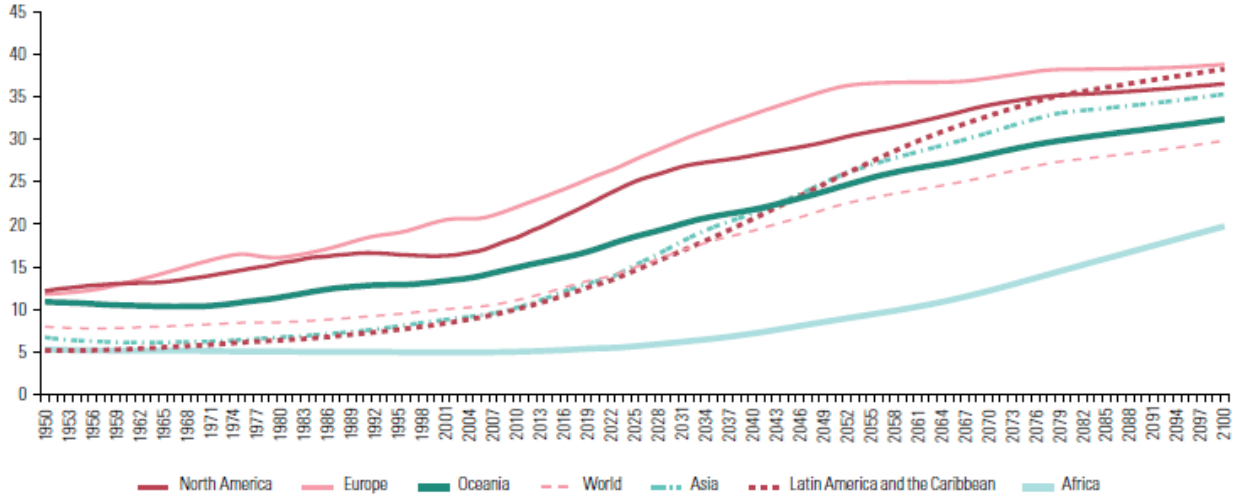
Figure 2. Latin America (20 countries): demographic dependency ratio by age group, 2020 *(Percentages)*



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of CEPALSTAT.

Population estimates and projections for Latin America and the Caribbean indicate that the region has experienced a more rapid ageing process than other regions of the world (see figure 3). In 1950, persons aged 60 years and over represented 5.2% of the population, which is very similar to the corresponding population in Africa (5.3%). However, there has been a steady increase in the proportion of older persons in Latin America and the Caribbean since the mid-1960s, which, since the 1970s, has followed a similar trend to that seen in Asia. Looking ahead, the proportion of persons aged 60 years and over in Latin America and the Caribbean is projected to surpass the older population in Asia and Oceania by 2060 and approach the corresponding values for North America and Europe. By 2100, older persons will account for 38.2% of the population in the region, which is very similar to the proportion estimated for Europe in the same year.

Figure 3. Global population aged 60 years and over, by region, 1950–2100 *(Percentage of total population)*

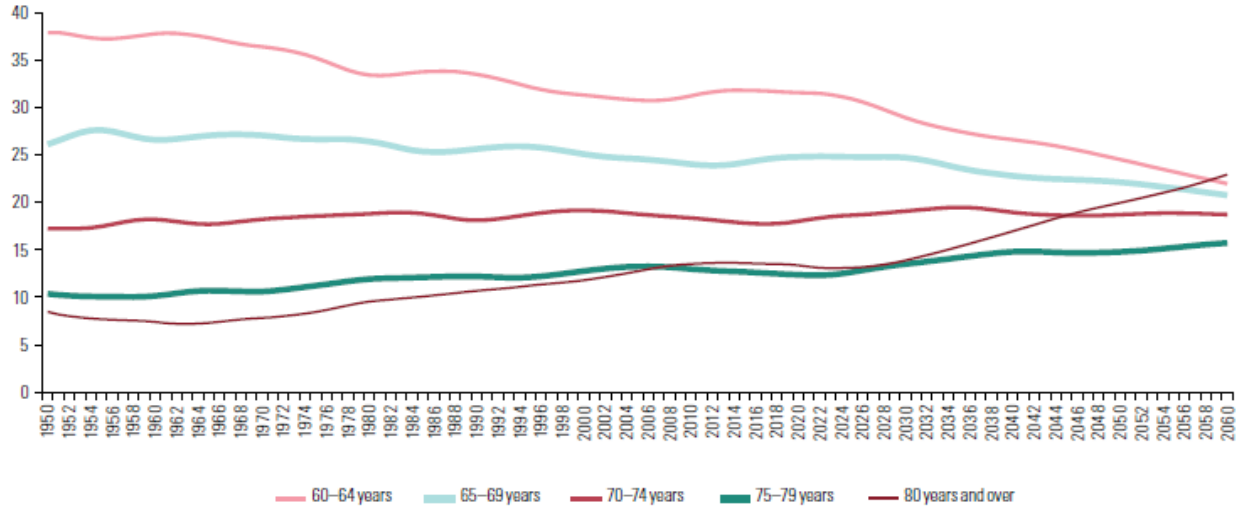


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, World Population Prospects 2022, New York, 2022.

