## Elderly well-being in Latin America countries: determinants and gender differences.

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### Abstract

The Population ageing represents nowadays the most important challenge for most of the world for its social and economic consequences. Latin America and the Caribbean countries represent an interesting case due to the path and socio-economic context which implies effective strategies to optimize the scarce available resources.

The main goal of this study is the analysis of the determinants of elderly well-being perception in the Latin America and Caribbean countries. Moreover, the analysis intends to point out the existence of gender differences in the perception of well-being.

The database used is the Latinobarometro (2006).

Results show how elderly well-being profile is affected by a chain of components in which economic and health condition have the main effect. The gender comparison shows how elderly women are characterized by advantages related with their life course. Men are strongly affected by the role disruption associated with paid work and the reduced self-esteem.

#### Intrduction

The Population ageing represents nowadays the most important challenge for most of the world for its social and economic consequences.

This process has no parallel in human history and the twenty-first century will witness even more rapid ageing than did the past century; it is inevitable; it is pervasive, affecting every man, woman and child; and it is heterogeneous since countries are at very different stages and pace of the process (United Nations, 2001).

Latin America and the Caribbean countries represent an interesting case of the aging process due to the demographic transition (Notestein, 1945, Leibenstein, 1957). First, the speed of population ageing is particularly marked in Latin America and the Caribbean (together with East Asia and the Pacific) which is experiencing a process of population aging that will be more rapid than that undergone in the past by today's developed countries (United Nations, 2007). Second, the aging process in developed countries occurs after achieving higher levels of well-being and lower levels of social and economic inequalities. In the region the ageing process is occurring in frail economic contexts, high levels of poverty and increasing levels of inequalities.

Among concerns related with how governments should react and adjust their policy actions on the base of the demographic transition, there exists a general concern about how to achieve that the elderly can enjoy an active and healthy life, as it has been focused in the Madrid International Plan of Action on Aging (United Nations, 2002). This is especially true in Latin America and Caribbean countries, due to the fact that economic and financial constrains force the region to define effective strategies to optimize the scarce available resources.

According to the Madrid International Plan, increase elderly well-being is the main objective of action. However, a textual analysis of the Plan shows that it explicitly refers to elderly well-being in four issues (Table 1) related with social, economic and cultural participation, education, health and housing. This suggests that well-being is not the means but the outcome of the process.

If the increase of individual well-being is a basic issue for policy actions the analysis of the profile of individual perception of own well-being is as important because well-being is first of all a personal fact.

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### Data and methodology

The database used is the Latinobarometro (2006), this is an annual public opinion survey of approximately 19.000 interviews in 18 countries in Latin America representing more than 400 million inhabitants.

The Latinobarometro survey includes a question related with the level of satisfaction with life<sup>1</sup>. This question includes the concept of general well-being and at the same time it represents a closer (but not explicit) question to define the level of individual happiness.

A logistic regression has been applied on people aged 60 years ad more. The dependent variable is the dichotomic variable "Satisfaction with life": 1) very satisfied; 2) not very satisfied (enough, not very, not at all satisfied). Three different models have been applied: one for both men and women, one for older men, and one for older women. The first has the aim to analyze the profile of elderly while the other two point out to show differences between the two genders.

The explicatory variables used in the model are:

- 1) Demographics: sex, age, education, and population size of place of residence;
- 2) Economic and health condition: family economic perception, health perception;
- 3) Values: level of religiousness, perception of changeable/unchangeable socio-economic human condition;
- 4) Social exclusion: feeling of being discriminated.

Of course, a series of other important factors, which can define the profile of older people wellbeing (such as, for example, individual social network), exist. However, the Latinobaraometro is mainly a public opinion survey with less socio-demographic questions and more questions related to individual values orientation.

<sup>&</sup>lt;sup>1</sup> The question in spanish is "En términos generales, ¿diría Ud. que está satisfecho con su vida?" (In general, World you say you are satisfied with your life?), with four choices: 1)Muy satisfecho (very satisfied), 2) Bastante satisfecho (enough satisfied), 3) No muy satisfecho (not very satisfied), 4) Para nada satisfecho (not at all satisfied), and 5) No sabe/No responde (don't know/don't answer)

### Results

We report the result of the three logistic models in Table 2.

Considering the model applied to the whole sample (see also Figure 1), no gender differences are detected. This means that controlling for all the other factors, men and women have the same probability to declare themselves satisfied with their life. However, this result does not mean that the two genders life satisfaction profiles are the same.

Age, in five-year age groups, shows that compared to the youngest five-year age group (60-64), the other age groups do not have significant different probabilities to be more satisfied, with the exception of the age group 70-74 which is characterized by lower probability. This is possibility due to the fact that this age represents, from a life course perspective (Hatch, 2000), the real change from adult to elderly life (health, economically active life).

People with more than 13 years of school have a higher probability to be satisfied with their life, which confirms the strong relation between literacy and the individual capacity to enjoy life (United Nations, 2002).

The odds ratio related to the size of the place of residence suggests that elderly people who live in small towns have a higher probability to be satisfied with their life in comparison with their coevals in big towns or cities. This result suggests that the environment in which older persons live affects their perception of life. Factors of stress (environmental, security, social) associated with urban conglomeration are strongly associated with elderly well-being.

The family/individual economic condition (perception) is the factor with the strongest effect on the probability of being satisfied with life. The elderly who consider their economic condition good or very good have a 90% higher probability to declare themselves satisfied with life than elderly people with bad or very bad economic condition (the regular condition have a positive effect of 20%). The economic stability is, without any doubt a factor of peace, which is even more important in the Latin American context in which social protection weaknesses make elderly life more difficult.

As expected, health condition strongly affects the perception of satisfaction with life. Health in older age represents a main and fundamental aspect for people given the strong relation between age and health status. This confirms how it helps elderly people to have a healthy old life, affecting the individual general well-being.

Value variables show how people condition is affected by own personal beliefs and vision of life. Elderly people which affirm to be religious practicing have a 20% higher probability to be satisfied with life. The same increase in the probability is associated with a vision of life which admits possibilities of changing their own starting socio-economic conditions.

Finally, elderly who feel to be discriminated (independently from the reason of discrimination) have a lower probability to be satisfied with their life. This means that social exclusion has a strong impact in older age on people well-being.

The same model applied separately for the two genders shows how men satisfaction profiles differ from the women profiles relative to age, values and feeling of discrimination.

The age effect is visible only for men. Men are more sensible to changes associated with the step of entering in the seventies. This is mainly due to the loss of the main role characterizing men's life (at least for the generations under analysis) which is the role of worker.

Religiousness seems to be a support for Latin American women, which increase the probability to declare to be very satisfied with their life. This is not the case of men. The effect of this variable for women can be explained on one side for the support handed by the religion as vision and solution for life problems. On the other side, to be practicing means to have a social network related with this activity, which is of high importance for women and help them to have a good vision of their own life.

On the other side men satisfaction with life is affected by their vision of life. Elderly men which have a static vision of life have 40% less probability to be satisfied with life.

Finally older men are more sensible to social discrimination due to their age. In fact, older men who feel to be discriminated due to reasons other than age have a probability 36% higher to be satisfied with life then men who feel to be discriminated due their age (while elderly men who do not feel to be discriminated have a probability 43% higher). This is a sign of how men feel that age affect their social position and this is represents an obstacle to their well-being.

# Conclusions

The Latin elderly well-being profile is affected by a chain of components in which economic and health condition have the main effect. This result underlines the importance for the countries of the region to invert in plans and program oriented to eradicate poverty between elderly and to improve old person health condition. However, individual position towards life is important as well.

The gender comparison shows how women, compared with men, face late life affected by less factors. In this sense elderly women are characterized by advantages related with their life course (Knodel and Ofstedal, 2003). It seems that old women can handle problems related with the age more positively. Men evidently are strongly affected by the role disruption associated with paid work (this is the reason of the negative and significant coefficient associated with the age group 70-74) and the reduced self-esteem (the strong negative effect associated with discrimination due to age).