As people in the older age groups typically have less autonomy and greater limitations, which may lead to disability in later life and imply a need for more care, it is important to analyze the estimated and projected changes in the composition of the 60 years and over population group. Figure 4 shows the age distribution of the 60 years and over age group in the region by five-year age groups from 1950 to 2060. It illustrates that the age groups closest to 60 years decline in relative terms over time, while the two age groups over 75 years trend upwards. In particular, the relative weight of people aged 80 years and over within the group of older persons is growing and is projected to become the largest subgroup of this population in 2050.

Ageing within ageing is relevant from a care perspective: in 2018, functional dependency affected 12% of people aged over 60 years, but almost 27% of the over-80s (Aranco and others, 2018). Furthermore, it has been estimated that by 2050, older persons in situations of functional dependency will be 27 million, representing more than 3% of the total population of the region and between 14% and 17% of the population over 60 years of age, tripling the functionally-dependent population of 2018 (Cafagna and others, 2019).

Figure 4. Latin America and the Caribbean (50 countries and territories): relative distribution of older persons by age group, 1950–2060 *(Percentage of population aged 60 years and over)*



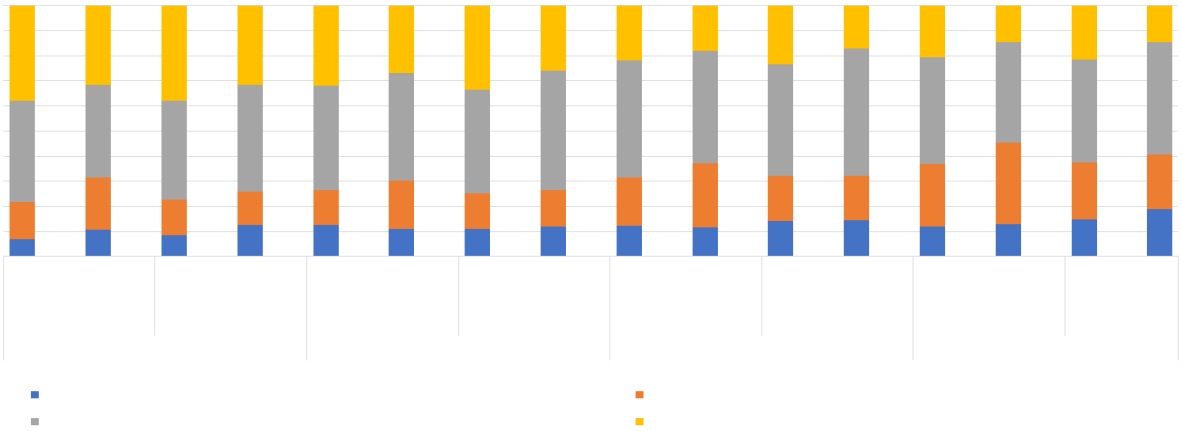
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, World Population Prospects 2022, New York, 2022.

It is also important to note that the health status, economic situation and well-being of older persons are associated with their living arrangements,[3] as they influence the possibility of having support networks available at home, and the frequency and intensity of intergenerational ties. In Chile, Colombia, Guatemala and Peru, the most frequent living arrangements in urban areas are those in which older persons live with individuals of other age groups without children (see figure 6). In countries such as Guatemala and Peru, where demographic ageing is incipient and fertility rates are still high, the second most frequent living arrangement consists of older persons living with children. In Colombia and

[3] Evidence shows that older persons establish different living arrangements according to their spousal, sociodemographic and territorial characteristics. For example, cohabitation of older persons with children occurs in countries where demographic ageing is still incipient and fertility rates are high, especially in rural areas.

Chile, where the population ageing process is further advanced, the second most frequent arrangement consists of households in which older persons live with other older persons. Single-person households are the fourth most common living arrangement. Although relatively more common among octogenarian women in Chile, this type of arrangement is frequent among both sexes in all age groups.

Figure 6. Latin America and the Caribbean (4 countries): distribution of the urban population, 60–79 years and 80 years and over, by sex and living arrangement *(Percentages)*



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of microdata from the demographic censuses of Guatemala (2018), Peru (2017), Colombia (2018) and Mexico (2020), available at the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC.

3. Long-term care and palliative care

Two particularly salient areas of care for older persons are long-term care, connected to physical and mental dependency, and palliative care, which plays a central role in dignifying life and death in the context of terminal illness.

The goal of long-term care is to ensure that persons who are functionally dependent[4] can maintain the best possible quality of life, with the greatest possible degree of independence, autonomy, participation, personal fulfilment, and human dignity. It includes activities undertaken by informal caregivers (family, friends, and neighbors), by formal caregivers (including health and social professionals and auxiliaries) and by volunteers (WHO, 2000). Long-term care has different characteristics than care in general, owing to its intensity, specific actions and activities, the need for support by specialized personnel, and the economic resources required to provide it with dignity. Accordingly, access to this type of care is limited and entails high physical and economic costs and emotional wear and tear, both for those who require it and for those who provide it.

In Latin America and the Caribbean, long-term care has historically been provided within the home, and within it disproportionately by women. Furthermore, the feminization of ageing means that women are more likely than men to require long-term care during old age. However, women face greater obstacles than men in obtaining such care —either because they devoted a large part of their lives to

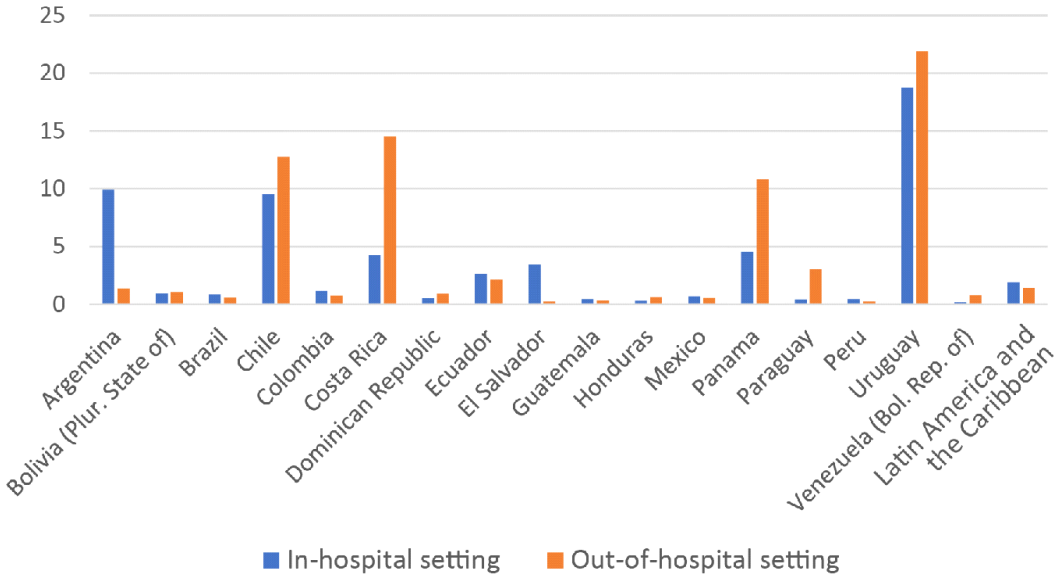
[4] People are considered functionally or care-dependent when, for an extended period of time, they cannot perform activities necessary for daily life without help from others (WHO, 2015).

providing care for their family members without benefits or remuneration, or because they have lower incomes and pensions than men. Moreover, ageing processes compounded by other forms of inequality, associated with social strata, race, ethnicity, gender identity and other characteristics, increase the prevalence of functional dependency in the population and condition both access to long-term care and its quality (Holman and Walker, 2021).

On the other hand, palliative care aims to improve the quality of life of persons facing serious diseases through the prevention and relief of suffering. Palliative care is also expressly recognized in the context of the human right to health, and requires integrated, person-centered health services because the services in question need to pay special attention to older persons' needs and preferences (PAHO, 2021).

Recent years have seen significant progress made in palliative care in the region (see figure 5). The number of teams providing palliative care is increasing and currently stands at 2.6 per million inhabitants. However, this figure is still insufficient and 44.8% of such teams and services operate exclusively in the hospital setting, 30.3% are mixed teams, and 24.6% are exclusive to the first level of care (Pastrana and others, 2021).

Figure 5. Latin America: provision of palliative care in the in-hospital and out-of-hospital settings, July 2017–January 2018 *(Rate per million inhabitants)*



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of T. Pastrana and others, Atlas de Cuidados Paliativos en Latinoamérica 2020, 2nd edition, Houston, IAHPC Press, 2021.

4. Public policy progress and challenges

Care is increasingly present in public agendas based on its positioning internationally and recognition of its importance by different stakeholders.