This study suggests that policies and action to help elderly have to point out general problems and also problems related with specific gender issues (in this sense the attention of actions and plans are constantly women sensible, more then gender sensible, as suggested by Knodel and Ofstedal (2003)).

# Bibliography

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#### Table 1 – Well-being in the Madrid International Plan of Action on Ageing, 2002

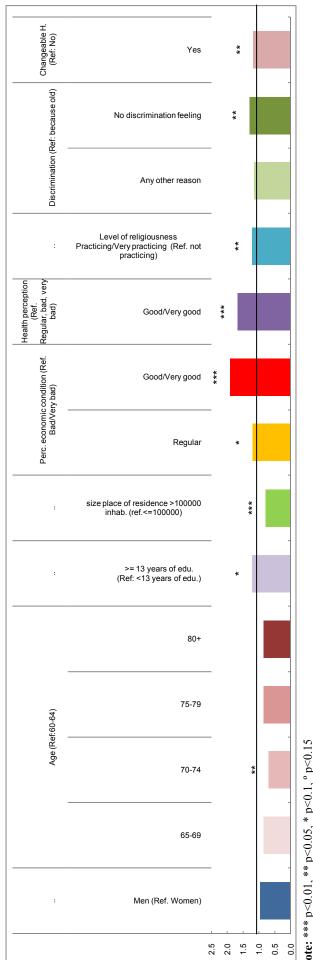
| Issue  | Issue description   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Active participation in society and development    | <b>iety and</b> Participation in social, economic, cultural, sporting, recreational and volunteer activities also contribute to the growth and maintenance of personal <b>well-being</b> . Organizations of older persons are an important means of enabling participation throug advocacy and promotion of multigenerational interactions.   |  |  |  |  |  |  |
| Access to knowledge, education and training        | At the present time, developing countries have a large number of persons reaching old age with minimal literacy and numeracy, which limits their capacity to earn a livelihood and may thus influence their enjoyment of health and <b>well-being</b> . In all countries lifelong education and training is also a prerequisite for the participation of older persons in employment.   |  |  |  |  |  |  |
| Health promotion and well-being<br>throughout life | Maintaining and enhancing health status requires more than<br>specific actions to affect individual health. Health is strongly<br>influenced by environmental, economic and social determinants,<br>including the physical environment, geography, education,<br>occupation, income, social status, social support, culture and<br>gender. Improvements in the economic and social situation of<br>older persons will result in improvements in their health as well.<br>Despite improvements in legislation and service delivery, equal<br>opportunities for women through the life course are still not<br>realized in many areas. For women, a life course approach to<br>well-being in old age is particularly important, as they face<br>obstacles throughout life with a cumulative effect on their social,<br>economic, physical and psychological well-being in their later<br>years. |  |  |  |  |  |  |
| Housing and the living environment                 | Housing and the surrounding environment are particularly<br>important for older persons, inclusive of factors such as:<br>accessibility and safety; the financial burden of maintaining a<br>home; and the important emotional and psychological security of<br>a home. It is recognized that good housing can promote good<br>health and <b>well-being</b> . It is also important that older persons are<br>provided, where possible, with an adequate choice of where they<br>live, a factor that needs to be built into policies and programmes.   |  |  |  |  |  |  |

Source: Madrid International Plan of Action on Aging ,Unite Nations, 2002.