In the last five years, in the countries of Latin America and the Caribbean some progress has been made in: i) the promulgation of laws and decrees that provide legal support for the creation of national care policies and programmes (National Integrated Care System in Uruguay); ii) efforts aimed at

achieving a cultural change that fosters the recognition, revaluation and redistribution of care work (national campaign “Cuidar en igualdad” in Argentina); iii) actions aimed at changing the current unfair social organization of care (National Platform for Social and Public Co-responsibility of Care in Bolivia); iv) training for caregivers in home and community settings (training to persons involved in the care of persons in situations of dependency in Costa Rica); v) legal protection of domestic and care workers (Chile Incorporated domestic workers into unemployment insurance in 2020); and vi) the establishment of mechanisms to collect statistical data and compile and disseminate information that provides a basis for decision-making on care, both at the government level and in terms of the families and individuals who either provide or need care (National register of caregivers in Chile).

Furthermore, during the pandemic, according to the COVID-19 Observatory in Latin America and the Caribbean, 14 countries in the region adopted a total of 41 measures related to the care economy. Of these, 23 provided direct or indirect benefits to older persons providing or requiring care, and were implemented by: Argentina, Bolivia, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Mexico, Paraguay, and Peru (ECLAC, 2022b). Furthermore, Argentina, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Mexico, Paraguay and Peru designed campaigns on recognizing care as a right and the importance of equity in the distribution of care work.

However, in light of the aging process and existing gender inequalities, more transformative policies are needed. On the one hand, care policies still need to be strengthened to offer older persons a wide range of services that respond adequately to specific needs and guarantee the right to care under conditions of equality and non-discrimination (ECLAC, 2009; OAS, 2015). And, on the other hand, more needs to be done to foster co-responsibility within the home and to promote State intervention to ensure comprehensive care systems.

Transformative care policies should be based on the following five guiding criteria for their design (Güezmes, 2023): i) universality with progressiveness on the basis of care needs and demands; ii) intersectoral and interinstitutional approach, which entails coordinating the work of several ministries, agencies and levels of government; iii) co-responsibility between the State, the market, households and the community); iv) intersectoral and territorial approach, considering the demographic, social, economic, cultural and territorial characteristics in which care relationships are embedded; and v) financial sustainability, which entails the sufficient allocation of budgetary resources.

References

Aranco, N. and others (2018), "Panorama de envejecimiento y dependencia en América Latina y el Caribe", Resumen de Políticas, No. IDB-PB-273, Washington, D.C., Inter-American Development Bank (IDB).

Cafagna, G. and others (2019), Age with Care: Long-term Care in Latin America and the Caribbean, Washington, D.C., Inter-American Development Bank (IDB).

Economic Commission for Latin America and the Caribbean (ECLAC) (2022a), The care society: a horizon for sustainable recovery with gender equality (LC/CRM.15/3), Santiago.

___ (2022b), "Measures and actions at the national level", COVID-19 Observatory in Latin America and the Caribbean [online] https://www.cepal.org/en/subtopics/covid-19.

___ (2020), "The COVID-19 pandemic is exacerbating the care crisis in Latin America and the Caribbean", COVID-19 Reports, Santiago, April.

___ (2013), Montevideo consensus on population and development [online] https://repositorio.cepal.org/server/api/core/bitstreams/7b0a9e22-002a-49ec-966e-796a24d468ca/content.

___ (2009), "Envejecimiento y sistemas de cuidados: ¿oportunidad o crisis?", Project Documents (LC/W.263), Santiago.

Güezmes, A. (2023), Discussion on the themes of the sixteenth session of the Regional Conference on Women in Latin America and the Caribbean (Mexico, 2025) [online] https://www.cepal.org/sites/default/files/presentations/presentation_of_ana_guezmes_garcia_0.pdf.

Holman, D. and A. Walker (2021), "Understanding unequal ageing: towards a synthesis of intersectionality and life course analyses", European Journal of Ageing, vol. 18, No. 2, June.

Organization of American States (OAS) (2015), "Inter-American Convention on Protecting the Human Rights of Older Persons" [online] https://www.oas.org/en/sla/dil/inter_american_treaties_A-70_human_rights_older_persons.asp.

Pan American Health Organization (PAHO) (2021), "Chile: Nueva ley consagra como derecho universal el acceso a cuidados paliativos", Noticias, 2 December [online] https://www.paho.org/es/noticias/2-12-2021-chile-nueva-ley-consagra-comoderecho-universal-acceso-cuidados-paliativos.

Pastrana, T. and others (2021), Atlas de Cuidados Paliativos en Latinoamérica 2020, 2nd. edition, Houston, IAHPC Press.

World Health Organization (WHO) (2015), World report on ageing and health, Geneva.

___ (2000), "Home-based long-term care: report of a WHO Study Group", WHO Technical Report Series, No. 898, Geneva.