|  | Men & Women |     |        | Men    |     |        |        |     | Women  |  |
|--|-------------|-----|--------|--------|-----|--------|--------|-----|--------|--|
|  | Exp(B)      |     | S.E.   | Exp(B) |     | S.E.   | Exp(B) |     | S.E.   |  |
| Sex (Ref. Women)   |             |     |        |        |     |        |        |     |        |  |
| Men  | 0.97        |     | (0.08) |        |     |        |        |     |        |  |
| Age (Ref:60-64)  |             |     |        |        |     |        |        |     |        |  |
| 65-69  | 0.85        |     | (0.16) | 0.75   |     | (0.22) | 0.97   |     | (0.23) |  |
| 70-74  | 0.70        | **  | (0.17) | 0.60   | **  | (0.23) | 0.82   |     | (0.24) |  |
| 75-79  | 0.85        |     | (0.17) | 0.93   |     | (0.24) | 0.81   |     | (0.25) |  |
| 80+  | 0.84        |     | (0.19) | 0.92   |     | (0.25) | 0.77   |     | (0.28) |  |
| Education (Ref:<13 years of education)                                       |             |     |        |        |     |        |        |     |        |  |
| More than 13 years of education  | 1.22        | *   | (0.12) | 1.13   |     | (0.17) | 1.32   | 0   | (0.17) |  |
| Size place of residence (Ref:<=100000 inhab.)                                |             |     |        |        |     |        |        |     |        |  |
| >100000 inhab.   | 0.80        | *** | (0.09) | 0.82   | 0   | (0.12) | 0.75   | **  | (0.12) |  |
| Perception of actual economic condition (Ref.<br>Bad/Very bad)               |             |     | . ,    |        |     | . ,    |        |     | . ,    |  |
| Regular  | 1.20        | *   | (0.11) | 1.24   |     | (0.16) | 1.17   |     | (0.15) |  |
| Good/Very good   | 1.91        | *** | (0.12) | 1.79   | *** | (0.18) | 2.08   | *** | (0.17) |  |
| Health perception (Ref. Regular, bad, very bad)                              |             |     |        |        |     |        |        |     |        |  |
| Good/Very good   | 1.68        | *** | (0.09) | 2.00   | *** | (0.12) | 1.41   | *** | (0.12) |  |
| Level of religious (Ref: not very practicing/not<br>practicing/not believer) |             |     |        |        |     |        |        |     |        |  |
| Practicing/Very practicing   | 1.22        | **  | (0.08) | 1.05   |     | (0.12) | 1.41   | *** | (0.10) |  |
| Believe that a poor person who works hard can become rich (Ref: No)          |             |     |        |        |     |        |        |     |        |  |
| Yes  | 1.18        | **  | (0.08) | 1.37   | *** | (0.12) | 1.02   |     | (0.12) |  |
| Main reason of feel to be discriminated into society (Ref: because old)      |             |     |        |        |     |        |        |     |        |  |
| Any other reason   | 1.15        |     | (0.10) | 1.36   | **  | (0.15) | 0.98   |     | (0.14) |  |
| No discrimination feeling  | 1.30        | **  | (0.11) | 1.43   | **  | (0.16) | 1.18   |     | (0.16) |  |
| Constant   | 0.26        | *** | (0.20) | 0.27   | *** | (0.22) | 0.28   | *** | (0.27) |  |
| Sample   |             |     | 3009   |        |     | 1499   |        |     | 1510   |  |

Table 2 – Logistic model for the analysis of satisfaction with life – Total, male, and female sample – odds ratio, significance, and Standard Error

**Note:** \*\*\* p<0.01, \*\* p<0.05, \* p<0.1, ° p<0.15 **Source:** Latinobarometro, 2006



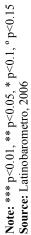
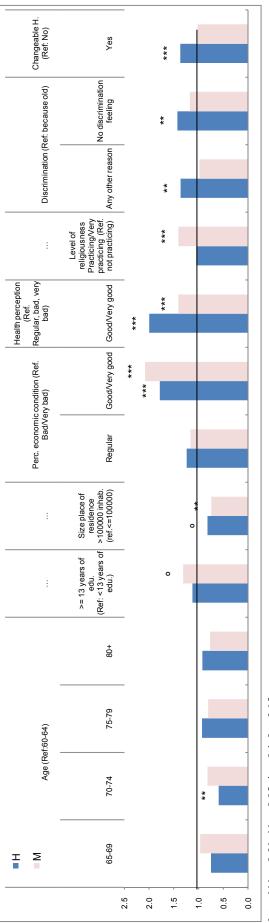


Figure 1 - Logistic model for the analysis of satisfaction with life – Male & Female– odds ratio and significance





**Note:** \*\*\* p<0.01, \*\* p<0.05, \* p<0.1, ° p<0.15 **Source:** Latinobarometro, 2006